

# **CHAPTER I**

## **INTRODUCTION**

### **1.1. BACKGROUND OF THE STUDY**

The writer was once told a story about a woman who used to sing a song. Sometimes she sang it quite aloud. Unfortunately, most of her friends could hardly understand the lyrics and the song became rather odd when she sang it. Her voice was unnatural and twangy since her upper lip was split. She had a cleft lip.

The phenomenon above happens also to other people who have either cleft lip or other deficiencies in language. In every case, we see language to some degree ceasing to function in a natural, spontaneous, and unselfconscious way, and drawing attention to itself, thus becoming a barrier rather than a means to communication. This barrier is called a language handicap which, according to Crystal (1987), refers to any systematic deficiency in the way people speak, listen, read, write, or sign that hinders their ability to communicate with others.

The most widely used primary classification of language handicaps is production (expressive) Vs reception (receptive) (Crystal, 1987:265).

Many people develop an expressive handicap in which their voice has an obviously abnormal quality. The message carried by the spoken language may be largely or wholly unintelligible caused by the pitch, loudness, and timbre. The voice quality hinders communication by calling attention to itself even if the speech can be understood. The

sound can be highly unpleasant – for example, the harsh hoarseness or highly nasal qualities that can be heard in some disorders. Alternatively, the voice quality may simply be inappropriate to the speaker or the needs of situation. (Chrystal, 1987:276)

One cause of expressive handicap is oral-facial cleft. According to March of Dimes Birth Defects Foundation (1999), an oral-facial cleft is an opening in a structure around the mouth and face. Clefts may occur in the lip, the roof of the mouth (hard palate) or the tissue in the back of the mouth (soft palate). If the cleft occurs in the lip, it is called cleft lip. Cleft lip can occur on one side (unilateral cleft lip), or on both sides (bilateral cleft lip). When the cleft occurs along the midline of the palate, it is called cleft palate. It may extend throughout the whole palate or affect only part of it.

The following are the figures of cleft lip and cleft palate:

### Cleft Lip

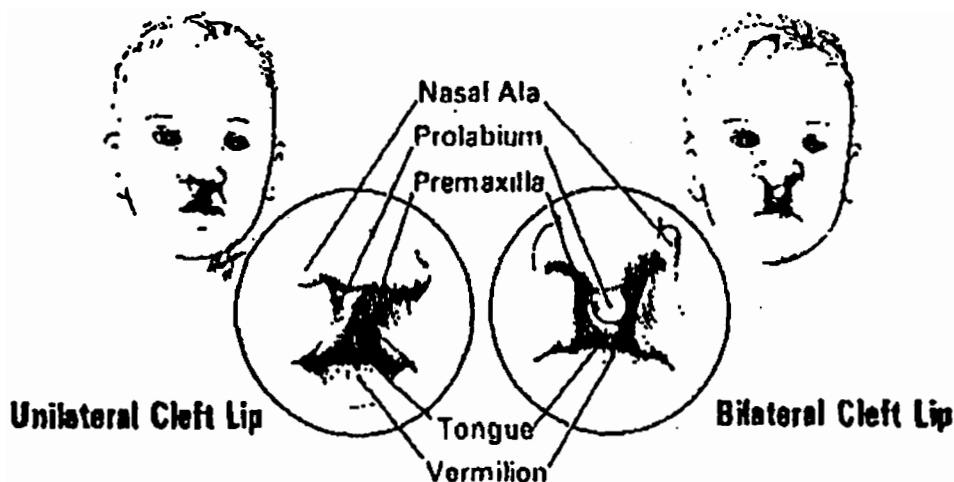


Figure 1. Cleft Lip ([www.cleftline.org/cpf/cleft-lip.html](http://www.cleftline.org/cpf/cleft-lip.html), 2000)

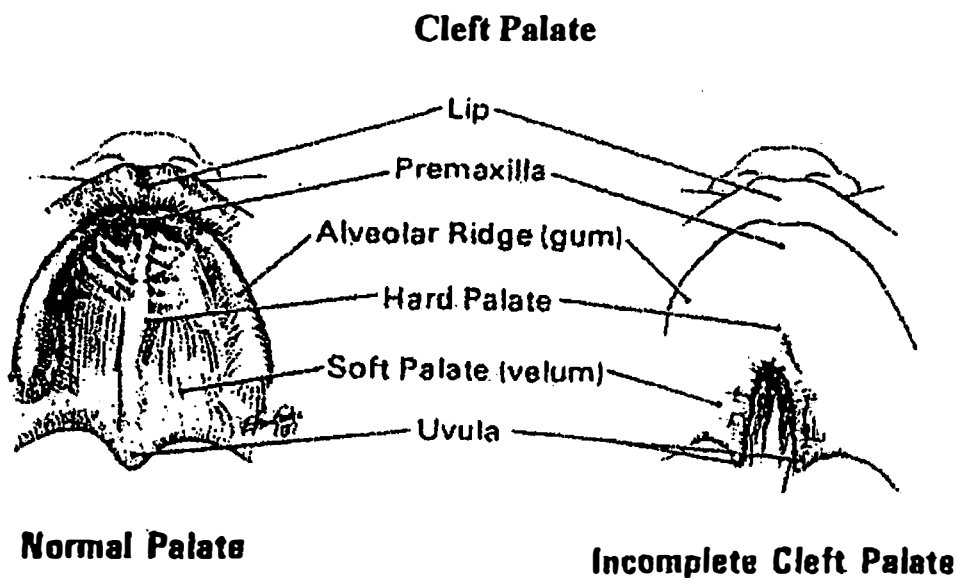


Figure 2. Cleft Palate ([www.cleftline.org/cpl/cleft-lip.html](http://www.cleftline.org/cpl/cleft-lip.html). 2000)

There are two major types of oral-facial clefts. First is cleft lip/palate in which a person has a cleft lip, which is usually accompanied by cleft palate. Second is called isolated cleft palate, in which cleft palate occurs by itself without cleft lip.

The main problem caused by a cleft lip and a cleft palate is difficulty during feeding. Later on in life, problems may occur with speech if the defect is not corrected.

Because of early intervention, many cleft palate children develop fairly normal speech. However, problems of voice quality (often very nasal) and articulation can persist for several years and there may be associated problems of language delay and hearing loss. (Chrystal, 1987: 277)

This study tries to reveal the language phenomenon behind people with cleft lip and those with cleft palate, because their speech may sometimes interferes with communication, call attention to itself, and frustrate both speaker and listener. It is hoped to make the readers have a better understanding toward the phenomenon.

## **1.2. STATEMENT OF THE PROBLEM**

Based on the background of the study above, the problems of the study are stated as follows:

1. Are there any differences in sounds produced by people with cleft lip and people with cleft palate?
2. What are the differences and similarities in sounds produced by the two groups of people?

## **1.3. OBJECTIVES OF THE STUDY**

The objectives of the study based on the statement of the problem above are:

1. To compare the sounds produced by people with cleft lip and those with cleft palate.
2. To find out, if any, differences and similarities in sounds produced by people with cleft lip and those with cleft palate.

#### **1.4. SIGNIFICANCE OF THE STUDY**

This study is intended to be one of the considerations for the speech and language pathologists in carrying out the treatment for patient of oral-facial clefts.

This study also gives contribution to the study of phonetics in general and that of articulatory phonetics in particular.

#### **1.5. SCOPE AND LIMITATION**

The writer focuses the study on the analysis of sounds produced by people with unilateral cleft lip and those with isolated cleft palate and the comparison of the sounds.

#### **1.6. THEORETICAL FRAMEWORK**

Clefts of the lip and palate have very serious consequences because the condition affects not only the ability to eat, but also development of speech.

Children with cleft lip generally have normal or near normal speech. Some children with cleft palate (isolated or as part of cleft lip/palate) may develop speech a little more slowly than other children. Their words may sound nasal and they may have difficulty producing some consonant sounds. (March of Dimes Birth Defects Foundation, 1999)

Since this study is about the speech sounds of people with cleft lip and cleft palate, phonetic theories are used in analyzing the data. Hyman (1975) in his book *Phonology: theory and analysis* stated that

**Phonetics is the study of the sounds made by the human vocal apparatus, in particular of those sounds used in speech. We can call these speech sounds. (Roach, 1991: 1)**

**The writer uses phonetic transcription by Marsono (1986) since the data are in Indonesian. Marsono classifies Indonesian vowel into ten types, diphthong into three types and consonant into eleven types. A broader description about the theories of the study will be presented in the next chapter.**

## **1.7. METHOD OF THE STUDY**

**The writer uses descriptive qualitative research for this study. The idea of qualitative research is to purposefully select informants (or visual material) that will best answer the research question.**

### **1.7.1. PARTICIPANTS OF THE STUDY**

**The participants of this study are three people with unilateral cleft lip and three people with isolated cleft palate. They are Indonesian people and have to be able to read words and sentences since in order to get the data, they are asked to read a list of words in Indonesian. In short, the participants should meet the following requirements:**

- 1. Male and female**
- 2. Suffering from unilateral cleft lip or isolated cleft palate**
- 3. Speaking Indonesian language**
- 4. Able to read words and sentences**

The participants who meet the requirements are: -

**A. Unilateral cleft lip**

**1. A1**

**Age : 38 years old**

**2. A2**

**Age : 29 years old**

**3. A3**

**Age : 23 years old**

**B. Isolated cleft palate**

**1. B1**

**Age : 30 years old**

**2. B2**

**Age : 26 years old**

**3. B3**

**Age : 38 years old**

**1.7.2. DEFINITION OF KEY TERMS**

Some important terms have presumably been explained indirectly in the background so that only the most pertinent terms are defined.

- **Sound : a unit of phonetic description (Hyman, 1975: 8). Sound is transcribed between square brackets ([...]).**

- **Speech sound** : sounds produced by human speech organs.
- **Nasal** : sound made with the soft palate lowered, thus allowing air to resonate in the nose (nasals), e.g. [m], [n], or nasalized sounds, e.g. [a].
- **Palate** : the arched bony structure that forms the roof of the mouth; divided into the hard palate and soft palate (velum).
- **Unilateral cleft lip** : cleft of the lip that occurs on one side.
- **Isolated cleft palate** : cleft that occurs along the midline of the palate without cleft lip.
- **Cleft lip/palate** : cleft that occurs along the midline of the palate with cleft lip.

### **1.7.3. TECHNIQUE OF DATA COLLECTION**

In collecting the data, the first step is making a list of Indonesian words in which consonants and vowels are used in all positions: initial, medial, and final positions. The next step is asking the informants to read a series of words from the data list and recording their speech. Finally, their speech is transcribed.

In short, the procedures in collecting the data are:

1. Making a list of Indonesian words.
2. Requesting the participants to read a series of words from the data list.
3. Recording their speech.



#### 4. Making the phonetic transcription.

#### 1.7.4. TECHNIQUE OF DATA ANALYSIS

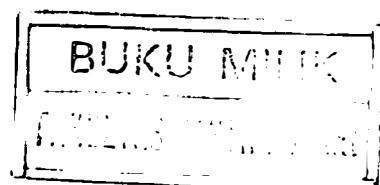
Several procedures are required in analyzing data. Firstly, the writer describes phonetically the distorted sounds produced by people with cleft lip and those with cleft palate. Secondly, the writer tries to identify the similarities and differences between sounds produced by people with cleft lip and those with cleft palate.

In brief, the procedures are:

1. Describing each sound phonetically made by the participants.
2. Identifying the similarities.
3. Identifying the differences.
4. Putting the similarities and differences in tables.

#### 1.8. ORGANIZATION OF THE PAPER

The chapters of this thesis show a structurally important sequence. This thesis begins with Chapter I, Introduction, which consists of eight subchapters: Background of the Study, in which reasons of making this thesis and all aspects of the phenomenon discussed in this thesis are mentioned in general; Statement of the Problem; Objective of the Study; Significance of the Study, which give sort of description concern with this thesis, including its purposes; Scope and Limitation; Theoretical Framework, which shows theories applied in this thesis in general; Method



the Study; Significance of the Study, which give sort of description concern with this thesis, including its purposes; Scope and Limitation; Theoretical Framework, which shows theories applied in this thesis in general; Method of the Study, which explains the type of research conducted by the writer and consists of techniques of data collection and data analysis; and Organization of the Paper.

The next chapter is Chapter II, that is, Literature Review in which the writer elaborates the theories used in this study.

Data and findings acquired during the research are analyzed in Chapter III by using theories elaborated in Theoretical Framework and Literature Review. This chapter is the most crucial part of the thesis. Finally, the result of this analysis will be concluded in the last chapter, that is, Chapter IV, Conclusion.

## **CHAPTER II**

### **LITERATURE REVIEW**