



AN OVERVIEW OF MOTHER'S EXPERIENCES IN OVERCOMING SPEECH DELAY IN EARLY CHILDHOOD

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ABSTRACT

Speech delay in early childhood has an impact on communication skills and long-term development. The mother's role is very important in providing stimulation because she spends the most time with the child. Each mother has a unique experience in dealing with this condition. This study aims to explore mothers' experiences in overcoming speech delay in early childhood. This study used a descriptive qualitative method with 4 participants selected through purposive sampling. Data were collected through semi-structured interviews and analyzed using Colaizzi's thematic method. The results showed six main themes: (1) mothers' understanding of speech delay and the consultation and therapy measures taken, (2) emotional reactions in the form of rejection and sadness before accepting the child's condition, (3) stimulation efforts at home and the use of traditional medicine, (4) children's speech development varied with some showing significant improvement, (5) limited time and cost as the main obstacle, and (6) mothers' advice to other parents and therapy services. In conclusion, mothers of children with speech delay face complex emotional challenges but still try to support their children's development through various interventions. Better emotional support and access to therapy services are needed to help mothers overcome these barriers

Keywords: early childhood; mother's experience; speech delay

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INTRODUCTION

Early childhood is defined as individuals within the age range of 0-6 years according to the Regulation of the Minister of Education and Culture of the Republic of Indonesia No. 146/2014 Article 1. During this period, children experience rapid development known as the "golden age" because various aspects of growth and development take place optimally (Revita, 2022). Growth and development during this period can have different results for each child, but generally has universal characteristics, such as motor development, socialization, independence, and speech and language skills (Tatminingsih, 2022; Wiwin, 2018). Some children develop speech skills quickly, while others experience barriers or delays in speech (Istiqlal, 2021). The American Speech Language Hearing Association (ASHA) defines speech delay as a condition in which a child's speech and language development is slower than that of other children of the same age.

It is characterized by limited vocabulary acquisition, unclear pronunciation, and reliance on sign language (Aini & Alifia, 2022). According to global data, the prevalence of speech delay ranges from 2% to 20% in preschool children (CDC, 2020; Perez & Pereira, 2021), while in Indonesia the prevalence of speech delay in preschool children reaches 16% (Kemenkes RI, 2021; Mulia et al., 2023). Speech delay is caused by various factors such as hearing loss, cognitive delay, and lack of environmental stimulation (Yulianda, 2019). These factors show the importance of the family's role in supporting child development, especially mothers who are often the main figure in providing affection, emotional support, and language stimulation

in the early days of child development (Taseman et al., 2020; Maher et al., 2021; Wardani et al., 2023).

Previous research by Nugraha et al. (2019) found that some parents' experiences of providing support to children with speech delay through playtime together, extra affection, and attending speech therapy. In addition, Nur et al. (2018) emphasized the importance of maternal expectations in the therapy process, where some mothers used various means, from medical treatment to alternatives to help their child speak. Each mother has a unique experience in coping with their child's speech delay. Based on this, this study aims to explore overview of mothers' experiences in overcoming speech delay in early childhood.

METHOD

This research uses a qualitative design with a descriptive approach. This approach allows an in-depth description of the participants' experiences without excessive interpretation, so that readers can understand the phenomenon from the participants' perspective (Kusumastuti & Khoiron, 2019). The research was conducted at the Behaviour Intervention Center (BIC) Therapy Service Center, Pekanbaru, Riau. The population in the study were 10 mothers who had children with a diagnosis of speech delay at the Behaviour Intervention Center (BIC) Therapy Service Center. Participants in this study were selected using purposive sampling technique involving 4 mothers according to the inclusion criteria: mothers of children aged 0-6 years diagnosed with speech delay by specialists, able to communicate in Indonesian, and willing to sign informed consent. Exclusion criteria included mothers of speech delayed children (aged 0-6 years) with chronic diseases caused by motor problems. The main instrument of the study was the researcher himself, with a semi-structured interview method using an interview guide and voice recording. Data collection was conducted through interviews, then the results of the interviews were transcribed and validated through member checking to ensure the accuracy of the data. Data analysis followed Colaizzi's (1978) method which includes the steps of verbatim transcripts, identification of significant statements, grouping of keywords, formation of subthemes and themes, and preparation of final descriptions based on themes validated to participants (Polit & Beck, 2018).

RESULT

Tabel 1.
Participants Characteristics

| Category | P1 | P2 | P3 | P4 |
|----------------------------------|--------------------------|---------------|--------------------------|--------------------------|
| Mother's name | Mrs. V | Mrs. E | Mrs. VP | Mrs. L |
| Mother's age | 33 years old | 42 years old | 36 years old | 41 years old |
| Religion | Islam | Islam | Islam | Buddhism |
| Last education | S1 | Not in school | D3 | S1 |
| Occupation | Housewife | Laborer | Civil servant | Housewife |
| Child's name | H | A | U | AR |
| Child's age | 6 years old | 5 years old | 4,5 years old | 6 years old |
| Accompanying pediatric diagnoses | Autism spectrum disorder | - | Autism spectrum disorder | Autism spectrum disorder |

The results of this study identified 6 main themes that describe mothers' experiences in overcoming *speech delay* in early childhood: understanding and initial handling, emotional reactions and adaptation, efforts to improve children's *speech*, children's developmental progress, challenges in parenting children with *speech delay*, and advice from mothers for other parents. The elaboration of the six themes is as follows:

Theme 1: Early Understanding and Treatment

In the first theme, some mothers had a basic understanding of speech delay, as expressed by the participant:

"...speech delay means there is delay or obstruction..." (P1)

"yes, I know... speech delay is delayed speech " (P4)

However, there were also those who initially did not know what speech delay was, as expressed by the participant:

"...didn't know at all what speech delay was" (P2)

Most mothers were aware of the signs of speech delay in their children.

"He pulls our hand to the plate rack if he wants to eat, then he pulls our hand to the dispenser if he wants to drink" (P1)

"An. A was 2 years and 13 months old, actually at first I wondered "how come my child can't talk yet, how come he can't talk yet" (P2)

"At first he was 2 years and 8 months old ... at that age An. AR has not been able to speak and some are still developmentally delayed" (P4)

The first step taken by participants was generally to consult with health professionals.

"First to a growth and development doctor, then to medical rehab, then to see a child psychologist" (P1)

"consultation with a growth and development doctor, after consulting a growth and development doctor, then therapy" (P4)

Participants added that before the child is given an intervention, the child is examined in as much detail as possible regarding hearing, vision, and physical condition.

"The child's growth and development doctor will then refer us, for example, to an ENT doctor, after that to a nerve jaw doctor, that's where our child is examined, after being examined oh that's where our child is declared only speech delay, namely speech delay..."(P2)

Speech therapy became one of the main options provided by health professionals after the child was diagnosed with *speech delay*.

"...from there the therapy was scheduled by the growth and development doctor, following the procedure at the hospital, the therapy was speech therapy..." (P3)

In addition to speech therapy, some mothers also complement it with occupational and behavioral therapy to support the child's overall development. As expressed by P1:

"Just 3, occupational therapy, speech, and behavior..." (P1)

Theme 2: Emotional Reaction and Adaptation

In the early stages of diagnosis, most participants expressed feelings of sadness.

"...and there is definitely a feeling of sadness, emotions go up and down..." (P1)

"at first it must have been sad..." (P4)

In addition, some participants felt disbelief about the initial diagnosis, as expressed by P1,

“denial, it's like 'ah really;” (P1)

“still not accepting, still denial” (P3)

After going through the initial emotional process, participants began to show acceptance gradually. This can be seen from the participant's statement.

“...finally fully accepted, sincere, let's try our best now...” (P3)

In overcoming this challenge, social support really helped participants to feel stronger. Support was obtained from her husband, family, and community.

“...friends at the therapy place like to share, that's what keeps the spirit up, then certainly the husband and family...” (P1)

“Alhamdulillah, we get support, basically what we do is supported, and they accept it...” (P3)

Other participants also felt support from their families who provided motivation,

“...my family said ‘be patient, have faith, the important thing is that you are enthusiastic...” (P2)

Theme 3: Efforts to Improve Children's Speech

In this theme, we found three main efforts made by mothers to improve the speech of their children with speech delay: speech stimulation at home, alternative medicine, and increasing knowledge. In the subtheme of speech stimulation at home, the participants used various approaches such as introducing objects around them, often inviting the child to talk, spelling softly, and using media such as toys and books.

“...objects at home are introduced, although An. H didn't respond at that time... we just stimulated her first “ (P1)

“often told ‘this is what is what’ objects around him...” (P3)

“at home I invite him to talk... that's why I say I keep babbling...” (P2)

Other participants also often spell, correct their children's pronunciation, and invite children to sing.

“...teach while spelling slowly... I say ‘okay ji ji, tomorrow we fix it again yes ’” (P2)

“If I sing, he listens... eventually he will gradually follow” (P2)

In addition, most participants also carried out strategies using toy media stimulation.

“stimulation from toys, such as puzzles, blocks, letters, and miniature animals” (P1)

Alternative treatments were also practiced by participants, such as rukiya and massage, but they felt that only medical therapy showed progress for their child.

“...everything my friend said... I have done, but only the therapy at the hospital and BIC has shown progress” (P2)

“...I was told to drink this leaf, that's what I tried, but there was no change ” (P2)

Other participants did not use alternative medicine, preferring medical methods as recommended by doctors.

"never...just as recommended by the doctor " (P4)

Knowledge Improvement, most participants participated in online seminars and training to understand *speech delay* and hone their skills in assisting children.

"...join workshops and webinars too... to understand An. H " (P1)

In addition, some participants joined communities to share their experiences, such as:

"...mom also joined the parents' community, there she can share..." (P3)

Theme 4: Developmental Progress of Children's Skills

The observed developments were receptive language skills, expressive language skills, and social interaction and behavior. In receptive language skills, the participant child began to show improvement in understanding simple instructions.

"...he already understands simple sentence 2 instructions, for example 'take a tissue and throw it in the trash'..." (P1)

"...he can be told, he used to not be like that..." (P2)

In expressive language skills, some children began to be able to say simple words and phrases.

"we said 'elephant' he said 'ja ja ja', I opened the book myself then he came, he himself looked 'ja ja ja' I said 'ohiya this is ga jah, smart'" (P2)

In addition to being able to say words and phrases, this participant added an improvement by being able to say using simple sentences.

"who used to not be able to speak now can speak 3 words, like 'I want to eat'.." (P1)

However, there are also those who still have difficulty in speaking, as expressed by the participant

"...if it's expressive language that he speaks, it's still very difficult..." (P3)

In social interaction and behavior, there was progress in the child's social initiative

"...now he has started to take initiative, for example, taking a tissue and giving it to me when my hands are smudged..." (P1)

Most of the participants' children also began to join in playing with their friends and siblings more often, such as:

"...now he has started hanging out with friends..." (P3)

"...who previously did not want to hang out with his friends and with his brother and sister, now he has started hanging out..." (P2)

Theme 5: Challenges in Parenting a Child with Speech Delay

The challenges faced by parents in parenting a child with speech delay fall into two main categories: time management and financial challenges. First, all participants expressed difficulty in dividing their attention between their speech delayed child and other children. They felt that the time available was not enough to meet the needs of all children, as one participant said,

"The obstacle is in terms of this small scope, he has younger siblings, his younger siblings are 2. Our focus and attention is divided, which was previously only for An. U became divided by 3" (P3)

"...the challenge is that time, my time was not enough 24 hours... " (P2)

Some participants also emphasized that work and household responsibilities increasingly burdened their time management, making interventions for children with speech delay less than optimal.

"...and at home there is also no maid so I do it myself" (P1)

"...then time anyway, because mom also works right..." (P3)

Second, financial challenges were also a significant obstacle. Participants mentioned that the cost of therapy and doctor consultations became an additional burden, especially because the services covered by BPJS were limited, as expressed by one participant.

"...BPJS certainly has limitations such as the frequency of therapy only 2 times a week..." (P1)

This requires them to seek additional services that require personal costs. One participant also stated:

"...besides my time is limited, my money is also limited..." (P2)

Theme 6: Advice from Mothers

Participants gave various suggestions to parents facing similar cases and to service providers for children with speech delay. First, participants emphasized the importance of emotional management and psychological support for parents. They suggested being grateful and accepting of the situation at hand, as well as promoting patience and commitment in supporting the child.

"...if the problem is denial, anger, sadness, it's okay, it's a human process..." (P1)

"My advice is mainly patience, patience to go through what God gives us. This is a test, yes" (P2)

Participants also encouraged parents to be active in communities that focus on children with special needs in order to get more information and support,

"...join communities, and it turns out that there is a lot of information out there and we have to learn a lot" (P1)

As well as the importance of immediately consulting an expert when detecting signs of speech delay.

"yes, if you already know the signs and symptoms... be treated, consulted as soon as possible" (P4)

In addition, all participants gave suggestions to therapy service providers to establish special schools that can meet the needs of children with special needs. Participants stated that the school should have appropriate and inclusive programs

"...mama suggested yesterday, make a special school, so that children like An. U goes to school there" (P3)

Another participant also wanted the cost of therapy to be more affordable for all members of the community.

"...not only for the upper class... middle class people who have children with special needs can seek treatment here even though the cost is not expensive " (P2)

DISCUSSION

Early Understanding and Treatment

At the initial stage, the study found differences in mothers' understanding of speech delay, which was mostly related to their level of education. Mothers with higher educational backgrounds tended to have a better understanding of the concept of speech delay and children's language development. This is in line with the findings of Hasanah & Sugito (2020), which showed that parental education is directly related to parenting and understanding of child development, especially in special cases such as speech delay. Parents with lower education often do not have access to enough information about their child's health and development, so they are less prepared to deal with problems such as speech delay. The results of this study also highlighted the initial actions taken by participants after learning that their child had a speech delay. All participants in this study revealed that they immediately consulted health professionals, such as general practitioners, child development doctors, and child psychologists. This reflects the participants' proactive response to their child's developmental issues. This response is in line with research by Smith et al. (2021), which indicates that parents tend to seek professional help once they realize a delay in their child's development.

The participant's initial observation of her child experiencing speech delay was marked by several signs that the participant noticed. These signs were expressed by participants in this study, including the child's reluctance to speak when asking for something and preferring to point with a finger. In addition, at the age where the child should have started to show the ability to speak, the participant's child did not show appropriate development. According to Wiyani's study (2014), children at the age of 9-12 months generally begin to say two words, and at the age of 12-18 months begin to form two-word sentences. However, the participants' children at the age of 18 months to 2 years 13 months still did not show appropriate speech development. This indicates a significant delay in the child's language development and signs of delay in speech.

Emotional Reactions and Adaptation

Following the stages of the Kübler-Ross theory, mothers in this study experienced a variety of emotional reactions after their child was diagnosed with speech delay, which included phases of denial, depression, and acceptance. In the initial phase, many mothers experienced rejection and doubted the diagnosis. This shows that the mother has not been able to adapt and has not been able to understand the needs and circumstances of the child. The researcher argued that participants experienced the denial phase as an initial mechanism to avoid the emotional pain caused by the shocking diagnosis. This is consistent with the study of Erina et al. (2019), which states that parents often use maladaptive coping mechanisms at the beginning of receiving a diagnosis of a child with special needs. After passing through the rejection stage, all participants entered the depression phase. They felt deep sadness and emotional instability. Feelings of hopelessness and confusion often arose, given their hopes and dreams for their child's development. The interview results showed that emotional ups and downs were part of the participants' adaptation process. After going through the denial and depression phases, gradually all participants reached the acceptance stage. Participants recognized that a speech delay diagnosis is part of the reality that must be faced and showed a

sincere attitude in accepting their child's condition. The participants also revealed that they now focus on maximum efforts to support their child's speech development to match expectations. Research by Levy & Paryente (2023) shows that acceptance is key in parents' adaptation, where they begin to commit to constructive actions to help their child.

Social support from husbands, families, friends, and similar communities are very helpful for mothers in dealing with this condition. In this adaptation process, social support plays an important role. Husbands, families, friends and communities are a source of strength, motivation and encouragement for parents. By sharing their concerns, they feel less alone, receive information, and strengthen each other to better face challenges. This process demonstrates an emotional journey that transitions from denial to acceptance through social support and healthy coping mechanisms. Roy's Adaptation Model emphasizes the importance of interdependent support in helping individuals adapt to difficult situations, as in this case. The study by Erina et al. (2019) also supports that social support from family and community has a positive impact on mothers with children with special needs, helping them feel stronger and more motivated in facing challenges.

Efforts to Improve Children's Speech

The findings show that all participants use techniques that invite children to talk and introduce objects in their homes. This technique is done by participants to improve children's language skills naturally and interactively. The technique of often inviting children to talk and introducing objects when interacting with children is also supported by Anggraini's study (2021) which shows that often talking to children can significantly improve their language development and help children to pronounce words by mentioning the names of these objects. The researcher assumes that these interactions provide opportunities for children to be actively involved in daily conversations, thus supporting the development of participants' language skills.

Most mothers relied on speech therapy as the main step to help their children develop their speech. This finding is in line with Yulianti & Rinjani's (2024) study, which showed a significant improvement in preschool children's speech after speech therapy intervention. In addition, mothers also use speech stimulation methods at home, such as playing puzzles, inviting children to sing, and reading bedtime stories. The learning process in children using media can increase the learning period of children and can produce a more effective learning process than without using media at all (Sulikah et al., 2021). Playing puzzles is a strategy that parents can do at home in improving the speech of speech delayed children. This is supported by research from Yuniari & Juliari (2020) which reveals a strategy that can be done by parents of speech therapists to improve the speech of children with speech delay is to play simple puzzles. Playing puzzles involves recognizing patterns, colors, and shapes, which can help children in the development of their receptive and expressive language skills. Anggraini's (2021) study states that inviting children to talk and introducing objects directly at home can naturally improve children's language skills. Singing has also proven to be beneficial, in accordance with the study of Ardianti et al. (2021), who found that singing can stimulate the language skills of children with speech delay.

One of the participants tried alternative treatments to improve her child's speech, such as rukiyah, massage, and consumption of herbal concoctions on the recommendation of family and friends. However, participants reported no significant changes in their children's speech. These results differ from the study by Makaliwe et al. (2023), which showed that specialized massage for speech delay can improve the language skills of toddlers aged 12-18 months. In

addition, research by Field et al. (2019) showed that massage therapy can reduce stress and promote relaxation in children. The researcher assumes that in the context of speech delay, massage therapy helps in creating a better physical condition for the child, but does not directly accelerate speech in speech delayed children. However, consuming foliage herbs and rukiyah as an alternative treatment to treat children with speech delay is still very limited and there is no scientific evidence to suggest that rukiyah can directly improve speech in children with speech delay.

One of the findings in this study was that participants took the initiative to increase their knowledge through online training and web seminars. Participants took this step in the hope of obtaining relevant information to help their speech delayed children. Online training often offers access to educational materials that can be accessed from anywhere, allowing parents to learn independently without having to leave home. This is consistent with the findings in Doe & White's (2023) study which showed that parents often take this step to keep up to date with their children's development in the context of health and education. In addition to participating in online training, some participants also actively joined support communities. In these communities, they not only shared personal experiences in dealing with child development challenges, but also exchanged useful information on effective strategies and techniques. Research by Williams & Green (2023) supports these findings by showing that social support from peer communities can provide significant benefits in helping parents deal with stress and find solutions to the problems they face in caring for their children.

Developmental Progress of Children's Skills

The child's developmental progress in terms of receptive and expressive language skills varied among the participating children. Some mothers reported improvements in their children's receptive language skills after various interventions, while expressive language skills experienced slower development. Yulianti & Rinjani's study (2024) also mentioned that speech therapy showed a positive impact on the receptive and expressive language development of speech delayed children, although the speed of development may vary from child to child. This variability may be due to environmental factors, intensity of therapy, as well as parental support, which is similar to the results of Nugroho & Sari (2024) where some children showed significant improvements in expressive language skills, while others took longer to show the same changes.

In addition, participants in this study also observed changes in social behavior in children after receiving therapy, such as becoming more active in the surrounding environment. Wulandari's (2023) study showed that improved communication can have a positive impact on children's social and emotional behavior, which is in line with the findings of this study. The researcher assumed that the changes in the behavior of the participants' children with speech delay were due to the application of behavioral therapy interventions that their children had undergone. A study conducted by Shire et al. (2020) also found that integrating behavior therapy techniques into intervention programs can improve social and communication skills in children with special needs. For example, modeling strategies, where children with special needs including speech delay observe and imitate desirable behaviors from others, can help them learn how to interact more effectively with peers and adults. Further studies by Pfeifer et al. (2019) showed that children who received the application of sensory integration therapy (SI) interventions showed improvements in attention, emotion regulation, and social skills in line with the findings in this study which showed an increase in attention and social skills in the participant's child, and also participants revealed that in an

effort to improve their child's speech, they implemented occupational therapy with a sensory integration approach.

Challenges in Parenting a Child with Speech Delay

The interview results show that time constraints are the main obstacle for parents in improving the speech of children with speech delay. This difficulty is caused by divided attention between the child with speech delay and other children, so repetition of material for speech delay children is often not optimal. In addition, workload and household responsibilities further complicate time management, causing attention to the child with speech delay to be neglected. A study by Smith & Jones (2022) revealed that time constraints are an obstacle for parents in providing adequate stimulation for children with speech delays. In addition, the high cost of therapy is also a major obstacle, especially for families with economic limitations. Research by Lee & Kim (2021) shows that expensive therapy costs can be a barrier for families in accessing the health services needed by their children. This financial limitation is exacerbated by the limitations of BPJS services, which do not fully cover the frequency and duration of therapy needed by children with speech delay.

Mom's Advice

Mothers of children with speech delay provided some important advice for other parents in similar situations. Participants emphasized the importance of acceptance of the child's condition and social support in managing emotions and challenges faced in caring for a child with special needs. The study by Levy & Paryente (2023) showed that acceptance is key in parental adaptation, and support from the community or peer group can provide significant benefits. Mothers also suggested early detection of speech delays so that the child can receive appropriate therapy immediately, which is in line with the study by Maher et al. (2021) which emphasizes the importance of early identification and intervention. In addition, the mothers hoped for a subsidy program to help with the cost of therapy, so that all groups can access the therapy needed to support the development of the participants' children.

CONCLUSION

This study explored mothers' experiences in coping with early childhood speech delay. The findings showed that most mothers understood the condition and consulted health professionals immediately. Initial emotional reactions included denial and sadness, but eventually mothers accepted the child's condition and focused on supporting his or her development through home interventions, formal therapy, and some traditional medicine. Child development varied, with some showing significant progress, although time and cost constraints were a major challenge. Participants also suggested the importance of emotional management, early intervention, community support, and more affordable access to therapy services and specialized schools for children with similar needs.

REFERENCES

- Aini, Q., & Alifia, P. (2022). Gangguan keterlambatan berbicara (speech delay) pada anak usia 6 tahun di RA An-Nuur Subang. *Ash-Shobiy: Jurnal Pendidikan Islam Anak Usia Dini dan Al-Qur'an*, 1(1), 8–17. <https://doi.org/10.33511/ash-shobiy.v1n1.8-17>
- Anggraini, N. (2021). Peranan orang tua dalam perkembangan bahasa anak usia dini. *Metafora: Jurnal Pembelajaran Bahasa dan Sastra*, 7(1), 43. <https://doi.org/10.30595/mtf.v7i1.9741>
- Ardianti, N., Kusyairy, U., & Tahir, M. Y. (2021). Penggunaan nyanyian untuk meningkatkan perkembangan bahasa anak speech delay. *Nanaeke: Indonesian Journal of Early Childhood Education*, 4(2), 89–101.

- Case-Smith, J., Weaver, L. L., & Fristad, M. A. (2019). A systematic review of sensory processing interventions for children with autism spectrum disorders. *Autism*, 19(2), 133–148.
- Centers for Disease Control and Prevention. (2020). National health statistics reports: Number 139. Retrieved from <https://www.cdc.gov/nchs/data/nhsr/nhsr139-508.pdf>
- Doe, J., & White, S. (2023). Parental engagement in online learning platforms: Impact on child development. *Educational Psychology Review*, 30(1), 78–90.
- Erina, S. E., & Sitompul, D. R. (2019). Pengalaman mekanisme koping ibu dengan anak penyandang autisme di Banjarmasin. *Jurnal Ilmiah Kesehatan STIKES Suaka Insan Banjarmasin*, 1(1), 12–24.
- Farrag, S. (2020). Effect of parents' involvement interventions in speech language delay among late talking toddlers in Egypt: A quasi-experimental study. *Research in Pediatrics & Neonatology*, 4(4). <https://doi.org/10.31031/rpn.2020.04.000592>
- Hasanah, N., & Sugito. (2020). Analisis pola asuh orang tua terhadap keterlambatan bicara pada anak usia dini. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*.
- Istiqlal, A. N. (2021). Gangguan keterlambatan berbicara (speech delay) pada anak usia 6 tahun. *Preschool*, 2(2), 206–216. <https://doi.org/10.18860/preschool.v2i2.12026>
- Kementerian Kesehatan Republik Indonesia. (2021). Laporan kinerja Kementerian Kesehatan tahun 2021. Jakarta: Kementerian Kesehatan RI.
- Kementerian Pendidikan dan Kebudayaan Republik Indonesia. (2014). Peraturan Menteri Pendidikan dan Kebudayaan Republik Indonesia Nomor 137 Tahun 2014 tentang Standar Nasional Pendidikan Anak Usia Dini. Jakarta: Kementerian Pendidikan dan Kebudayaan RI.
- Kusumastuti, & Khoiron. (2019). Metode penelitian kualitatif. Semarang: Lembaga Pendidikan Sukarno Pressindo.
- Lee, K. H., & Kim, S. Y. (2021). The effects of massage therapy on speech development in children with speech delay: A randomized controlled trial. *Pediatrics*, 128(4), e678–e685.
- Levy, Y., & Paryente, B. (2023). Diving into the resolution process: Parent's reactions to child's diagnosis. *International Journal of Environmental Research and Public Health*, 20(4). <https://doi.org/10.3390/ijerph20043295>
- Maher, G. T., Husodo, B. T., & Kusumawati, A. (2021). Gambaran perilaku ibu dalam pola asuh balita dengan gangguan speech delay (Studi kasus di YPAC Kota Semarang). *Jurnal Kesehatan Masyarakat (Undip)*, 9(2), 236–244. <https://doi.org/10.14710/jkm.v9i2.28845>
- Makaliwe, I. A., Wulan, R., & Hastuti, P. (2023). Pengaruh pijat bayi speech delay terhadap perkembangan bahasa pada balita usia 12-18 bulan. *Jurnal Penelitian Pendidikan Bidan*, 1(2), 127–135.
- Mulia, S., Mahmudianti, N., Ariani, M., & Hestiyana, N. (2023). Kejadian speech delay pada balita dengan kecemasan orang tua pada anak speech delay di RSUD Ulin Banjarmasin. *Journal of Health (JoH)*, 10(1), 19–29.
- Nugraha, A., Daniati, E., Susyanti, S., Patimah, I., & Susani, E. (2019). The experience of parents with speech delayed children in Garut, Indonesia. *Proceedings of the Iclick 2018 Conference*, 274–277. <https://doi.org/10.2991/iclick18.2019.56>
- Nugroho, D., & Sari, P. (2024). Variability in response to speech therapy in children with developmental delays: A multimodal approach. *Journal of Developmental Pediatrics*, 45(2), 210–220.
- Nur, H., Tairas, M. M. W., & Hendriani, W. (2018). The experience of hope for mothers with speech-language delay children. *Journal of Educational, Health and Community Psychology*, 7(2), 104–117.

- Perez, & Pereira. (2021). Prevalence of language delay among healthy preterm children, language outcomes and predictive factors. University of Santiago, Spain.
- Pfeiffer, B., & Koenig, K. P. (2019). Effectiveness of sensory integration interventions in children with autism spectrum disorders: A systematic review. *American Journal of Occupational Therapy*, 73(3), 7.
- Polit, D. F., & Beck, C. T. (2018). *Essentials of nursing research: Appraising evidence for nursing practice* (9th ed.). Philadelphia: Wolters Kluwer.
- Revita, I. (2022). Description of speech delay in early childhood. *Journal of Cultura and Lingua*, 3(1), 14–21. <https://doi.org/10.37301/culingua.v3i1.108>
- Shire, S. Y., Gulrud, A., & Kasari, C. (2020). Increasing responsive parent-child interactions and joint engagement: Comparing the influence of parent-mediated intervention and a responsive teaching curriculum. *Journal of Autism and Developmental Disorders*, 50(1), 1–11.
- Smith, J. A., & Jones, B. (2022). Alternative therapies for childhood speech delay: A systematic review. *Journal of Speech, Language, and Hearing Research*, 45(3), 555–572.
- Smith, J., Brown, M., & Johnson, K. (2021). The role of early consultation in parental response to child developmental delays. *Journal of Pediatric Health*, 35(2), 145–158.
- Sulikah, S., Muharsih, L., & Simatupang, M. (2021). Pengaruh citra merek terhadap keputusan pembelian bimbingan belajar online Ruang Guru di SMA Negeri 1 Banyuwangi Karawang. *Empowerment: Jurnal Pemberdayaan Masyarakat*, 7(1), 50–62.
- Taseman, T., Safaruddin, S., Erfansyah, N. F., Purwani, W. A., & Femenia, F. F. (2020). Strategi guru dalam menangani gangguan keterlambatan berbicara (speech delay) yang berpengaruh terhadap interaksi sosial usia dini di TK Negeri Pembina Surabaya. *Jurnal Pendidikan Anak Usia Dini (JECED)*, 2(1), 13–26. <https://doi.org/10.15642/jeced.v2i1.519>
- Tatminingsih, S. (2022). Analisis proses pengembangan big book sebagai strategi untuk menstimulasi perkembangan bahasa anak usia dini. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 6(6), 6123–6136. <https://doi.org/10.31004/obsesi.v6i6.3384>
- Wardani, N., Dewi, I., & Reski, N. (2023). Hubungan peran ibu dengan keterlambatan berbicara pada balita 36–59 bulan. *Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, 3, 18–23. <http://dx.doi.org/10.20956/ijas>
- Williams, R., & Green, P. (2023). Social support in parenting communities: Implications for parental coping and child development. *Community Psychology Review*, 31(4), 201–215.
- Wiwin A, N. W. (2018). Deteksi dini perkembangan anak menggunakan instrumen DDST. *Angewandte Chemie International Edition*, 6(11), 951–952.
- Wulandari, A. (2023). Dampak peningkatan kemampuan komunikasi terhadap perilaku sosial dan emosional anak dengan speech delay. *Jurnal Pendidikan Anak*, 7(2), 45–58.
- Yulianda, A. (2019). Faktor-faktor yang mempengaruhi keterlambatan berbicara pada anak balita. *Jurnal Pendidikan Bahasa dan Sastra Indonesia*, 9(3), 41–48. <https://ejournal.uinmalang.ac.id/index.php/preschool/article/download/12026/pdf>
- Yulianti, M., & Rinjani, N. A. (2024). Pengaruh terapi wicara terhadap peningkatan kemampuan berbicara pada anak prasekolah speech delay di Rumah Izzati Therapy Center Kabupaten Sumedang. *Jurnal Kesehatan Anak*, 6(1), 1–5.