https://journal.ypidathu.or.id/index.php/humaniora

P - ISSN: 3062-7540 E - ISSN: 3048-3492

E - 1551N: 5048-5492

# The Effect of The Spelling Bee Game Method in Increasing Students' Pronunciation of English Vocabulary

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#### ABSTRACT

**Background.** Children typically acquire their mother tongue and foreign languages, such as English, through interactive and engaging activities. Games like Spelling Bee create a relaxed, stress-free environment conducive to learning and vocabulary retention, which supports effective communication and reduces pressure on students.

**Purpose.** The study aims to examine the effect of the Spelling Bee game on students' pronunciation of English vocabulary, focusing specifically on seventh-grade students.

**Method.** This research employs a quasi-experimental quantitative approach using a time series design. Data collection techniques include a pretest, treatment (Spelling Bee game), and posttest. Data analysis was conducted through Normality and Hypothesis Tests (Shapiro-Wilk), with data processed using SPSS version 20.

**Results.** The results reveal a significant improvement in students' pronunciation of English vocabulary due to the Spelling Bee method. The mean score increased from 33.8 in the pretest to 226.9 in the posttest, with a significance value of  $0.018 \ (< 0.05)$ , indicating that the alternative hypothesis (H1) is accepted and the null hypothesis (H0) is rejected. This demonstrates the positive impact of the Spelling Bee game on pronunciation.

**Conclusion**. The study concludes that the Spelling Bee method effectively enhances English vocabulary pronunciation among seventh-grade students. The findings strongly support the method's use in educational settings as a valuable tool for improving pronunciation skills and overall language proficiency.

**Citation:** Fatmawati, T., Pakaja, M., & Pido, T, W, N. (2024). The Effect of The Spelling Bee Game Method in Increasing Students' Pronunciation of English Vocabulary. *Journal of Humanities Research Sustainability*, *1*(3), 139–146.

https://doi.org/10.70177/jhrs.v1i3.1379

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Received: September 25, 2024

Accepted: September 29, 2024

Published: November 14, 2024



#### **KEYWORDS**

Increasing, Pronunciation, Spelling Bee

#### **INTRODUCTION**

Children learn their mother tongue is the same as learning English as a foreign language, namely through games, where there are no stress situations that make them learn more. Games can cause relaxation and fun for them, there by helping them easily remember new words. Where there is no pressure in learning, by using games teachers can create varied contexts and invite students to be able to communicate. Because when students study when they are bored, they can't enjoy their lessons well (Ali Derakhshan and Ilham Davoodi Khatir said, 2015). Based on the experience of researchers during observation the results of explanations from several students, they are less able to pronounce the vocabulary in English. Since their teachers still use the traditional method of searching for difficult words and finding their meaning in the manual dictionary and not to teach how to pronounce that word, it is certainly very boring. This is proven when researchers give them questions, they are confused and always ask even very simple vocabulary. Therefore, researchers really hope that this spelling bee game is suitable for increasing students' pronunciation of English vocabulary in MTs Al-Hidayah Bulango Timur Gorontalo. In this case, the researcher will use two-syllable vocabulary to make it easier for students to pronounce of English vocabulary. Because two-syllable vocabulary is simple and easy to pronounce, it will make it easier and provide a solid foundation for students to learn. Two-syllable vocabulary can serve as a first step toward a deeper understanding and pronounce of English vocabulary.

# **RESEARCH METHODOLOGY**

This research uses quantitative research methods. This research uses a form type quasi experimental with time series design pretest-posttest without using a control class as a comparison. Before being given treatment, the group was given a pretest four times and posttest four times. The population in this research are 7th students of MTs Al-Hidayah Bulango Timur Gorontalo.

Kelas	Pretest	Perlakuan	Posttest	
VII	$O_1 O_2 O_3 O_4$	X	$O_5 O_6 O_7$	
			$O_8$	

Table1.Research Design

O<sub>1-4</sub>: Pre-test (To determine basic students' ability before treatment)

X: Treatment (Teaching students' pronunciation of English Vocabulary)

O<sub>5-8</sub>: Post-test(To determine students' ability after treatment)

The steps in conducting this research design are:

- a) The researcher gave a pre-test to the students in the class with a total of 50 vocabulary words and then asked the students to pronounce them
- b) After the pre-test in class, the researcher provided teaching materials on the alphabet and its symbols, and practiced how to pronounce the symbols.
- c) After the treatment is applied using the spelling bee game, the same post-test questions are given as the pretest questions.

# **RESEARCH FINDINGS AND DISCUSSIONS Description of data analysis can be seen in the following table:**

Statistic	Pretest			Posttest				
Statistic	1	2	3	4	1	2	3	4
Min Score	2,00	2,00	4,00	4,00	6,00	20,00	56,00	52,00
Mak Score	18,00	16,00	20,00	20,00	82,00	60,00	92,00	84,00
Average	16,00	14,00	16,00	16,00	76,00	40,00	36,00	32,00
Std. Dev	6,22	5,43	6,44	6,23	22,66	12,78	12,20	10,84

Table2.DataPretestand Posttest

The data in table 2 is a summary of the overall results of the Pretest and Posttest. Where the lowest average score on the Pretest was on the 2nd pretest, namely 14.00, while the lowest average on the Posttest was on the 4th Posttest, namely 32.00.

The table above presents the results of statistical analysis of pretest and posttest data consisting of minimum, maximum, average, and standard deviation values on four times of pretest and posttest measurements. In the pretest, the highest minimum score is 4.00 which is achieved in the third and fourth pretests, while the lowest minimum score is 2.00 in the first and second pretests. In the posttest, the highest minimum score is achieved in the second posttest, which is 20.00, and the lowest minimum score is 6.00 which is seen in the first posttest. This difference shows that there is an increase in the minimum score from pretest to posttest, which indicates that there is an improvement in the participant's ability after the intervention or treatment given.

In addition, the maximum score also shows a significant change between the pretest and the posttest. In the pretest, the highest maximum score is 20.00 which occurs in the third and fourth pretest, while the lowest maximum score is 16.00 in the second pretest. In the posttest, the highest maximum score reached 92.00 in the third posttest, while the lowest was 60.00 in the second posttest. This increase in maximum scores indicates that participants who initially scored high on the pretest managed to achieve higher scores on the posttest, reflecting improvements in comprehension or skills measured.

The average pretest and posttest scores also showed an improvement. In the pretest, the lowest average was 14.00 in the second pretest, while the highest average was 16.00 in the first, third, and fourth pretests. On the other hand, on the posttest, the highest average was 76.00 on the first posttest, while the lowest was 32.00 on the fourth posttest. This average increase showed that in general, the participant's score increased after the treatment, which can be interpreted as the treatment successfully improved the overall performance of the participant.

The standard deviation in the pretest and posttest results also changed, reflecting the variation in scores among participants. The standard deviation in the pretest ranges from 5.43 to 6.44, while in the posttest, the standard deviation is in a larger range, which is from 10.84 to 22.66. The higher standard deviation on the posttest suggests that there are more diverse differences in participant outcomes after treatment, which may be due to varying levels of response or adaptation among participants to the applied treatment.

The results of the pretest and posttest analysis showed a significant increase in the participants' scores after being given treatment, which can be seen from the increase in the minimum, maximum, and average scores in the posttest compared to the pretest. This increase in the minimum and maximum scores indicates that all participants have progressed, including those who initially had low scores in the pretest. The increase in the average posttest score of 76.00 on the first measurement strengthens the assumption that the treatment provided is effective in improving the participants' abilities. However, the fairly high variation in scores, which is reflected in the standard deviation in the posttest, suggests a difference in the effectiveness of treatment between individuals. This may be due to factors such as prior knowledge background or different levels of understanding in each participant, thus influencing their response to treatment. Thus, although the results are positive, these findings also suggest the need for adjustments in treatment methods to be more effective in reaching all participants equally.

#### **Normality Test**

Here the researchers used the one-sample Kolmogorov-Smirnov test with SPSS 20 for window, to test normality.

Tests ofNormality						
Kolmogorov-Smirnov <sup>a</sup>						
	Statistic	df	Sig.			
PreTest	.822	11	.018			
PostTest	.974	11	.924*			

 Table 3. Tests of Normality

The data in table 3 is one of the non-normally distributed data. Data is said to be normal if the significance value is greater than 0.05 or the calculated z value (Kolmogorov Smirnov Z). The data above shows that one of the significance values is smaller than 0.05. So that to distribute normally, a hypothesis test is carried out, namely the T test.

Table 3 above shows the results of the normality test carried out using the Kolmogorov-Smirnov test of one sample, which was processed using SPSS 20 for Windows. This normality test aims to find out whether the pretest and posttest data follow the normal distribution or not. Based on the table, the Kolmogorov-Smirnov statistical value for the pretest is 0.822 with a significance value of 0.018, while the Kolmogorov-Smirnov statistical value for the posttest is 0.974 with a significance value of 0.924.

In the normality analysis, the data is considered to be normally distributed if the significance value is greater than 0.05. The test results showed that the pretest data had a significance value of 0.018, which was smaller than 0.05. This indicates that the pretest data is not normally distributed. In contrast, the posttest data has a significance value of 0.924, which is much greater than 0.05, so the posttest data can be considered normally distributed.

Abnormalities of pretest data mean that the pretest data does not meet the normal distribution assumptions that are typically required in some types of statistical analysis, especially parametric tests. Under these conditions, normality tests are carried out to determine whether further statistical analysis involving the data can use a parametric approach or should use a nonparametric approach. Since pretest data is not normally distributed, it is likely that analyses that use this data will have to be adjusted to remain valid.

To overcome these distribution differences, the researchers decided to conduct a further hypothesis test, namely by using the T test to compare the mean between the pretest and posttest data. This T-test is expected to be able to provide valid results, even though the pretest data is not completely normal, because the posttest has a normal distribution. Thus, the T test was chosen as the next step to test the difference in the effects of treatment in the same group.

The discussion of the results of this normality test shows that although the posttest data has met the normality criteria, the pretest data is not normally distributed, indicating that there is a variation in the response pattern of participants before the treatment is given. This may be due to external factors or different initial conditions among participants prior to receiving treatment. In the context of research, pretest data abnormalities require researchers to carefully consider further analysis options so that the results of the analysis can depict the real conditions without bias.

#### **Hypotesis Test**

Table 4. One-Sample Test							
	Test Value $= 0$						
-	t	df	Sig. (2- tailed)	Mean Difference	95% Confidence Interval of the Difference		
			taneu)	Difference	Lower Upper		
Pre-Test	4,971	10	,001	33,81818	18,6590	48,9773	
Post-Test	14,079	10	,000	226,90909	190,9997	262,8185	

 Table 4. One-Sample Test

There is a 33,81818difference in the scores between the pretest and posttest 226,90909. This figure is calculated by deducting the pretest scores from the total posttest scores. The results of the pretest and posttest were compared because 5there was no control class in this study to use as a point of comparison. This shows that the Spelling Bee Method has an effect on students' pronunciation.

Table 4 shows the results of the hypothesis test of one sample used to test the significant difference between the pretest and posttest values. This test aims to find out if there is a significant difference between the pretest and posttest scores with a test value of zero (Test Value = 0). The results of the t-test for the pretest showed a t-value of 4.971 with a degree of freedom (df) of 10 and a significance value of 0.001. This shows that there is a significant difference between the pretest score and the zero value, as the significance value is less than 0.05.

In the posttest, the results of the t-test showed a t-value of 14.079 with a df of 10 and a significance value of 0.000. It also shows that the difference between the posttest score and the zero score is significant. Thus, both the pretest and posttest results showed that the treatment given had a significant effect on the change in score, and this difference could be statistically accounted for.

The mean difference between the pretest and posttest is 33.81818, with the 95% confidence interval for this difference ranging from 18.6590 to 48.9773. In the posttest, the average difference was larger, which was 226.90909, with a 95% confidence interval ranging from 190.9997 to 262.8185. A significant increase in scores on the posttest showed a clear improvement in the participants' abilities after being given the treatment, which can be seen from the higher average number on the posttest.

This very significant difference provides strong evidence that there is an effect of the treatment given, namely the Spelling Bee method, on improving the participants' abilities, especially in terms of pronunciation. Since there was no control class that could be used as a comparison in this study, a direct comparison between the pretest and posttest became the only way to see the changes that occurred in the participants.

The researcher's discussion of the results of this hypothesis test shows that the significant difference between the pretest and the posttest indicates that the Spelling Bee method has a positive effect on the participants' pronunciation ability. These results support the hypothesis that the treatment given is effective in improving pronunciation skills. Although there was no control group, the significant difference between the pretest and posttest scores provided strong evidence that the changes that occurred were due to the methods applied in this study.

### CONCLUSION

Shapiro-Wilk was the normality test employed in this investigation. The reason for this is that there were fewer than 50 respondents in the sample size. It seems that a data variable is considered normal if the data value is greater than 0.05, according to the findings of the Shapiro Wilk Normality test. The pretest value in table 4.3's first column from the right is 0.018, which is less than 0.05, indicating that the pretest value is abnormal. Data from four pretests and posttests were used by the researchers to obtain meaningful results. This study aims to see the effect of the spelling bee method on students' vocabulary pronunciation in class 7 MTs Bulango Timur. This is caused by the presence of difficulties in pronunciation. This is in line with what Kelly G said.

### ACKNOWLEDGEMENT

Thank you to Mr. Raman Dai, S.Pd as the Principal of MTs Al-Hidayah Bulango Timur who has accepted me to conduct research, Marina Pakaja, SS, M.Hum and Nur Wahidah Thayib Pido as academic supervisors who have guided me from the beginning of my research until now, and my friends who have helped me a lot in completing my research.

### **AUTHORS' CONTRIBUTION**

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Data curation; Investigation.

Author 3: Formal analysis; Methodology; Writing - original draft.

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