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The Influence of Speech Therapy In Improving Oral Language Skills of Deaf Children At SLB Tanah Bumbu

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ABSTRACT
Deafness is a hearing impairment that is not functioning optimally. Speech or articulation errors are often found in deaf children when they talk. Deaf children often have omissions, substitutions, distortions, and additions. They need a therapy to be able to improve language skills; one of these therapies is speech therapy. The research objective was to determine the influence of speech therapy in improving the oral language skills of deaf children at SLB Negeri Tanah Bumbu.
The research method used a queasy experiment with a pre and post test design without control. The samples were 7 students using total sampling. The instruments used SOP of speech therapy and 20 questions to measure the oral language skills of deaf children. The intervention was carried out 12 times face-to-face for a total time of 4 weeks.
The univariate results showed that before speech therapy the average oral language skills of children with hearing impairment a value of 40,00, then after speech therapy was 12 times face-to-face the average to be 78,14. Multivariate analysis using repeated measure ANOVA by previously seeing the sphericity assumption test obtained p-value 0.003 ($p<0.05$), which meant that the variance assumption test was not the same so that using Greenhouse-Geisser obtained p-value 0.000 ($p<0.05$), it meant that there was an influence of speech therapy in improving the oral language skills of deaf children at SLB Negeri Tanah Bumbu.
These results indicate that after being given speech therapy as much as 12 times the language skills of deaf children have increased so that it can be concluded that the more frequent speech therapy is given, the more it improves their spoken language skills.

Keywords: Speech Therapy, Oral Language Skills, Deafness

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BACKGROUND

Deaf children are children who have lost all or part of their hearing power so they experience problems communicating verbally (Gunawan & Rusyani, 2016). The inability to speak is caused by three factors, among others: receiving sound through hearing is not sufficient as feedback for voicing sounds, language acceptance from people who deliberately speak is not sufficient to support their hearing, and deaf children are unable to hear examples of language from the person inviting them to talk (Rahmawati, Juhaeni, Aisah, Kinasih, & Shibyany, 2019). As a result, they cannot capture and receive information through their sense of hearing and to develop their potential, special education services are needed (Awalin, 2017).

Special School, hereinafter Indonesian abbreviated as *Sekolah Luar Biasa (SLB)*, is a form of special education unit that is integrated in the formal pathway for basic education to secondary education in one management (JDIH BPK RI, 2019). It is recorded that in Indonesia the number of special education services in the 2018/2019 academic year was 2.212 schools with a total of 29.464 new students enrolled in special schools (PDSPK Kemendikbud, 2018), then in the 2019/2020 academic year 2.270 schools had a total of 33.955 students. The increase in the number of schools and new students shows that the number of children with special needs in Indonesia is increasing from year to year. Whereas in the South Kalimantan region itself, it was recorded that it consisted of 31 schools, both public and private school with a total of 533 new students in the 2018/2019 academic year and in the 2019/2020 academic year the number of existing schools decreased to 28 schools but the number of new students was almost the same as the previous academic year, namely 527 new students registered (Pusdatin Kemendikbud, 2020). Not to mention the number of old students who are currently studying in special schools, such as recently recorded the total number of students at *SLB* in the South Kalimantan region for the 2018/2019 academic year totaling 2264 students, the 2019/2020 academic year as many as 2420 students and the 2020/2021 academic year, total of 2446 students. The increase in the number of students with special need was not accompanied by the number of teachers, teacher data from the Basic Education Data of the Directorate General of Early Childhood Education, Primary and Secondary Education from the 2019/2020 academic year to the 2020/2021 academic year experienced a decrease in the number from 604 to 596 teachers (Kemendikbud, 2020).

According to the Government Regulation of the Republic of Indonesia Number 19 of 2017, teachers are professional educators with the main task of educating, teaching, guiding, directing, training, assessing, and evaluating students in early childhood education through formal education, basic education and secondary education (JDIH BPK RI, 2017). According to Dwi Siswoyo, et al (2011: 130) in (Ariyanti, 2015) the competency requirements that teachers must have are pedagogic competence, personality competence, professional competence and social competence. In fulfilling pedagogic competence, teachers are required to be able to understand and develop the potential of students, plan and implement learning and evaluate learning as well as master the science of education. Given that the task of a teacher is not easy, especially students who have to be educated are children with special needs which require a greater level of attention and interaction than children who do not have special needs, then the number of teachers to educate and teach students with special needs should be balanced with the number of students.

The condition above is illustrated in *SLB Negeri Tanah Bumbu* which is a part of South Kalimantan district which only has the only school with children with special needs. In previous research (Udiyani, Dewy, & Atmaja, 2020), a preliminary study was found that most deaf students who are currently in SDLB experience delays in language and speech

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skills because at school there are no sufficient facilities and human resources to develop the students language and speech skills. So that the researcher carried out speech development therapy for deaf children six times face-to-face with the average result of the oral language skills of deaf children before speech therapy was 43.57 which was in the very poor category, but after being given speech therapy it increased to 65.00, which means that the oral language skills of deaf children are quite good. Although seen from the results of this study, there are differences in oral language skills after being given speech therapy, but they are still considered less than the target, which should at least improve oral language skills to be good. Then also based on the opinion (Nofiaturrahmah, 2018) in which the ability to speak to deaf children will develop by itself but requires continuous effort and professional training and guidance. So the researchers continued the speech therapy above in improving the oral language skills of deaf children.

Language development is the ability to acquire and use verbal or non-verbal symbols of concepts or meanings in accordance with the linguistic (semantic and syntactic) rules used by the environment. Meanwhile, speech development is the ability of language behavior (verbal behavior) which is quite a lot to be used in daily communication. The stages of language development are divided into three, namely: 1) The formation of language elements, takes place at the age of 1 to 1.6 years where children begin to learn language sounds in relation to certain concepts or meanings; 2) Development of language understanding and vocabulary, children begin to pay more attention to various events and incidents in their environment; 3) The use of language, after the age of 3 years the child begins to master the language, sufficient language vocabulary to be used in daily communication. Factors that influence children's language and speech development are: physical condition, motoric abilities, general health, intelligence, personality, socio-economic status, environmental attitudes, gender, bilingualism (Setyono, 2000).

The scheme of the human speech mechanism goes through several stages as follows: 1) The auditory organ, every sound produced by the sound source or air vibration received by the ear is converted into mechanical impulses (middle ear) and then converted into electrical impulses (inner ear) which are transmitted through nerves hearing (the austic nerve) leads to the auditory cortex in the brain. 2) Perception Center (Wernickle), impulses received by the auditory cortex in the brain (Wernickle Center) are then processed and observed by the perceptual center so that a process of differentiating stimuli from the background occurs, stimulation storage, structure formation and analysis. 3) Sound Bank, is an imaginary part to imagine a part that functions as a relay station that connects the perception center with the understanding center for further processing. 4) The center of understanding, at the center of this understanding, the received stimulus (after going through the process of sensation and perception) is then associated with the understanding that is already owned through the thought process, finally the stimulus becomes a concept. The concept is then stored and ready to be used in the process of association, reproduction, imagination, abstraction and at the same time will function in the thought process. 5) Engram Bank is also an imaginary part that functions as a storage center for received sound movement patterns (especially speech sounds), sound movement patterns will be useful when someone wants to express an idea or concept that is expressed that can be accepted and understood by the listener according to the intent of the speaker. 6) The Motor Center (Broca) functions to control the mechanisms of breathing, phonation, articulation and resonance while speaking, these mechanisms are in accordance with the movement patterns determined by the engram bank. 7) Speech organ includes all organs in the process of respiration, phonation, articulation and resonance. Respiratory organs, namely the

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diaphragm, chest muscles, abdominal muscles and respiratory tract. The phonation organs, namely the larynx, especially the vocal folds. The articulation organs as well as resonators are the labium, palate, tongue and teeth and pharynx. 8) Feedback is a sensory process to control the movement of the speech organs, feedback can be divided into two types, namely a) Auditory feedback where in less than one hundred and twenty-five seconds (0.008 seconds) a person will hear his own speech, b) Feedback kinesthetic, where at the time a motoric impulse occurs from nerves to muscles, a person will simultaneously feel the movements that occur (Setyono, 2000).

Language development and speech in deaf children stop at the beginning of the development period. The absence of feedback on his own voice and attention from people around him causes the development of language and speech not followed by the next development phase. During the period of imitating deaf children, it is limited to visual imitation, namely motion and gestures (Mohammad Efendi 2005: 76 in (Qoimudin, 2016). Therefore deaf children have limitations in language/speech skills, to speak for deaf children requires a lot of energy, saying just one letter of hearing impairment children requires intensive and continuous training speech therapy is a therapy that can develop language and speech skills in children who experience speech impediments, especially those with hearing impairment. According to (Kusmiati, Anggraini, & Widowati, 2018) "*Speech therapist can provide professional health services based on knowledge, technology in communication behavior to improve an recover communication behaviors related with linguistic, speech, vocal, rhythmic/fluency disorder and swallowing problem due to anatomical, physiological, psychological and sociological disorders".*

The use of speech therapy through articulation exercises has several benefits for developing abilities language, namely: 1) Forming speech patterns of language sounds in accordance with the rules 2) Functioning speech organs that experience rigidity 3) Realizing that each speech pattern when coupled with one another can lead to certain meanings 4) avoid verbalism 5) Increase the treasury words for communication purposes 6) Developing their potential and personality (Udiyani, Dewy, & Atmaja, 2020). This articulation mechanism is the process of forming air waves that have a certain intensity and frequency into meaningful sounds. In the process of forming sound, in essence the sound that occurs is a continuum. For the analysis of language functions, the sound which is a continuum is cut into pieces from sentences to words, from words to syllables, from syllables to phonemes and phonemes are divided into vowels and consonants (Setyono, 2000).

The implementation of speech therapy with articulation exercises consists of 1) Initial activities, namely doing exercises of the vellum muscles, cooperation of the muscles of the vellum and other articulation muscles, exercises for the lips and tongue, consonant exercises, vocal exercises, exercises to improve sound and rhythm, exercises to prevent grin, exercise prevents glottal stops. 2) Prepare speech therapy teaching materials consisting of phonological materials, syntactic materials, semantic materials and extra-linguistic materials. 3) The speech therapy method can use various methods including: the institutional word method, the speech sound method (phoneme), the babling method, the acoustic method, the concentric method, the TVAK method (tactile, visual, auditory and kinesthetic). 4) Facilities and infrastructure that must be prepared in a) learning facilities for breathing exercises include: ping pong balls, thin paper, candles, straw pipes, water pipes (plastic hoses), whistles and cotton b) other learning facilities, among others: mirrors and tongue spatula c) electronic means of equipment, namely a speech trainer, tape recorder, audiometer, d) materials such as: written/word symbols, written materials composed of vowel sounds, picture cards, how to arrange vowels and consonants of words object e) a

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speech building room which should be soundproof with a minimum size of 2x2 m, sufficient lighting and air circulation. 5) Speech therapy evaluation can be done by doing several tests, namely: a) Listening / listening skills, b) Speaking skills, c) Reading skills and d) Writing skills (Edja Sajah, 2005 in (Cahaya, 2016).

Some supporting research on speech therapy include: (Afiati, 2017); (Zusfindhana, 2018); (Lestari, 2009); (Qoimudin, 2016); (Cahaya, 2016); (H & Rini, 2015); (Setiyoso, 2009) where the results of his research showed that the language and speech skills of children with hearing impairment increased after being given speech therapy. This therapy is to train children to be skilled in using an encoding system in the form of the ability to use organs to speak, move the arms and other bodies, and facial expressions. Whereas in the knowledge of children, it is expected that they will be able to understand how to pronounce all the sounds of the language correctly, evaluate their own speech based on visual, auditory, and kinesthetic observations (Sunanik, 2013)

Based on the above problems, the researcher is interested in researching about the influence of speech therapy in improving oral language skills in deaf children at *SLB Negeri Tanah Bumbu*. The research objective was to determine the influence of speech therapy in improving oral language skills of deaf children at *SLB Negeri Tanah Bumbu*.

METHODS

This study used a queasy experiment with a pre and post test design without control group design (Dharma, 2011). The independent variable was speech therapy and the dependent variable was the oral language skills. This research was conducted in 12 meetings, 3 times a week for 4 weeks and SDLB students for the 2020/2021 academic year totaling 7 students as research respondents. The samples were total sampling. The data collection technique used three stages, namely the preparation stage, the implementation stage and the termination stage. In the preparatory stage, the researcher proposed a research ethics test at the Ethics Committee of Stikes Darul Azhar Batulicin, after obtaining permission from the research ethics committee, the researcher conducted an expert test of the speech therapy SOP instrument to speech therapists and oral language skills in the form of 20 questions to teachers at *SLB Negeri Tanah Bumbu* (Sardjono, 2014). Oral language skills were divided into 5 categories which were: very poor with a value of ≤ 54, poor 55-59, sufficient 60-75, good 76-85 and very good 86-100 (Qoimudin, 2016). In the implementation stage, the researcher conducted a pre-test on the oral language skills of SDLB students, then gave speech therapy method treatment for two weeks. The research was carried out in six meetings, after the application of the speech therapy method; the respondents were again given a post test using the same instrument. In the termination stage, the researcher collected the data that had been obtained and then processes the existing data for analysis. Data were analyzed by univariate and bivariate using paired t-test which previously tested for normality using the Saphiro Wilk Test, which obtained data p-value > 0.05, which meant that the data was normally distributed. Then it was continued with the multivariate test using repeated measure anova with the help of the SPSS 16.0 for windows program (Dahlan, 2014).

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RESULTS

a. Respondent Characteristics

The analysis results of the respondent characteristics in this study illustrated the distribution of respondents which were in the following table:

Table 1.1 Frequency Distribution of respondent characteristics

No	Variables	F	%
1	Gender		
	Female	5	71
	Male	2	29
2	Age		
	6-11 years old	6	86
	12 -16 years old	1	14
3	Grade Levels at School		
	2nd Class	1	14
	3rd Class	4	58
	4th Class	1	14
	5th Class	1	14

Source: (Udiyani, Dewy, & Atmaja, 2020)

Based on table 1.1 above, information was obtained that most of the respondents (71%) were female with almost all of them (86%) in the 6-11 years old, while most of the grade levels at school (58%) was in 3rd Class.

b. Univariate Analysis of the Oral Language Skill of Deaf Children at SLB Negeri Tanah Bumbu in 2020

Table 1.2 Frequency Distribution of the Oral Language Skill of Deaf Children at SLB Negeri Tanah Bumbu in 2020

No	Category	Pre Tes		Post Test 1		Post Test 2		Post Test 3		Post Test 4	
		F	%	F	%	F	%	F	%	F	%
1	Very Poor	5	71.4	5	71.4	2	28.6	0	0	0	0
2	Poor	1	14.3	0	0	2	28.6	1	14.3	0	0
3	Sufficient	1	14.3	0	0	1	14.3	4	57.1	4	57.1
4	Good	0	0	2	28.6	1	14.3	0	0	1	14.3
5	Very Good	0	0	0	0	1	14.3	2	28.6	2	28.6
	Total	7	100	7	100	7	100	7	100	7	100

Source: Primary Data, 2020

Based on table 1.2 above, information was obtained that before speech therapy, the oral language skills of deaf children were mostly (71,4%) in the very poor category, then after being given speech therapy the first to third meetings, it was obtained data that the oral language skills of children with hearing impairment (71,4%) were in the very poor category. Furthermore, after being given speech therapy from the fourth to sixth meeting, almost half of the oral language skills of deaf children (28,6%) were in the sufficient category and at the seventh to twelfth meeting most of the oral language skills of deaf children (57,1%) were still in the sufficient category.

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c. Bivariate analysis

Table 1.3 Analysis of Difference Before and After Speech Therapy First to third meeting on the oral language skills of deaf children with hearing impairment

No	Category	Mean	P value
1	Pre Test	40.00	.000
2	Post Test 1	55.86	

Source: Primary Data , 2020

Based on table 1.3 above by using the paired t test, the p-value was 0.000 (p <0.05), which meant that Ho was rejected and H1 was accepted so that it meant that there was a difference before and after speech therapy was given to the oral language skills of deaf children at the first to third meeting.

Table 1.4 Analysis of Differences Before and After Speech Therapy at the first to sixth meetings on the oral language skills of deaf children

No	Category	Mean	P value
1	Pre Test	40.00	.000
2	Post Test 2	65.00	

Source: Primary Data , 2020

Based on table 1.4 above by using the paired t test, the p-value was 0.000 (p <0.05) which meant that Ho was rejected and H1 was accepted so that it meant that there was a difference before and after speech therapy was given to the oral language skills of deaf children at the first to sixth meeting.

Table 1.5 Analysis of Differences Before and After Speech Therapy First to ninth meetings on the oral language skills of deaf children

No	Category	Mean	P value
1	Pre Test	40.00	.000
2	Post Test 3	72.86	

Source: Primary Data , 2020

Based on table 1.5 above by using the paired t-test, the p-value was 0.000 (p <0.05), which meant that Ho was rejected and H1 was accepted so that it meant that there was a difference before and after speech therapy was given to the oral language skills of deaf children at the first to ninth meeting.

Table 1.6 Analysis of Differences Before and After Speech Therapy from the first to twelfth meetings on the oral language skills of deaf children

No	Category	Mean	P value
1	Pre Test	40.00	.000
2	Post Test 4	78.14	

Source: Primary Data , 2020

Based on table 1.6 above, using the paired t test, the p value was 0.000 (p <0.05), which meant that Ho was rejected and H1was accepted so that it meant that there was a difference before and after speech therapy was given to the oral language skills of deaf children at the first to twelfth meeting.

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d. Multivariate Analysis

Table 1.7 Analysis of the Influence of Speech Therapy in Improving the Oral Language Skills of Deaf Children at *SLB Negeri Tanah Bumbu* in 2020

No	Time of Measurement	Mean	*Mauchly's Test of Sphericity*[b]	*Greenhouse-Geisser*
1	Pre Test	40.00	.035	.000
2	Post Test 1	55.86		
3	Post Test 2	65.00		
4	Post Test 3	72.86		
5	Post Test 4	78.14		

Source: Primary Data , 2020

Based on table 1.7 above, it was known that the average oral language skills of deaf children before speech therapy was 40.00 which was in the very poor category of oral language skills and after speech therapy treatment was done 12 times face-to-face increased with an average of 78.14 which meant that they were in the good category. Then carried out a multivariate test using repeated measure ANOVA by previously seeing the sphericity assumption test obtained p-value 0.035 (<0.05), which meant that the variance assumption test was not the same so using the Greenhouse-Geisser obtained p-value of 0.000 (<0.05) which meant that there was the influence of speech therapy in improving the oral language skills of deaf children at *SLB Negeri Tanah Bumbu.*

DISCUSSION

The development of language and speech in normal children goes through 5 phases, namely the first phase of reflective vocalization (crying period) where starting from the newborn, the crying sound that is issued is the beginning of the basic language and takes place in reflex approximately 2-3 weeks later the child can distinguish several stimuli which affects itself and its reactions to stimuli begin to differ. The second phase of babbling occurs around 6-7 weeks of age, the child begins to show awareness of his voice with several reactions that arise automatically or are caused by a stimulation in the child (internal stimulation), the sound that is pronounced in the form of sounds from the mother tongue and surroundings The third phase of lalling begins at the age of 6 months, hearing plays an important role in the child responding to a stimulation obtained from the surrounding environment and the child begins to imitate other people's voices. The fourth phase of echolalia (imitation period) occurs around the age of 9-10 months, children can determine the sound of other people in line with their environment so that the maturity level of imitating all the sounds they have ever gotten is better. The true speech phase is the last phase when normal children begin to be able to speak, such as pronouncing sounds, sounds or words that are in accordance with their observations and hearing. Usually this phase begins at the age of 12-18 months.

In deaf children, the development phase of language and speech stops in the second phase, namely voicing (*meraban*), for the next phase it cannot develop as a result of hearing organs in deaf children experiencing deaf hearing or deafness. However, that does not mean that their language skills are left without training / therapy, other speech organs can still be maximized through routine and structured exercises. In the speech mechanism, it usually starts from the auditory organ to get a stimulus in the form of sound and then forwarded to the center of perception (wernicke) where the received impulses will be processed, observed and stored then followed by a sound bank which is an imaginary part to imagine and interpret

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the received stimuli for further processing go to the center of understanding. At the center of the understanding of received stimuli (after going through the process of sensation and perception) then it is associated with the understanding that is already owned through the thought process, finally the stimulus becomes a concept. The concept is then stored and ready to be used in the process of association, reproduction, imagination, abstraction and at the same time it will function in the thought process. At the same time, the engram bank works to store sound movement patterns which function for someone to express ideas or concepts to listeners. Then it is continued by the motor center (broca) to move the speech organ so that the voice comes out by the speech organ involving the respiratory, phonation, articulation and resonance organs. After a person speaks, there is auditory feedback (hearing his own speech) and kinesthetic (movement of the speech organs). Through this mechanism, deaf children are in a condition where they cannot or do not receive enough, so that the sound bank, the center of understanding, the engram bank cannot store external stimuli, which ultimately affects the motor center to not move so that the speech organ does not function optimally to produce words. /sentence. So that deaf children often do omission, substitution, distortion, and addition. This speaking error creates different perceptions between the child who speaks it with the interlocutor.

Speech therapy through articulation exercises is one solution to correct speech errors in deaf children. Articulation exercises begin with exercises to relax the limbs of the hands and feet, motoric movement exercises consisting of: tongue movements, lip movements, jaw velum and breathing exercises. This relaxation exercise aims to function the speech organs that experience the stiffness of the effects of deaf children who do not or do not receive sound stimuli from the hearing organs so that the speech organs (motor centers) are unable to move because there is no stimulus from the understanding center and the engram bank. Furthermore, children are trained to learn to pronounce starting from phonemes in the form of: vowels and consonants, syllables, words and into sentences using visual, auditory, kinesthetic and tactile (VAKT) methods. Articulation exercises with VAKT continuously can improve the performance of the contraction of the articulation organs and language centers found in the frontal lobe, pre-central gyrus, supramarginal gyrus, angular gyrus, inferior parietal gyrus, temporal lobe and anterior part of the occipital lobe. So that through this method deaf children can maximize their hearing, vision and motor functions to enrich the vocabulary stored in their brain so that their oral language skills can increase. This is evident from the results of this study which show that there is a significant effect on improving the spoken language skills of deaf children after being given speech development therapy. Besides that it is strengthened by research (Cahaya, 2016); (H & Rini, 2015); (Zusfindhana, 2018); (Lestari, 2009) which shows that there is a change in oral language skills after being given speech development therapy to be better than before the therapy.

Factors that affect the development of children's language and speech, namely: 1) Physical condition, good physical condition allows a child to observe and feel events and changes that occur in their environment. The more likely it is to observe and feel events, the more likely it is to obtain input in the process of forming language concepts and vocabulary. This is in line with the results of this study, which at the time of the study, all children with hearing impairment were in good condition, so it is possible that one of the factors that influenced the success of speech development therapy was the physical condition of the deaf children themselves. 2) Motor skills, motor skills used to explore the environment include gross motor skills, fine motor skills and speech organs. Speech development therapy activities through articulation exercises with the VAKT method involve hearing, sight, motoric movements and stimulation in the form of vibrations so that when the child begins

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to be able to observe auditory stimuli from their environment, gradually he will also move the muscles of the speech organ. this movement of the muscles of the speech organ is associated with received auditory stimulation. This event is an exercise for children to connect the stimuli received with the sounds they produce. At first the sound that is produced is not what is heard. This difference will be observed and step by step the error will be corrected, so that eventually the child is able to pronounce it correctly. Given that deaf children do not have obstacles in their motor skills, the quality of input used to form language and vocabulary concepts will also increase, so that the concept of language and vocabulary will be more perfect. 3) Good general health can support children's growth and development, as well as speech development. In general, the health of deaf children in this study did not experience any problems, so this factor is also one of the factors that can increase the success of implementing speech development therapy. 4) Intelligence or intelligence is a person's ability to think and act directed, process and control the environment effectively. In general, deaf children do not experience problems in terms of their intelligence; therefore in the application of speech therapy it is possible to improve the language skills of deaf children. 5) Gender, biologically, girls generally reach maturity more quickly than boys. The attainment of maturity affects the development and ability of the child's physical and psychological function, which later determines the child's readiness to receive and process stimuli and experiences received from their environment. This is in accordance with the results of this study where the majority of respondents are female, so it is possible that due to the physical and psychological maturity of girls, they can improve the language skills of deaf children.

CONCLUSION

Most of the oral language skills of deaf children with hearing impairment before being given speech therapy were in the very poor category at *SLB Negeri Tanah Bumbu*.
Nearly half of the oral language skills of deaf children after being given speech therapy were in the good category at *SLB Negeri Tanah Bumbu.*
There were differences before and after speech therapy was given to the oral language skills of deaf children at *SLB Negeri Tanah Bumbu*.
There was an influence of speech therapy in improving oral language skills in deaf children with hearing impairment at *SLB Negeri Tanah Bumbu.*

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