

LANGUAGE PERFORMANCE OF AN EIGHT-YEAR-OLD CHILD WITH SPEECH DELAY

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Article Info	Abstract
Article History Received: August 2023 Revised: September 2023 Published: October 2023	<i>Language development starts at the beginning of every human life, but the stages can vary. This study aimed at describing the language performance of an 8 year old child with speech delay (AA) and identifying the causes of the delay and its relation to the language performance at school. It was a qualitative study with a case study approach on one student who could not speak clearly. The data were gained through observation, interview, and document analyses. Based on the observation, the researchers found some speech error-unclear saying words containing H and Z, and X at the beginning and the end of the word. She often feel emotional when she was not able to perceive and deliver her feelings through words. The parents' roles and background had contributed to AA' speech ability. However, the language subject result in AA;s report book was not poor. The teacher had an alternative language learning method to motivate her to perform her best. Meanwhile, parent support is still needed as AA is under teacher supervision to learn in a higher class.</i>
Keywords Indonesian children; Children's language Development; Speech delay.	
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INTRODUCTION

Generally, children develop in many stages and progress. One of the most important stages of the children's development is the ability to speak (Manipuspika, 2019). It is because the speaking ability will enable the children to find their communication easily in the future. For example, the children will be able to write and perform the school exams successfully, look for a better future career, and communicate with many people around the world easily. Assisting the children to speak the language well, whether at home with the families or with the speech pathologist makes the strong building blocks of healthy communication. Regulation of the ministry of education and culture number 137, 2014 mentions that the standard level of the language attainment (including the speaking ability) in children aged 5-6 years is that they can already be able to understand the story, retell the story, know and be able to use the adjectives, ask and answer the questions appropriately, conveys ideas, to others, take part in conversations, and able to initiate the writing and pronouncing the letter A-Z as well as deliver the letters (Herpiyana et al., 2022).

This study discusses an 8-year-old elementary student who experienced speech delay. These delays were encountered when she was four years old and did not speak and deliver message to other people. At the age of 5, she could pronounce some words, but some initial words were missing and could not be understood. If she wanted to convey something to other people, her parents often accompanied her and tried to help her in speaking. She also did not have many friends since childhood. Social life can instead improve the quality of children learning, especially for infants. Communication with other people can be influenced by the emotional participation of children themselves (Fitriyani et al., 2019a). The knowledge of

communication development encompasses the language evaluation perspectives, speaking ability, and academic skills and competencies (Fitriyani et al., 2019).

Language delay occurs in many countries and culture in the world, including in Indonesia. It was about 5-8% Indonesian children experience language delay skills (Perdana et al., 2017). They found their problems in poor academic achievement, reduced IQ and psychological problems (Nugraha et al. 2019) and communication skills (Fitriyani et al., 2019a). They also said that 'speech delay in children is typically characterized by speech disorder and expressive language disorder (the inability to use verbal language) and other effects of speech delay in children include mixed language disorder, phonological disorder, poor vocabulary processing development, limited knowledge of vocabulary, gramatikal error, and difficulty in repeating words and long sentences that are in accordance with the child's age'.

Speech and language development refers to one of the processes of language acquisition. When a child is diagnosed as having a phonological delay, speech delay, phonological impairment, phonological disorder, specific speech difficulty, persisting speech difficulty or some similar label, this is done primarily on the basis of the child's segmental production, above all of consonants, and its impact on intelligibility (Rvachew & Brosseau-Lapr e in Wells & Stackhouse, 2016). Actually, speech and language development in children is a dynamic process (Shetty, 2012) or it is said to be common in young children (Zengin-Akkuş et al., 2018a) but children who are 5 years of age or older whose speech and language delays are untreated well may exhibit diminished reading skills, poor verbal and spelling skills, behavior problems, and impaired psychosocial adjustment and even their writing skills at school. In this regard, the issues should be addressed during the early childhood years.

There are several factors that influence the children's speech delays. Wenny (Istiqlal, 2021) identified several factors that contribute to this issue. There are both external and internal factors at work. Internal factors include each child's gender and innate intelligence. External factors encompass multilingualism, excellent role models from children's environment, a lack of opportunity to speak, a lack of motivation to communicate, family rules, family encouragement, peer interaction, sibling maternal care, gender, family member, television watching routines, and family members' knowledge. In addition, intensive screen time through electronic devices such as smartphones and tablets is also found to affect speech delays (Al Hosani et al., 2023a). Thus, it can be concluded that there are numerous factors that can influence a child's ability to communicate. However, research indicates that external factors have a greater impact on a child's speaking ability. In other words, physical factors have had a significant impact on a person's ability to communicate.

Speech delays have a significant impact on communication skills. Istiqlal (Istiqlal, 2021) says that the child is said to be late in speaking, if at the age the speaking ability to produce sound and communicate are below the average for his age. The core is the speaking aspect is one of a child's development stages that starts from an early age, even from birth. The ability of children's communication begins with their reaction to the sound or voice of their parents, even at the age of 2 months the child has shown a smile to their parents and everyone else when interacting with him (Istiqlal, 2021). Moreover, there are 4 children speech development periods: (a) pre lingual period (first year), (b) early lingual period (1—2,6 year), (c) differentiation period (2,6—5 years), and (d) maturity period (5 years and above) (Khoiriyah, 2016). Up to five years old, they have to be able to own and speak mote than 14000 words (Ulfa et al., 2022) These period distinctions can be matched with the symptoms and treatment given suitable with the cause of the problems. Each delay can be derived from several conditions, such as hearing loss, autism, intellectual ability, autism spectrum disorders or environmental deprivation (Zengin-Akkuş et al., 2018b). Even the family members follow the speech style of a child who is still slurred. Therefore, children cannot have the model to initiate the words

properly. According to Snow & Fergusson (Wahyuningsih, 2016), parents should talk to the children with a slower style, shorter, simpler, higher pitched, more exaggerated in intonation, more fluent and grammatically well formed, and more directed in content, to the present situation, compared to speech among adults, parents also expands their children's utterances into full sentences, or offer sequences of paraphrases of a given sentences.

Studies on speech delay are conducted to describe a 9-years old who found that social emotional behaviors have a major influence on children development with speech delay. The problem was seen from the cognitive, affective, and psychomotor aspects and the influence of their social-emotional behavior. The findings in this study are social-emotional behaviors have a major influence on development of children with language delay disorders, which require intervention programs suitable with the support of the family and the surrounding (Fitriyani et al., 2019a).

The phenomena of children's speech delay are often described as an important thing to be researched. They focus on stages of the speech delay between 0-5 or 6 years old. However, there are still many children over 6 years old who experience speech delay and have not been exposed as well as reported to the research. Thus, this study tried to shed light on the language performance of older children with speech delay, an 8-year-old child (AA). This study also tried to identify the causes of the delay and the relation to the language performance at school from the teacher and parents perspectives.

RESEARCH METHOD

Research Design

The research aims to describe an 8-year-old child with speech delay, identify the causes of delay, and examine its relationship to the child's language development the language learning. This study employs a qualitative case study design. This research use a qualitative case study design. A case study is a research method that involves an in-depth, detailed, and holistic examination of a specific individual, group, event, or phenomenon within its real-life context. It is a qualitative research approach that aims to provide a comprehensive understanding of the subject of study by gathering and analyzing various types of data, such as interviews, observations, documents, and artifacts. Speech and language development study on children with difficulties can be viewed from various perspectives, including educational, linguistic, medical, psycholinguistic, and psychosocial (Stackhouse et al., 2007). This study used educational and linguistic perspectives to have comprehensive analysis on the case, The limitation of this study is related to the description of the other perspectives (psychological, medical and psycholinguistic of the child). Data collection in the research involve observation, interview, and document analysis.

The research methodology employed in this study involves a multifaceted approach to comprehensively assess the child's language development and its various determinants. The primary data collection methods encompassed observations of the child's communication and interaction patterns within the school setting, with a specific focus on peer interactions, teacher engagement, and the child's overall interaction with the learning environment. These observations were vital in obtaining real-time insights into the child's linguistic competencies and social communicative abilities within the educational context. In addition to observational data, structured interviews were conducted with the child's parents or guardians. These interviews served as a crucial means to gather a comprehensive developmental history of the child, including any pertinent family history of language delay or related issues. Furthermore, information pertaining to any prior interventions or therapies that the child may have undergone was meticulously documented during these interviews. By incorporating the perspectives of the child's primary caregivers, this approach aimed to provide a holistic understanding of the child's linguistic journey from its inception.

Furthermore, interviews were conducted with the child's teachers, serving as an additional dimension to our data collection strategy. These interviews were designed to solicit valuable insights into the child's language performance in the school environment. This interaction allowed for the examination of classroom dynamics, teaching strategies, and the child's responsiveness to pedagogical approaches. The teachers' observations and assessments were considered instrumental in providing a well-rounded perspective on the child's language development within the educational milieu. It is imperative to note that all data collection procedures involving the child's parents or guardians were conducted with meticulous care and consideration. The information obtained from these interviews delved into the child's early language development, family background, and potential contributing factors that could have influenced their linguistic capabilities. Moreover, to bolster the credibility and richness of our data, document analysis was undertaken. This involved a comprehensive review of the student's book reports and other pertinent sources relevant to the child's academic and linguistic journey. These documents served as corroborating evidence, offering valuable context and supplementary information to support and augment the data acquired through observation and interviews. In summary, this research adopted a multi-pronged approach that encompassed observations, structured interviews with parents and teachers, and document analysis. This methodological diversity was employed to obtain a holistic and nuanced understanding of the child's language development, incorporating various facets of their educational and familial environment.

Research Participants

In this study, a case study design was meticulously employed to provide a detailed and in-depth exploration of the characteristics exhibited by a particular student who faced speech delay challenges during her developmental journey. This methodological choice was made to facilitate a comprehensive understanding of the nuances and intricacies associated with speech delay in an educational context. The selected student, who will be referred to as AA (utilizing a pseudonym to ensure anonymity and privacy), was chosen as the focal subject of this investigation due to her manifestation of speech delay characteristics, which presented a valuable opportunity for an in-depth analysis. It is important to note that the selection of AA was not arbitrary but was undertaken after careful consideration and screening. Her case was deemed representative of the phenomenon of interest, and her participation in the study was voluntary. Moreover, it is essential to acknowledge that AA's case is not isolated, as several other students with similar characteristics were also considered for inclusion in the study. However, AA's case was ultimately chosen due to its relevance and suitability for addressing the research questions and objectives effectively. The utilization of a case study approach in this research enables a detailed exploration of AA's unique experiences and challenges related to speech delay. This methodology facilitates a holistic examination of her developmental trajectory, encompassing not only the characteristics of speech delay but also the potential influencing factors and the interventions or strategies employed to address this issue. By delving deeply into AA's case, this study aims to contribute valuable insights to the broader understanding of speech delay in educational settings and, more broadly, to the field of developmental psychology and education.

Data Analysis

In the research methodology employed, subsequent to the meticulous collection of data through interviews and observations, a rigorous process of qualitative analysis was conducted. This analysis aimed to unravel the underlying patterns, themes, and pertinent issues associated with language delay in the context of the observed child. The overarching goal of this analytical endeavor was to provide a comprehensive description of the child's language delay and to

elucidate the multifaceted factors that may be contributing to this developmental challenge. One of the primary objectives of the data analysis process was to delineate the specific characteristics and manifestations of the child's language delay. Through an intricate examination of the collected data, the study sought to paint a vivid picture of the nature and extent of the language delay experienced by the subject.

Additionally, the analysis aimed to shed light on the various contextual factors that could potentially influence or exacerbate this delay, thereby contributing to a holistic understanding of the issue. Furthermore, a critical aspect of the data analysis process involved a comparative analysis with existing literature on language delay in children. This step was crucial in discerning common trends and differences between the observed case and the broader body of research in the field. By juxtaposing the findings with established scholarly works, the study endeavored to identify noteworthy patterns that resonate with previous research while also pinpointing unique aspects that might distinguish the present case. To ensure methodological rigor and clarity in the analysis, the data were meticulously scrutinized in distinct stages. These stages encompassed data condensation, where the raw data were summarized and distilled to extract salient information, followed by data display, which involved the organization and presentation of the condensed data in a coherent and systematic manner. Ultimately, the data analysis process culminated in the drawing of well-founded conclusions based on the synthesized insights and patterns that emerged from the data.

RESEARCH FINDINGS AND DISCUSSION

This study aimed at describing the speech delay on a student of 8 years old (AA) and the causes of the delay as well as the language performance at school. The findings section provides specific detailed information or data about the condition of the child with speech delay case from the observation and interview with the teacher and the parents. Then the discussion served the interpretation and contextualization of the findings to provide a comprehensive understanding of the observed issue. Thus, the result of the observation and the interview related to the condition of the child is presented below.

Research Findings

Speech Delay Description

AA (Pseudonym) is an 8-year-old child who experienced speech delay. She lives in a village in West Java, Indonesia with her mother and one younger brother. Her mother is a housewife, and her father is an entrepreneur, so she must work and live in other city. AA studies at a primary school which is far enough from the center of the government. This school is a public school that accepts 2 study group classes at each level. AA class consists of 34 students with 22 girls and 12 boys.

The observation and interview with the student showed that AA was still difficult in saying X, H, E and Z at the beginning and end of the word as exemplified in Table 1.

Table 1
AA's Utterances

No.	Utterance Meant	Utterance Spoken	English Translation
1.	'Mau hape'	'mau ape''	I want to use handphone
2.	'panas'	'pana'	hot
3.	'Saya suka makan'	'aya uka makan'	I like eating

AA experienced lisping when saying the letter H at the beginning of the word handphone. The E alphabet was also unclear said and it became I. She tried to say these alphabets many times, but she could not reach the words perfectly. Often the researcher did not

understand the meaning of the word said by AA. She just nodded her head or even pointed out the things she wanted to have or eat.

AA was also inactive during the classroom session. She had her own world (Erdianita, 2022) such as scribbling on her book, playing with a pencil, or dipping her book into a bottle. She listened more and was silent when the teacher asked her about the learning and sat in the middle in a seating position in front of the teacher's desk. These seats took turns every week. However, AA always sat with CA, a table mate. She didn't switch seats like other children who easily had table mates. When the teacher asked, AA only replied by looking down and silence. Moreover, AA never spoke or asked anything to her teacher during the lesson.

In the classroom, CA and AA also did not want to write when the teacher asked all students to learn writing. They just played together at the table and did not pay attention to the teacher's orders. The teacher approached them and guided them to write, even if only a little. The teacher guided them slowly and read letter by letter and gave examples of different letter shapes. The teacher often gave modelling to the child and asked her to do the tasks, read activity and repeated the vocabulary to be imitated.

Furthermore, when AA was outside the classroom, she had tried to join his other friends. Fortunately, her classmates were very kind. They tried to understand AA. Even though AA had not been able to say words or interact well, her classmates supported AA in learning. For example, they accompanied AA to the bathroom and always reported what AA asked for to the teacher.

Factors Dealing with the Speech Delay Problems

Teachers Perspective

Observation and interview to the teacher of the classroom, showed AA was always reluctant to write whenever asked to write in class. However, the teacher asked AA to do other things on his desk such as drawing or following AA's wishes to do. After AA felt happy with learning, the teacher asked AA to write a few words or copied the writing in the learning package book. The teachers also often give homework to do with parents.

Then, the teacher said that AA' parents, especially the mother (Mrs. AI), played an active role in AA's academic development. AA's teachers and parents often carried out post-learning consultations at school. She had realized that her mistakes in the past must be corrected immediately so that children get a good education at school. The results of the AA report card in semester 1 pointed out that AA was able to follow the lessons quite well. However, the grades given by the teachers were only on graduate competency level. Moreover, the development of AA's speaking ability is still under scrutiny. The condition of AA arouse the teacher council's concern to make a consideration. The class teacher said that if in the next one semester AA was not able to follow the learning standards in public elementary schools, they suggested AA to be transferred to a special school. It is of course for the sake of the child to get adequate and proper education.

Parents Perspective

Deep interview was also conducted with AA's parents. Fortunately, her mother was very open, and it made us easier in doing the research. The researcher met and approached the child and the parent quite easily to explore more information about the causes of speech delays experienced by AA. It also explored how the parents supported her in developing the speech skills. An in-depth investigation of AA's background is conducted. AA is the child of two siblings. She has a younger brother who is four years old. AA's father is an entrepreneur in a city in West Java. Meanwhile, AA's mother is a housewife. AA lived with his mother and younger brother.. Every day, AA is with his mother, a younger brother and grandmother from

his father's family. The condition of AA's younger brother did not experience speech delay as well as the condition of her father's family and neither family.

However, her mother said that since she was 2 years old, AA was never allowed to go out and play with other peers in the neighborhood setting. This was because AA often pulled his friend's hair while playing. Her mother did not have the opportunity to find out what caused AA to do this, so often AA's mother received reports from her friends' parents because her child had been treated badly by AA. Many parents did not allow their children to play with AA and chose to stay away from AA. Since this incident, AA was no longer allowed to leave the house because it was considered to make his friend afraid, and his mother was worried about the condition. Thus, AA only interacted with her mother at home and her mother also admitted that she often scolded AA because she was annoyed and did not even hesitate to yell at her because AA was difficult to direct the wishes.

'saya sering bentak dia karena ga bisa dikasih tau. Anak nanak tetangga jadi suka pada takut karena tiap kali mereka lewat rumah suka dijambak rambutnya sama AA'

'I often yell at him because I can't tell her. The neighbor's children seemed to be afraid because every time they pass by our house their hair had been grabbed by AA'

Mrs. AI (AA's mother) never bought toys for her child because every toy she bought was always broken so her mother felt she didn't need to buy more toys. During pregnancy, Mrs. AI (Pseudonym) often got stressed. While she was pregnant with AA, she lived at her parents-in-law's house. She felt alone when her husband had to go to work in another city. Moreover, she did not get enough nutrition when he was pregnant as she felt alone there. She tended to be more silent and endured hunger. After giving birth, Mrs. AI also admitted that she did not provide good food intake to her child because of the unstable economic conditions at that time. She and her husband were still moving from one city to another because of their father's place of work.

When learning to speak, she admitted that she did not encourage her child to practice speaking because their child also did not show the desire to speak and the Covid condition at that time also prevented them from having much consultation with medical or psychologist regarding his child's condition. The hospital where the consultation for children with speech delays was also not open at that time because of the Covid-19. She only believed that her daughter would be able to speak at the right time. However, after her daughter turned 5 years old, she realized that AA still could not speak. This negligence shows how speech delay is often normalized or overlooked by parents (Ndung'u R. & Kinyua, M., 2009 & Stahmer, C. et al., 2019 cited in (Hussain et al., 2023a).

To convey a message in one- or two-words AA had difficulty and often tried hard to say. From this time, she realized that she had to immediately consult a doctor or speech pathologist. Then AA's father and mother tried to start consulting with a therapist in the city where they lived. A place where this therapist offers speech therapy services for children who experience speech delays. She started this therapy at the age of 6 but unfortunately, she only attended one meeting after AA therapist scheduled therapist activities 2 times a week.

At the first meeting, the therapy process was carried out by inviting the child to enter a room and there was only one therapist in the room. The therapist performed several exercises for children who experience speech delays to stimulate them to speak and ignored all things that destroyed the child's condition or ability to speak. Parents just waited outside the room and watched the therapy process from the window. However, when AA signaled something to the therapist, the therapist did not understand what AA meant. AA wanted to drink but it was not clear when she said.

“*Ininya.... Ininya....*” (‘This one.....this one.....’).

Mrs. AI said that she heard her child say that word and her child meant, but the therapist did not allow AA to drink and let AA cry during therapy. Mrs. AI knew that she was very worried about the way the therapist was doing because she did not understand the psychology of children. In this case the therapist only focuses on theory but ignores the child's rights and does not understand the child's wishes. In the second time of therapy schedule, AA did not want to enter the therapy room, especially when AA saw the therapist. He screamed out loud and saw her in fear then pulled her mother's hand to get away from that place. Since then, AA did not want to take any therapy that was abandoned and away from the supervision of his parents.

Discussion

In this study the speech delay discussion is related to the condition of a speaking ability. This study described one elementary student who experienced speech delay at the age of 8 years old. Speech delay generally occurs between 2-5 years (language acquisition phases). Estimates of the prevalence of speech delay are as high as 15.6% in children aged 3 years and by age 6 years, many of these children catch up to typical development norms (Weismer & Brown, 2019). Up to 7 years old, children acquire morphological and syntax development as well and improve their abilities to communicate (Yildrum, 2021). However, AA still found difficulties in delivering messages in speaking activity. In this case, the researcher tried to find the factors causing the delay.

The observation showed that AA was difficult in saying X, H, E and Z. This symptom was categorized as the slurred types of speech delay. The loss of these letters is defined as a form of word confusion that occurs in children with speech delay (Erdianita, 2022). Improper pronunciation practice is often experienced by speech delay children. This condition is in line with the (Shetty, 2012) who expresses that ‘speech delay in children is typically characterized by speech disorder and expressive language disorder (the inability to use verbal language) and other effects of speech delay in children include mixed language disorder, phonological disorder, poor vocabulary processing development, limited knowledge of vocabulary, grammatical errors, and difficulty in repeating words and long sentences that are in accordance with the child’s age’. The pronunciation of the sentence was difficult to understand, especially if AA spoke quickly. However, when she was asked to speak slowly and repeat words by his mother or other family members, AA could say the words even without the letters X, H and Z at the beginning and at the edge of the sentence.

The teacher had attempts to increase academic performance. The teacher often gave modelling to the child and asked her to imitate the words, such as read her some words and repeat the vocabulary many times. Three things should be clearly said in speaking: firm/loud speaking style, vocabulary repetition, and read-aloud activity. Those encouraged children with speech delay to listen and repeat’ (Fitriani & Prayogo, 2020). Furthermore, AA was always reluctant to write whenever asked to write in the class. This is in line with the explanation of McLaughin (2011), children with specific speech and language impairments at seven and a half to 13 years of age have been shown to have impaired writing skills, with marked deficits in spelling and punctuation compared with children without speech and language impairments. The impact of teacher’s relationship children who experience speech delay is that the child feels comfortable, grateful, and empathy (Rokayani & Ansyah, 2023). Unfortunately, because there are too many students in one class, the teacher is not able to give full attention to each student so a special class accompanying teacher is needed to guide students who need special guidance like AA and CA. This also requires the guidance of parents of students who still cannot read and write by guiding them at home by their parents. Parents’ role is important in the learning development of Children, especially reading and writing.

The condition of AA with language difficulties is depicted in her behaviors. She was scribbling on her book, playing with a pencil, or dipping her book into a bottle as if she has her own world (Erdianita, 2022). This condition is raised as the result of the speech delay which impacts on the academic performance (Fitriani & Prayogo, 2020; Shetty, 2012). Therefore, It was clear that a child with speech delay had difficulty in understanding the instructions. Children with developmental language disorder (DLD) also experience problems with participating in society (Vermeij et al., 2023). He/she did not really understand the instructions even with short and simple sentences. He did not understand the role of objects and the names of the days of the week. His/her logical ability to reason was deemed not so developed which made it difficult to understand the causal relationship between circumstances, failing to find a solution to solve a problem. He/she also did not understand abstract theories, such as antonyms and anonymous (Ulfa et al., 2022).

AA's school uses '*kurikulum merdeka*'. The curriculum provides an opportunity for students to be able to know more comprehensively about material in a lesson. Grades 1 and 4 use this curriculum because they are categorized as early grades and the subject level can be repeated in subsequent classes. Therefore, if students cannot be able to complete the subject, they can still repeat the material in the next level, organize national exams, simplify lesson plans, and do teaching. While the implementation of independent learning must include goals, flexibility, and curriculum diversity (Daga, 2020).

As mentioned before, AA attended an elementary school in one village of west Java. She got an average score in learning, especially in language learning. However, her parents and teachers were worried about her consonant production. Parents and teachers worked together to find the best solution for AA. An opinion is expressed that successful correction of speech disorders largely depend on the joint efforts of all specialists, they are teacher-defectologist, speech therapist, doctor, psychologist and parent (Khusniddinova, 2022). Besides that, her friends also helped her to go the bathroom and always told the teacher about what she meant. They realized that the support from the environment is very important for the social development of AA. As we know, the children's language milestone is reached through various ways of stages and exposures (Istiqlal, 2021, (Akbar & Ismail, 2021).

The role of parents and the environment is the most basic thing in children's language development. Speech and language development milestones are a sensitive and critical period when language is rapidly acquired and environmental stimulation and linguistic input from caregivers aid language acquisition (Al Hosani et al., 2023b). From the findings, there were factors causing delays in speaking experienced by AA. The possible cause due to psychological factors of parents during pregnancy, psychological factors of children, the role of parents in the development phase of children's speech period, and the role of teachers and the environment in schools that help children in enriching vocabulary. Another reason for speech/language delay of children could be due to cultural beliefs of parents where speech delays are often normalised or overlooked (Hussain et al., 2023b).

The case experienced by AA, speech delay at the age of eight years, is a rare case because speech delay usually occurs in children aged 2-5 years. Moreover, eight years old is the age that children are considered to have gone through the process of language development and are ready to study at school. However, as an eight-year-old child, AA experienced various language disorders which indicate a speech delay. From the research results, the factors that cause speech disorders experienced by AA are also obtained, as well as solutions that can be implemented by parents, teachers, and the environment. Thus, the results of this research will provide a new insight about language disorders experienced by eight-year-old children, the factors that cause it, and the solution to deal with this kind of case.

CONCLUSION

AA's speaking ability had not shown significant development. The observation results suggested that AA was not able to pronounce words that was begun and ended with the letters X, Z and H. Factors causing delays in speaking experienced by AA were due to psychological factors of parents during pregnancy, psychological factors of children, the role of parents in the development phase of children's speech period, and the role of teachers and the environment in schools that help children in enriching vocabulary. From an academic point of view, AA was classified as a student who could participate in learning, but AA's speaking skills still required a lot of practice and guidance from both parents, teachers and peers. The role of parents in this case plays a very important role because the child's development cannot be separated from parents and the teaching techniques given. Thus, all parties must work together to support the children's development phase.

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