

Learning Strategies in Handling Social Interaction in Children with Language Delays Aged 4-5 Years Old

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Abstract: Teacher strategy is an approach taken in planning, implementing, and evaluating the learning process including developing speech skills in children with speech delay. This study aims to determine the teacher's strategy at school in handling social interaction in children who experience speech delay. This research is a case study qualitative research. Data collection was done through observation and interviews. The research subjects were the principal, class teacher and parents. The results showed that: 1) Speech delay children have four general characteristics, namely issuing words or sentences that are not as common as children in general, have not been able to string together two or three words, speak slower than their peers, have difficulty in learning spelling, language and math, 2) Factors that cause children to experience speech delay include; high intensity in using gadgets to watch videos and play games, confusion with 2 languages (English and Indonesian), lack of interaction with parents and the surrounding environment, 3) Teacher strategies in dealing with speech delay children's social interactions include; routinely inviting children to talk and have simple discussions, using singing techniques when delivering lessons, asking questions about themselves and their activities, reading stories to children, and involving children to interact between children and teachers, children with peers and children with peers and teachers or other adults.

Keywords: Learning Strategies, Social Interaction, Speech Delay.

Article History:

Received: 01-04-2025

Online : 25-04-2025



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A. INTRODUCTION

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In newborns have a sound language of crying sounds, as time goes by the baby gets bigger and develops can communicate, social interaction with his own family, the people closest to him from the elements of family, relatives and with the environment. When a baby is born, he captures the first language of his parents who care for, keep, raise him, we can notice how the baby responds to the sound (child-direct speech) that is heard through gestures, eyes and body (Palupi, 2015).

Social interaction is not only done by adults, but also by early childhood. Early childhood is in the age range of 0-6 years and is also known as the golden age period. It is at this time that the development of all the potential of early childhood, both from the cognitive, language, physical motor, social and emotional aspects. This age is also when their brains are developing very rapidly. Therefore, at this time it is easier for parents and teachers to internalize knowledge to children, in introducing the form of concepts and forms of

actualization in everyday life. If at this age the child is given optimal education and appropriate stimulation, it will be very good for the child's development at a later age. Early childhood, is a stage of massive physical and psychological growth of children. Language development in early childhood is more focused on the ability to be able to communicate orally and in writing which is related to how children can express their opinions or desires (Hasiana, 2021). To express these opinions and desires, children learn naturally through interaction with the social environment. Therefore, children's language development will be largely determined by the intensity of communication with others, especially with parents. This is in line with the opinion (Tanjung, Izzati, and Hartati, 2020) that children's speaking ability is influenced by the intensity of communication with their parents.

However, children's language development does not always run smoothly. There are various disorders experienced by children, one of which is speech delay (Sirjon and Farena, 2021). In their research, (Hutami & Samsidar, 2018) revealed that if children experience obstacles in their speech development, they must have factors that cause these obstacles. The first factor that can be the cause of speech delay here is the lack of fulfillment of essential things in communication. These are physical preparation to speak, mental readiness to speak, good models to imitate, opportunities to practice, motivation and brain damage. The impact is that children who experience speech delay make it difficult to interact with friends and the surrounding environment, even though interaction is part of the function of language.

There are several languages that need to be developed in children, namely receptive language and expressive language. Early anticipation for parents and teachers in overcoming social interactions in children who experience speech delay through preventive measures so that speech delay in children at TKI A BSD can be resolved. Because in general, children aged 3-5 years have experienced growth and development in the language sound apparatus (phonology and morphology), so it is certain that when children experience speech delay it needs to be taken seriously and handled in an effort so that children's language development can develop according to their age stages and have no difficulty in speaking interactions and communication (Hasanah, 2019).

Therefore, children who experience speech delay need special treatment to help their future growth and development. So when it is a problem with early childhood parents, teachers or people closest to them must be responsive and immediately know about speech delay, because the ability to speak is a major part of soft skills in communicating and interacting with children when they start to grow up and mature. The ability to speak is very important for children to interact, communicate when they are at school, at home and in the surrounding environmentso teachers as educators must know the problems that must be overcome when children have problems related to speech delay, so that the growth and development of children's speech at TKI A BSD is no problem. With this research, it is hoped that it can provide solutions to deal with speech delay disorders in children aged 4-5 years which affect children's social interactions at Al-Azhar BSD Islamic Kindergarten.

School is a vehicle and container of education that is fundamental in the process of forming the development of knowledge, attitudes and skills in children. The limitations in

facilities and infrastructure at an early childhood center make teachers more creative in terms of educating and assisting children. This is important because if a child has a disorder, the teacher must consult a child psychologist at school or a doctor outside the school who has established a partnership. Children aged 4-5 years at TKI A BSD have 1 early childhood child who has a language delay disorder and the impact that the child has experienced. The purpose of this study is to find out the teacher's strategy at school in handling social interaction in children who experience speech delay.

B. METHOD

In this study, researchers used a qualitative method with a case study research type. This study describes what the researcher did during observation, documentation and interviews, observations aimed at conducting an in-depth study of speech delay disorders that affect the social interaction of children aged 4-5 years in the TKI A BSD educational environment. Based on the focus of the problem which is the main study, the researcher conducts an in-depth study of the conditions that exist at TKI A BSD, both from students and teachers.

The object of observation is 1 child aged 4-5 years who has a speech delay disorder on social interaction at TKI A BSD. Observations were carried out accompanied by one of the teachers at TKI A BSD to find out everything related to the handling of speech delay disorders on social interactions of children aged 4-5 years at TKI A BSD. Another subject besides the teacher is 1 child who has a speech delay disorder at TK Islam Al-Azhar BSD, in observation, the author combines participatory observation in classroom learning and implementing observation.

Data collection methods used by observation, documentation and interviews by asking questions prepared by researchers and conducted on children aged 4-5 years and teachers at TKI A BSD related to the teacher's strategy at school in handling and developing speech skills and social interaction in children who experience speech delay. After the data is obtained from observation, documentation and interviews, a description and analysis is carried out regarding what is obtained from children aged 4-5 years and teachers at TKI A BSD.

C. RESULTS AND DISCUSSION

Based on the research conducted, the identification of the causes of speech delay are (1) The existence of high intensity in using gadgets to watch videos and play games and rarely spoken to by parents (2) Genetic factors (heredity), that children born from families who have a history of language and speech delays, then have a greater risk of speech delay, due to internal factors such as genetics, innate from parents, and also external factors caused by the surrounding environment during the growth and development of children. So the lack of stimulus provided by both parents, even the rarity of parents inviting children to interact is part of one of the other main factors of (speech delay) in TKI A BSD. The impact of the child's interaction, communication and social skills results in the cognitive (speaking ability), and psychomotor aspects of the child having difficulty communicating with friends, parents and even the surrounding environment for children at TKI A BSD who experience speech delay. In addition, it also makes the child experience down because of the child's speech delay, so

that he is shunned by his friends and even becomes an introverted person or commonly referred to as closing himself, being quiet, and so on which occurs at TKI A BSD.

The impact of speech delay is that one child has difficulty interacting socially both with friends in his class, his parents and the surrounding environment, even though social interaction has an important role for the process of self-development of children who experience it, through interactions that are carried out can influence children who experience speech delay, the environment created is also expected to support to provide motivation to develop children who experience speech delay, the role of teachers and parents is expected for children who experience speech delay by making social contact, communication that is built is expected that children who experience speech delay are not passive, moody, silent and inferior when learning, playing, communicating and social contact with their peers. Inadequately treated speech delay children can have an impact on the child's personality, mental psychology of the child until have an impact on the child's personality, mental psychology of the child until the child experiences treatment such as being bullied and insulted to experience stress which results in psychological growth and development of children in TKI A BSD.

Speech delay is related to the physical, motor, and even cognitive aspects of children aged 4- 5 years related to mental, muscular or abilities that produce sounds (sounds) of language, therefore children who experience speech delay at TKI A BSD are related to children who are accompanied by shadow teachers during teaching and learning activities, they want to speak like normal people when talking and communicating, special treatment and attention are sought to be able to deliver them in training gradually to speak and communicate and interact well. Because the problem of speech disorders is quite common among children with special needs at the AUD level (Wijayaningsih, 2019).

The ability to speak is important for children, parents need to pay attention, stimulate, stimulate early childhood language skills according to age stages so that they can communicate, interact well at their age level. Speech delay is often found in AUD, with an incidence of 5-15% in pre-school children, and among some 5 major cities in Indonesia, the highest incidence is 8-33% (Jakarta, Bandung, Bali, Surabaya). It can be concluded that speech delay in children is 5-15%. occurs in pre-school children, this is due to a lack of stimulation and interaction from parents to invite children to talk, as well as a lack of parental knowledge of what actions to take when children experience speech delay (Galuh Pratiwi, 2018).

Table1. Problem Identification of Children with Speech Delay

No	Problem identification of speech delayed children in TKI A BSD	Action provided
1	What did you do when you first learned about your child's speech delay?	The teacher observes and records the initial development of all students in the class in terms of physical, motor, language, growth and development.
2	If you already know there	Teachers take special measures by involving

	is a child with speech delay in the classroom, how do you deal with it?	parents to identify what problems children have from birth, then the actions and treatments that parents have taken at home. Early childhood at school is the responsibility of the teacher, so the teacher provides special actions and strategies for children who experience speech delay.
3	Do teachers have different teaching strategies for children with language delays and those without? If yes, what is the strategy?	Yes, the strategy given by the teacher is to stimulate through interesting learning media, the teacher provides special learning materials for children who experience speech delay by dominantly using the mother tongue (Indonesian). Teachers provide additional learning that is in accordance with the ability of children who experience speech delay to recognize more words during certain hours and times, to compose words when speaking, interacting and communicating. Teachers also always try to be proportional in overcoming speech delayed children with special measures, because they are like normal children who need the same treatment, even though there are things that hinder their communication and interaction in the classroom.
4	What are the communication and interaction patterns built by teachers with speech delay children?	Teachers take special measures for children who experience speech delay to communicate personally so that the child does not experience certain psychological conditions, thus keeping the child comfortable, happy and enthusiastic while playing while learning with his friends in the classroom.
5	Is there any special treatment given by teachers to children with speech delay?	Teachers communicate regularly with parents of children who experience speech delay at certain times in order to find out periodic developmental information on the physical, motor, language, growth and development aspects of the child.

Children's language development does not always go smoothly. Children's language skills develop from easy to complex, from interactions, the communication that is built determines the aspects of social, emotional, both physical, motor and language development. TKI A BSD as a place to play and learn early childhood and accept children who experience speech delay has a major role to develop their potential. Because every early childhood has needs according to their age level, the needs of early childhood learning patterns are a priority that must be met optimally (Khotijah, 2016). Therefore, the teacher's strategy in stimulating children who experience speech delay with actions: 1). train children to speak correctly, slowly, and repeatedly, 2). when speaking always pay attention to the ready word of the language spoken, 3). involve children speaking in every situation by controlling, correcting what the child says when it is wrong accompanied by both parents, the closest person.

Not only personal actions taken by teachers and parents towards the development of social interactions of children who experience speech delay, regular consultations to find out the development of children through medical examinations and child specialist psychologists (Hutami & Samsidar, 2018) need to be done. To find out the child's speech delay disorder in social interaction at home and in kindergarten, parents must accompany him, the role of the teacher is also expected to build children's communication to get used to interacting for children in TKI A BSD.

There are 5 stages of language acquisition for early childhood according to age stages including: a) sound vocalization stage (occurs at the age of 0-3 months), b) pre-language stage; cooing and babbling (occurs at the age of 3-10 months), c) one-word stage or holophrasis (age 12-18 months), d) two-word stage (occurs at the age of 18-20 months), e) and telegraphic speech / short sentences stage (occurs at the age of 2-3 years). Where internal factors consist of genetics, physical disability, neurological malfunction, prematurity, gender. Meanwhile, external factors consist of the order/number of children, mother or parent education, economic status, family function, bilingual (Yulianda, 2019).

The researcher conducted interviews and observations with one class teacher who was directly involved with a child with speech delay disorder at TKI A BSD and other teachers who were also indirectly involved in this study. Another subject besides the teacher was 1 child with speech delay at Al-Azhar Islamic Kindergarten BSD. In observation, the author combines participatory observation in classroom learning, observation. The factors that influence speech delay are multilingual, good models to imitate, lack of opportunities to practice speech, lack of motivation to speak, encouragement, guidance, relationships with peers, self-adjustment, gender (Taseman et al., 2020). Factors that influence early childhood speech delay consist of: intelligence, second language use, speech style/models imitated, health, and family relationships. Train children to speak correctly, slowly and repeatedly, to involve teachers, parents when talking to the situation by correcting the child's pronunciation when it is wrong (Fitriani, 2016).

Based on the results of these interviews and observations, the speech delay disorder in children at Al-Azhar BSD Islamic Kindergarten is caused by the high intensity of using gadgets to watch videos, confused with 2 languages (English and Indonesian) and playing games and rarely spoken to by parents. However, the cases of speech delay in children at Al-Azhar BSD Islamic Kindergarten have changed for the better. From the type of delay disorder, the forms of handling include; a). Teachers check or observe the development of each child in class, b). Teachers consult with psychologists/therapists who have worked together, c). Teachers provide assistance in the form of language stimulus, d). Teachers provide language stimulus by interacting between children who experience disorders with peers.

From the exposure of field data analysis and discussion of analysis of speech delay disorders, specifications can be given to social interactions in handling speech delay disorders in TKI A BSD, including; a) in the world of friends, children are not yet fully open and accepting of their friendship environment even though they have been quite good at making friends, b) children do not yet have an attitude of cooperation with friends, children

are still unstable and like to follow along, c) the ability to communicate with others is still low, d) children look selfish, and like to pick and choose friends d) children have difficulty in having or making a question, with the strategies used by teachers at Al-Azhar BSD Islamic Kindergarten experiencing developmental changes even though their development is not as fast as their peers.

From the results of the exposure of research data that the conditions of the strategy for handling speech delay disorders on early childhood social interaction at TKI A BSD are as follows: Researchers conducted observations, interviews and observed class teachers and children who experienced speech delay due to confusion with 2 languages, due to families who did not interact with children at home. Therefore, the researcher gets it from observation and additional stories from the homeroom teacher. When I communicate with children who experience speech delay, this child often repeats some of the words I say, is confused and does not understand some commands in Indonesian but understands the commands when the researcher uses English, looks quiet when with other friends, has his own world when playing because he does not understand what his friends say, even the child's classmates think that children who experience speech delay cannot speak because they lack interaction and play with their friends in class.

Although this speech delayed child still has a lot to learn and recognize words because he already has a delay. The step taken by this kindergarten teacher is to provide special learning for him to emphasize speaking using Indonesian and looking at the lips of the interlocutor. Then the teacher helps the child not to be left behind with other friends in recognizing many words and syllables to string words. Especially for his homeroom teacher, he is very patient and painstaking in helping him, even though he already has a shadow teacher, the teacher still provides the same learning that is equivalent to other friends and pays attention to the child's development so that he recognizes many words faster and can imitate, and gives understanding to his other friends that he is the same as us. The point is to avoid bullying. And after the efforts made by the TKI A BSD teaching teachers, especially the homeroom teacher, the child's social life has developed well, from a quiet, timid child to a child who is back to normal and can interact with other friends, and his learning process has improved because he can recognize and say quite a lot of vocabulary, play and interact with peers, understand commands, but needs to continue to be trained again for him to say simple sentences.

D. CONCLUSIONS AND SUGGESTIONS

The learning strategies used by teachers at TKI A BSD in dealing with social interaction in children who experience speech delay disorders are quite good and have significant changes in accordance with the target achievement of growth and development in the language aspect. The development of social interaction skills with additional learning is equivalent to recognizing more words, composing words and speaking and communicating intensely using Indonesian as long as children interact with friends, teachers, parents and other people around them. Cooperation and commitment by teachers and parents for consultation and therapy with a child development doctor, reducing the use of gadgets for

children at home, training and interaction between parents and children at home are also routinely carried out. Communicating or interacting between children who experience speech delay with teachers, children with peers, children with teachers and peers or other people around them is done gradually and is considered effective by teachers and parents. In addition, teachers and parents work together with child psychologists at school, regularly consulting for 3 months to get advice and solutions related to appropriate treatment according to the level of growth and development of social interaction, physical, motor and skills. That is the best way in which school institutions have cooperated with other parties such as child psychologists in schools.

ACKNOWLEDGMENTS

The writer expresses her highest gratitude to the Almighty Allah SWT for blessing, love, opportunity, health, and mercy so that the writer could finish extend the gratitude to all of process of the manuscripts in this issue. Professional support and assistance from my lectures have made this journal qualified to be published, thank you to Mrs Dr. Nurbiana Dhieni, M.Pd. and Mrs Dr. Nurjannah, M.Pd.

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