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Judul Artikel : Communication Strategy for Children with Speech Delay
Nama Jurnal : Ta'dib: Jurnal Pendidikan Islam
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Author Corespondensi : Edhy Rustan

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Criteria to be rated	Excellent	Acceptable	Unsatisfactory	NA
1. TITLE (<u>maximum 12 words</u>)				
Does the title reflect the content properly? **Does** the title clearly or adequately describe the intent of the study? (suggest alternate language for the title if the answer is NO) Comments: **The title of this manuscript has not reflected the content properly and it also does not really describe the intent of the study clearly and adequately.**			X	
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Are the aim, design and nature of the study well expressed in the abstract? **Are** participants' characteristics, data collection analysis, and major findings summarized in the abstract? Comments: **Abstract must be concise (150-250 words or less). The aim, design, and nature of the study, participants' characteristics, data collection analysis and major findings must be expressed briefly and clearly in this section. Please reformulate your abstract**			X	
4. INTRODUCTION	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Is the problem described clearly in light of what is already known about the study topic? **Is** the purpose of the study clearly stated? **Is** the gap in the literature well-established? **Are** research questions generated accordingly? **Do** the authors justify the need for this study, and does this research address the need? Comments: **The introduction does not cover the needs of a good introduction. The problems and the purpose of the study are not clearly stated. The gap in the literature is not well-established. The research questions are not generated accordingly. Please revise!**			X	
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Is the review of the literature up-to-date and comprehensive? **Does** it address the need for the manuscript? **Are** the references accurate and in agreement with the statements made in the manuscript? **Are** the references primary or secondary? The references should generally be the original studies rather than narrative or other reviews or journal supplements. Comments: **Each of the variable of the research has not been described.**			X	
6. METHODS	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
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Do findings respond to the purpose of the study, and are presented systematically? **Are** findings supported with sufficient and relevant quotations, examples, tables, and diagrams? **Is** the description of the findings consistent with the study methodology (e.g., authors refer to the specific group, time period, or other key details in describing the study findings, so that readers understand the findings clearly)? Comments: I wonder why your findings are not coherent to your research aims. In your findings, you did not answer **The form of speech delay experienced by Pramata Bunda kindergarten students how the implementation of symbolic strategies by parents and teachers towards Pramata Bunda kindergarten students.** Instead you stated in your finding, that there were 3 major findings ; ***Characteristics of children who***			X	

experience speech delay, Causes of Speech Delay and Efforts to overcome speech delay. **Thus which information is correct????????**				
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Is the language appropriate and fluent? Is Syntax correct and appropriate? Are technical terms defined clearly? Is the manuscript easy to follow? The central idea is clear and supported. The organization is orderly. The manuscript flows smoothly and logically, with the sentences, paragraphs, and sections fitting together and carrying the reader forward comfortably. Comments: **This manuscript needs major revisions related to the syntax of English. There are multiple grammar mistakes which influence the reader's understanding. The author also needs to pay attention to the cohesion and coherence of paragraphs. Please revise it.**			X	
11. DISCLOSURE STATEMENT	Excellent	Acceptable	Unsatisfactory	NA
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Symbolic Communication Strategy For Children With Speech Delay

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Abstract

Child's speaking ability develops according to the age stage. However, 5% -12% of children aged 2-5 years who experience speech delays are caused by various factors both from the condition of the child, family and the environment in which the child lives. Delay in talking for children can influence the development of those children further, including academic ability and socialization which leads to children's personality disorders. Therefore, children need to be stimulated to be able to speak by using various communication strategies such as parent and teacher communication routines, using sign language and inviting children to communicate with peers. This research is a qualitative study using a case study method involving students, parents and TK Pramata Bunda teachers in Palopo City. The results of observations and interviews were then analyzed using interactive analysis techniques from Miles and Huberman. Based on the observations and interviews, some children experienced speech delays caused by lacking of parental communication, obstacles in brain development, the influence fom TV and the child's intelligence. To overcome this problem, parents and teachers provide stimulus by improving communication patterns, correcting pronunciation errors, inviting them to play with peers, and telling stories using body movements.

Keywords: child'sspeech delay, strategy; symbolic communication;

Introduction

Communication is any action in which information is given or received from other people regarding facts, thoughts, ideas and feelings (Rustan & Subhan, 2018). Communication can be done both verbally and non-verbally (Rustan & Subhan, 2018). Speaking is an expression of thoughts that are spoken in the form of words. Speech ability is trained since the child is still a baby with developmental stages in accordance with age until at the age of 5 years where the child is able to communicate well, able to understand words without stuttering (Reilly, Mckean, Morgan, & Wake, 2015). However, in its development it is estimated that between 5% - 12% of children who are 2 to 5 years experience speech delay (Mclaughlin, 2011).

Speech and language disorders are one of the causes of developmental disorders which mostly often found in children. The American Speech Language Hearing Association describes speech disorders as the decrease in articulation, fluency, or sound. Meanwhile,language disorder is defined as a disorder of understanding or using oral, written, or other symbolic systems. Disorders may involve forms of language (phonology, morphology, syntax), language content (semantics), and language functions in communication (pragmatic) under any circumstances (Wallace et al., 2015). This disorder is a complaint of parents who are most often worried about by doctors.

Damage in brain development and abnormalities in speech organs are the causes of speech delay to children (Özdaş, Şahli, Özdemir, & Belgin, 2018). To be able to speak, it is necessary to coordinate the sensory and motor systems that are assisted by the hearing organ (Befi-Lopes, Cáceres-Assenço, Marques, & Vieira, 2014). When someone hears, the air vibration enters the outer ear hole until it reaches the tympanic membrane and is transmitted to the inner ear so that the sound waves reach the sensory receptors to be transmitted to the brain. After being processed in the brain, the answers are then formulated in the form of articulation that is transmitted to the motor to make speech movements. Furthermore, the speech process is produced by vibrations of the vocal cords aided by the flow of air from the lungs, while sounds are formed by the movement of the lips, tongue and palate.

Other factors causing speech delay including gender, mother's vocabulary, socio-economic status, communication frequency in the family, family history and language used by the family (Eadie et al., 2015). The frequency of communication in the family is related to lack of attention and social motivation from the family (Tager-Flusberg & Kasari, 2013). The family is the first school for children so it will determine the future development of children. Likewise with communication skills, the more often parents invite children to communicate, the more pronunciation will be trained. Children are able to automatically memorize words that are repeated over and over again because they are supported by the child's mental lexicon that is still neatly arranged and structured compared to adults (Rustan & Subhan, 2018).

Children with language impediments can affect further developments including developments in writing and reading which result in academic success (Tomblin, Zhang, Buckwalter, & Catts, 2000). In addition, the delay in speaking can also affect a child's ability to socialize (Sun & Fernandes, 2014). Children become shy, lack of confidence and lack of courage to do things, that can interfere with the child's personality development (Lipscombe et al., 2016).

Delay in speech was also experienced by some 6-year-old children in the Paramata Bunda Kindergarten. Children's speaking ability is not in accordance with the stages of development where the child's ability is only limited to saying one or two words. When the child was asked to communicate, the child just repeated the question. For example, when they wereasked "what number is this?" The children then answered slowly "what number is this". Thus, the difficulty in speaking has an impact on the child's social life.

As a means of communication, language plays an important role in a child's life. Children who have speech impediments will feel they are not accepted by their peers, become less confident, and tend to be reluctant to do something out of fear. This can have an impact on the child's future development. Therefore, we need a symbolic communication strategy used by parents and teachers in accordance with the disturbance experienced by children. Parents and teachers can start by speaking slowly, using short sentences or using language symbols through special gestures and gestures.

Children with speech delay can be stimulated by routinely inviting them to speak, group intervention by including children to play with peers, by using communication media tools through applications that can be imitated by children (Agius & Vance, 2016). For children with speech delay, communication should be stimulated by improvising the use of language and good communication skills, parents and teachers use language that is brief and easily understood while using symbols or sign language and the use of media that produces sound (Tager-Flusberg & Kasari, 2013). This can train the sensory and motor skills of children without making children confused (Newman, Supalla, Fernandez, Newport, & Bavelier, 2015). However, it should be kept in mind that in following up on delays in Children's speech delay, it is necessary to study the needs of the child so that the intervention is given in accordance with the needs or problems experienced by that child. Therefore, it is important for parents to consult with a doctor or psychologist about the child's condition (Jacqueline Bauman-Waengler, 2016).

This strategy can work effectively and can stimulate children's speaking skills, vocabulary and the child's expression in language according to their development. In addition, the implementation of these strategies also affects the mental condition of children so that children become motivated to be able to

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communicate with their families, peers and people who are around them. Therefore, this research is focused on knowing the form of speech delay experienced by Pramata Bunda kindergarten students and how the implementation of symbolic strategies by parents and teachers towards Pramata Bunda kindergarten students.

Methods

Research design

This research is a qualitative study using a case study method. Data obtained from the results of observations and interviews with children, parents of students and teachers. The researcher observed the way children spoke and the role of teachers and parents in training children to speak. Whereas interviews are conducted in the teacher's room or in the classroom when learning is ongoing. The results of the interviews were recorded and stored using mobile phones and then analyzed. In conducting interviews, researchers use questions a) how to speak to students who experience speech delay ?; b) what factors cause the child to be late to speak ?; c) how do parents and teachers stimulate children to speak?

Research site and participants

Initially researchers determined the location of the study and sought approval from the school and parents of students. The research was then carried out in the city of Palopo, precisely in the Pramata Bunda Kindergarten. The researcher conducted initial data collection after this study was approved by the research ethics committee. From the initial assessment found six students who experienced speech delay from a total of 30 students consisting of two classes while the number of teachers in the kindergarten was 3 people. Faced with a small number of samples, all were included in the research.

Data collection and analysis

Data collection starts from January 8th to 13th, 2019. The researcher follows the activities at the school starting from the children coming in, during the learning process until the children go back home. Initially researchers determined the location of the study then asked for research permission from the Research Ethics Committee of a higher education institute under the number 0884/eks.18/FTIK/PP.00.9/01/2019. The confidentiality is guaranteed anonymously by encoding all data names and codes stored separately. For coding the researcher uses the letter P (parent), the letter G (teacher) along with the interview number. For example, the first parent as a respondent is identified as P1, the second is P2 and so is the teacher. Participants were told that they could reject any questions and could stop the interview at any time. The researcher then uses interactive analysis techniques from Miles and Huberman, where the analysis consists of 3 components, namely data reduction, data presentation and data withdrawal and conclusion. Before interviewing the subject of the study, first sign an informed consent.

Findings

Characteristics of children who experience speech delay

Based on observations on students in Paramata Bunda Kindergarten, it was found that there were children who experienced delays in speech characterized by a lack of children's ability to understand and

respond to peers, parents and adults around them, more quiet, unable to form simple sentences, when asked something the child repeats the question, has not been able to speak clearly, stiffly, haltingly because of the lack of mastery of the vocabulary that is owned, and usually the use of language that is shown in confusion in expressing language in an oral form. This is in line with the results of interviews with parents that can be seen from:

"Aisyah is six years old but has not been able to speak fluently, if she is invited to speak she is only limited to answering yes, no, nods, shakes her head or prefers to shut up and leave." (P1)

"My child has been able to speak a word or two but has not been able to concatenate word for word." (P3)

The teachers also stated:

"There are still some children who have not been able to speak well, when asked by the brand to answer haltingly" (G2)

"Sometimes children are difficult to understand what is expressed because the pronunciation is not appropriate". (G3)

Causes of Speech Delay

Based on the results of interviews, there are factors that cause delays in speaking to the subject, namely: intelligence (cognitive), brain development, parents lack of time so that the interaction of children with parents is lacking, imitating speech styles, environmental factors and television factors. The most dominant and significant factor in causing speech delay in children is the lack of communication between children and their parents. This can be seen from:

"I rarely communicate with my children because I was busy in the office, children are more often with their caregivers (P1)

"My child is indeed not the same development as the other children, my child is delayed crawling and walking and we as parents rarely talk to children." (P6)

"Child B after school spends time at home watching television" (P2)

"My child likes watching TV, especially the Upin and Ipin program, whose language is different from the language that is used everyday." (P4)

"Students who experience speech delays occur in those who suffer from Down syndrome and whose parents are busy." (G2)

According to the observations, students who experience delays in speaking are rarely with their parents, they are accompanied by caregivers and mimics how the cartoon character on television talks. Students who suffer from Down syndrome also experience delays in speaking.

Efforts to overcome speech delay

Based on the results of interviews with parents and teachers, data was obtained that in order to overcome children who experience speech delay, the teacher can start by inviting children to talk through stories, giving them the opportunity to express their opinions and then correcting the child if something goes wrong. Whereas the efforts of parents in developing children's speaking skills are more time spent talking to children using clear language, correcting the child's pronunciation, including children in early

childhood education program institutions and consulting with pediatricians and child psychologists. This can be seen from:

> "When comparing my child's speaking skills with his peers, I suspect he is slowing down so I consult with a doctor and advised to talk to my children more often and put him in early childhood education program." (P1)

> "I spend more time to ask my children to tell stories and teach them to pronounce words accompanied by sign language or body language." (P3)

> "Since I spent more time with my children, my child has begun to be able to speak even though it has not been smooth but there have been changes." (P4)

> "For students who experience delays in speaking, we pay more attention to them by spending more time to train to pronounce words until they have enough courage to tell stories in front of their peers." (G3)

From the observations, students were more interested and able to imitate when the teacher told stories accompanied by symbolic language and clear language. The same thing happens when children play with their peers where children are faster to be able to say the words spoken by their peers.

Discussion

The results of the research conducted showed that some students experienced speech delay. Children can be indicated experiencing speech delay if they are at the age of 6 years but have not been able to communicate well, have not been able to understand words (Waring & Knight, 2013). Speech delay can be detected early so that interventions can also be given earlier to avoid such thing from happening because at the beginning of the development of the neurons it is possible to increase communication skills in accordance with the stages of development of children (Brumberg, Nieto-Castanon, Kennedy, & Guenther, 2010).

The factors causing speech delay in Pramata Bunda Kindergarten are influenced by the lack of parent and child communication, speech style, television factors and the environment. By increasing the frequency of communication between children and parents, children's communication skills will also increase but must be accompanied by the use of clear language and not confusing children (Wodka, Mathy, & Kalb, 2013). Television is a medium with one-way communication. Thus the child is not able to train his speech skills to the maximum because the child does not get feedback from what they say. The duration of communication between parents and children is reduced because children will focus more on television (Okuma & Tanimura, 2009). Watching television will interfere when children try to do other activities such as playing or interacting between children and family (Tanimura, M, Okuma, K, Kyoshima, 2011). In contrast to what expressed by Agius & Vance (2016) that parents can use technology to train children's speech skills such as applications on android or television. This is because in these media children are more focused because the presentation is more interesting and easily imitated.

The way to deal with children with speech delay that has been done by parents and teachers is by improving communication patterns with children, for example by using clear words with slow pronunciation, sign language, improving inappropriate speech, inviting children to communicate with friends peer and consult with a doctor. This is consistent with research conducted by Flusberg (2013) explaining that children with speech delay can be stimulated by improvising the use of language and good communication skills, for example by telling stories, correcting pronunciation errors and providing opportunities for children to speak up. On the other hand, Newman (2015) suggested that in order to avoid

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For example if you want to know the *Characteristics of children who experience speech delay*
Then you have to generate the themes related to the "Characteristics" then you have to describe each theme you got based on the codes you gained.

For example one theme about the *Characteristics of children who experience speech delay* is **lack of children's ability to understand and respond to peers. Then, you have to describe the theme based on the codes you gained from your interview.**

Example

the *Characteristics of children who experience speech delay*

Based on observations on students in Paramata Bunda Kindergarten, it was found that there were children who experienced delays in speech characterized by a lack of children's ability to understand and respond to peers, parents and adults around them…….

Based on the interview to the teacher, he said that

Bla … Bla… Bla… (personal communication, September 2019)

confusion in children parents or teachers should speak slowly and use clear language. Whereas Maura (2011) that parents with children who experience delays in speaking should consult a doctor or psychologist to discuss the best therapy, for example, speaking therapy with expressive language is very helpful for children to talk.

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Conclusion

Delay in speech is marked by the presence of traits in the child's inability to understand and respond to peers, parents or surrounding adults, more silent, unable to form simple sentences, when asked the child repeats the question given. As for the causes of delays in speaking generally due to factors of intelligence, lack of communication between children and parents, environmental factors and exposure to television media. To overcome the delay in speaking, the role of parents and teachers is needed. This can be done by training children to speak using clear, slow and repetitive intonation, correcting errors in pronunciation and consulting with doctors and child psychologists.

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NOTES FOR REVIEWERS

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Criteria to be rated	Excellent	Acceptable	Unsatisfactory	NA
1. TITLE (<u>maximum 12 words)</u>				
Does the title reflect the content properly? **Does** the title clearly or adequately describe the intent of the study? (suggest alternate language for the title if the answer is NO) Comments: **The title of this manuscript has not reflected the content properly and it also does not really describe the intent of the study clearly and adequately.**			X	
2. TABLES AND FIGURES	Excellent	Acceptable	Unsatisfactory	NA
Are the tables and figures understandable and following the EDUKASI guidelines (APA style)? Comments: **All of the tables are not made based on APA 6ᵗʰ edition**			X	
3. ABSTRACTS (150 words or less)	Excellent	Acceptable	Unsatisfactory	NA
Are the aim, design and nature of the study well expressed in the abstract? **Are** participants' characteristics, data collection analysis, and major findings summarized in the abstract?			X	

Comments: **The abstract is not presented well because the aim, design, and nature of the study, participants' characteristics, data collection anlysis and major findings are not expressed in this section. The abstract is too long. Abstract must be concise (150-250 words or less)**				
4. INTRODUCTION	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Is the problem described clearly in light of what is already known about the study topic? **Is** the purpose of the study clearly stated? **Is** the gap in the literature well-established? **Are** research questions generated accordingly? **Do** the authors justify the need for this study, and does this research address the need? Comments: **The introduction does not cover the needs of a good introduction. The problems and the purpose of the study are not clearly stated. The gap in the literature is not well-established. The research questions are not generated accordingly. Please revise!**			X	
5. THE REVIEW OF THE LITERATURE	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Is the review of the literature up-to-date and comprehensive? **Does** it address the need for the manuscript? **Are** the references accurate and in agreement with the statements made in the manuscript? **Are** the references primary or secondary? The references should generally be the original studies rather than narrative or other reviews or journal supplements. Comments: **Each of the variable of the research has been described. However, it is still like collecting quatations**			X	
6. METHODS	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Is the research design clearly described and appropriate for the purpose of the study? **Are** the participants, their characteristics and their selection methods described in detail and justified? **Is** the context of the study elaborated to provide in-depth understanding about the setting? **Are** the purpose, content and usage of data collection tools explained and justified? **Are** data collection and analysis procedures are clearly explained with a reference to the role and competency of the researcher(s)? For quantitative research, **Are** the validity and reliability processes in data collection and analyses described sufficiently?			X	

For qualitative research, **is** the credibility or the "trustworthiness described sufficiently? **Is** the way to protect the rights of human participants described sufficiently? Comments: **The research design is inappropriate. The participants are described but the sampling method is not already described. Data collection and Data analysis are not well described and comprehensive.**				
7. FINDINGS	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Do findings respond to the purpose of the study, and are presented systematically? **Are** findings supported with sufficient and relevant quotations, examples, tables, and diagrams? **Is** the description of the findings consistent with the study methodology (e.g., authors refer to the specific group, time period, or other key details in describing the study findings, so that readers understand the findings clearly)? Comments: **The findings are not presented systematically and respond to the purpose of the study.**			X	
8. DISCUSSION	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Does the discussion briefly review the principal findings of the current study? **Are** findings are discussed with a reference to relevant and recent literature? If applicable, **do** the authors provide possible explanations why the results of the present study do not comport with findings from other relevant studies? **Are** theoretical implications and practical significance of the study discussed? Comments: **Unfortunately there is no Discussion section in the manuscript**			X	
9. CONCLUSION AND IMPLICATIONS	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Does the conclusion succinctly but completely sum up the key takeaway points of the study? Does the conclusion match the objective? **Are** implications for further implementations, suggestions for further research, and limitations of the current study provided? Comments: **The conclusion has not summed up the points of the study. Please revise accordingly.**		X		
10. CLARITY AND ACCURACY	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**

Is the language appropriate and fluent? **Is** Syntax correct and appropriate? **Are** technical terms defined clearly? **Is** the manuscript easy to follow? The central idea is clear and supported. The organization is orderly. The manuscript flows smoothly and logically, with the sentences, paragraphs, and sections fitting together and carrying the reader forward comfortably. Comments: **This manuscript needs major revisions related to the syntax of English. There are multiple grammar mistakes which influence the reader's understanding. The author also needs to pay attention to the cohesion and coherence of paragraphs. Please revise it.**			X	
11. DISCLOSURE STATEMENT	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Does author provide a conflict of interest statement? (e.g. No potential conflict of interest was reported by the authors) Comments: **Unfortunately, no potential conflict was reported in this manuscript.**				X
12. REFERENCES	**Excellent**	**Acceptable**	**Unsatisfactory**	**NA**
Are in-text citations and references following the APA referencing system? Comments: **All of in-text citations and references in this manuscript have not followed the APA referencing system (APA style) for sixth edition.**			X	

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_X_ **Accept** with major revisions (a second round of review will be necessary)

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[Symbolic Communication Strategy For Children With Speech Delay]

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Abstract

Child's speaking ability develops according to the age stage. However, 5% -12% of children aged 2-5 years experience speech delays caused by various factors both from the condition of the child, family and the environment in which the child lives. Delay in talking to children can influence the development of children further, including academic ability and socialization which leads to children's personality disorders. Therefore, children need to be stimulated to be able to speak using various communication strategies such as parent and teacher communication routines, using sign language and inviting children to communicate with peers. This research is a qualitative study using a case study method involving students, parents and TK Pramata Bunda teachers in Palopo City. The results of observations and interviews were then analyzed using interactive analysis techniques from Miles and Huberman. Based on the observations and interviews, some children experienced speech delays caused by lacking of parental communication, obstacles in brain development, the influence fom TV and the child's intelligence. To overcome this problem, parents and teachers provide stimulus by improving communication patterns, correcting pronunciation errors, inviting them to play with peers, and telling stories using body movements.

Keywords: strategy; symbolic communication; child; speech delay

Introduction

Communication is any action in which information is given or received from other people regarding facts, thoughts, ideas and feelings (Rustan & Subhan, 2018). Communication can be done both verbally and non-verbally (Rustan & Subhan, 2018). Speaking is an expression of thoughts that are spoken in the form of words. Speech ability is trained since the child is still a baby with developmental stages in accordance with age until at the age of 5 years the child is able to communicate well, able to understand words without stuttering (Reilly, Mckean, Morgan, & Wake, 2015). However, in its development it is estimated that between 5% - 12% in children 2 to 5 years experience speech delay (Mclaughlin, 2011). Speech and language disorders are one of the causes of developmental disorders most often found in children. The American Speech Language Hearing Association describes speech disorders as a decrease in articulation, fluency, or sound and language disorders as a disorder of understanding or use of oral, written, or other symbolic systems. Disorders may involve forms of language (phonology, morphology, syntax), language content (semantics), and language functions in communication (pragmatic) under any circumstances (Wallace et al., 2015). This disorder is a complaint of parents who are most often worried about by doctors.

Damage in brain development and abnormalities in talking organs is one of the causes of delays in talking to children (Özdaş, Şahli, Özdemir, & Belgin, 2018). To be able to speak, it is necessary to coordinate

the sensory and motor systems that are assisted by the hearing organ (Befi-Lopes, Cáceres-Assenço, Marques, & Vieira, 2014). When someone hears, the air vibration enters the outer ear hole until it reaches the tympanic membrane and is transmitted to the inner ear so that the sound waves reach the sensory receptors to be transmitted to the brain. After being processed in the brain, the answers are then formulated in the form of articulation that is transmitted to the motor to make speech movements. Furthermore, the speech process is produced by vibrations of the vocal cords aided by the flow of air from the lungs, while sounds are formed by the movement of the lips, tongue and palatum (palate).

Other factors causing speech delay including gender, mother's vocabulary, socio-economic status, communication frequency in the family, family history and language used by the family (Eadie et al., 2015). The frequency of communication in the family is related to lack of attention and social motivation from the family (Tager-Flusberg & Kasari, 2013). The family is the first school for children so it will determine the future development of children. Likewise with communication skills, the more often parents invite children to communicate, the more pronunciation will be trained. Children are able to automatically memorize words that are repeated over and over again because they are supported by the child's mental lexicon that is still neatly arranged and structured compared to adults (Rustan & Subhan, 2018).

Children with language impediments can affect further developments including developments in writing and reading which result in academic success (Tomblin, Zhang, Buckwalter, & Catts, 2000). In addition, the delay in speaking can also affect a child's ability to socialize (Sun & Fernandes, 2014). Children become shy, lack of confidence and lack of courage to do things, that can interfere with the child's personality development (Lipscombe et al., 2016).

Delay in speech was also experienced by some 6-year-old children in the Paramata Bunda Kindergarten. Children's speaking ability is not in accordance with the stages of development where the child's ability is only limited to saying one or two words. When invited to communicate, the child just repeats the question. For example, when asked "what number is this?" The child then answers slowly "what number is this". The difficulty in speaking has an impact on the child's social life.

As a means of communication, language plays an important role in a child's life. Children who have a speech impediments will feel they are not accepted by their peers, become less confident, and tend to be reluctant to do something out of fear. This can have an impact on the child's future development. Therefore, we need a symbolic communication strategy used by parents and teachers in accordance with the disturbance experienced by children. Parents and teachers can start by speaking slowly, using short sentences or using language symbols through special gestures and gestures.

Children with speech delay can be stimulated by routinely inviting them to speak, group intervention by including children to play with peers, using communication media tools through applications that can be imitated by children (Agius & Vance, 2016). With children with speech delay, communication should be stimulated by improvising the use of language and good communication skills, parents and teachers use language that is brief and easily understood while using symbols or sign language and the use of media that produces sound (Tager-Flusberg & Kasari, 2013). This can train the sensory and motor skills of children without making children confused (Newman, Supalla, Fernandez, Newport, & Bavelier, 2015). However, it should be kept in mind that in following up on delays in talking of children, it is necessary to study the needs of the child so that the intervention is given in accordance with the needs or problems experienced. Therefore, it is important for parents to consult with a doctor or psychologist about the child's condition (Jacqueline Bauman-Waengler, 2016).

This strategy can work effectively and can stimulate children's speaking skills, vocabulary and the child's expression in language according to their development. In addition, the implementation of these strategies also affects the mental condition of children so that children become motivated to be able to communicate with their families, peers and people who are around them. Therefore, this research is focused on knowing the form of speech delay experienced by Pramata Bunda kindergarten students and how the

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implementation of symbolic strategies by parents and teachers towards Pramata Bunda kindergarten students.

Methods

Research design

This research is a qualitative study using a case study method. Data obtained from the results of observations and interviews with children, parents of students and teachers. The researcher observed the way children spoke and the role of teachers and parents in training children to speak. Whereas interviews are conducted in the teacher's room or in the classroom when learning is ongoing. The results of the interviews were recorded and stored using mobile phones and then analyzed. In conducting interviews, researchers use questions a) how to speak to students who experience speech delay ?; b) what factors cause the child to be late to speak ?; c) how do parents and teachers stimulate children to speak?

Research site and participants

Initially researchers determined the location of the study and sought approval from the school and parents of students. The research was then carried out in the city of Palopo, precisely in the Pramata Bunda Kindergarten. The researcher conducted initial data collection after this study was approved by the research ethics committee. From the initial assessment found six students who experienced speech delay from a total of 30 students consisting of two classes while the number of teachers in the kindergarten was 3 people. Faced with a small number of samples, all were included in the research.

Data collection and analysis

Data collection starts from January 8th to 13th, 2019. The researcher follows the activities at the school starting from the children coming in, during the learning process until the children go back home. Initially researchers determined the location of the study then asked for research permission from the Research Ethics Committee of a higher education institute under the number 0884/eks.18/FTIK/PP.00.9/01/2019. The confidentiality is guaranteed anonymously by encoding all data names and codes stored separately. For coding the researcher uses the letter P (parent), the letter G (teacher) along with the interview number. For example, the first parent as a respondent is identified as P1, the second is P2 and so is the teacher. Participants were told that they could reject any questions and could stop the interview at any time. The researcher then uses interactive analysis techniques from Miles and Huberman, where the analysis consists of 3 components, namely data reduction, data presentation and data withdrawal and conclusion. Before interviewing the subject of the study, first sign an informed consent.

Findings

Characteristics of children who experience speech delay

Based on observations on students in Paramata Bunda Kindergarten, it was found that there were children who experienced delays in speech characterized by a lack of children's ability to understand and respond to peers, parents and adults around them, more quiet, unable to form simple sentences, when asked something the child repeats the question, has not been able to speak clearly, stiffly, haltingly because

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of the lack of mastery of the vocabulary that is owned, and usually the use of language that is shown in confusion in expressing language in an oral form. This is in line with the results of interviews with parents that can be seen from:

"Aisyah is six years old but has not been able to speak fluently, if she is invited to speak she is only limited to answering yes, no, nods, shakes her head or prefers to shut up and leave." (P1)

"My child has been able to speak a word or two but has not been able to concatenate word for word." (P3)

The teachers also stated:

"There are still some children who have not been able to speak well, when asked by the brand to answer haltingly" (G2)

"Sometimes children are difficult to understand what is expressed because the pronunciation is not appropriate". (G3)

Causes of Speech Delay

Based on the results of interviews, there are factors that cause delays in speaking to the subject, namely: intelligence (cognitive), brain development, parents lack of time so that the interaction of children with parents is lacking, imitating speech styles, environmental factors and television factors. The most dominant and significant factor in causing speech delay in children is the lack of communication between children and their parents. This can be seen from:

"I rarely communicate with my children because I was busy in the office, children are more often with their caregivers (P1)

"My child is indeed not the same development as the other children, my child is delayed crawling and walking and we as parents rarely talk to children." (P6)

"Child B after school spends time at home watching television" (P2)

"My child likes watching TV, especially the Upin and Ipin program, whose language is different from the language that is used everyday." (P4)

"Students who experience speech delays occur in those who suffer from Down syndrome and whose parents are busy." (G2)

According to the observations, students who experience delays in speaking are rarely with their parents, they are accompanied by caregivers and mimics how the cartoon character on television talks. Students who suffer from Down syndrome also experience delays in speaking.

Efforts to overcome speech delay

Based on the results of interviews with parents and teachers, data was obtained that in order to overcome children who experience speech delay, the teacher can start by inviting children to talk through stories, giving them the opportunity to express their opinions and then correcting the child if something goes wrong. Whereas the efforts of parents in developing children's speaking skills are more time spent talking to children using clear language, correcting the child's pronunciation, including children in early childhood education program institutions and consulting with pediatricians and child psychologists. This can be seen from:

"When comparing my child's speaking skills with his peers, I suspect he is slowing down so I consult with a doctor and advised to talk to my children more often and put him in early childhood education program." (P1)

"I spend more time to ask my children to tell stories and teach them to pronounce words accompanied by sign language or body language." (P3)

"Since I spent more time with my children, my child has begun to be able to speak even though it has not been smooth but there have been changes." (P4)

"For students who experience delays in speaking, we pay more attention to them by spending more time to train to pronounce words until they have enough courage to tell stories in front of their peers." (G3)

From the observations, students were more interested and able to imitate when the teacher told stories accompanied by symbolic language and clear language. The same thing happens when children play with their peers where children are faster to be able to say the words spoken by their peers.

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Discussion

The results of the research conducted showed that some students experienced speech delay. Children can be indicated experiencing speech delay if they are at the age of 6 years but have not been able to communicate well, have not been able to understand words (Waring & Knight, 2013). Speech delay can be detected early so that interventions can also be given earlier to avoid such thing from happening because at the beginning of the development of the neurons it is possible to increase communication skills in accordance with the stages of development of children (Brumberg, Nieto-Castanon, Kennedy, & Guenther, 2010).

The factors causing speech delay in Pramata Bunda Kindergarten are influenced by the lack of parent and child communication, speech style, television factors and the environment. By increasing the frequency of communication between children and parents, children's communication skills will also increase but must be accompanied by the use of clear language and not confusing children (Wodka, Mathy, & Kalb, 2013). Television is a medium with one-way communication. Thus the child is not able to train his speech skills to the maximum because the child does not get feedback from what they say. The duration of communication between parents and children is reduced because children will focus more on television (Okuma & Tanimura, 2009). Watching television will interfere when children try to do other activities such as playing or interacting between children and family (Tanimura, M, Okuma, K, Kyoshima, 2011). In contrast to what expressed by Agius & Vance (2016) that parents can use technology to train children's speech skills such as applications on android or television. This is because in these media children are more focused because the presentation is more interesting and easily imitated.

The way to deal with children with speech delay that has been done by parents and teachers is by improving communication patterns with children, for example by using clear words with slow pronunciation, sign language, improving inappropriate speech, inviting children to communicate with friends peer and consult with a doctor. This is consistent with research conducted by Flusberg (2013) explaining that children with speech delay can be stimulated by improvising the use of language and good communication skills, for example by telling stories, correcting pronunciation errors and providing opportunities for children to speak up. On the other hand, Newman (2015) suggested that in order to avoid confusion in children parents or teachers should speak slowly and use clear language. Whereas Maura (2011) that parents with children who experience delays in speaking should consult a doctor or psychologist to

discuss the best therapy, for example, speaking therapy with expressive language is very helpful for children to talk.

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Conclusion and Recommendations/Implications

Delay in speech is marked by the presence of traits in the child's inability to understand and respond to peers, parents or surrounding adults, more silent, unable to form simple sentences, when asked the child repeats the question given. As for the causes of delays in speaking generally due to factors of intelligence, lack of communication between children and parents, environmental factors and exposure to television media. To overcome the delay in speaking, the role of parents and teachers is needed. This can be done by training children to speak using clear, slow and repetitive intonation, correcting errors in pronunciation and consulting with doctors and child psychologists.

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Disclosure statement
No potential conflict of interest was reported by the authors.

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