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The Impact of Specific Language Impairment (SLI) in 6-Year-Old Children

Sholihatul Hamidah Daulay[1]*, Khairun Niswa[2], Tri Indah Kusumawati[3], Tara Pratiwi[4], Khairunnisa[5]

[1,3,4,5]Universitas Islam Negeri Sumatera Utara, Medan, Indonesia
[2]Universitas Muhammadiyah Sumatera Utara, Medan, Indonesia

sholihatulhamidah@uinsu.ac.id*

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Abstract

This study focuses on the discipline of psycholinguistics regarding language disorders in children, to be precise of Specific Language Impairment (SLI). This article analyzes two 6-year-old children who show the characteristics of having SLI in language disorders during the Covid-19 pandemic. In order to carry out this study, the researcher used a qualitative descriptive research method. The method aims to describe in a systematic, actual, and accurate way. This research is an analytical study of official documents such as books, articles, journals, and the internet. The accuracy of the data is obtained from the observations of the researcher herself. This study reports that children with SLI often stay until school age and can lead to a lack of academic ability and cause various psychosocial problems. Some of the causes of SLI in children include genetic, environmental and social factors, pre and perinatal, gender, prematurity, weight, socio-economic status, maternal mental status, mother's education and vocabulary, and a history of speech-language difficulties.

Kata kunci

anak, gangguan bahasa tertentu, masalah bahasa, Covid-19

Abstrak

Penelitian ini berfokus pada disiplin ilmu psikolinguistik tentang gangguan bahasa pada anak-anak, tepatnya Specific Language Impairment (SLI). Artikel ini menganalisis dua anak berusia 6 tahun yang menunjukkan ciri-ciri memiliki SLI dalam bahasa gangguan selama pandemi Covid-19. Untuk melaksanakan penelitian ini, peneliti menggunakan metode penelitian deskriptif kualitatif. Metode tersebut bertujuan untuk menggambarkan secara sistematis, aktual, dan akurat. Penelitian ini merupa-

kan penelitian analitik terhadap dokumen resmi seperti buku, artikel, jurnal, dan internet. Keakuratan data diperoleh dari pengamatan peneliti sendiri. Studi ini melaporkan bahwa anak dengan SLI sering ketinggalan sampai usia sekolah dan dapat menyebabkan kurangnya kemampuan akademik dan berbagai masalah psikososial. Beberapa penyebab SLI pada anak antara lain faktor genetik, lingkungan dan sosial, pra dan perinatal, jenis kelamin, prematuritas, berat badan, status sosial ekonomi, status mental ibu, pendidikan dan kosakata ibu, serta riwayat kesulitan bicara-bahasa.

A. Introduction

Clinically, a child is said to have a speech delay if at the age of 2 years s/he can only say less than 50 words and/or there are no sentences consisting of a combination of two words. The prevalence of speech development delays reaches 15 percent in children aged 2 years (Buschmann, A., et. al. 2008). Most parents have complained about speech delays by 2 years of age, but some doctors choose to "wait" based on the fact that speech development is still very variable at 2 years of age, 50 percent of children with speech delays will catch up with the delay by 3 years of age, and if speech delay is only caused by a developmental delay (maturational delay), the prognosis is quite good (Schum, 2007). As a result of this opinion, the diagnosis of speech delay is often not made at the age of 2–3 years.

However, it must be remembered that speech delays that were initially thought to be only developmental delays can actually be a symptom of other, more serious disorders, such as hearing loss, mental retardation, autism, and others. Speech delay can also be a symptom of a specific deficit in language skills known as Specific Language Impairment (SLI) (Schum, 2007). This condition often persists into school age and can lead to a lack of academic ability and lead to various psychosocial problems. Language disorders such as SLI can cause various problems in the learning process at school age. According to Ramsden and Botting (2008) children who have SLI are at risk of having learning difficulties, reading difficulties, and writing difficulties. Learning difficulties will have implications for poor academic achievement, behavioral problems, and psychosocial adjustments. Therefore, it is necessary to know the causes and language deficits experienced by children with SLI to determine the appropriate intervention.

In an effort to reduce the risk of infection during the Covid-19 pandemic, preventative strategies such as mask wearing and social distancing have become commonplace. As schools begin to reopen this fall, there is growing concern about how the Covid-19 pandemic will affect the next generation. Due to concerns about contagion, for example, in-person classes have been cancelled in favor of virtual meetings and classrooms. To prevent the spread of the virus, increased use of masks, social distancing, and quarantine of individuals exposed to or infected with Covid-19 have been encouraged. Despite their necessity, these practices may have unintended consequences for children's language and communication skills during critical developmental years (Charney, et. al.,

2020). Children with speech disorders have an effect that is characterized by impaired social interaction, limited to children who do not understand their communication. To give this negative stigma, children with special needs with speech disorders even though they are still at home can be given learning activities. Although they did not come to school due to the lockdown with the Covid-19 emergency, children with special needs with speech impairments were given guidance from home through teachers and parents (Kuder, 2017). How to improve the speaking ability of children with speech disorders in special educational practices which include learning and communicating activities in daily life during Covid-19.

The impact of the occurrence of Covid-19 is the closure of schools with the Covid-19 emergency, causing children with special needs such as speech disorders and their families to experience serious educational problems. Therefore, children with speech disorders miss learning processes at school such as: physical therapy, speech therapy, physical activities and lack of communication with friends at school. Children who have a speech disorder with its main characteristics (social interaction, communication and restricted behavior patterns) affect their quality of life. This is anticipated so that children with speech disorders are vulnerable to experiencing difficulties in the Covid-19 crisis. However, the Covid-19 outbreak has also caused changes in the daily routines of children with speech disorders. This process, which is also difficult for individuals with typical creative communication with friends, is hampered, and unfortunately has caused even more difficulties for individuals with speech-impaired children (Arnold, Winckel, & Wyke, 2005). Children with speech disorders are very dependent on routines and are very dependent on accompanying teachers and also parents in learning. Routines concentrate on environmental changes. These changes in the daily routines of children with speech impairments due to the Covid-19 outbreak reveal the risks that can affect them from different perspectives from possible risks to physical health, quality of life and mental health and to staying calm due to sedentary life and low physical activity during Covid-19 outbreak.

B. Methodology

The research method used in this study is descriptive qualitative with the use of strategy is the case study. The location of this research was conducted at Al-Fatonah Kindergarten, Marindal I, in 2021. The steps of this research consisted of seven stages: (1) Case identification; (2) Case selection; (3) Selecting the phenomenon or research issue; (4) Choose the form of data to be collected; (5) Collecting the information, data, and documents directly; (6) Interpretation; and (7) Compile case study reports.

1. Data and Data Sources

In this case study, the data collected include collect words, ideas, or opinions of in-depth-interviews in a structured and unstructured way. Furthermore, collect notes or

writings contained in books or diaries. The last is collect pictures or photos taken from the camera. The data sources of this study come from primary and secondary data sources. Primary data sources are data collected from parents and the children who have difficulty communicating with other people directly. Meanwhile, secondary data is data collected to complete primary data related to the problem and it includes notes or diaries, books, and photos.

2. The Techniques of Data Collection and Procedures

In this study, the techniques of data collection were observation, interviews, and documentation. Interviews conducted in a structured and unstructured way. Then, observation was carried out to obtain the information needed about the research problems. The last is documentation. It is done by collecting data from the documents related to the research subject.

3. The Procedure of Data Analysis

Case studies that were completed before going into the field, while there, and after the data collection process are all included in the data analysis for this study. The steps involved in data analysis are as follows: (1) data reduction, which concentrates on the simplification, abstraction, and transformation of raw data derived from field written records; (2) data presentation, which highlights the activities involved in gathering information and enabling the drawing of conclusions and subsequent action; and (3) conclusion drawing and conclusion verification, which are on going activities carried out by researchers while in the field.

4. Data Validity Check

This step is critical for determining whether the interpretation and research findings are correct and whether research credibility can be achieved. The validity of the data in this study was checked using triangulation. Triangulation is a technique for determining the validity of data that uses something other than the data for verification or comparison. This study aims to describe language disorders in children aged 6 years using a descriptive approach.

Table 1 The Characteristics of the Children

Characteristics	Children's Name	
	Kartika Putri	Shaka Abimana Ginting
Speaking ability	She speaks less and be silent more	He speaks less and be silent more
Relationship with friends	She doesn't want to play and interact with her friends	He doesn't want to play and interact with her friends
Behavior	She prefers to be alone	He prefers to be alone
Learning ability	She has no interest in learning	He has no interest in learning
Family's background	Her parents have a low level of education	His parents were too busy at work to have time to pay attention to him
Language disorder	Speech delay	Speech delay

The research technique used is data collection techniques and data analysis techniques. The researcher used techniques in the form of interviews, and teaching. The simple questions that are made will be answered by the two children using an audio recorder and small notes, and the data analysis technique used is data identification, at this stage the researcher checks or examines the collected data, until the data is classified. Data identification is carried out to unite data obtained from several sources. In identifying data to make it easier for researcher to check the data that has been collected, the data identified are the children's data and SLI in the children.

C. Result and Discussion

1. Results

In this study, the object of focus is on the causes of SLI and the reasons why the two children have language disorders. The first child was Kartika Putri, she was born on October 13, 2015, Marindal, Deli Serdang. The second child was Shaka Abimana Ginting, he was born on August 27, 2015, Marindal, Deli Serdang. They are my students at the school where I teach. Since I taught them at Al-Fatonah Kindergarten, they are students who speak little, do not want to interact and play with their friends, and also have no interest in learning. After the researcher investigated, Putri's mother was an illiterate person. Her education level was only up to elementary school level, and his father was a factory worker who only graduated from Junior High school and didn't really care about his daughter's education. Meanwhile, Shaka''s mother and father were too busy working outside so they reasoned that they did not have free time to teach their children. As long as the researcher taught them in school, the researcher rarely heard them speak. The researcher heard only the words "*iya*", "*enggak*", and other simple words. At the age of 6 years, they should have acquired as much vocabulary as their other friends. Even sometimes if the researcher asked them something with an answer that the researcher expected would be good and appropriate, the results were even disconnected or out of context and said unclear words, such as what should be "*seribu*" instead spoken with "*syibu*/*cibu*".

a. Interview result

Researcher : *Putri kalo di rumah suka main apa?* (What do you usually play at home?)
Putri : *Alep berondok (petak umpet), Mi!* (Hide and seek, Miss!)
Researcher : *Biasanya main sama siapa aja?* (Who do you usually play with?)
Putri : *Sama Aang (Abang), adek, Cika, lamelah (ramailah), Mi*. (I play with my brother, sister, Cika, and many more, Miss!)
Researcher : *Kalau main sering menang atau kalah nih?* (When you're playing, do you win or lose more often?)
Putri : *Menang!* (Win!)

Researcher : *Umm, emangnya cara main petak umpet gimana, sih? Putri mau ngajarin Umi, enggak?* (Umm, How do you play hide and seek? You want to teach me, don't you?)
Putri : .... *(Tidak ada jawaban)*. (No answer)
Researcher : *Lho, kok Uminya ga dijawab.* (Well, why don't you answer me?)
Putri : *Aku gak tauuu Umi! (menjawab dengan kuat)* (I don't know, Miss! (Answer loudly))

b. Practice result

In examining Shaka's language development and cognitive level, the researcher tried to teach Shaka to count from 1–10 and memorize the letters of the alphabet. To count 1–10 and the letters A–Z in sequence, Shaka already memorize them, but if the researcher pointed to numbers and letters at random, he couldn't and pointed at random too.

2. Discussion

Language is the ability to communicate thoughts and ideas. It is essential for everyday life. People with a language impairment often struggle to express themselves and are unable to communicate with others. Despite significant advances in our understanding of the causes of language impairment, there is still no definitive way to identify those who will develop the disorder. Based on the above conditions, there are several factors that cause a child to have SLI (Pusponegoro, 2010).

a. Genetic factors

Research on twins shows that one of the causes of SLI is genetic factors. Having a family history of language or learning disorders is a risk factor for IDD. There is more history of IDD in parents when parents have children who have IDD (32%) than children without IDD (6%). This genetic inheritance is not a single gene but is involving many genes in a complex plus the influence of environmental factors. Only a small percentage of those who struggle with language impairment have a hereditary basis for it. The majority of people with a genetic basis for language impairment have a specific pattern of language impairment in relation to their motor development, IQ, and communication skills, and they are unable to speak or understand the spoken language. As an alternative, individuals communicate through peculiar methods like signing or a language based on symbols. Compared to the more typical form of language impairment, this one is far more severe.

SLI is largely influenced by genetic factors. Some kids struggle to communicate because they were born with a language disorder. Other kids experience language issues as a result of a genetic abnormality that affects their ability to communicate. The purpose of this assignment is to gain an understanding of how genetics affects language impairment, including the various types of genetic variables that have been identified and their

effects. The ability to speak or understand language is impaired by the language disease known as specific language impairment (SLI), which has lately been linked to hereditary causes. The majority of SLI sufferers struggle with language, particularly knowing when to use who or whom. Furthermore, they struggle with vocabulary, which includes pronouncing names of familiar objects. However, some SLI sufferers have no issues with language, while others only have slight issues.

b. Environmental and social factors

Environmental and social factors play a multifaceted role in the emergence of language impairment. Some people struggle to speak because they were born with a language disorder. In some cases, a genetic mutation that affects a person's language might result in language disability. The ability to speak or understand language is impaired by language impairment, sometimes known as particular language impairment. For example, people with specific language impairment have grammar issues. They also struggle with their vocabulary, particularly when it comes to naming or pronouncing familiar objects. However, some people with specific language impairment do not have language problems, while others just have slight ones.

Most kids with language impairments do not have the condition at birth. Instead, a genetic mutation causes linguistic impairment in the majority of affected infants. The child's language is affected by the genetic mutation. Language disability is mostly influenced by environmental and social variables. Environmental and social factors have also been noted by some researchers as potential contributors to the emergence of language impairment. According to some research, animals' ability to communicate verbally can be affected when they are exposed to environmental chemicals such specific pesticides. The capacity of language-impaired youngsters to communicate can also be improved by being in a language-rich setting, such as a school where many pupils speak the same language. However, it has not been demonstrated that a wide range of environmental and social factors influence the emergence of language impairment.

Many people with a language impairment have other disorders, such as autism or ADHD. However, some people with a language impairment have no signs of a disorder. The causes of a language impairment are often difficult to identify. Some environmental factors may cause a language impairment, such as living in an area with little language. In addition, children raised in environments with low parental education, poverty, large number of children, high social stress and lack of expressiveness, often lag behind in speech and language development. Children who use two languages initially show a slight delay in expressive speech, but usually can catch up at the age of 2 years if there are no other factors.

c. Pre and perinatal factors

A language impairment frequently has prenatal causes. For instance, it has been discovered that prenatal and perinatal variables are connected to the emergence of

specific language impairment. Language impairment has occasionally been linked to prenatal and perinatal variables that are known to contribute to other diseases, such as alcohol or drug use. Similar findings have been made on the increased chance of having a child with a linguistic disability in pregnant women who are exposed to pollutants, such as air pollution. Language impairment has also been linked to prenatal and perinatal causes. Researchers have found that prenatal exposure to alcohol and cigarettes can hinder a baby's ability to communicate verbally. Similar to this, researchers have found that exposure to specific diseases while pregnant can damage language. However, it has been challenging to pinpoint many of the causes of linguistic difficulty.

A human develops inside the womb during the pre- and perinatal period. A person's body and brain develop during the pre- and perinatal period. Many genetic variables thought to contribute to language impairment are expected to manifest throughout the pre- and perinatal period. For instance, a language disability could result from a mutation in the gene for a protein required for the brain to communicate with other cells. Pre- and perinatal influences are those that take place prior to and during childbirth. According to several studies, exposure to chemicals like alcohol and smoke can decrease one's ability to communicate verbally. Similar to this, some studies have indicated that exposure to particular substances, including alcohol, can raise the chance of linguistic impairment. It might be challenging to pinpoint the root causes of linguistic disorders.

Researchers have discovered that certain factors in the pre and perinatally period, such as certain infections or the use of certain medications, may cause specific language impairment. For example, researchers have found that children who have been exposed to certain viruses in the pre and perinatal period are at a higher risk of developing specific language impairment. Researchers have also found that children who have been exposed to certain medications, such as antidepressants or antinausea medications, in the pre and perinatal period are at a higher risk of developing specific language impairment. However, researchers have not been able to determine the exact cause of specific language impairment in many cases. As many as 20-40% of children born with very low birth weight experience language delays at preschool age.

d. Other factors

Access to some environmental parameters, such as air pollution, and certain genetic factors, such as genetic mutations that control gene expression, have also been identified to contribute to specific language impairment. Numerous studies have demonstrated an increased chance of having a child with a linguistic disability among those who have been exposed to air pollution. However, it can be challenging to pinpoint which genetic and environmental factors, such as changes in the genes that govern gene expression or air pollution, contribute to a particular language disability. It is also challenging to pinpoint the precise genetic and environmental factors that contribute to a person's language impairment, such as air pollution and gene mutations that affect how genes are expressed.

According to several studies, there may be other variables besides prenatal and perinatal ones that contribute to specific language impairment. For instance, studies have

indicated that specific language damage may result from exposure to certain environmental variables, such as air pollution. Other studies have demonstrated that factors other than those present during pregnancy and lactation may contribute to specific language impairment. For instance, studies have indicated that specific language damage may result from exposure to certain environmental variables, such as air pollution. Other factors that have been linked to specific language impairment include genetic ones, such a mutation in the gene for a protein that the brain needs to communicate with other cells, and environmental ones, including prenatal and perinatal exposure to drugs and alcohol. Other factors that have been linked to specific language impairment include genetic ones, such a mutation in the gene for a protein that the brain needs to communicate with other cells, and environmental ones, including prenatal and perinatal exposure to drugs and alcohol. Genetic factors, such as a mutation in the gene for a specific language-related protein, have also been discovered to contribute to specific language impairment.

Mutations in genes that are involved in producing the proteins required for the brain to communicate with other cells are among the other factors that have been discovered to contribute to particular language impairment. Babies that experience this have been demonstrated to have specific language impairment. Similar to this, researchers have found that prenatal and perinatal exposure to certain pollutants, such air pollution, is linked to a higher likelihood of having a kid with a certain linguistic disability. However, in many instances, the precise reason for a particular linguistic impediment is still unknown. The use of specific pharmaceuticals and the use of specific recreational drugs are some additional factors that have been found to contribute to specific language impairment. For instance, studies show that children who have been exposed to drugs like antidepressants or nausea meds are more likely to experience specific language impairment. Similar findings have been made between the development of specific language impairment and the use of some recreational drugs like marijuana. However, it might be challenging to pinpoint the precise causes of specific language impairment in many situations.

In addition, a community study involving 1720 children aged 13-24 months showed that risk factors such as gender, prematurity, birth weight, multiple births, birth order, socioeconomic status, maternal mental status, mother's education and vocabulary, and family history of speech difficulties – language is not a very significant risk factor. These factors can only explain about 7% of speech and language-development delays in children. Meanwhile, according to Leonard (2014), SLI can be happened because:

e. Familial aggregation

The tendency for family members within a generation to have a higher incidence of specific language impairment than would be anticipated if the family members were chosen at random is known as familial accumulation in language impairment. The Ramachandran family case is among the best-known instances of familial aggregation of specific linguistic disability. The Ramachandran family is a family whose mutation in a gene responsible for producing a protein required for brain communication with other

cells has been identified. It was found that individuals from the Ramachandran family were more likely to experience specific language impairment. Family members with a particular linguistic problem may occasionally be discovered before the disorder is discovered in the wider community.

Children who come from families where there has been a history of specific language impairment are more likely to experience this condition themselves due to a phenomenon known as familial aggregation. This is also known as familial transmission or familial clustering. When kids in a family with a history of specific language impairment are exposed to certain environmental conditions, including air pollution, it is thought that familial aggregation takes place. Children who come from families where there has been a history of specific language impairment are more likely to experience this condition themselves due to a phenomenon known as familial aggregation. It has been discovered that the pattern of specific language impairment in a family and the pattern in the general community are comparable. This indicates that specific language impediment has been identified in some families' children. It has been discovered that the pattern of specific language impairment in a family and the pattern in the general community are comparable. This indicates that specific language impediment has been identified in some families' children.

Direct testing revealed that individuals with familial aggregation were more likely to not only have a history of language problems but also to be deficient at the time of the investigation. Finding a higher-than-usual frequency of language difficulties in these adults suggests that many people with a history of SLI as children continue to exhibit language challenges as they mature. Since many of these family members were parents, this finding is especially significant. Even while each genetic and environmental factor that causes SLI has a negligible effect on its own, when they are combined, they have enough of an effect to cause language impairment in all cases. In actuality, the data points to a complex underlying cause for SLI. Despite the fact that this trait makes it more challenging to pinpoint the root causes of SLI, significant advancement has lately been made.

f. Twin concordance

A genetic association between two individuals is known as concordance, in which all individuals, regardless of their relationship to one another, share the same genetic profile. Concordance is frequently found among twins and their kids since likeness between two persons grows with each generation. In addition, a person who has a twin brother or sister is said to have a complex linguistic impediment known as twin concordance. In the event that a person with Twin Concordance specific language impairment has a twin sister, there is a 50% chance that the individual will also have the condition. The Concordance parents eventually discovered how to raise their kids in ways that were substantially different from what they had gone through as kids. The Concordance parents discovered how crucial it was to recognize their kids' accomplish-

ments and how crucial it was to respond to their kids' shortcomings by setting an example of right conduct and communicating clearly.

Twin Concordance in specific language impairment is a condition in which one member of a pair—typically the healthy twin—has the impairment while the other member of the pair does not. Specific language impairment among identical twins who are either monozygotic or dizygotic is most prevalent. For more details, please refer to the definition. Twin studies offer a highly helpful method for determining the contribution of genetic factors to linguistic problems in infants. While dizygotic twins typically share 50% of their genetic makeup, monozygotic twins are genetically identical. Beyond any impacts attributed to a shared environment, the difference in the concordance rate (cases in which both twins exhibit the impairment) between monozygotic and dizygotic twins should represent the involvement of genetic variables to the issue. In theory, a concordance rate of 100 percent should be seen if an impairment has a genetic cause.

When compared to dizygotic twins or siblings who do not share this tendency, concordance is the propensity for monozygotic twins to have the same language deficit. The terms monozygotic (MZ) concordance and dizygotic (DZ) concordance are frequently used to describe this particular sort of specific language impairment. Here, both types of MZ concordance are referred to as concordance for simplicity's sake. A genetic association between two individuals is known as concordance, in which all individuals, regardless of their relationship to one another, share the same genetic profile. In contrast to dizygotic twins or siblings who do not have this propensity, monozygotic twins have a tendency to share the same language handicap known as twin concordance. The terms monozygotic (MZ) concordance and dizygotic (DZ) concordance are frequently used to describe this particular sort of specific language impairment. Here, both types of MZ concordance are referred to as concordance for simplicity's sake.

g. Molecular genetics

The term "molecular genetics specific language impairment" refers to the most prevalent kind of language impairment. A genetic mutation in a gene involved in the growth or operation of the language system in the brain is the root cause of this particular sort of language impairment. Unlike other persons who have the same genetic mutation, the affected person with this specific sort of language impairment does not also have language impairment. A mutation in the gene for said FOXP2 protein is the most frequent cause of this particular sort of specialized language impairment.

When two people share the same genetic profile but have different levels of language impairment, a complex phenomena called concordance develops. Identical twins who are monozygotic (MZ) or dizygotic (DZ) twins are most frequently affected by this. While the healthy twin does not have the same genetic profile as their twin in MZ twins, the person with the specific linguistic disability does share the same genetic profile with their twin. While the healthy twin does not share the same genetic profile as their twin in DZ twins, the person with the specific linguistic disability does share the

same genetic profile with their twin. Genetic testing and listening to someone speak are the two most prevalent approaches to diagnose specific language disability. A person's speech patterns and communication skills are frequently observed while determining whether or not they have specific language impairment. Genetic testing can be used to detect a person's specific language problem considerably earlier than when it is first noticed. This is due to the fact that genetic testing is considerably more trustworthy than listening to someone speak.

A complicated language impairment that affects a person who has a family history of specific language impairment is referred to as molecular genetic specific language impairment. A person with molecular genetic particular language impairment has a 50% risk of inheriting the disorder from their family members if they have a history of specific language impairment. When a person with molecular genetic particular language impairment has a family history of specific language impairment, similar to Twin Concordance specific language impairment, there is a 50% probability that they will also have the disorder. Family-based language impairment, also known as family-based specific language impairment, is another name for this complex language impairment. Although the results of twin concordance studies suggest that genetic effects play a role in SLI, molecular genetics research is required to fully comprehend the precise nature of these genetic impacts. The majority of this research began with the identification of specific areas in the human genome that might be to blame for linguistic issues. Through genetic linkage studies, molecular genetics research has attempted to uncover susceptibility genes because the precise biological mechanisms causing illnesses like SLI are still unknown. In these studies, family members are examined, including sibling pairs, in an effort to identify areas where genetic identity and similarity in language symptoms are associated with one another within the sibling pair.

In addition, according to Reed (2018), these factors may more accurately indicate whether or not very young children are at risk of developing SLI in the future. In the literature, several risk factors have been proposed, including:

h. A family history of literacy and/or communication issues, especially among members of the immediate family

Children who have parental literacy particular language impairment, sometimes referred to as specific language impairment, have difficulty understanding the language they hear and the meaning of it in spoken or written form. It is also referred to as language dysfunction or language processing disorder. The term "secondary" language impairment is also used to describe it. Children with this syndrome learn to read and write more quickly than typical kids their age. Family history of literacy particular language impairment refers to a family where one or both parents have been identified as having SLI and/or when there is a history of SLI in the family. A person is more likely to have specific language impairment if their family has a history of literacy-related language problems. It's possible that this risk is subtler than individuals realize. For instance, while not displaying any overt signs of lan-

guage impairment, a person with a history of specific language impairment may nonetheless have this condition due to their ancestry.

i. Birth order, with later birth indicating a greater risk

A larger risk of specific language impairment exists in children who are born later in the birth order. This shows that a child's birth order may play a role in how likely they are to develop this illness. It is not a complete explanation, but it is one of the greatest associations between birth order and linguistic difficulty. It's conceivable that additional elements, such as genetics, have a role in the emergence of specific language disability. The chance that a kid may experience specific language impairment depends on a number of variables, including their birth order, how well they learned to speak as children, and their medical and genetic history. A youngster with a specific language disability will begin to exhibit symptoms earlier than other kids his or her age. Additionally, they will exhibit symptoms of the disease earlier than typical kids their age. A second or later born kid in a household has a higher risk of specific language impairment than the family's firstborn.

j. Parents' educational levels, particularly mother's level of education

A parent who has not completed college runs a higher chance of developing a specific language impairment than a parent who has. Prior studies have demonstrated that parents with lower educational levels are more likely to have children who have linguistic impairments (Moser & Linder, 2001). In order to better understand the potential impact of socioeconomic status on language impairment, parents and educators should read this essay, which will explore the possible relationship between socioeconomic status and the risk of language impairment for children born to low-educated mothers and fathers.

Parents who have completed middle or high school frequently have children who have language impairment. Although some of these parents lack the cultural capital required for a seamless transition to high school and college, others may be well educated. The language disorders that many of these kids exhibit seem to be restricted to only one component of language, be it vocabulary, grammar, or pronunciation. As a result, they could still stutter as they age even though they have understood how to speak phrases correctly for years. SLI is commonly associated with the child's gender as well; boys seem to be at higher risk than girls. Contradictory data exist, nevertheless, about whether boys are more prone to SLI. Studies that use clinical samples of adolescents may have a propensity to emphasize more boys as having SLI, whereas studies that use population data may have a propensity to emphasize a more equal distribution of genders.

D. Conclusion and Recommendation

Based on the research results that have been discussed and presented, it can be concluded that children who are at least 5 years old should be able to speak fluently. A

language environment that lacks stimulus and a family history of language disorders greatly affects the language skills of children with language specific impairment. In order to prevent issues in children's interactions with society, particularly in their speech abilities, language development is a crucial aspect. Specific Language Impairment with a prevalence of 1–2.5% is a serious disorder. This situation can lead to the emergence of various academic disorders and social interactions, accompanied by comorbidities such as anxiety, lack of concentration and social phobia. The recommended therapy for SLI is speech therapy by professionals, parents, and peers who have been trained. Due to the current state of the Covid-19 pandemic, parents are expected to pay more attention to the growth and development of their children at home. If parents do not have enough time for their children, then parents can look for courses so that their children's education continues smoothly.

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F. Author's Biography

Sholihatul Hamidah Daulay: An English lecturer in Universitas Islam Negeri Sumatera Utara, Medan, Indonesia. Her research interests include Linguistics, Sociolinguistics and Psycholinguistics. Sinta ID: 6662824, and orchid ID: https://orcid.org/0000-0002-7660-8763.

Khairun Niswa: An English lecturer in Universitas Muhammadiyah Sumatera Utara, Medan, Indonesia. Her research interests include Linguistics and English Education.

Tri Indah Kusumawati: A lecturer in Universitas Islam Negeri Sumatera Utara, Medan, Indonesia. Her research interests include Linguistics and Education.

Tara Pratiwi: An English teacher and Bachelor from English Language Education department, Universitas Islam Negeri Sumatera Utara, Medan, Indonesia.

Khairunnisa: An English teacher and Bachelor from English Language Education department, Universitas Islam Negeri Sumatera Utara, Medan, Indonesia.