

IMPROOVING THE ABILITY OF MOTHER LANGUAGE PRONUNCIATION IN MILD DOWN SYNDROME CHILDREN

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ABSTRACT

The importance of communication could not be rejected for all of human being. The important of communication skill was also required Down Syndrome children. Therefore this study would observed the pronunciation problem in mother language for children with Mild Dow Syndrome. The method of this study covered data source which was taken from children with Mild Down Syndrome 8 to 10 years old, data collection which was obtained from investigated the children nad the data was analyzed buy identifying the pronunciation problem and applied the intensive teaching method to solve it.

Key Words: Mild Down Syndrome, pronunciation problem and intensive Teaching Method.

ABSTRAK

Pentingnya komunikasi tidak bisa dipungkiri oleh semua manusia. Pentingnya keterampilan komunikasi juga diperlukan oleh anak penderita Down Syndrome. Oleh karena itu penelitian ini akan mengamati masalah pengucapan bahasa ibu bagi anak-anak dengan Mild Down Sindrom. Sumber data diambil dari anak-anak dengan Mild Down Sindrom berusia 8 sampai 10 tahun, pengumpulan data yang diperoleh dianalisis dengan mengidentifikasi masalah pengucapan dan menerapkan metode pengajaran yang intensif untuk mengatasi masalah tersebut.

Kata kunci: Mild Down Sindrom, masalah pengucapan dan metode pengajaran intensif

I. INTRODUCTION

The importance of communication could not be rejected for all of human being. Because we were human beings, we have to communicate with each other in a social sense. The reason for communication was to exchange information between two or more human beings. Talking means people can ask for what they want, shwere experiences, understand what was about to happen and express themselves when they were hurt or upset. In order for communication to take place the participants must both speak the same language. In other words, talking helps people to relate to others.

Learning to talk was central to all other aspects of early childhood

development. It was very important for social and emotional development and for the development of intellectual abilities. Being able to talk allows children to gain control over their social and emotional world. Therefore all of human being have to learn about the language which include mother language or first language and second language as a comunication tool (Ichsan, 2008).

The important of communication skill was also required Down Syndrome children. Down's syndrome was a chromosomal dwasorder named after the doctor who first identified it, John Langdon Down. A chromosome was a rod-like structure which stores genetic information and was found in the nucleus

of all body cells. Normally, humans have 23 pairs of chromosomes with an unfertilized ova and an individual sperm each carrying a set of 23 chromosomes. The level of IQ was about 55-70 for Mild Down Syndrome. They have a small mouth, which results in a protruding furrowed tongue. Therefore the children with Mild Down Syndrome communication especially in pronunciation. But it can be taught by an appropriate method to develop their pronunciation skill (Reynolds, 2010).

The number of children with Down Syndrome have reached four million children and three hundred thousand of them were from Indonesia (James, 2014). The lack of attention and understanding of society influence their ability of communication. This phenomenon happened in Sakra Village also. The government and society seem like don't have any attention for children with Down Syndrome. It can be observed from the absence of education facilities to develop their ability.

1.1 Problem of Study

The problem of this study which is identified based on the background are:

1. Which phonemes of Sasak language that bring the difficulties to be pronounced by Mild Down Syndrome children.
2. What kind of teaching method will be effective for teaching pronunciation to solve the Mild Down Syndrome's problem.

1.2 Scope of Discussion

The scope of this study was to investigate the pronunciation problem in Children with Mild Down Syndrome in Sakra Village East Lombok which were use Sasak language as mother language. The pronunciation was focused on the daily vocabulary which were required for them in communicating between themselves and people around the environment. Furthermore the intensive teaching

method will be applied to solve the pronunciation problem.

1.3 Aims of Study

Generally this study was aimed to develop the mother language pronunciation skill in Mild Down Syndrome children, in this study Sasak language as mother language. Specifically this study aimed to:

1. To identify the certain phonemes of Sasak language that bring the difficulties to be pronounced by Mild Down Syndrome children.
2. To discover the effective teaching method for teaching pronunciation to solve the Mild Down Syndrome's problem.

II. MATERIALS AND METHOD

The materials and method of this study consists of data source, method and technique of collecting data and method and technique of analysis data.

2.1 Data Source

The data for this study obtained from the Mild Down Syndrome children between 8 years old up to 10 years old.

2.2 Method and Technique of Collecting Data

The process of collecting data firstly investigating the certain phoneme of Sasak language that bring the difficulties to be pronounced by Mild Down Syndrome Children. The data were collected through recording the children when they pronounce the word or alphabet one by one. Secondly the intensive teaching method were applied and recording the development of children when the method were being applied

2.3 Method and Technique of Analysis Data

The sequence of analysing data were as follows. Firstly the recordings and the result of first observation were evaluated to identify and make a list of the phoneme

which were pronounced inappropriate by children. Secondly the treatment were being applied to solve the problem and recording the development. After applied the intensive teaching method the final recording was held to see whether there was an improvement in the children or not.

III. Theoretical Frameworks

In accordance with the topic, this study applies several theories such as the theory of teaching and learning, the theory of language acquisition, and phonological knowledge.

3.1 Language Acquisition

According to Longman Dictionary of Applied Linguistics 1985, by Jack Richards, John Platt, and Heidi Weber defines the Psycholinguistics as the study of the mental process that a person uses in producing and understanding language and the study of how human learn language. The Psycholinguistics mainly covers three major things, those are Language Comprehension, Language Production and Language Acquisition (Sudipa, 2009).

In this study the writer would observe the children therefore the theory of Language Acquisition was required. Psychologist and Linguist prefer to use language acquisition than learning, because the term acquisition is simpler and widely used. The term language acquisition which can be interpreted as a language acquisition is used without any qualification to process which is producing language knowledge on the language speaker itself (Sudipa, 2009).

3.2 Phonology

In this study the branch of phonology as we know as Articulatory Phonetics was required. Articulatory phonetics is concerned with describing how speech sounds are made. In nearly all speech sounds, the basic source of power is the respiratory system pushing air out of the lungs (Ladefoged, 1993).

According to Ladefoged, all speech sounds are made in organs of speech; Oral, Pharyngeal And Nasal Cavities; Articulators, Lungs And Diaphragm. However the places of articulation consists of Bilabial (made with two lips), Labiodental (lower lip and upper front teeth), Dental (tongue tip or blade and upper front teeth), Alveolar (tongue tip or blade and the alveolar ridge), Retroflex (tongue tip and the back of alveolar ridge), Palato Alveolar (tongue blade and the back of alveolar ridge), Palatal (front of tongue and hard palate), and Velar (back of the tongue and soft palate).

3.3 Down Syndrome

Down's syndrome was a chromosomal disorder named after the doctor who first identified it, John Langdon Down. A chromosome was a rod-like structure which stores genetic information and was found in the nucleus of all body cells. Normally, humans have 23 pairs of chromosomes with an unfertilized ova and an individual sperm each carrying a set of 23 chromosomes. The level of IQ was about 55-70 for Mild Down Syndrome. They have a small mouth, which results in a protruding furrowed tongue. Therefore the children with Mild Down Syndrome communication especially in pronunciation. But it can be taught by an appropriate method to develop their pronunciation skill (Reynolds, 2010).

Down's syndrome occurs in approximately 1 in 800-1,000 live births and is found to affect males and females equally. An estimated 60,000 individuals in the UK have Down's syndrome. It occurs sporadically, accounting for almost 40% of cases of moderate to severe learning disabilities and is a life-long condition. Women at an older age becoming pregnant are at a higher risk of having a child with Down's syndrome. Down's syndrome is a chromosomal disorder named after the doctor who first identified it, John Langdon Down. A

chromosome is a rod-like structure which stores genetic information and is found in the nucleus of all body cells (Reynold 2010).

The patient with Down Syndrome can be classified into three part: Mild (they can be educated which has 55-70 IQ level), Moderate (it can be trained which has 40-55 IQ level) and Severe (the intensive protection is required which has 25-40 IQ level) (Hallahan and Kauffman, 1986).

IV. RESULT AND DISCUSSION

Result and discussion were divided into two part. The first part or phase is the analysis to find the certain foneme which are difficult to pronounced by Mild Down Syndrome children, and the second is the suitable method to solve this problem.

4.1 First Phase

The first phase was to find the certain phoneme which was difficult to pronounced by children with Mild Down Syndrome. To find the difficulties of phonemes which were pronounced incorrect by the children with Mild Down Syndrome the writer did the first observation by pronounce the alphabet and the words and then the children would follow the pronunciation. The list of words based on the daily words which were required by children. Beside the alphabet from A to Z the words list conducted to observe as follows:

Words	Meaning
[maŋan]	Eat
[maen]	Play
[mama?]	Mother
[kaka?]	Brother/sister
[lampa?]	Walk
[ma?ap]	Sorry
[ŋih]	Yes
[bali]	Bali
[lalo]	Go
[lete]	Here

From the first observation the writer found a view phoneme which were pronounced inappropriate by children with Mild Down Syndrome as follows:

- Nasal phoneme (soft palate lowered so that air flows out through the nose) such as [n] and [ŋ]. They would not pronounce these phoneme in a word such as if they said [maŋan] (eating) they would say [manan]. The difficult also was found when they pronounced [maen] (play) they often say [maen̄].
- Glotal phoneme [?]. If they would say [lampa?] (walk) they would say [lampa], word [ma?ap] (sorry) would be said [map]. Glotal

phoneme will lost in the end or in the middle of word.

- Lateral phoneme (with a central obstruction, so that air passes out at the side) such as [l]. They tended to say [y] to replace [l] if it was located in the middle of word. Such as [bali] would be said [bayi]. But they would normally pronounce the lateral phoneme if it was located at the beginning of word.
- The children with mild down syndrome also felt difficult when they pronounced velar phoneme (back of the tongue and soft palate) such as [k], when they said [kaka?] (brother/sister) they would say [tata].

The incorrect pronunciation for children with Mild Down Syndrome basically was caused by the imperfectness articulatory system which was had by children. Especially the size of tongue which was bigger than the normal kids lead them difficult to pronounce the several phoneme. When they pronounce nasal phoneme soft palate must be in lower position but for children with Mild Down Syndrome it difficult to be done. Because the size of tongue would close the flows of water to the nose. And so did the other words. The other cause of this problem came from their environment where they supposed to acquiring the language and the parent supposed to guide them intensively, however it didn't happen in their daily life and there was no special attention for them.

4.2 Second Phase

The second phase was the phase when the intensive teaching method was applied to solve the pronunciation problem which was faced by the children with Mild Down Syndrome. When the intensive teaching method was applying the writer teach the children intensively to pronounce the word and also alphabet. The writer gave the example and the children would follow the way of pronouncing the word. These method automatically would conduct the children did the memorize and reinforcement. When this method was applying the changing of children's pronunciation started to change and after the writer applied this method day by day the children's pronunciation had already changed, though it was not perfect such as a normal kids but view words had been pronounced in the right way. The changed of pronunciation as follows:

- Nasal phoneme (soft palate lowered so that air flows out through the nose) such as [n] and [ŋ]. Before the teaching method was applied if they said [manan] they would say [manan] and also was found when they pronounced [maen] (play)

they often say [maen]. However after the intensive teaching method was applied the word [maen] they had already pronounced with correct pronunciation, even though the word [manan] sometime they said correctly but sometime still incorrect.

- Glotal phoneme [ʔ]. Before teaching method was applied they would say [lampaʔ] they would say [lampa], word [maʔap] would be said [map]. Glotal phoneme will lost in the end or in the middle of word. However after the intensive teaching method they pronounced those words correctly.
- Velar phoneme (back of the tongue and soft palate) such as [k], when they said [kakaʔ] before the teaching method was applied they would say [tata]. However after the intensive teaching method was applied they had already pronounced it correctly.
- Lateral phoneme (with a central obstruction, so that air passes out at the side) such as [l]. They tended to say [y] to replace [l] if it was located in the middle of word. Such as [bali] would be said [bayi]. However they would normally pronounce the lateral phoneme if it was located at the beginning of word. And the result after the intensive teaching method sometime they pronounced it correctly but sometime incorrect.

Those changed had already showed us that the children with Mild Down Syndrome could be better in pronouncing the words that was required in their daily activity if we give them special attention with the correct method. And it showed that the intensive teaching method could be a right choice to solve this pronunciation problem for children Mild Down Syndrome.

V. CONCLUSION

From the result of discussion the writer concluded that the children with Mild Down Syndrome faced the pronunciation problem in their mother language not in every phoneme but only in several phonemes such as nasal phoneme [n] and [ŋ], lateral phoneme [l], glotal phoneme [ʔ], and also velar phoneme such as [k]. Based on the theory Mild Down Syndrome could be educated with the IQ

level 50-70 and the writer had found that the children with Mild Down Syndrome could be better in pronouncing the words that was required in their daily activity if we give them special attention with the correct method. And it showed that the intensive teaching method could be a right choice to solve this pronunciation problem for children Mild Down Syndrome.

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