



Review



Verbal and Nonverbal Communication of PAI Teachers on Language Acquisition of Mentally Retarded Children

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ABSTRACT

In recent years, research interest in games in education has experienced continuous growth. However, This study aims to describe and analyze the forms of verbal and nonverbal communication of PAI teachers on the language acquisition of mentally retarded children in SLB schools in Bengkulu and Yogyakarta. The methods used are Descriptive Qualitative and Data Collection Techniques with interviews, observations and documentation. Validity test using triangulation, namely triangulation methods in the form of interviews, observations and surveys, triangulation of data sources using various data sources such as documents, archives and interview results. The results of the study of verbal communication forms of mentally retarded children are twofold, namely experiencing speech disorders (speech disorders) or language disorders (language disorders). Nonverbal Communication in mentally retarded children has 5 forms of communication, namely artifactual forms, heptics, kinesic, para linguistics and proxemics. The second language acquisition stage consists of five stages, Preproduction, Early Production, Speech Emergency, Intermediate Fluency and Advanced Fluency. The learning outcomes of PAI vocabulary in SLB Yogyakarta schools get an average percentage of 66.7% for light classification, 36% for medium classification and 18% for weight classification. Meanwhile, SLB Bengkulu schools get an average percentage of 62% for light classification, 38% for medium classification and 16% for weight classification.

1. Introduction

We realize that language development is now skyrocketing. Various forms of strategy, methods, models and media are indicators of innovation that bring prosperity in the field of language communication as well as in the world of education. Learning language is a very long and complex

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activity where all human activities cannot be separated from language. A person's language development is based on how each person's language acquisition forms. As one example of a person who is good in an environment with good language acquisition, will create a good form of language development as well. Thus, language acquisition is very important as a benchmark in children's language development.

Language acquisition or often known as language *acquisition* is the process of mastering a child's language naturally or naturally in understanding the language of his first language (mother tongue). In line with the opinion (Chaer, 2009) that describes the explanation of language acquisition, language is a language activity in the human mind when the baby receives his first language, namely the mother tongue. Likewise, it is conveyed that language (Dardjowidodo, 2008) acquisition is a process of one's language ability carried out by children through a natural process when learning the first language. This means that language acceptance is used as a stage of mastering the natural language in learning the first language, namely b1.

Language acceptance/acquisition through language learning processes is different. Where language acquisition occurs when language learners without realizing that they are trying to acquire language. While language learning occurs when the conscious state of a language learner understands the language in a more formal environment, from the time a person becomes a child to adulthood learns his second language after receiving the first language. Thus, language acceptance is related to the first language (mother tongue) as well as language learning related to the second language.

Based on some existing literature, many studies show that in childhood a person will feel his mother tongue first in understanding the communication process. Such stimuli from the mother's verbal and nonverbal responses are followed by being accepted and given mimic reactions by the baby. Advanced development, in which the child will increase vocabulary independently in communicating with the environment in which he grew up. When children are interacting with adults to learn the redaction of words and sentences, children's language development will also increase. This will enrich one's language repertoire. Therefore, the stages of acceptance and one's language skills are phenomenal to be further investigated in the study of psycholinguistics.

Each child's language acquisition has different characteristics. Where can be seen from how the development of the child itself. Judging from development, what needs to be focused is a series of developments of a person's biological usefulness that has the nature of progress, harmony, and relationship with one another. The rate of progress of language acceptance is seen from the implication of the perfection of the central nervous system in the nerve units that influence it. It consists of the perfection of reason (intelligence), oral communication, feelings, and social interaction. This means that it is related to the life of manusia as a whole.

Likewise in children who belong to the group of mental retardation. Where children belonging to this group are children who have disabilities and limitations that are substantial in the usefulness of intelligence and adaptable attitudes in expressing feelings of self, society and socializing between communities. This RM (mental retardation) child begins before 18 years of age, with characteristics of RM (mental retardation) utilization of substandard intelligence ($IQ < 70-75$).

Children with mental retard account for 1 to 3% of the general population of babies born. This condition of RM (mental retardation) is one and a half x more dominant in men than women, where this event occurs most when children are aged 6 to 17 years during school days. Based on the results of the National Census data of the Central Bureau of Statistics 2003, the calculation of children with disabilities in Indonesia is 0.7% of the total population of Indonesia. In accordance with data from WHO (World Health Organization) the quantity of ABK (children with special needs) in Indonesia is approximately 7% of the total quantity of children aged 0-18 years or amounted to 6,230,000 in 2007. The prevalence in children under 18 years old in developed countries is 0.5-2.5%, while in developing countries it ranges from 4.6%. The incidence rate of mentally retarded children ranges from 19 per 1000 live births (WHO, 1998 in Caesaria, et al., 2019). Based on data from the National Socioeconomic Survey (Susenas) in 2012, it was recorded that the number of people with disabilities in Indonesia amounted to 2.45% (6,515,500 people) of the estimated number of Indonesian population and mental retardation was included in it. There was an increase in the prevalence of disabilities including mental retardation in 2003 to 2006, from 0.69% to 1.38%, from 2009 to 2012, from 0.92% to 2.45% of the

total population in Indonesia (Ministry of Health of the Republic of Indonesia, 2014 in Caesaria, et al., 2019).

Keep in mind that mentally retarded children have unique characteristics. Where children will learn by "parroting" (*rote learning*) rather than using the process of thinking (understanding and understanding). In addition to being characterized by low intellectual function which is below the normal average, mental retardation is also characterized by limitations in adaptive function. In line with the opinion of Budiyanto, 2010 (in Budiarti and Dewi, 2017), that mental retardation is a disorder characterized by significant limitations in intellectual aspects and adaptive behavior expressed in conceptual, social and adaptive skill practice. IDEA (*Individual with Disabilities Education Act*) synthesizes that mental retardation in general has a level of intellectual ability below average and simultaneously experiences obstacles to adaptive behavior during its development which results in detrimental educational performance of children (Budiarti & Candra, 2017). By seeing these conditions, it means that the role of education is very helpful in guiding mentally retarded children to communicate inBe good competently and responsibly.

Judging from the interests of education, there are several aspects of development that need special attention, especially for teachers in dealing with mentally retarded children. Where the situation do not understand these aspects of language development can lead to difficulties in the proper educational services of mentally retarded children. Disruption of these aspects of child development will have implications for the smooth development of their academics, such as reading, writing, or numeracy skills. This means that teachers are the key to the development of mentally retarded children at school.

The role of teachers, especially PAI teachers, is able to be the first facilitator in dealing with mentally retarded children. In teachers are able to provide efforts in communicating by linking religious values in the learning process given. The goal is for children to be able to communicate in accordance with Islamic rules. In addition, it is also necessary to provide various provisions in the educational environment such as, good design and preparation starting from the material, and how to deliver the material to concepts in learning. If there is a misconception in the basic cultivation of language, it will certainly have bad consequences for further learning. To be able to prepare teaching materials appropriately and prepare learning techniques well, of course, teachers must understand the level of development of children and their physical condition and psychological condition. One of the knowledge that must be mastered by teachers to prepare for these conditions is to know the level of mastery of children about language sounds.

In line with the research that has been conducted by the (Yohana, 2012) entitled "Verbal and Nonverbal Communication Behavior of Children with Intellectual Disabilities", he explained that the form of verbal communication of children with intellectual disabilities in interacting within SDLB Negeri 041 Bangkinang is active with language deficits that occur. Where nonverbal communication of children with intellectual disabilities is more communicative in conveying messages, complementing or affirming verbal messages, including when they show various emotional reactions when interacting in their social environment. This means that the similarities of this study both focus on verbal communication and non verbales, the difference is the focus on research subjects, Nova focuses on children with intellectual disabilities while this study focuses on children with Mental Retardation (Language Development Delays).

The choice of two research sites, namely Yogyakarta and Bengkulu, researchers wanted to see how multicultural PAI teachers in both locations, apart from being a place of research because the intended place has good facilities in providing adequate skills to live and develop children's creativity, especially mentally retarded children. The location of this study is aimed at SLB C specifically for children with intellectual disabilities which is a condition of a child experiencing mental retardation or also called mental retardation at the elementary school level. The aim is to be a benchmark for the extent to which the role of PAI teachers is able to facilitate children with special needs to be able to develop properly. Here children are not only given knowledge and skills but learn to communicate and socialize with people around them. Thus, children will get a lot of language input both from their friends and people around them.

From the background explanation, researchers are interested in conducting research entitled "Nonverbal Verbal Communication of PAI Teachers on Language Acquisition of Mentally Retarded Children". The issues to be discussed in this research are: How is the Verbal Communication of PAI Teachers on Language Acquisition of Mentally Retarded Children in SLB C Bengkulu and Yogyakarta? How is the Nonverbal Communication of PAI Teachers on Language Acquisition of Mentally Retarded Children in SLB C Bengkulu and Yogyakarta? What is the Form of Obtaining Indonesian for Mentally Retarded Children in SLB C Bengkulu and Yogyakarta?

2. LITERATURE RIVIEW

A. Verbal Communication

In the process, communication between individuals uses symbols that are then interpreted their meaning in their respective environments. Communication will occur when two or more people have a process of giving and receiving various meanings. It can be said, communication in brief can be interpreted as an effort to convey messages between fellow humans.

The communication process has several elements based on the communication formula created by David K. Berlo in the 1960s. These elements are:

- a. Send messages (communicator)
- b. Message recipient (communicant)
- c. Channels/media
- d. The message itself
- e. Reciprocity to received messages

Communication will occur only when humans have a message that they want to convey to other humans. The message is in the form of information that is full of meaning and purpose. The message is usually conveyed in the form of verbal communication and non-verbal communication.

There are 2 types of verbal communication, namely:

- a. Writing and Speaking

Writing is a type of non-vocal verbal communication. One example of non-vocal verbal communication is correspondence. Meanwhile, speaking belongs to the type of communication of the verbal vocal. One example of vocal verbal communication is a presentation in a meeting.

- b. Reading and Listening

Reading is a way for a person to get information from something written, while listening is taking meaning from something heard.

- c. *Hearing* and *listening* are two different things, yes. Hearing is just picking up the vibration of sound. Listening not only takes the vibration of sound or hear, but listening also contains a meaning where a person must pay attention, understand, and remember information from the listening activities he does.

B. Nonverbal Communication

Nonverbal forms of communication in the form of gestures or silent language that are not words where this form of communication is intended to find out the emotional atmosphere of the tour partner. Types of nonverbal communication such as:

- a. Artifactual (Appearance)

Communication that takes place through clothing and arrangement of various artifacts, for example; clothing, makeup, jewelry, buttons, shoes, and others (Rakhmat, J: 1985).

- b. Haptich (Touch)

Haptics refers to the study of touch that occurs in the process of nonverbal communication. There are six different types of touch, namely positive, *playful*, controlling, ritualistic, task-related and involuntary.

- c. Kinesic (Body Movement)

Kinesics is a form of nonverbal communication related to movement, either a particular body part or the body as a whole. *Kinesics* in basicly is the interpretation of body language such as facial expressions, eye movements, personal appearance and others. Body language is an interpretation of feelings, attitudes, and moods that are not realized or conscious. The main areas of study in *kinesics* are posture and posture.

d. Para linguistics (vocalist)

Paralinguistics, is the study of variations in pitch, speed, volume, intonation of speech and pauses to convey meaning. *Paralinguistics* can be expressed consciously or unconsciously.

e. Proxemics (Distance Regulation)

Proxemics is the study of how people use physical space to convey messages. Distance and posture are involuntary reactions to sensory fluctuations or shifts, such as subtle changes in a person's voice and tone of voice. For example, individuals who interact at close range tend to speak with a small volume of voice.

C. Language Acquisition of Children with Intellectual Disabilities (Mental Retardation)

Language is a communication tool used to exchange information. Communication has two ways of communicating, verbal communication and nonverbal communication. Verbal communication according to language means spoken, or spoken, or written. In carrying out life, every person's success related to official or informal matters is determined by verbal communication, so it is very important to do so (Rustan & Nurhakik, 2017). . Nonverbal communication is all external expressions by conveying information without using words orally or in writing, including physical movement, performance, sound, and the use of space and distance. Nonverbal communication itself is needed because when we often do something it is easier to understand than what we say (Rustan & Nurhakik, 2017).

Language acquisition is defined as the natural development process of the first language that occurs unconsciously and is used for communication purposes solely without being aware of language rules (Winarsih, 2010). Children's language acquisition is influenced by internal and external factors. Language acquisition through internal factors is strongly influenced by the readiness of a child within himself (Haliza et al., 2020). This is related to the readiness of a person's subconscious in stimulating his language instincts. The external factors include: an environment that is very close to the child himself, such as the family, school, and community environment. In children, language acquisition includes: speech produced by word choice sounds, formations, and sentences made by imitating adults (Pandudinata et al., 2018).

From the brief explanation above, it can be concluded that the process of obtaining discussion without obstacles depends on two things, namely the readiness of the child in terms of cognition and biology. This does not apply to children with special needs, one of which is children with intellectual disabilities. Children with intellectual disabilities still need language as a tool to communicate, convey ideas, or express. However, there are some specific situations related to cognition capacity that inhibit or create disorders in language.

Intellectual impairment can also be called mental retardation better known as anak-children with intellectual abilities below average, measured from the level of one's ability classified as below average in adjusting to the environment (Sunaryo Kartadinata, 1996), while living their daily lives independently. This is why, in general, mentally retarded children will need outside care, control, and support. ABK (children with special needs) is a child whose growth and development experiences differences or deviations in physical, mental, intelligence, emotional and social, special services are needed (Darmawanti, 2004). From being left behind in the growth and development of intelligence, this child will go through a process of difficulty in fulfilling needs. Moreover, among them there are some obstacles, according to the level of difficulty experienced by each child.

(Witmer & Kotinsky in Astat: 221) divide eight needs of children with intellectual disabilities such as;

1. The Sense of Trust.
2. The Sense of Autonomy has a right to take care of itself.
3. The view can make decisions in dealing with independent problems (The sense of Initiative).
4. The Sense of Duty and Accomplishment
5. Pandis accepting and confident (The Sense of Identity).
6. The Sense of Intimacy.
7. The Parental Sense.
8. Integrity Sense.

The *American Association on Mental Retardation* (AAMR) classifies intellectual impairment into four groups based on IQ scores / levels (Mumpuni: 2000), namely:

- a. *Mild Mental Retardation* group (moderate mental impairment) children with this group have an average IQ range of 68-52. Where they can still follow learning activities, such as mathematics, writing, and reading more easily to a certain level, up to grade IV elementary school (SD). Children with mild intellectual disabilities resemble normal children, they have speech competition, questions and answers for ordinary interactions, and their physical shape is also the same as other normal children.
- b. *Moderate Mental Retardation* group children with this group have an average IQ range of 51-36. Where they will experience difficulties, and are not able to learn normally like children in general. However, they can learn to manage and take care of themselves. If given education, control, and continuous learning, this group of children will be able to do their own work.
- c. The *Severe Mental Retardation* group of children belonging to this group has an IQ of 35-20. Where this child needs total treatment, because their mental abilities are less developed and less high than three or four years ago. Children of this group will receive difficulties in soft motor and hard motor, and they are familiar with idiot children.
- d. *Profound Mental Retardation* group (severe mental impairment) children belonging to this group have an IQ of 19 or weak group. Where this group of children is difficult in the healing process, care and treatment from doctors are more intensive, with the form of mongoloid face type, small eyes, nose not high and others.

Children with intellectual disabilities have several common characteristics, such as:

- a. IQ (intelligence) independence
This is a competency in understanding and teaching bells adapting to the problems at hand. Children with intellectual disabilities have difficulty in understanding abstract learning such as learning mathematics, language and other educational sciences, generally they learn to be dominated by learning by parroting, imitating what they have just captured.
- b. Inadequacy of social interaction
The unwillingness of children with intellectual disabilities in taking care of themselves in the community, causes them to need someone beside them or help (Dewi Utama. 1989). Children with intellectual disabilities prefer to interact with younger children, thus parental involvement is very influential. Children with intellectual disabilities cannot accept an obligation and make decisions wisely, so they need to be given comprehensive supervision.
- c. The un universality of mental benefits
Children with intellectual disabilities need a long duration in responding to something they just know. Where they will show the best reaction when experiencing things that are commonly experienced and consistent from day to day. Children with intellectual disabilities will not be able to carry out activities or tasks for a long duration. Children with intellectual disabilities have an unevenness in language competence, and it is difficult to make decisions quickly (Dewi Utama: 1989).

Although difficult, the process of language acquisition in children with intellectual disabilities is not impossible. At least Robert Ingall (Rochyadi, 2005) in *ITPA (Illinois Test of Psycholinguistic Abilities)* revealed the language skills of children with intellectual disabilities, including:

- a) The language skills acquired by children tunagrahita are generally the same.
- b) Percept an children with intellectual disabilities hone language skills more slowly than normal children generally.
- c) In fact, the majority of children with intellectual disabilities cannot improve their language skills perfectly (language acquisition will occur around the age of puberty).
- d) Although at a similar mental age, the process of language progress of children with intellectual disabilities is really slow from other normal children's ages.
- e) There are certain complexities experienced by children with intellectual disabilities in mastering grammatical. This includes complex grammatical rules.

- f) The language of children with intellectual disabilities is concrete. They cannot accept abstract information/knowledge.
- g) There is a lot of use of single words in children with intellectual disabilities because they are unable to use compound sentences.

3. METHODS

This research uses qualitative descriptive methods, with results in the form of descriptive data of written or spoken words from informants combined with observations. This research is used to describe the study of experts and facts about events in the field that occur in education management in SLB in Bengkulu City and Yogyakarta.

This research data was obtained by using 2 materials, namely primary materials, in the form of reference materials obtained from educational analysis such as educational materials, journals, and research information from the question topics discussed. This serves to add to the literature repertoire of research studies. Research reviewers also utilize secondary materials such as field research from interview items by identifying study materials relevant to the focus of this research. The sources are the Head of SLB and PAI Teachers in each institution. The mechanism in collecting research data is sourced from the results of researcher questions and answers with informants, researcher observations, and ntasi documents. Meanwhile, data processing is processed through the following stages: (1) planning data collection tools as instructions on the list of questions prepared according to the problem and research objectives; (2) grouping of materials that have been obtained based on the requirements described in the theoretical concept; (3) if invalid research material is found, then to maintain the validity of the research material, the researcher will clarify the research material again by conducting questions and answers again; (4) Furthermore, research materials obtained through questions and answers, archiving and observation, classifying research materials are carried out and analytical studies are processed; (5) reduce the study to certain icons, to facilitate further analysis; (6) After reducing all data, which is needed or not needed, it is continued by analyzing the data as a guideline in making research results based on research focus, research objectives, benefits and research conclusions; (g) describe the results of the description of the research material or the presentation of research objectives.

Researchers conducted validity tests using triangulation. The use of triangulation techniques includes 3 things, namely: triangulation methods in the form of interviews, observations and surveys, triangulation of data sources using various data sources such as documents, archives and interviews and triangulation of theories in the form of relevant theoretical perspectives to avoid individual bias of researchers on the findings and conclusions of the results.

4. RESULTS

This research was conducted in two different locations, namely SLB in Yogyakarta City and SLB in Bengkulu City. This is because to see the comparison of two different cultural backgrounds with styles and characteristics in teaching Islamic Religious Education to Children with Intellectual Disabilities in SLB. The focus of this research is: by paying attention to how verbal and nonverbal communication used by multicultural-based PAI teachers in teaching Islamic Religious Education Science so that they can see the extent of language development in children with intellectual disabilities. The intended schools are:

Table III.1 School Location

Yogyakarta City	Bengkulu City
1. SLB N 1 Yogyakarta	1. SLB N 2 Bengkulu City
2. SLB N 2 Yogyakarta	2. SLB N 5 Bengkulu City
3. SLBC Dharma Rena Ring Putra II DIY	3. SLB Amal Mulia Bengkulu City
4. SLB Prayuwana Yogyakarta	

These four schools are taken based on accredited schools that accommodate children with intellectual disabilities and good school performance. The focus of the sample of this study is grade VI children. This is based on the level of IQ ability of this classto have a normal average IQ. So that the level of acquisition and mastery of vocabulary is quite good and understands the meaning conveyed by teachers who teach, especially PAI teachers who teach Islamic Religious Education Science Material. Children with intellectual disabilities whoattend these four schools are on average children with intellectual disabilities whose intelligence is in the category of lacking. Symptoms shown such as, difficult to speak well, not focused, slow in learning new things, disturbing friends, unable to solve problems on their own, and not caring about the surrounding environment.

1. PAI Teacher's Verbal Communication

The verbal language development of mentally retarded children is different from other normal children, this can be seen from delays in language development or speech in mentally retarded children. The findings of data in the field get the same facts, informan in this study, namely mentally retarded children in the extraordinary school where this research study is located on average experience speech disorders or language disorders (speech disorder).

Table III.2 Classification of Forms of Verbal Communication

NO	IQ classification	Verbal Communication	
		<i>Speech Disorder</i>	<i>Language Disorder</i>
1	Light (52-69)	Able to communicate clearly, difficulty speaking with complete sentences with the correct SPOK language flow, children's verbal communication is quite short	Children's writing skills are quite good even though there are still missing letters in some written words
2	Keep (50-55)	Difficulty speaking and understanding, the teacher's asking speed cannot be too fast and it must be clear that the question must be repeated.	low writing skills It is often found that one and two letters are missing in each word.
3	Heavy (20-40)	Teachers must be sensitive and see the situation and the right timing to communicate, must ask directly not long-winded, firm and clear	Can't write, doesn't understand the correct arrangement of words.

Verbal communication skills there are children with intellectual disabilities on average experiencing speech disorders (*speech disorders*) and language disorders (*language disorders*). It can be concluded that most children with mild disabilities with mild classification have been able to communicate clearly, it's just that children with intellectual disabilities have difficulty speaking with complete sentences with the correct SPOK language flow, in the category of mild intellectual impairment children's verbal communication skills are quite short using only one or two words when answering questions An or ask, this is because children with intellectual disabilities have limited vocabulary, while the child's writing ability is also quite good even though there are still missing letters in some written words. Furthermore, the verbal communication skills of children with moderate classification on average have difficulty speaking and understanding, the speed of asking teachers cannot be too fast and it must be clear not infrequently teachers have to convey messages and questions repeatedly so that students understand and respond, while for the ability to write it can be said to be small because there are often one and two letters found in each word. Then for verbal communication skills of children with intellectual disabilities with severe classification, teachers must be sensitive and see the right situation and timing to communicate, must ask directly not long-winded, firm and clear so that the child's response to the opponent communication becomes good. Not infrequently in saying something, children with intellectual disabilities with weight classifications like

to shout. While in writing skills children with intellectual disabilities have low abilities, and not infrequently found only a few children who can remember more than 20 letters the rest are only a few letters.

2. Nonverbal Communication of PAI Teachers

Nonverbal Communication in children with intellectual disabilities has 5 forms of communication including *artifactual* forms or appearance, *heptics* or touch, *kinesic* or body movements, *lingustics* or vocalists and *proxemics* or proximity distance. From the **artifactual** form **or appearance of** children in the light classification mostly falls into the neat category, although there are some children in some schools who are not neat. Then for children with a medium IQ classification, from their appearance they are classified as less neat and some children are neat. Then for the IQ classification, the weight is classified as less neat or not neat and not clean. Here it can be seen from the incident of some children who castet-scribble their hands using pens and there are some yellowish spots on the child's clothes. One of the characteristics of children with intellectual disabilities is that from the form of **heptics or** touch, children with intellectual disabilities in the mild classification can respond well to touch. For the medium classification, on average, they do not respond well to touch, but there are some children who are able to respond well. For the weight classification, it is almost the same as the medium classification, which is less responsive, but there are some that are difficult to respond to the teacher's explanation even though they have used touch.

From **kinesic** forms **or body movements** to light classification, being able to respond well and being able to imitate what is exemplified by the teacher. As for the medium classification, there are some who are interested in body movements but there are also those who are less interested, just looking at and doing small movements. For weight classification, some children are less interested in just staying still and looking, some are not interested at all by turning their eyes to look at others or playing with objects around that are visible. From the form of **paralingustics or vocals** with a mild IQ classification able to use intonation, good tone and in accordance with language rules, only lacking in the ability to pause which is classified as a little long. As for the medium IQ classification, it has intonation and nada that are less appropriate and pause a little faster and do not understand the rules of language. Then for the classification of severe IQ, it is almost the same as the classification of moderate IQ the difference is not understanding the rules of language.

Then the form of **Proxemics** or distance **level** for mild IQ classification is able to use close distance or

is much like any other normal child. Then for the medium classification using a short distance, then for the medium IQ classification using a short distance even very deck at.

Table III.3 Classification of Nonverbal Communication Forms

No	IQ classification	Nonverbal Forms of Communication				
		<i>Artifactual</i>	<i>Heptics</i>	<i>Kinesic</i>	<i>Paralingustics</i>	<i>Proxemics</i>
1	Light (52-69)	Tidy	Responds well	Interested	Intonation and tone are appropriate, pause a little long and understand the rules of language	Close, Normal
2	Keep (50-55)	Most of them are not neat. But there are some less neat	Most respond less, There are some who respond well	Most are interested, but there are some who are less interested	Intonation and tone are not appropriate and pause a little longer, stammer and do not understand the rules of language.	Near

3	Heavy (20-40)	Less Neat and Clean	Most are less responsive, there are some not responding	Most are less interested, there are some not interested	Intonation and tone are not appropriate and pause a little longer, stammering and not understanding the rules of language.	Near, Very dekat
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3. Language Acquisition of Children with Intellectual Disabilities

In the process of language acquisition, it is known as the first language and the second language. The difference lies in the first language obtained from the mother tongue learned for the first time by the child while the second language is the language learned with the effort to learn and master a certain language after acquiring the first language. In this study, language acquisition focused on the child's second language. Previously it was known that Mental Retardation or what is called mental impairment is a condition of a person in which there is a decrease in intellectual function, social adaptation, and developmental period. Here researchers focus on how children's second language acquisition can develop naturally.

a. Mild Mental Retardation Group

Guided by Krashen and Terrel Theory (Mustadi et al, 2021) explained that the stages for second language acquisition are reviewed from five stages, *Preproduction*, *Early Production*, *Speech Emergency*, *Intermediate Fluency* and *Advanced Fluency*.

Table III.4 Percentage of PAI Learning Vocabulary Mastery for Children with Light Intellectual Impairment

Vocabulary Mastery			
SLB in Yogyakarta City	Percentage Average %	SLB in Bengkulu City	Percentage Average %
SLB N 1 Yogyakarta	72 %	SLB N 2 Bengkulu City	68 %
SLB N 2 Yogyakarta	68 %	SLB Amal Mulia Bengkulu City	56 %
SLB Prayuwana Yogyakarta	60 %		
Average Amount	66.7 %	Average Amount	62 %

Based on the results of Table III.4 describes that the vocabulary ability of PAI learning children with mild intellectual impairment is on average 66.7% and 62% who are able to master vocabulary with an average correct question between 19-14 questions. This means that according to the level of cognition ability of children with visual impairment, it is almost the same as normal children, generally it can be said that it is not far different from the level of education in class VI SD / SLB. This condition is influenced by the development of the amount of vocabulary that is understood and understood by children with intellectual disabilities themselves. Kind this group has the ability to speak and perform daily activities independently. The difficulty seen in this type is in understanding more complex material, especially in reading and writing. The efforts made by each school educational institution help stimulate the development of cognition of children with intellectual disabilities, from learning process activities in the classroom, complete school facilities in supporting learning activities, characteristics possessed by teachers in teaching painstakingly and patiently when delivering learning materials, and the availability of various extracurricular program activities. Thus, this can play an important role in improving the language acquisition of children with intellectual disabilities themselves.

b. Moderate Intellectual Impairment Group

This group is children with intellectual disabilities who are only able to master half to a quarter of the 25 basic vocabulary related to PAI learning. The following is the basic vocabulary of PAI mastered by children with moderate impairment.

Table III.5 Percentage of PAI Learning Vocabulary Mastery of Children with Moderate Intellectual Impairment

Vocabulary Mastery			
SLB in Yogyakarta City	Percentage Average %	SLB in Bengkulu City	Percentage Average %
SLB N 1 Yogyakarta	48 %	SLB N 2 Bengkulu City	40 %
SLB N 2 Yogyakarta	36 %	SLB N 5 Bengkulu City	36 %
SLB C Dharma Rena Ring Putra II Yogyakarta	34 %		
Average Amount	36 %	Average Amount	38 %

Based on the data of Table III.4 and III.5, it can be concluded that the vocabulary mastered by children with intellectual disabilities in their language acquisition and development for the severely impaired group is on average 36 and 38%. This means that children with severe disabilities are below children with normal cognition abilities. The IQ of children with this condition is in the range of 50-55. If reviewed further, this is due to one of the reasons for the development of cognition and mental children who are very slow to stimulate us acquisition and language development. Usually children with this condition to communicate must use special alternatives (extras).

c. Severely Impaired Group

This group is children with intellectual disabilities who are only able to master less than one-third of the basic vocabulary related to PAI learning with a total vocabulary of 25. The following is the basic vocabulary of PAI mastered by children with severe intellectual disabilities.

Table III.6 Percentage of Vocabulary Mastery of PAI Anak with Severe Intellectual Impairment

Vocabulary Mastery			
SLB in Yogyakarta City	Percentage Average %	SLB in Bengkulu City	Percentage Average %
SLB N 1 Yogyakarta	20 %	SLB N 5 Bengkulu City	16 %
SLB N 2 Yogyakarta	16 %		
Average Amount	18 %	Average Amount	16 %

Based on the data of Table III.5 and III.6 it can be concluded that the vocabulary mastered by children with intellectual disabilities in their language acquisition and development for the severely impaired group is on average 18 and 16%. This means that children with severe impairment categories are below children with normal cognition abilities. IQ with this type of group is in the range of 20-40. If reviewed further, this is due to one of the reasons for the development of cognition and mental children who are very slow to receive stimulus language acquisition and development. Usually children with this condition to communicate must use special alternatives (extras).

5. CONCLUSION

The results of the research obtained from the form of verbal communication of mentally retarded children are twofold, namely experiencing speech disorders in the form of oral communication disorders and language disorders (language disorders) communication disorders in writing. While Nonverbal Communication in mentally retarded children has 5 forms of communication, namely *artifactual* forms or appearance, *heptics* or touch, *kinesic* or body movements, *paralingustics* or vocals and *proxemics* or proximity distances. The stages of second language acquisition consist of five stages, *Preproduction*, *Early Production*, *Speech Emergency*, *Intermediate Fluency* and *Advanced Fluency*. The results of learning vocabulary related to Islamic religious education obtained different

results in the Yogyakarta and Bengkulu regions. SLB Yogyakarta schools with light classification get an average percentage of 66.7% for light classification, 36% for medium classification and 18% for weight classification. While SLB in Bengkulu gets an average percentage of 62% for light classification, 38% for medium classification and 16% for weight classification.

6. AUTHORS' NOTE

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7. REFERENCES

- Asiyah, S., Dakwah, F., Uin, K., Semarang, W., Walisongo, J., & Semarang, N. (2018). Implementasi Komunikasi Verbal Dan Non Verbal Dalam Kegiatan Public Speaking Santri Di Pondok Pesantren Darul Falah Amsilati Putri Bangsri Jepara. Dalam *Jurnal An-Nida* (Vol. 10, Nomor 2).
- Budiarti, M., & Candra, D. (2017). Analisis Kesulitan Belajar Siswa Mental Retardation Di Sdn Kedungputri 2 (Studi Kasus Di Sdn Kedungputri 2, Paron Kabupaten Ngawi). *MUADDIB: Studi Kependidikan dan Keislaman*.
- Chaer, A. (2009). *Psikolinguistik Kajian Teoritik*. Rineka Cipta.
- Dardjowidodo, S. (2008). *ECHA: Kisah Pemerolehan Bahasa Anak Indonesia*. PT. Gramedia.
- Darmawanti, I. dan M. Jannah. (2004). *Tumbuh Kembang Anak Usia Dini dan Reaksi Dini Pada Anak Berkebutuhan Khusus*. Surabaya. *Insight Indonesia*. Insight Indonesia.
- Haliza, N., Kuntarto, E., & Kusmana, A. (2020). Pemerolehan Bahasa Anak Berkebutuhan Khusus (Tunarungu) Dalam Memahami Bahasa. *Jurnal Metabasa*, 2(1).
- Nasution, E. S. (2020). *Gambaran Anak dengan Retardasi Mental*.
- Nieto, S. (2002). *Language, Culture, and Teaching*. www.routledge.com/education
- Pahrudin, A., Juabdin Sada, H., Berbasis, Mp., & Berbagai Etnis dan Budaya, P. (2017). *Pendidikan Agama Islam Berbasis Multikultural: Perjumpaan Berbagai Etnis dan Budaya*.
- Pandudinata, R., Sumarlam, S., & Saddhono, K. (2018). Language Acquisition Of Children With Mental Disabilities In Pacitan. *Humanus*, 17(1), 26. <https://doi.org/10.24036/humanus.v17i1.8542>
- Pujaningsih. (2010). *Perkembangan Bahasa Dan Gangguan Bahasa Pada Anak Berkebutuhan Khusus*.
- Putu, D., Kurniati, Y., Studi, P., & Masyarakat, K. (2016). *Modul Komunikasi Verbal Dan Non Verbal*.
- Rahmania, L., Pratiwi, A. S., & Permana, R. (2020). Pemerolehan Bahasa Pada Anak Berkebutuhan Khusus. *Indonesian Language Education and Literature*, 6(1), 104. <https://doi.org/10.24235/ileal.v6i1.6689>
- Rustan, A. S., & Nurhakik, hakik. (2017). *Pengantar Ilmu Komunikasi*. Deepublish. <https://books.google.co.id/books?id=Ezk2DwAAQBAJ>

- Suryanti, E. (2019). *Pola Interaksi Siswa Difabel Tingkat Smp Di Sekolah Luar Biasa Negeri Kota Tegal*.
- Suzana Mediani, H., Hendrawati, S., & Fatimah, S. (2022). Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini Kualitas Hidup Anak dengan Retardasi Mental. *Jurnal Pendidikan Anak Usia Dini*, 6(4), 2626–2641. <https://doi.org/10.31004/obsesi.v6i4.2286>
- Winarsih, M. (2010). *Pembelajaran Bahasa Bagi Anak Tunarungu*.
- Yohana, N. (2012). *Perilaku Komunikasi Verbal Dan Nonverbal Anak Tunagrahita*.