

CHAPTER II

GENERAL DESCRIPTION OF THE OBJECT OF THE STUDY

II.1 The Description of YPAC Cabang Surabaya

YPAC Cabang Surabaya is the institution which gives physical and mental buildings for physical and mental defect children. This institution serves the educational and medical program. In education, this institution has Kindergarten, Elementary School, Junior High School, and Senior High School; while in medical, it has three divisions: physiotherapy, occupational therapy, and speech therapy.

Education is implemented like in the normal school. The study time is 6 days in a week, and 5 hours for Elementary School and Secondary School, and 2 hours for Kindergarten in a day. The subjects given to them are as many as the normal school but the qualities are lower. The time for therapy is 6 days in a week, and 3 hours in a day. A child who takes therapy will get 30 minutes in each therapy and usually get twice a week. The physiotherapist teaches the child to move in a normal way, the occupational therapist teaches the basic skill of feeding, dressing, and looking after as far as he is physically able, and the speech therapist helps the child to speak.

II.2 The Description of Cerebral-Palsied Children

Cerebral palsy is a complex condition. One thing that all children with cerebral palsy have in common is a difficulty in controlling certain muscles. They

differ from other children who lack control of their limbs because these difficulties are not due to any damage or paralysis to the limbs themselves, as in the case of polio or dislocated hips, but to faulty development in part of the brain that would normally control movements of the body. Apart from this common feature of poor control limbs, it is difficult to find two cerebral palsied children who are alike. The impairments in their brain development can take so many different forms, sometimes affecting to motor control, their intelligence, vision, hearing, speech, and their emotional state. In a few children we find all these capacities affected greatly, and in others are affected only slightly.

The degree of physical handicap among the cerebral palsied children can be classified as mild, moderate and severe. Mild handicap term is used for children who can walk and talk and whose physical movements are just a little clumsy. Moderate handicap refers to children whose speech is indistinct, who have some difficulty in controlling their hands and who can walk only unsteadily. The independence of severely handicapped children is very limited since they have little control of arms, hands and legs. The muscles controlling speech are also likely to be affected.

There have been a number of surveys showing the distribution of intelligence among cerebral palsied children. It has been found that, usually, children with the greatest physical handicap have the poorest intelligence, which the view of the extent of the brain damage is understandable. Usually children with spastic quadriplegia are less intelligent as a group than the hemiplegic group, although of course there are startling individual exceptions to this general group

finding. Some severely motor handicapped children have an extremely high intelligence and some mildly motor handicapped children have very limited intelligence, or many specific learning difficulties. It is unwise to infer mental status from the degree of mental disability. Most survey reports a figure of between 40 and 50 per cent of cerebral palsied children to be of subnormal intelligence (approximately 25 per cent severely subnormal, IQs 0 to 49, approximately 21 per cent IQs 50 to 69)

According to Bowley and Gardner (1980:27), some of the important causes and conditions associated with cerebral palsy are:

- ⇒ Heredity: probably not important in cerebral palsy; abnormalities in chromosomes that resulting cerebral palsy are extremely rare.
- ⇒ Pre-natal: infection (e.g. maternal rubella, diabetes, poisons such as lead, excessive exposure to X-rays, extreme malnutrition), and poor general care of mother during pregnancy and lack of medical advice may lead to complications (more commonly in lower than higher socioeconomic groups).
- ⇒ At birth: difficult prolonged delivery, prematurity and 'small for dates', and anoxia, such as due to disturbances of placenta.
- ⇒ Immediately after birth: infection, jaundice.
- ⇒ After birth: infection that affecting brain development such as meningitis, accidents involving serious head injuries.

Because the neuromuscular handicap and associated management problems, education and habilitation should begin as early as possible in the home

and continue nursery school and kindergartens and through elementary and secondary school.

The three most important members of the cerebral palsy teams are the physical therapist, the occupational therapist, and the speech therapist. The success of such a team depends on their ability to integrate their efforts towards achieving a common objective. Each member of the team has to realize, first, that her contribution alone could not resolve the problem, and second, that it only gathers the necessary weight and force when it is added to the total therapeutic program.

A very important factor in the early stages of speech development is practice in the use of muscles and reflexes used in speaking. In some ways, the muscular activity of chewing, sucking, and swallowing are similar to the muscular activity of speaking. Many cerebral palsied children have difficulty in using these mechanisms and they need help to develop them. Therefore, as soon as it is feasible, children should get as much practice as possible in chewing and swallowing small bit of hard food.

Another very important aspect in language development is how much the child hears word utterances. We have stated the importance of a mother in establishing a good relationship with her child, and talking to him during caretaking activities, like she does with a normal child. However, as well as being crucial to the mother-child relationship, this conversational approach is needed in terms of the development of child's language.

In order for a child to learn to speak, one of the prerequisites is motivation. The child must learn that, speech is functional and has real value to him. The child whose gestural language is completely understood sees no need to learn spoken language. The child must begin to see his need will not be met without speech of some sort.

II.3 The Description of the Informant

II.3.1 Description of Informant A

The name of informant A is Reza Rizkianto. He was born in Surabaya, on 30 September 1994. Now he is in the Kindergarten. The type of cerebral palsy is left hemiplegic spastic. He walks on his tiptoes. He could walk since he was 4 years old.

II.3.2 Description of Informant B

The name of informant B is Stephen Kurniawan. He was born in Surabaya, on 21 April 1987. Now he is in the sixth year of Elementary School. The type of cerebral palsy is diplegic spastic. He cannot stand on his own two feet. He is guided by his babysitter when walk. He shows poor balance. He is overweight and drooling.

II.3.3 Description of Informant C

The name of informant C is Hendri Rahardian. He was born in Surabaya, on 15 November 1986. Now he is in the sixth year of Elementary School. The type of cerebral palsy is diplegic spastic athetoid. He cannot stand and walk on his own two feet. He uses walker to stand and walk.

II.3.4 Description of Informant D

The name of informant D is Anita Carolina. She was born in Surabaya, on 04 February 1991. Now she is in the third year of Elementary School. The type of cerebral palsy is quadriplegic spastic athetoid. She can stand on her own two feet. She could walk since she was 6 years old. She often shows frequent involuntary movement. Writhing movements on the limbs, the face, grimacing and dribbling commonly occur.

II.3.5 Description of Informant E

The name of Informant E is Daniel William Anggono (Mathius). Now he is studying in Kindergarten. The type of cerebral palsy is diplegic spastic. He can stand and walk on his own two feet, but unstable.

II.3.6 Description of Informant F

The name of Informant F is Mohammad Najick. He was born in Surabaya, on 25 March 1985. Now he is in the sixth year of Elementary School. The type of cerebral palsy is diplegic spastic. He can not stand and walk on his own two feet. He uses bikecycle which has four wheels when moving.



CHAPTER III

PRESENTATION AND ANALYSIS OF THE DATA