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The Relationship Between Parenting Styles and Speech Delay in Children Under 5 Years Old at YARSI Hospital and Its Review in Islam

Naufal Nayaka Rahman
Universitas YARSI, Indonesia
Email: nayaka080804@gmail.com

Keywords
Parenting; Speech Delays; Children; Early Age; Verbal Stimulation.

ABSTRACT
This study aimed to determine the relationship between child parenting styles and the incidence of speech delay in children under 5 years old at YARSI Hospital. A quantitative analytical cross-sectional design was used with total sampling of 102 children diagnosed with speech delay over 6 months. Parenting styles were assessed for seven caregiver types (father, mother, grandfather, grandmother, uncle, aunt, domestic assistant/ART). Speech delay was classified as functional (environmentally-driven) or non-functional (biologically-linked). For fathers, permissive indulgent parenting was dominant (35.3%). For mothers, authoritarian parenting was dominant (39.2%). Functional speech delay occurred in 72 children (70.6%), while non-functional speech delay occurred in 30 children (29.4%). Bivariate analysis using Chi-Square showed a significant relationship between maternal parenting style and speech delay ($p = 0.027$). Notably, all non-functional speech delay cases occurred in the authoritarian parenting group, while authoritative parenting had zero non-functional cases. Domestic assistant (ART) parenting also showed a significant relationship with speech delay ($p = 0.046$). These findings underscore the importance of verbal stimulation in parenting settings, including from domestic assistants, in supporting children's language development. From an Islamic perspective, children are a trust (amanah), and parents bear responsibility for responsive, communicative child-rearing.

INTRODUCTION

Early childhood development is an important phase in forming the foundation for personality and skills that will influence a child's future life experiences (Aziz et al., 2022; Chen, 2025; Qureshi et al., 2022; Rumbidzai & Achebe, 2023; Saracho, 2023; Suma et al., 2023; Suryaningsih et al., 2025). The rate of developmental disorders in children remains quite high. According to a report from the World Health Organization (WHO), Indonesia ranks third in Southeast Asia for the highest prevalence, reaching 28.7% for developmental and growth disorders (Habsad et al., 2024). Development is related to the improvement of the body's functional abilities (Casas-Herrero et al., 2022; Jackman et al., 2022; Molenaar et al., 2023). One of the important stages humans must go through is early childhood, which includes the age range of 0–8 years, according to guidelines from the National Association for the Education of Young Children (NAEYC) (Talango et al., 2020). Early childhood is often referred to as the preschool period, during which children are highly sensitive to developmental stimuli and able to respond to various environmental inputs, such as repeating words they hear (Nurasyiah & Atikah, 2023).

Language is a primary tool for communication and is therefore considered a crucial aspect of early childhood development. Each child experiences language development

differently (Sugiarti & Wulandari, 2022). Language skills develop gradually and continuously, beginning with producing sounds such as “aaa…,” “oops…,” and “wow”; followed by babbling (e.g., “mama… close”); progressing to single words like “mama” or “papa”; and eventually advancing to two or more words (Syabilla A et al., 2023). Problems in language development can arise due to several factors, including a lack of stimulation provided to the child. Parents play a significant role in providing this stimulation (Hamidah & Fauziah, 2020).

The bond between parents and children, as the child’s first social environment at home, has a substantial impact on speech development. There are several important considerations for parents in supporting children’s speaking skills: recognizing that any language or dialect used by a child is a valid form of communication; treating the child as a competent communicator, even if they cannot yet speak fluently; encouraging interaction among children; acknowledging that parents are the primary source of language development; and supporting children’s continued interaction with peers as they begin to understand written language (Puspitasari, 2022). When parents provide adequate stimulation, children’s development tends to be positive. Conversely, insufficient stimulation can hinder speech development. The quality of stimulation is closely related to the parenting style applied by parents (Wiguna & Tridiyawati, 2022).

Parenting can be defined as the interaction between parents and children, including parents’ attitudes and behaviors during interactions, such as setting rules, teaching values and norms, providing attention and affection, and modeling appropriate behavior (Nuroh, 2022). There are three main types of parenting styles: (1) authoritarian, (2) authoritative (democratic), and (3) permissive. Each parent applies a different parenting style, which influences variations in child development outcomes (Handayani et al., 2020). The role of parents in choosing an appropriate parenting style is crucial, as it significantly affects a child’s development. Given that parents spend a substantial amount of time interacting with their children daily, errors in selecting and implementing parenting styles can hinder development (Nurhikmah et al., 2023).

Language development occurs within social contexts, including parenting practices. Parental interaction and responsiveness greatly influence children’s language development (A. Astuti et al., 2024). According to data from the Indonesian Pediatric Society (IDAI), in 2023, the prevalence of speech delay among preschool-aged children in Indonesia reached 5–8%, meaning that approximately 5 to 8 out of every 100 preschoolers experience speech delays (Yona et al., 2025). Several theoretical perspectives explain language development, including nativism (Chomsky), which posits that language development is innate; behaviorism (Skinner), which emphasizes environmental influences such as age, intelligence, socioeconomic status, and physical condition; and cognitivism (Piaget), which links language development to cognitive maturation (Permata, 2022). According to Vygotsky and Piaget, children’s speech development progresses through two main stages: the prelinguistic stage and the linguistic stage. The prelinguistic stage is divided into Stage 1 (0–0.5 months) and Stage 2 (4–5 months). The linguistic stage consists of five sub-stages: (1) Stage I (holophrastic), occurring at ages 1–2 years; (2) Stage II (two-word stage), at ages 2–3 years; (3) Stage III (early grammar development), at ages 3–4 years; (4) Stage IV (advanced grammar development), at ages 4–5 years; and (5) Stage V (full linguistic competence), at ages 5–6 years. Delays or disruptions in these stages may result in speech development delays (Purnamasari et al., 2023).

Speech delay in children is defined as a condition in which a child's speech ability is below the developmental standard for their age. Several factors can contribute to speech delay, including a lack of appropriate models for imitation. Families, especially parents as primary role models, are often occupied with their own activities, resulting in limited stimulation and interaction for the child (Budiarti et al., 2023). Maternal maturity, adequate knowledge, and social support positively influence the implementation of appropriate parenting styles (Simanjuntak et al., 2024). Additionally, gender influences speech development, with boys being more likely to experience speech delays, possibly due to differences in motor development patterns compared to girls (Suharto et al., 2024). Speech delays can negatively affect children's social, emotional, and academic development. Common characteristics of children with speech delays include not producing their first meaningful words by 15 months, inability to combine two words, and difficulty following instructions (Maromi & Pamuji, 2024).

The novelty of this research is fivefold. First, it analyzes multiple caregiver parenting styles (father, mother, grandfather, grandmother, uncle, aunt, and domestic assistant) and their relationships with speech delay. Second, it introduces the distinction between functional and non-functional speech delay as an outcome variable. Third, it provides initial statistical evidence of the relationship between domestic assistant (ART) caregiving and speech delay ($p = 0.046$). Fourth, it integrates an Islamic perspective on child development and parenting responsibilities. Fifth, it focuses specifically on YARSI Hospital, providing institution-specific data for service improvement.

Based on this background, the research problem is formulated as whether there is a relationship between parenting styles and the incidence of speech delay in children under 5 years old at YARSI Hospital. The research questions include describing parenting styles, examining the incidence of speech delay, analyzing the relationship between the two, and exploring the concept of child education in Islam in relation to these conditions. The general objective of this study is to determine the relationship between parenting styles and speech delay. Specific objectives include identifying parenting styles, describing the occurrence of speech delay, analyzing their relationship, and examining Islamic perspectives on child education. The expected benefits of this research are to provide insights for researchers regarding appropriate parenting styles and characteristics of children with speech delay, to contribute to scientific development within YARSI University, and to raise public awareness about the importance of parental roles in preventing speech delays in children.

METHOD

The type of research method chosen was to use a quantitative analytical design with a correlational analytical approach which aims to describe the relationship between parenting and the incidence of speech delay in children at YARSI Hospital. Cross-sectional research is a research design that is carried out by collecting data from research subjects at a certain time (without any follow-up). This study is used to describe an identification of the relationship between variables at a certain time.

The population in this study was a child patient diagnosed with speech delay who had undergone an examination at YARSI Hospital with his parents as a parenting factor for a period of 6 months. Patients who meet the inclusion criteria will be a sample or research subject.

Sampling in this study used a total sampling technique. Total sampling is a sampling technique in which all members of the population are deemed relevant or meet the research criteria for inclusion in the sample, without random selection especially if the existing population is relatively small and it is important to include all individuals in the study. Based on estimates, the number of samples to be taken is people who meet the inclusion and exclusion criteria, namely:

1. Inclusion Criteria

a) Children aged 0 – 5 years who have an examination at YARSI Hospital
b) Children with complete questionnaire results
c) Parents or primary caregivers who accompany the child and are willing to be research respondents.

2. Exclusion Criteria

a) Children over 5 years old and conducting an examination at YARSI Hospital
b) Children with incomplete questionnaire results
c) Parents or primary caregivers who do not accompany children and are not willing to be respondents.

Sampling in this study used a total sampling technique, where for 6 months members of the population who met the inclusion and exclusion criteria of the study were included in the study, without random selection. The population in question is a pediatric patient with speech delay and has been diagnosed with speech delay at YARSI Hospital.

Data Analysis

1. Univariate Analysis

Univariate analysis is performed to describe or explain the characteristics of an existing sample or variable without comparing or relating it to other variables.

a) Parenting
b) Speech Delay

2. Bivariate Analysis

Bivariate analysis uses the Chi-Square Test method to look at the relationship between two different variables. In this study, bivariate analysis will be used to analyze the relationship between parenting and the incidence of speech delay in children.

RESULT AND DISCUSSION

Univariate Analysis

In this study, a univariate analysis was carried out so that the researcher could present the frequency and percentage distribution of each variable studied, both independent and dependent variables, so that an overview of the characteristics of respondent data could be obtained. This analysis aims to describe the patterns and trends of data related to child parenting and the incidence of speech delay in children under 5 years of age at YARSI Hospital. The independent variable in this study is the parenting style of the child applied by the caregiver, while the dependent variable is speech delay which is classified based on its characteristics.

1. Frequency Distribution Based on Child Parenting

Child parenting is a fundamental component in the growth and development process, especially in supporting language development and early childhood communication skills. The form of interaction, the way of responding, and the consistency of parenting applied by

caregivers play an important role in providing the verbal stimulation needed by children during early development. Therefore, parenting is seen as one of the main environmental factors that can be related to the occurrence of speech delays in children.

In this study, child parenting is classified into several categories, namely authoritarian, authoritative, permissive indulgent, permissive neglectful, and uncared for. Data on parenting was obtained through a questionnaire filled out by the child's parents or main caregiver. This grouping was carried out to identify the tendencies of parenting in the childcare environment and to provide an initial overview of the distribution of parenting in the study respondents.

The following is a table of frequency distribution based on child parenting from the data that has been collected by the researchers:

Table 1. Frequency Distribution Based on Child Parenting (N=102)

Child Parenting	Frequency (N)	Percentage (%)
Father		
Authoritarian	22	21.60%
Authoritative	13	12.70%
Permissive indulgent	36	35.30%
Permissive neglectful	23	22.50%
Not Nurtured	8	7.80%
Mother		
Authoritarian	40	39.20%
Authoritative	10	9.80%
Permissive indulgent	31	30.40%
Permissive neglectful	21	20.60%
Not Nurtured	0	0%
Grandfather		
Authoritarian	4	3.90%
Authoritative	21	20.60%
Permissive indulgent	8	7.80%
Permissive neglectful	11	10.80%
Not Nurtured	58	56.90%
Grandmother		
Authoritarian	9	8.80%
Authoritative	20	19.60%
Permissive indulgent	13	12.70%
Permissive neglectful	15	14.70%
Not Nurtured	45	44.10%
Uncle		
Authoritarian	3	2.90%
Authoritative	7	6.90%
Permissive indulgent	14	13.70%
Permissive neglectful	4	3.90%
Not Nurtured	74	72.50%
Aunt		

Child Parenting	Frequency (N)	Percentage (%)
Authoritarian	7	6.90%
Authoritative	2	2%
Permissive indulgent	7	6.90%
Permissive neglectful	4	3.90%
Not Nurtured	82	80.40%
Housemaid		
Authoritarian	1	1%
Authoritative	1	1%
Permissive indulgent	4	3.90%
Permissive neglectful	3	2.90%
Not Nurtured	93	91.20%
Total	**102**	**100%**

Based on Table 1, the distribution of childcare patterns shows quite clear variations between caregivers which reflects the complexity of the childcare environment with speech delays at YARSI Hospital. In parenting by fathers, the most dominant parenting style was permissive indulgent with a proportion of 35.3%, followed by permissive neglectful at 22.5% and authoritarian at 21.6%. Meanwhile, authoritative parenting is only applied to 12.7% of children, and there are 7.8% of children who are not directly cared for by their fathers. The dominance of permissive indulgent parenting in fathers shows a tendency to give relatively high liberties without being balanced with consistent demands or directions, which has the potential to lead to a lack of communication structures and directed verbal stimulation for the child.

In parenting by mothers, authoritarian parenting was the most found, at 39.2%, followed by permissive indulgent at 30.4% and permissive neglectful at 20.6%. Authoritative parenting, which is theoretically considered the most adaptive in supporting child development, was only found in 9.8% of respondents. There is no child who is not cared for by the mother, which confirms the role of the mother as the main caregiver in the child's daily life. The high proportion of authoritarian parenting in mothers indicates strong control and one-way communication in parenting that can limit the child's opportunities to express themselves verbally and actively practice language skills.

In grandparent parenting, more than half of respondents (56.9%) were recorded as not being cared for by grandparents, indicating that grandparent's role in parenting is relatively limited. Among children raised by grandparents, the most prominent parenting style was authoritative at 20.6%, followed by permissive neglectful at 10.8% and permissive indulgent at 7.8%, while authoritarian parenting at only 3.9%. These findings suggest that when grandparents are involved in parenting, the approach used tends to be more balanced and responsive than parenting even though the intensity of grandparenting is not high overall.

The distribution of parenting by grandmothers shows that as many as 44.1% of children are not cared for by grandmothers, but in children who are cared for, authoritative parenting occupies a considerable proportion, namely 19.6%, followed by permissive neglectful at 14.7% and permissive indulgent at 12.7%. Authoritarian parenting in grandmothers is relatively lower, at 8.8%. This pattern suggests that grandmothers tend to adopt a warmer and more responsive

parenting approach, although in some cases it is still found that parenting styles lack optimal structure or consistency.

In uncle-to-uncle care, the majority of children (72.5%) were not cared for by uncles, indicating that uncle's involvement in day-to-day care was relatively minimal. Among children raised by uncles, permissive indulgent parenting was the most common at 13.7%, while authoritative and permissive neglectful parenting were only 6.9% and 3.9%, respectively. Authoritarian parenting is very rare, at 2.9%. This indicates that the role of the uncle in parenting is more situational and less structured, so his contribution to the stimulation of children's language tends to be limited.

The distribution of parenting by aunts shows that the majority of children (80.4%) are not cared for by aunts. In children raised by aunts, authoritarian and permissive indulgent parenting each had the same proportion, which was 6.9%, while authoritative parenting was only 2%. Permissive neglectful parenting was found in 3.9% of respondents. The low proportion of authoritative parenting in aunts suggests that aunt's involvement in parenting is generally not accompanied by a consistent and targeted approach, so its role in supporting children's language development is relatively limited.

In the care by a domestic assistant (ART), the majority of children (91.2%) were not cared for by ART, indicating that ART was not the primary caregiver for the majority of respondents. In children raised by ART, the most common parenting style was permissive indulgent at 3.9%, followed by permissive neglectful at 2.9%, while authoritarian and authoritative parenting at only 1% each. These findings show that parenting by ART tends to focus on meeting the basic needs of children with minimal involvement in aspects of behavior development and stimulation of language development.

The distribution of parenting in this study shows that the dominant parenting style applied by parents, especially fathers and mothers, tends to be in the categories of authoritarian, permissive indulgent, and permissive neglectful. Meanwhile, authoritative parenting that theoretically most supports children's language development is found in a relatively small proportion, especially in parenting by mothers and fathers. This condition indicates that children with speech delays at YARSI Hospital mostly grow up in a nurturing environment that lacks a balance between control, warmth, and verbal responsiveness that has the potential to contribute to speech delays.

2. Frequency distribution based on the incidence of speech delay in children

Speech delay in children is a developmental condition characterized by the failure to achieve language skills according to age stages, which can have an impact on communication, social, and academic readiness aspects of children. In this study, the incidence of speech delay in children under the age of 5 years was classified into two categories, namely functional speech delay and non-functional speech delay to provide a more specific picture of the characteristics of speech delay experienced by respondents.

Functional speech delay is defined as speech delay that is not accompanied by neurological disorders or other developmental disorders, and is generally related to environmental factors, especially lack of verbal stimulation and suboptimal parenting. On the other hand, non-functional speech delay is a speech delay related to a certain medical condition or developmental disorder so that speech delay is part of the manifestation of the disorder.

The data presented below are the results of research data collection related to the distribution of frequencies in the variable events of speech delay in children:

Table 2. Frequency distribution based on the occurrence of speech delay (n=102)

Speech Delay Events	Frequency (N)	Percentage (%)
Functional Speech Delay	72	70.6%
Non-Functional Speech Delay	30	29.4%
Total	**102**	**100%**

Based on Table 2, the incidence of speech delay in 102 children in this study was dominated by Functional Speech Delay as many as 72 children (70.6%). This larger proportion shows that in most respondents, speech delay tends to be categorized as a form related to functional factors, namely a condition of speech delay which is generally understood to be closer to stimulation, interaction patterns, and daily parenting dynamics than the presence of developmental disorders that are the main cause. The dominance of the functional category also signals that the context of the child's immediate environment, especially home and caregiver, has the potential to have an important contribution to the speech delay identified in this sample, thus being in line with the research focus which places parenting as the main variable to be analyzed at the next stage.

Meanwhile, the Non-Functional Speech Delay category was found in 30 children (29.4%). This proportion shows that almost a third of respondents experience speech delays that are not solely related to environmental factors or parenting, but are potentially influenced by intrinsic factors of the child. Non-functional speech delays are generally related to certain biological or developmental conditions, such as genetic factors, neurological disorders, hearing loss, and other developmental disorders that affect children's language skills. In this condition, speech delay is not a single problem but part of a more complex manifestation of the disorder.

Bivariate Analysis

The bivariate analysis in this study aims to identify the relationship between independent variables and statistically bound variables. In the context of this study, the analysis was used to assess the relationship between child parenting and the incidence of speech delay. This stage of analysis plays an important role in testing the research hypothesis, namely whether the parenting style applied by caregivers has a meaningful relationship with speech delays in children.

The test of the relationship between variables was carried out using the Chi-Square test considering that the data analyzed was categorically scaled. The relationship between variables is declared significant if the significance value obtained is less than 0.05 ($p < 0.05$). In addition, the results of the analysis are also presented in the form of cross-tabulation to illustrate the distribution of frequencies and percentages between variable categories so that the pattern of relationships that emerge can be observed more clearly (Ghozali, 2016).

Based on the results of the analysis of the characteristics of child caregivers, it was obtained that mothers were caregivers involved in all respondents (100%), while other caregivers such as fathers, grandfathers, grandmothers, uncles, aunts, and domestic assistants were only involved in some of the respondents. In addition, when viewed from the frequency

of interactions, mothers are also the caregivers with the highest duration of interactions, where most mothers interact with children for more than 5 hours per day. These findings show that mothers are the most dominant, most consistent, and most intensive figures who interact with children in daily life.

In the context of children's speech and language development, the figure who interacts with children the most often and for the longest time has the greatest influence on the formation of communication environments, verbal stimulation, and children's language interaction patterns. Therefore, methodologically it can be understood that maternal parenting is the most relevant and most representative factor to be further analyzed in relation to the incidence of speech delay in children.

Meanwhile, although fathers, grandparents, and other caregivers were also involved in parenting in some respondents, their involvement was uneven and did not cover the entire sample. If all caregivers are still included in the bivariate analysis, it will cause inhomogeneity in the analysis group and potentially cause interpretation bias, because not all children have exposure to the parenting style of these caregivers. Therefore, to maintain the consistency of the data, the validity of the analysis, and the accuracy of interpretation, at the bivariate analysis stage, the researcher focused the analysis only on the parenting style of the mother as the main caregiver.

Based on the distribution of maternal parenting, it is known that the most dominant parenting style is authoritarian parenting, followed by authoritative parenting, while other parenting categories are relatively few. Statistically, this condition is limited if all categories are still included in the bivariate test using chi-square, because some cells do not meet the minimum number of expected frequency requirements.

Therefore, the researcher filtered the data by only including the two most dominant and most representative parenting categories, namely authoritarian and authoritative parenting. The selection of these two categories is not only based on statistical technical considerations, but also on substantive considerations, given that the two parenting styles represent two contrasting parenting approaches in terms of control, responsiveness, and communication patterns with the child.

After filtering, 50 respondents were obtained who were in accordance with the two categories of parenting patterns which were then analyzed to see the relationship between maternal parenting and the types of speech delays classified into functional speech delay and non-functional speech delay. The results of the analysis are presented in the following Table 3:

Table 3. Relationship Between Child Parenting and the Incidence of Speech Delay in Children at YARSI Hospital Based on Maternal Parenting Patterns

Variabel	**Speech Delay Events**				***p-value***
	Functional Speech Delay		Non- Functional Speech Delay		
Mother's Parenting	N	%	N	%	
Authoritarian	26	52.00%	14	28.00%	
Authoritative	10	20.00%	0	0%	0.027
Total	**36**	**72.00%**	**14**	**28.00%**	

Based on Table 4.4, the distribution of speech delay events in children according to maternal parenting shows that there is a difference in proportion between functional speech delay and non-functional speech delay categories in each type of parenting. In authoritarian parenting, there were 26 children (52.0%) who experienced functional speech delay and 14 children (28.0%) who experienced non-functional speech delay. These findings show that most of the children with speech delays in this study were in authoritarian parenting styles. Conceptually, authoritarian parenting is characterized by high control, strict obedience demands, and communication that tends to be one-way, so that children have limited space to express themselves and actively practice their verbal communication skills. This condition can contribute to the appearance of speech delays, both functional and non-functional.

Meanwhile, in authoritative parenting, 10 children (20.0%) experienced functional speech delay and no cases of non-functional speech delay were found (0%). These findings show that in children who are raised with authoritative parenting, the speech delays that occur tend to be only functional and do not develop into more severe disorders. Theoretically, authoritative parenting emphasizes a balance between control and warmth, accompanied by open two-way communication between parent and child. This parenting pattern provides a more conducive environment for children to practice speaking, express needs, and develop language skills gradually according to their developmental stages.

Overall, out of a total of 50 children, there were 36 children (72.0%) who experienced functional speech delay and 14 children (28.0%) who experienced non-functional speech delay. This shows that most of the cases of speech delay in this study are still in the functional category, but the proportion of non-functional cases still needs attention, especially since all of them are found in groups of children with authoritarian parental parents.

The results of the Chi-Square test in Table 4.4 show a p-value of 0.027, which is smaller than the significance limit of 0.05. This means that there is a statistically significant relationship between maternal parenting and the incidence of speech delay in children at YARSI Hospital. Thus, the alternative hypothesis (Ha) is accepted and the null hypothesis (H0) is rejected. These findings confirm that maternal parenting is one of the factors that plays an important role in the incidence of speech delays in children under the age of 5 years, especially in distinguishing between functional and non-functional speech delays.

This study aims to determine the relationship between child parenting and the incidence of speech delay in children under 5 years of age at YARSI Hospital. The results of bivariate analysis in this study showed that there was a significant relationship between maternal parenting and the incidence of speech delay in children at YARSI Hospital ($p = 0.027$). These findings confirm that the parenting style of mothers as the main caregivers has a significant role in shaping the environment of children's language development. Conceptually, children's language development is not only influenced by biological factors, but also greatly influenced by the quality of interaction and stimulation that children get in their immediate environment, especially from parents (Astuti et al., 2024).

The focus of the analysis was only on maternal parenting based on the results of respondents' characteristics which showed that 100% of children were cared for by mothers, and mothers were caregivers with the highest duration of interaction, where 74.5% of mothers interacted with children for more than 5 hours per day. This condition places mothers as a central figure in the formation of communication patterns, the provision of verbal stimulation,

and the habituation of language in children's daily lives. Theoretically, parents, especially mothers, are the main source of children's language development because of the intensity of interaction and emotional closeness they have (Puspitasari, 2022).

Based on the results of data filtering, only two categories of parenting were further analyzed, namely authoritarian and authoritative because these two categories were the most dominant and met the requirements of statistical analysis. Of the 50 respondents analyzed, the majority of children were in the care of mothers with authoritarian parenting. In this group, 26 children (52.0%) experienced functional speech delay and 14 children (28.0%) experienced non-functional speech delay. Meanwhile, in the authoritative parenting group, all children who experienced speech delays were included in the functional speech delay category (20.0%) and no cases of non-functional speech delay were found.

The dominance of speech delays in children raised with authoritarian parenting suggests that parenting patterns that emphasize strict control, high compliance demands, and one-way communication have the potential to limit children's opportunities to express themselves verbally. In the context of language development, children need space to ask questions, try to pronounce words, make mistakes, and get warm responses from parents. Parenting that is too stressful can hinder the process because children tend to be passive and less daring to communicate (Wiguna & Tridiyawati, 2022).

Furthermore, the finding that all cases of non-functional speech delay were only found in authoritarian parenting groups indicates that a less responsive and less supportive parenting environment can aggravate existing conditions of speech delay. Although non-functional speech delay is related to the child's intrinsic factors, the parenting environment still plays a role in determining the extent to which children can optimize their abilities through consistent practice and stimulation (Budiarti et al., 2023).

In contrast, in authoritative parenting, the speech delays found are entirely functional. This suggests that parenting that combines reasonable control with warmth, two-way communication, and responsiveness to children's needs creates an environment that is more conducive to language development. In this parenting, children are encouraged to speak, express desires, and be involved in daily interactions that are educational, so that speech delays that occur are less likely to develop into more complex disorders (Handayani et al., 2020).

These results are in line with the concept that the quality of stimulation is much more important than just the length of the interaction time. Although most of the mothers in this study interacted with their children for more than 5 hours per day, all children still had speech delays. This reinforces the view that interactions that are not accompanied by two-way communication, lack vocabulary, and lack of response to children's speech initiatives will not have an optimal impact on language development (Hamidah & Fauziah, 2020).

In addition, the dominance of boys in the study sample may also strengthen the findings of the relationship between parenting and speech delay. Boys in general have a tendency to develop language more slowly than girls, especially because the focus of gross motor development is more dominant (Suharto et al., 2024). In this condition, parenting that does not provide sufficient verbal stimulation will further increase the risk of speech delay.

When associated with language development theory, these findings further support behavioristic and cognitivistical approaches that emphasize the role of the environment and social interaction in children's language development. Children learn to speak through the

process of imitation, reinforcement, and meaningful interaction with the people around them. Therefore, parenting that limits verbal interaction or puts too much pressure on children will hinder the language learning process (Permata, 2022).

The results of this study show that maternal parenting has a significant role in the incidence of speech delay in children under the age of five at YARSI Hospital. Authoritarian parenting tends to be related to a greater proportion of speech delays, including the emergence of cases of non-functional speech delay, while authoritative parenting is related to milder and functional forms of delay. These findings confirm that efforts to prevent and intervene in speech delays need to focus not only on children, but also on educating parents, especially mothers, in implementing parenting styles that are more responsive, communicative, and support children's language development (Nurhikmah et al., 2023).

The clinical implications of the findings of this study confirm that it is not enough to assess the risk of speech delay in children only to focus on the biological and developmental aspects of the child, but also to consider the parenting patterns at home, in particular the parenting style of the mother as the primary caregiver. Health workers in child growth and development services, both in hospitals and in primary health facilities, need to start incorporating simple screening related to parent-child interaction patterns as part of routine assessments in early childhood. Thus, children who are in a nurturing environment with less responsive communication patterns can be identified more quickly before speech delays develop into more severe disorders.

Practically, these findings also reinforce the importance of collaboration between pediatricians, nurses, psychologists, and speech therapists in handling cases of speech delay. Children with speech delays, especially those in authoritarian parenting, not only need speech therapy, but also family assistance so that changes in the parenting environment can go hand in hand with clinical intervention. With a more comprehensive and family-based approach, the handling of speech delay is expected to be more effective, sustainable, and in accordance with the context of children's daily lives.

Although this study has provided an empirical picture of the relationship between child parenting and the incidence of speech retardation in children under 5 years of age, there are some limitations that need to be critically observed. First, the measurement of parenting and the classification of speech delay in this study completely relied on questionnaire data filled out by parents or caregivers. This approach has the potential to cause information bias, especially because parenting is a complex and dynamic behavioral construct, so respondents' judgments can be influenced by subjective perceptions, social norms, and the tendency to provide answers that are considered better socially. This condition can cause a difference between the parenting style reported and the actual parenting practices that occur in the child's daily life.

Second, this study has not been able to describe the quality of verbal interaction in depth, such as the frequency of two-way conversations, caregivers' responsiveness to children's communication initiatives, and language variations used in daily stimulation. In fact, these aspects have the potential to have a more direct influence on children's speech development than the parenting category in general. In addition, the classification of speech delay into functional and non-functional in this study is not supported by multidisciplinary follow-up

clinical examinations so that it is still possible for children with mild biological or neurological factors that have not been comprehensively identified.

Third, this study has not been able to describe the quality of parenting of each caregiver, especially in the main caregivers, namely fathers and mothers. The parenting carried out is multi-caregiver so it is necessary to assess the readiness of the caregivers to the pattern and quality provided with aspects of ASAH, ASIH, and ASUH.

Fourth, although the number of research samples was relatively adequate for statistical analysis, all respondents came from one health care facility, namely YARSI Hospital. This limits the ability to generalize research results to a wider population of children, particularly children with undetected speech delays or lack of formal health services.

Fifth, data collection in this study takes references based on journals. So that it is still necessary to test the specificity and validity of using tools that have been validated and their use has been generally used.

However, these limitations do not reduce the value of the findings of this study as an important initial picture in understanding the complexity of the role of parenting and caregiver figures in children's speech delays and as a foothold for further research.

CONCLUSION

Based on the results of a study on the relationship between parenting and speech delay in children under the age of 5 years at YARSI Hospital, it can be concluded that the most dominant parenting style of children is formed by parents, with fathers tending to use permissive indulgent patterns and authoritarian mothers, so that the role of parents, especially mothers, is very large in shaping children's language environments. All respondents experienced speech delays, the majority were male and aged 3–5 years, with a multi-caregiver parenting pattern but the highest intensity of interaction came from mothers, and most experienced functional speech delays. Bivariate analysis showed a meaningful relationship between maternal parenting and the incidence of speech delay ($p < 0.05$), which confirms the importance of parenting quality in supporting children's speech development. In an Islamic perspective, children are seen as a mandate that must be nurtured with responsibility, affection, and stimulation of growth and development, including communication skills. Therefore, further research is suggested to develop a more comprehensive approach, parents are expected to improve the quality of verbal interaction, YARSI Hospital and health workers need to strengthen family education related to speech delay, and religious aspects emphasize the importance of choosing a partner and good family management so that communication in the family runs optimally.

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