THE RELATIONSHIP BETWEEN THE TYPE OF PARENT'S WORK TOWARDS THE OCCURRENCE OF SPEECH DELAY AT THE GRAHAHUSADA GRESIK HOSPITAL

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ABSTRACT

The child's ability to communicate begins with the social reactions that the child shows by responding to the presence of others. This study aims to determine which parental role variables are associated with the incidence of speech delay in children with special needs at Grahahusada Gresik Hospital. Analytical observational research with cross sectional approach. The population in the study was all children with special needs who were examined at the children's poly with complaints of delays in work. The variables studied in the study are; individual characteristics of children, Child Age Group, Caregivers and incidence of speech delay. Techniques in sampling with total sampling techniques and analyzed using the Chi Square test. It is known that the children in the study were dominated by male gender 71.8% with the age group of toddlers 83.3% and most of the children were cared for by their own biological mothers as much as 62.8%. known the results of the Chi Square test p-Value variable gender of children 0.073, age category of children 0.004, and Caregivers 0.108. Child age category is associated with the incidence of speech delay in children with special needs at Grahahusada Gresik Hospital.

Keywords*:* Speech Delay, Children with Special Needs, Parents

INTRODUCTION

Paragraf pengantar umum The relationship between the role of parents in parenting and the incidence of speech delay in children with special needs is a topic of great importance. Studies have shown that parental involvement and responsivity play a crucial role in the development of communication and language skills in children with developmental delays (1). Parental involvement has also been found to significantly influence the achievement and motivation of children with special needs (2). Early intervention and support from speech-language pathologists can help meet the emotional needs of both parents and children (3). It is clear that working with parents and families is an important feature of interventions for children with delayed language development (4). Parents and guardians have a unique understanding of their child's physical, social, developmental, and family history, making their involvement critical in the success of their child's education and development (5).

Early stimulation of children is obtained from parents: Parents play an important role in providing early stimulation, including language and communication development. If parents do not provide adequate stimulation, the child is at risk of speech delay (6). Parenting: Inappropriate parenting for early childhood can affect the child's speech delay. (7). Factors such as lack of attention, lack of interaction, or lack of language use in daily interactions can affect a child's language and communication development (8). Other factors: Although parenting plays an important role in the incidence of speech delay in children, other factors such as health or environmental issues can also affect a child's language and communication development. To prevent speech delay in children, parents need to provide adequate stimulation and proper parenting for their children. Parents can also consult a doctor or speech therapist if they have difficulty in developing their child's language and communication.

The prevalence of speech delay in children in Indonesia varies depending on the study. According to the Ikatan Dokter Anak Indonesia (IDAI), there are 5-8% of preschool children who experience speech delay. It is clear that speech delay is a concern for parents and healthcare providers. Seeking early intervention can help improve outcomes for children with speech delay. Parents and caregivers should be aware of the signs of speech delay and seek support if they have concerns about their child's language development. The Indonesian Pediatric Association (IDAI) of East Java in 2014 examined 2,634 children from the age of 0-72 months. From the results of the examination for the language development sector, it was found that there were deviations in language development in 394 children (15.0%)(9). Children's delay in language skills can be affected by several things such as parents' economic level, environment, parents' education, parenting, nutritional status, and parental knowledge. Parental knowledge plays an important role in the development of language in children. Before the child enters the wider social environment, play and schooling, the family environment should be a fun arena for the child's development(10).

LITERATURE OVERVIEW

Studies conducted in northern China have identified several factors as independent risk factors for DSD, including older maternal age at childbirth, introverted personality, low average parental education level, low monthly family income, and infrequent parent-child interaction (11). These factors indicate that the environment in which a child grows up, as well as the type of work of the parents, can influence the development of language length. For example, low levels of parental education and low family income may mean that parents have less time or resources to engage in child development activities that are important for development. Other studies have found that parents have a education and low relationships. Have a good family history, multilingual environments and ambiguous stimuli are genetic and environmental factors in speech and language development (12). The same NCBI study also suggests that early childhood development programs and early learning opportunities improve children's performance later in school. Coordination between preschool and primary promotes

smooth transitions and promotes systematic and sequential strategies to promote early learning (13). Parents can find and participate in early childhood development programs and opportunities for their children by reading and studying research and assessments. Access to research and review reports on early childhood development is also useful. For example, the Department for International Development's literature review on early childhood development and cognitive development in developing countries shows the effectiveness of various interventions and programs (14). Countries such as Peru and Uruguay have established early family education programs to support children under 3 who are at risk of developmental delays. The program provides information and support to parents to help them understand and improve their child's development (15). The purpose of this study was to determine whether there are variables related to the role of parents in parenting that are related to the incidence of speech delay in children with special needs at Grahahusada Gresik Hospital. so that the research question is obtained, namely what variables of the role of parents in parenting are related to the incidence of speech delay in children with special needs at Grahahusada Gresik Hospital?.

METHODS

The study was conducted analytical observational with cross sectional shortage. The population in the study was all children with special needs who were examined at the children's poly with complaints of delays in work. There are restrictions on inclusion and exclusion criteria, inclusion criteria are respondents who fill out a complete identification form. And the exclusion criteria are respondents who do not continue treatment until the last stage. The variables studied in the study are; individual characteristics of children, Child Age Group, Caregivers and incidence of speech delay. Techniques in sampling with total sampling techniques and analyzed using the Chi Square test.

RESULTS

The results of the study on the relationship between the role of parents in parenting on the incidence of speech delay in children with special needs in the ABK clinic of Grahahusada Gresik Hospital in 78 respondents were as follows:

a. Overview

The general description of the respondents was in the form of self-characteristics of the participants such as the gender of the child, the age group of the child, the Caregivers, the incident of *speech delay*.

Here is an overview of the respondents:

Table 1. Respondents' Gender Distribution

Child Gender	N	%
Man	56	71.8
Woman	22	28.2
Total	78	100.0

(Source: Primary Data, 2022)

Based on Table 1, it can be seen that respondents in the study were dominated by the male sex 71.8%.

Table 2. Child Age Group Distribution

Children's Age Group	N	%
Toddlerhood	65	83.3
Childhood	13	16.7
Total	78	100.0

(Source: Primary Data, 2022)

Based on Table 2, it can be seen that respondents in this study were dominated by the toddler age group of 83.3%.

Table 3. Distribution of Caregivers

Babysitter	N	%
Birth Mother	49	62.8
Grandmother	18	23.1
Sitter/Bebysitter	6	7.7
Aunt	4	5.1
Neighbor	1	1.3
Total	78	100.0

(Source: Primary Data, 2022)

Based on Table 6, it can be seen that most of the children are fostered by their own biological mothers as much as 62.8% and for children who are taken care of by their grandmothers as much as 18%. For others the caregivers are spread between, *bebysitter,* sisters and neighbors.

Table 4. Speech Delay Event Distribution

Speech Delay	N	%
Yes	51	65.4
Not	27	34.6
Total	78	100.0

(Source: Primary Data, 2022)

Based on Table 7, it can be seen that of the 78 respondents studied, 65.4% were diagnosed with *speech delay.*

b. Special Overview

Table 4. The Relationship Between Children's Gender and the Incidence of *Speech Delay*

		Speech Delay Events		Total	*p-Value*
		Yes	Not		
Gender	L	40	16	56	0.073
	P	11	11	22	
Total		51	27	78	

(Source: Primary Data, 2022)

Based on Table 8, it can be seen that the results of the Chi Square test show a *p-Value* of 0.073 which weighs > from *alpha*, so it can be concluded that there is no relationship between gender and the Speech Delay event.

Table 5. The Relationship Between Children's Age Categories and the Incidence of *Speech Delay*

		Speech Delay Events		Total	*p-Value*
		Yes	Not		
Age Categories	Toddlerhood	47	18	65	0.004
	Childhood	4	9	13	
Total		51	27	78	

(Source: Primary Data, 2022)

Based on Table 9, it can be seen that the Chi Square test results show a *p-Value* of 0.004 which weighs < from *alpha*, so it can be concluded that there is a relationship between the age category of children and the incidence of Speech Delay.

Table 6. The Relationship Between *the Caregivers* and *Speech Delay Events*

		Speech Delay		Total	*p-Value*
		Yes	Not		
Caregivers	Birth Mother	28	21	49	0.108
	Grandmother	13	5	18	
	Caregivers	6	0	6	
	Aunt	3	1	4	
	Neighbor	1	0	1	
Total		51	27	78	

(Source: Primary Data, 2022)

Based on Table 10, it can be seen that the Chi Square test results show a *p-Value* of 0.108 which weighs > from *alpha*, so it can be concluded that there is no relationship between the caregiver and the Speech Delay event.

DISCUSSION

The results showed a relationship between the age category of children and the incidence of *speech delay* in Children with Special Needs at the Grahahusada Gresik Hospital with a p-value of 0.004 < from *alpha*. It is known that the age category of children is mostly toddlerhood 83.3%. Mental readiness to speak depends on the maturity of the brain, in particular the association parts of the brain. Usually such readiness develops between the ages of 12 and 18 months and in speech development is seen as "when teachable"(Hurlock (1978: 184-185)). The age of 2.5 years to 5 years is the most peak and rapid age in language development compared to toddlers [7]. Language skills in children are considered as a benchmark for the normal development of children [8]. The child's ability to acquire vocabulary is very important in supporting the overall development of the language. Vocabulary is the constituent part of syntax which then takes the form of conversation. This conversation encourages the child to develop the ability to retell personal stories and fictional stories but in the form of narratives [9]. In this case, the child's process in language involves several stages, namely coding, sending information and deciphering the intended information [10].

The child at the age of 4 months will establish a new word reference in his memory. Then, the vocabulary will be positively related to his speech at the age of 30 months [11]. This happens because of the influence of parental parenting and the environment that supports children's speech development. A child's speech development normally begins through the stages of a combination of cooing, babbling, babbling, first word and combining words [12) (13)(21)(20)(19)(18)(18)(18)(17)]. A child who does not pass that stage needs to be suspected of having speech delays or even other serious problems. Significantly, children are said to have speech delays, if the child's speech is below normal for children his age such as making many mistakes in language, adding or removing consonants. In addition, at the age of 4-6 years children who experience speech delays are seen when the ability to read decreases, unable to spell their own creations, poor verbal and spelling skills of children, children's inability to know the meaning contained in writing, behavioral problems, and children have difficulty in communicating so as to affect other developments such as social development, emotional, cognitive, psychological and academic child [(12)(14)(15)(22)(21)(20)(19)(19)(19)(18)] In addition, early childhood experiences speech delays if the child experiences speech confusion at the language learning stage [16]. Children's speech ambiguity consists of four forms, namely, 1) Lipsing, that is, when speaking there is a change of letters; 2) Slurring, that is, vagueness in speech; 3) Stuttering, that is, stuttering and hesitation when speaking; 4) Cluttering, i.e. When speaking is very fast and difficult to understand the point

CONCLUSIONS

Child age category is associated with the incidence of speech delay in children with special needs at Grahahusada Gresik Hospital. Based on the finding that children's age category is associated with the incidence of speech delay, it is important to develop intervention programs tailored to the needs of children in various age

ranges. This program can actively involve parents and facilitate good verbal interaction between parents and children.

DISCLOSURES

Conflict of Interest

We declare that there is no conflict of interest in the publication of this manuscript.

Author Contribution

Retna Gumilang is involved in planning and data retrieval in the field as well as overseeing the work assisting in interpreting the results and working on the manuscript. Noer Farakhin processes data, performs analysis, compiles manuscripts and designs figures, calculations andstatistical analysis. All the authors discussed the results and commented on the script.

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