

FIRST LANGUAGE ACQUISITION IN LATE TALKING TODDLERS

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Abstract

This paper is aimed at describing Development Language Delay (DLD) or Late Talking (LT) toddler from the perspective of a normally developing toddler. This study examined when children are identified as normal development or late talking toddlers, characteristics of late talking toddlers, factors influence late taking toddler and how to help children in their language development. The study focused at 2-year-olds with a vocabulary delay whose nonverbal cognitive abilities fell within the normal range for their chronological age. Late talking toddler is a toddler who has a good understanding of language, typically developing play skills, motor skills, thinking skills, and social skills, but has a limited spoken vocabulary for his or her age. Although late talking only limited to speech delay, but it does not receive proper medical treatment/ therapy/ intervention, there will be other disturbances follow it, e.g., disturbances in behavior, psychosocial disorders, poor academic ability, and so on.

Keywords: Vocabulary, Late Talking, Normal Developing Toddler.

INTRODUCTION

The capacity to communicate is the ability and desire to connect with others by exchanging ideas and feelings, both verbally and non-verbally. All people in the world begin to communicate with a baby, even before we can use words, as seen by a baby who cries to tell others about what they need or want. Then, babies continue to develop communication skills when adults respond to their efforts. Because most babies/ toddler learn to communicate to get a need met or to establish and maintain interaction with a loved adult.

Language consists of a set of social standards that show comprehension of the meanings behind words, putting words together in a sentence in order to communicate and understanding commands, directions, and information given by others. Language development in children is amazing. Babies communicate from birth, through sounds (crying, cooing, squealing), facial expressions (eye contact, smiling, grimacing) and gestures/body movements (moving legs in excitement or distress, and later, gestures like pointing). Language is an important skill that allows a person to communicate. But unlucky, there are some toddlers who could not meet and reach a certain milestone in their specific age and it will become a problem. That is why discussing children's language development and the problem is very interesting.

D. J. Thal, Bates, Goodman, & Jahn-samilo (2016) stated that all parents wonder whether their child is normal, they wonder whether he or she is abnormally slow to develop, or so precocious that early celebration is warranted. During their child's first year of life, most parents worry about issues like sleeping, eating, and attainment of motor milestones (especially crawling and walking). During the second year, the focus switches to communication and language.

The purpose of this paper is to describe us about Development Language Delay (DLD) or Late Talking (LT) toddler from the perspective of a normally developing toddler. This study examined when children identified as normal development or late talking toddlers,

characteristics of late talking toddlers, factors influence late taking toddler and how to help children in their language development.

NORMALLY DEVELOPING TODDLERS

Normal developing toddlers are toddlers who show development of their growth normally based on every phase of their age, e.g., they approach or meet the language milestone, they show variability of gesture to establish and maintain the interaction to others, they can share a joining focus of attention with others, they involve in a good social interaction, and so on.

a. Vocabulary Development

Vocabulary acquisition and growth identified to the most important thing in determining children not to be a late talker. In a normal condition, children in 24 months of age have to produce vocabularies more than 50 words.

To determine whether a child is normal, we must have a basic knowledge of speech milestones. Normal speech progresses through stages of cooing, babbling, echolalia, jargon, words and word combinations, and sentence formation. The normal pattern of speech development based on Schwartz (1990) is shown in Table 1.

Table 1. Normal Pattern of Speech Development

No	Age	Achievement
1.	1 to 6 months	Cooing in response to voice
2.	6 to 9 months	Babbling
3.	10 to 11 months	Imitation of sounds; says “mama/dada” without meaning
4.	12 months	Says “mama/dada” with meaning; often imitates two- and three-syllable words
5.	13 to 15 months	Vocabulary of four to seven words in addition to jargon; < 20% of speech understood by strangers
6.	16 to 18 months	Vocabulary of 10 words; some echolalia and extensive jargon; 20% to 25% of speech understood by strangers
		Vocabulary of 20 words; 50% of speech understood by

7.	19 to 21 months	strangers Vocabulary > 50 words; two-word phrases; dropping out of jargon; 60% to 70% of speech understood by strangers
8.	22 to 24 months	
9.	2 to 2 ½ years	Vocabulary of 400 words, including names; two- to three-word phrases; use of pronouns; diminishing echolalia; 75% of speech understood by strangers
10.	2½ to 3 years	Use of plurals and past tense; knows age and sex; counts three objects correctly; three to five words per sentence; 80% to 90% of speech understood by strangers
11.	3 to 4 years	Three to six words per sentence; ask questions, converses, relates experiences, tells stories; almost all speech understood by strangers
12.	4 to 5 years	Six to eight words per sentence; names four colors; count 10 pennies correctly

A Source from Schwartz ER. Speech and language disorders. In: Schwartz MW, ed. Pediatric primary care: a problem oriented approach. St. Louis: Mosby,1990:696–700.

Bates and colleagues (1994) found the types of words in children’s early vocabularies (the first 50 words) reflect everyday experiences and consist mainly of nouns referring to people, food, body parts, clothing, animals, and household items. In this stage, more than 50% of children’s productions consist of nouns. In contrast, verbs and closed-class words (e.g., pronouns, prepositions, and articles) constitute a small percentage of children’s early vocabularies. Some verbs that were observed in early vocabularies include those that reflect the child’s routines such as eat, drink, and kiss. When children have approximately 50 productive words, a rapid, nonlinear increase in productive vocabulary typically is demonstrated and evidence of syntax is usually observed shortly after children reach this 50-word vocabulary milestone. That is, children begin to combine words into two-word phrases when they have an expressive vocabulary of 50 words. By the time children are 2 years of age, they produce approximately 300 words. Bates and colleagues observed that the proportion of verbs increased following the word spurt; however, nouns continue to dominate when children have between 100 and 200 words. Then, children acquired approximately 400 words, an increase in closed-class words (e.g., conjunctions, prepositions).

A case study was done by the writer in 2016 to identify productive words produced by her child who is 17 months. The following list of words prepared in table 2.

Table 2. List of vocabularies who is 17 months of age

Words	Words	Words
<p>Classification: Nouns</p> <p><i>Name of families</i></p> <ol style="list-style-type: none"> 1. Mama (mama) 2. Papa (papa) 3. Kong (mbah kakung) 4. Uti (mbah putri) 5. Kita (bulik/ tante ita) <p><i>Name of animals</i></p> <ol style="list-style-type: none"> 6. Cica (cicak) 7. Meme (kalumeme) 8. Ayam (ayam) 9. Mbing (kambing) 10. Lala' (lalat) 11. Ucing/ cingce (kucing) 12. Buwung (burung) 13. Njing (anjing) 14. Manyu' (yamuk) 15. Unyu (semut) <p><i>Name of persons</i></p> <ol style="list-style-type: none"> 16. Acica (azizah) 17. Jiyan (jihana) 18. La la (naila) 19. Uya (surya) 20. Pal (naufal) 21. Ppi (rafli) 22. Ca (elza) 23. Adi (radi) <p><i>Parts of body</i></p> <ol style="list-style-type: none"> 24. Paya (kepala) 25. Inga (telinga) 26. Yut (mulut) 27. Dung (hidung) 28. Angang (tangan kanan) 29. Yut (perut) 30. Kaki (kaki) <p><i>Other nouns</i></p> <ol style="list-style-type: none"> 31. Cucu (susu) 32. Kuku' (kerupuk) 33. Torl (motor) 34. Obil (mobil) 	<ol style="list-style-type: none"> 35. Koko' (rokok) 36. Itto (laptop) 37. Do do (odong-odong) 38. Caya (saya) 39. Pe' (dompet) 40. Uang (uang) 41. Ta (tas) 42. Oba (obat) 43. Citing (syaitan) 44. Uci (kursi) 45. Dak (bedak) 46. Aum (parfum) 47. Lendang (selendang) 48. Andu' (handuk) 49. Aju (baju) 50. Nna (celana) 51. Popo' (popok) 52. Mperl (pampers) 53. Hape (handphone) 54. io (radio & video) 55. ntu (pintu) 56. mayi (lemari) 57. aci (nasi) 58. ikang (ikan) 59. inang (mainan) 60. mah (rumah) 61. Ntorl (kantor) 62. Ayi (air) 63. Ayung (sarung) <p>Classification: adjectives</p> <ol style="list-style-type: none"> 64. Nnas (panas) 65. Inging (dingin) 66. Nakal (nakal) 67. Tarl (pintar) 68. Caki' (sakit) 69. Aku' (taku) 70. Ngantu' (ngantuk) 71. Ca (bisa) 72. Ape' (capek) 73. Yiyi' (jijik) 74. Acah (basah) 75. Cape' (capek) 76. Gatal (gatal) 	<p>Classification: verbs (action words)</p> <ol style="list-style-type: none"> 77. Mbe' (bombe) 78. Indong (gendong) 79. Pegi (pergi) 80. Keja (kerja) 81. Ntong (nonton) 82. Iku' (ikut) 83. Dudu' (duduk) 84. Tutu (terbentur) 85. Tidu (tidur) 86. Andi (mandi) 87. Kang/ nyam-nyam (makan) 88. Minum (minum) 89. Janjang (jalan-jalan) 90. Beyak (buang air besar) 91. Encing (buang air kecil) 92. Nahi' (naik) 93. Mbi (ambil) 94. Cang (pasang) 95. Buka' (buka) 96. Tutu' (tutup) 97. Apu menyapu & sapu) 98. Uyung (turun) 99. Ayung (ayun) 100. Atu (jatuh) 101. Bo' (cebok) 102. Angisy (menangis) 103. Iyum (cium) <p>Social words</p> <ol style="list-style-type: none"> 104. Hayo (halo) 105. Hai (hai) 106. Cana (di sana) 107. Nne (ini) 108. Da da

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Source from the writer's observation on June 2nd, 2017

The observation was done by the writer prove previous research based on the instrument of MacArthur-Bates Communicative Development Inventory used by Bates and colleagues. The writer resulted from child who is 17 month of age produce more than 50 words (± 108 words), and more than 50% of words production consist of nouns (± 63 words) and the rest of them are verbs include those that reflect the child's routines (± 27 words), adjectives (± 13 words) another social words.

b. Gesture

Communication is divided into verbal (language) and nonverbal communication (gesture). Both of them could be separated because sometimes they are used at the same time. Bates in D. Thal (2016) the earliest correlations are reported between 9 and 10 months when infants begin to demonstrate the first clear signs of word comprehension and intentional communication using both the vocal and gestural modalities. In that period researchers have found correlations between word comprehension and use of deictic gestures such as giving, pointing, and showing. Thus, language and gesture are related in different ways, depending on whether the focus is language comprehension or language production.

c. Joint Attention

The main purpose of language in human interaction is the exchange of thoughts with other people. To successfully communicate with others, children must acquire some basic capabilities, such as sharing a joint focus of attention with other. Joint attention (JA) skills, as part of nonverbal communication, include a child's ability to establish and maintain a shared reference with an interactive partner, as well as to respond to that partner's attention bids. According to Mundy et al. (2007), JA skills are divided into

initiating joint attention (IJA) and responding to joint attention (RJA). RJA refers to the ability to follow the direction of gaze and gestures of others, whereas IJA refers to the ability to use the direction of gaze and gestures to direct the attention of others to spontaneously share experiences. Toddlers with normal development have the capability to give both initiating joint attention (IJA) and responding to joint attention (RJA).

d. Socialization

In resulting a good interaction with our interlocutor, we should have a good socialization in the community to make our communication to be successful. Toddlers with normal development may understand more about how to give more association with other people and they can use their social skill to establish or maintain the socialization in the community.

LATE TALKING TODDLERS

If we googling “18 months old not talking”, we will find thousands of posts by concerned parents seeking advice about their late-talking toddler. Many of these parents, whose child seems to be developing normally in every other way, say that they are told not to worry, that someone in the family didn’t talk until they were 3 or that boys talk late. Other parents say that their doctor has told them to wait until their child is at least two before seeking help. Often, parents’ good instinct is to seek help, but others tell them to wait and see. This can be a very confusing situation for parents who want to do the best for their child.

The “wait-and-see” approach to children who talk late is a result of misconceptions about typical language development. All children develop at their own pace is another common phrase parents come across when looking for an explanation for a child’s delayed development. While children do develop at their own pace to some extent, we know that there are certain milestones which should be reached by a specific age. When they are not reached, this becomes the cause for concern.

Let us look at what the research tells us about the children we call Late Talkers. In this case, we are not talking about children with physical or developmental delays such as

Cerebral Palsy, Down Syndrome or Autism, those with childhood apraxia (difficulty coordinating the muscles used to produce speech) or children with a specific difficulty with understanding and producing language, known as “language delay”.

Who is late talker?

The studies focused 2-year-olds with a vocabulary delay whose nonverbal cognitive abilities fell within the normal range for their chronological age. There are two sets of criteria of late talker based on Desmarais & Sylvestre (2008); In the first classification, the size of the child’s expressive vocabulary was limited, but the child’s comprehension skills were intact and the second classification, much broader, definition is based on a single language criterion, i.e. a delay in expressive vocabulary. This means that a greater proportion of children met the inclusion criteria for the studies, namely children presenting with comprehension deficits.

Lowry (2008) stated that a late talker is a toddler (between 18-30 months) who has a good understanding of language, typically developing play skills, motor skills, thinking skills, and social skills, but has a limited spoken vocabulary for his or her age. The difficulty late talking children have specifically with spoken or expressive language. This group of children can be very puzzling because they have all of the building blocks for spoken language, yet they don’t talk or talk very little. This late talker is a term used to describe children between the ages of 18 to 20 months who have fewer than 10 words and children between ages of 21 to 30 months who have fewer than 50 words and/ or no two-word combinations.

Although late talking only limited to speech delay, but it does not receive proper medical treatment/ therapy/ intervention, there will be other disturbances follow it, e.g., disturbances in behavior, psychosocial disorders, poor academic ability, and so on.

The writer (2016) has observed a late talking toddler who is 20 months of age. He is a male and he has less than 50 productive vocabularies. But, he does not have the motivation to take a joint attention in communication. He never laughs and he looks sick all the time

because he is limp. When someone tries to communicate with him, he does not have the motivation to be more focus on the interlocutor. His oral motor also impaired because he could not walk until now.

Rescola in Paul, Looney, & Dahm (1991) reported that 10% 15% of middle-class toddlers fall to achieve the standard language milestone of use of 50 words and production of two-word combinations at 24 months, suggesting that "late talking" is a relatively common phenomenon.

Factors influence late talking toddlers

There are some opinions have been discussed about factors influence late talking toddler, in this paper the writer combines them from different sources (e.g., Lowry, 2008; Soetjningsih, 1995; Desmarais & Sylvestre, 2008), namely:

1) Family history of early language delay

One of the most significant current discussions in late talking is the role that genes play in the emergence and manifestation of language impairments. Evidence suggests that neurobiological and genetic mechanisms posit a strong role for late language emergence. The family history of language impairments appears to be one of the main risk factors for the presence of delayed language emergence in children. Specifically, children with a positive family history of language impairments run twice the risk of being late talkers compared to children with no similar family history.

2) Language stimulation

The characteristics of the stimulation that children receive from their parents are strongly correlated to other variables. Because such variables influence the quality

and quantity of the stimulation of communication, they also have an impact on the child's language development. Some of these characteristics have been studied in children with a vocabulary delay at age 2 years, in particular parental stress, the mother's level of education, a busy mother and family income.

3) Have been born at less than 85% of their optimal birth weight or at less than 37 weeks gestation

The growth of the brain in premature infants is usually not perfect. A factor that causes the baby was born premature, also inhibit brain growth both in the womb and after the baby was born. The condition of this brain will affect the development of language production.

4) To be male

Language development varies between individuals. Boys generally tend to be more sluggish than girls. Based on research done by professor association from Perth Telethon Institute for Child Health Research in Kompas (2012), researchers measured testosterone levels in cord blood of 767 newborns, before examining their language skills in the first, second and third. Results showed that boys with high levels of testosterone in cord blood, two to three times more likely to experience delays in language. The male fetus is known to have 10 times the circulating levels of testosterone than women.

5) The history of ear infection (otitis media)

The disturbance at the hearing has a correlation to the disturbance of talking. If the child is difficulty hearing, then he/ she will have problems also in understanding, imitating, and using language. One cause of the child's hearing loss is the presence of an ear infection.

6) Bilingual

The use of two languages typically also be the cause of speech delay, but this situation is not too worried. Generally, groups of bilingual children seem to have less vocabulary than children with one language, except in children with high intelligence.

7) Television

So far, watching television in children age of toddler are the factors that make children become passive listeners. When watching television, children will be more being receiver without having to digest and process the incoming information. Additionally, the program contains scenes that are often not understood by children and even actual traumatic watched fight scenes, violence, sexual or events that unexpectedly gives a deep impression because the strong egocentrism in children and because of the cognitive abilities that are still not growing. As a result, in a certain period of time where the brain should get more stimulation from the environment or the parents to then feed it back, but because of the many stimulating television (which does not require any response from the audience), the brain cells that deal with the problem of language and speech development will be delayed.

8) Uncomfortable and quiet environment

Talk is a part of behavior, so the skills acquired through the process of imitation or copying. When the stimulation from the beginning less, and the replicated object did not exist so it can hamper the ability of the children to talk more. The effects will also the same when the children are in the uncomfortable environment, where they will eschew to talk more in that uncomfortable environment.

Characteristics of late talking toddler

There are some characteristics of late talking toddler that can be compared from the perspective of a normally developing toddler. They are mentioned below:

1) Vocabulary

Toddler who are LT are late in producing their first words and do not add new words to their productive vocabularies as quickly as normal development toddler. It is important to understand the nature of early expressive language delay because toddlers who are LT are at risk for continued language difficulties throughout childhood and adolescence. As many as 50% of toddlers identified as LT are later diagnosed with Specific Language Impairment (SLI) and continue to demonstrate significant difficulties with language, including phonology, semantics, morphology, and syntax (Leonard in Macroy-higgins, Shafer, Fahey, & Kaden, 2016).

The vocabulary delay in LT is due to an inability to recognize phonological properties of the lexicon. Children with normal development add new words to their vocabularies that are related semantically; thus, they learn words in a way that builds on existing semantic knowledge. In contrast, semantic networks of children who are LT are less connected; they have more unexpected (*oddball*) or unrelated words in their vocabularies, which suggest they not only show a delay in vocabulary acquisition but also acquire words differently.

2) Social skill

The previous research was done by Paul et al., (1991) resulted the social skills are particularly vulnerable to disruption in children with late expressive language development, even after communication skills have moved into the normal range. The study also found that late talkers (LTs) scored significantly lower not only in expressive communication but also in receptive communication and socialization.

The deficit in social skills is related to the expressive lag through a motivational factor. That is, children with slow speech acquisition may be behind because their drive to socialize is less intense than that of other toddlers, so that both talking and

nonverbal socializing are less developed. Children with slower language acquisition are also less motivated to socialize and interact than other children, and it results in a reduced need to acquire language, even when the opportunity is there.

3) Behavior

In a toddler, reduced social skills lead to a language delay and then to behavioral problems. Carson et al. in Desmarais & Sylvestre (2008) propose instead that language delay is the source of behavioral problems because it makes the child vulnerable on this aspect of his or her development. Some studies highlight vulnerability in L-T to present with behavior problems and that it may have a bearing on their future development means that closer attention must be paid to the link between language and behavior.

4) Gesture

(D. Thal, 2016) stated children delayed in both comprehension and production have been reported to be delayed in all aspects of gesture production. Rescorla & Goossens in D. Thal (2016) supported the statement and argued children in 2-year-olds with specific expressive language delay have been shown to be delayed in spontaneous production of higher level symbolic play, including decentered play and symbolic play transformations.

How to help toddlers with language development

Based on Your Child Development and Behavior website (2016) and Faul, Jan (2016), if parents are aware of the symptoms speech delays in children, then parents should do the following:

- 1) Consult a children's doctor or psychologist about the growth and development of children. Talk to experts on child development and the ability of what can already mastered.

- 2) Give the children a chance to interact and play with their peers. This activity can motivate children to learn to speak as playing with other children need verbal communication skills.
- 3) Talk with and listen to our child. Mom can stimulate the child by communicating with them even though the children have not been able to speak well. Mother could encourage children to read fairy tales and sing a song.
- 4) Teach our child about non-verbal communication (sign language). There are studies to show a correlation between sign language and speech. If nothing else, it stops the huge frustration that children are feeling. Parents can give the illustration like this, “Luis, do you see how Andi is holding her hands up to cover her face? She doesn’t like it when you throw the ball so hard. I know you can throw it softer so she will want to keep playing catch with you.”
- 5) Do not have the Television on in the background. The background noise can actually make it harder for a child. Contrary to what many think, TV in the background does not enhance development. According to Jama Pediatrics in Becky (2016),
“children with frequent television viewing...would have delayed development of meaningful word speech.”
- 6) Read together. Cuddle together for quiet times with a book. Encourage the toddler to turn the pages and to point to what he sees. Ask toddler how the characters might be feeling and wonder together what will happen next. Let our child choose the books. The more interest he has in the book, the more attentive and enjoyable our time together will be. And reading with our child teaches more than literacy and language skills. He is learning that we value his interests and choices and that we love him and enjoy being close to him.
- 7) Narrate what we do as we go through our daily routines. This helps our child connect words with objects and actions. Talk as we play together. With verbal toddlers, we can create a tradition where each family member shares something about his/ her

- day. Ask the child questions about his/ her day. Once he/ she can speak, encourage her/ him to ask somethings too.
- 8) Be a good role model. Teach the word to children with clear pronunciation. Keep children see our lips move when saying those words. For example, “susu not cucu”, “minum not mimi”, “makan not maem, mamam or nyam nyam”.

CONCLUSION

A late talker is a toddler (between 18-30 months) who has a good understanding of language, typically developing play skills, motor skills, thinking skills, and social skills, but has a limited spoken vocabulary for his or her age. Late talking toddler only has fewer than 10 words in the ages of 18 to 20 months and she/ he has fewer than 50 words and/ or no two-word combinations in her/ his ages of 21 to 30 months.

Some researchers have determined that Late Talkers are more likely to have a family history of early language delay, to be male, and to have been born at less than 85% of their optimal birth weight or at less than 37 weeks gestation. There will be other external factors influence toddler to become a late talker.

Although late talking only limited to speech delay, but if parents do not give intervention or therapy or treatment, there will be other disturbances follow it like socialization difficulties and low academic capability. Thus, if parents are aware of the symptoms speech delays in children, then parents should consult a children’s doctor or psychologist about the growth and development of children, give the children a chance to interact and play with their peers, talk with and listen to our child, teach our child about non-verbal communication, be a good role model.

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