

## Parenting Approaches and Emotional-Mental in Children with Speech Delay

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### ABSTRACT

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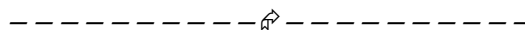
*The development of children's speech skills that have not developed according to their age stage is strongly influenced by family factors, parenting patterns. Children with speechdelay have difficulty expressing their feelings are very vulnerable to mental emotional problems. The purpose of this study aims to analyze the relationship between parenting patterns and mental emotions in speechdelayed children. Correlational analytic research with a cross-sectional approach. The population was 170 parents and the sample was 63 respondents of parents and children. with consecutive sampling technique. The independent variable is parenting style and the dependent variable is mental emotional of specchdelay children. The instrument used parenting patterns using The Parenting Style and Dimension Questionnaire (PSDQ) while the mental emotional questionnaire uses the Strength and Difficulties Questionnaire (SDQ) version 4-10 years. Data analysis used Chi-square test with a significance level of  $\alpha < 0.05$ . The results showed 63 parents of speechdelayed children 25 parents applied democratic parenting and 26 children had normal mental emotional. The results of the chi-square test  $p = 0.000$  which means  $p < \alpha$ , then  $H_0$  is rejected and  $H_1$  is accepted, meaning that there is a relationship between parenting patterns and mental emotions in speechdelayed children. Parenting that does not support optimal language development is one of the main determinants in cases of speech delay in children*

### ABSTRAK

*Perkembangan kemampuan bicara anak yang belum berkembang sesuai dengan tahap usianya sangat dipengaruhi oleh factor keluarga, pola asuh orang tua. Anak dengan speechdelay sulit mengekspresikan perasaannya sangat rentan mengalami masalah mental emosional. Tujuan penelitian ini bertujuan menganalisis hubungan antara pola asuh dengan mental emosional pada anak speechdelay. Jenis penelitian analitik korelasional dengan pendekatan cross-sectional. Populasi sejumlah 170 orang tua dan sampel sebanyak 63 responden orang tua serta anak. dengan teknik sampling consecutive sampling. Variabel independent yaitu pola asuh orang tua dan variable dependen mental emosional anak specchdelay. Instrumen yang digunakan pola asuh orang tua menggunakan The Parenting Style and Dimension Questionnaire (PSDQ) sedangkan kuesioner mental emosional menggunakan Strength and Difficulties Questionnaire (SDQ) versi 4-10 tahun. Analisis data menggunakan Uji Chi-square dengan tingkat signifikansi  $\alpha < 0,05$ . Hasil penelitian menunjukkan 63 orang tua dari anak speechdelay 25 orang tua menerapkan pola asuh demokratis dan 26 anak memiliki mental emosional normal. Hasil uji chi-square  $p = 0,000$  yang berarti  $p < \alpha$ , maka  $H_0$  ditolak dan  $H_1$  diterima artinya ada hubungan pola asuh dengan mental emosional pada anak speechdelay. Pengasuhan yang tidak mendukung perkembangan bahasa secara optimal merupakan salah satu determinan utama dalam kasus keterlambatan bicara pada anak.*



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## A. INTRODUCTION

Family factors, especially parenting, play the biggest role in children's mental and emotional development (Siallagan et al., 2023). Children with speech delays find it difficult to express what they want or feel through language, so their communication with others is often misunderstood. When the child feels misunderstood, the child will be prone to mental emotional problems such as adaptation problems, tantrums, aggression, frequent anger, and lack of confidence. Especially when parents use violence, coercion, or threatening in parenting, this can also make children vulnerable to mental emotional problems (Kurnia, 2020). Stimulation of growth and development by parents helps children understand developmental tasks. Less than optimal stimulation provided by parents can cause developmental disorders in children (Eka & Wilda, 2024).

Study finds 60% of speechdelayed children at higher risk of mental-emotional problems (Abugharsa, 2024). The National Institute of Mental Health (NIMH) states that the prevalence of mental-emotional disorders in early childhood is 10-15% worldwide (Leeb et al., 2024). According to the Indonesian Pediatric Association (IDAI) in 2023, the prevalence of speech delays in preschool-aged children in Indonesia reached 5-8% with a large rate of mental emotional disorders of 9.6% (Ministry of Health, 2024). In East Java, the prevalence of children with developmental deviations reaches 34%, and of these, 44% of children experience language developmental delays (Haerani Nur, 2024). Speech delays are commonly identified in children aged 2 to 5 years, which is a crucial period for language development and communication. Speech delays often occur due to a combination of inappropriate parenting factors, lack of verbal stimulation, and parents' lack of knowledge about language development. A study by Al Shahrani et al. (2024) in Saudi Arabia found that most parents were unaware of their child's speech delay before the age of 3 years and tended to delay seeking professional help more than one month after the onset of symptoms (Alramadhan et al., 2025)

One of the factors causing speechdelay and mental-emotional problems in children is parenting. Parenting that rarely interacts verbally with the child (rarely talking, telling stories, or responding to the child's babbling) can slow down the child's speech development, and make the child feel frustrated because they cannot express themselves. This frustration can develop into tantrums, anxiety, or other behavioral problems (Purnomo et al., 2023). An untreated mental-emotional problem in children, especially in speech-delayed children, can lead to negative risks in interpersonal relationships and self-concept development in children. In addition, it can also have an unfavorable impact on the child's development, especially on the maturation of their character.

In an effort to prevent mental emotional problems, especially in speechdelayed children, parents must instill proper parenting in children. Parental involvement makes a strong foundation for the child's mentality in facing a critical period in his life. This study aims to

understand the relationship between parenting patterns and mental emotions in speechdelayed children.

## **B. METHODS**

This type of research is correlational analytic with cross sectional approach. The population of this study were all parents of speechdelay patients at the Medical Rehab Clinic of Dr. M. Soewandhie Hospital Surabaya with 170 people. The sampling technique is to use Consecutive Sampling to get a sample size of 63 respondents. Researchers use sample criteria both inclusion and exclusion. Inclusion criteria in this study are parents of speechdelayed children aged 4-10 years, parents who care for speechdelayed children every day, parents who are able to read and communicate well. The exclusion criteria were parents who were not present during the examination. The research location was at the Medical Rehab Clinic of Dr. M. Soewandhie Hospital Surabaya in February 2025.

The parenting instrument used the Indonesian version of The Parenting Style and Dimension Questionnaire (PSDQ) while the mental emotional questionnaire used the Strength and Difficulties Questionnaire (SDQ) version 4-10 years. The PSDQ measuring instrument used is the result of adaptation from (Risnawaty et al., 2021) so that it is already in Indonesian form and is used in Indonesia. The validity test was carried out using an expert test on the statements in the questionnaire. The results of the expert evaluation stated that all items could be used without revision. The reliability test was conducted using the internal consistency coefficient test with Cronbach's alpha. The results showed that the 3 dimensions (permissive, democratic, authoritative) in the PSDQ measuring instrument were valid and reliable. Data analysis used the Chi-square test with a significance level of  $\alpha = 0.05$ . This study has passed the ethics of the Health Research Ethics Commission (KEPK) of RSUD Dr. M Soewandhie with No. 003/KE/KEPK/2025

## **C. RESULT AND DISCUSSION**

### **1. Result**

Based on table 1, the results of 63 respondents, almost all parents (95.2%) are nuclear families, almost all (95.2%) are female. In addition, most (74.6%) are 36-45 years old according to the Indonesian Ministry of Health with most education levels (SMA / SMK / equivalent), most (63.5%) have an income above the minimum wage. Table 2 shows that most (60.3%) speechdelayed children were female, almost half (31.7%) were 5 years old.

**Table 1.** Respondent Characteristic

Characteristic	f	%
Family		
Nuclear family	60	95,2
Extended family	3	4,8
Age		
26- 35 years	13	20,6
36-45 years	47	74,6
46-55 years	1	1,6
56-65 years	2	3,2
Gender		
Male	3	4,8
Female	60	95,2
Education Level		
Elementary School	9	14,3
Senior High School	44	69,8
Bachelor Degree	10	15,9

**Table 2.** Characteristic (Speechdelay Children)

Characteristic	f	%
Gender		
Male	38	60,3
Female	25	39,7
Age		
4 years	12	19
5 years	20	31,7
6 years	18	28,6
7 years	13	20,6

## 2. Discussion

### 2.1 Parenting patterns

**Table 3.** Parenting Patterns

Pola Asuh	f	%
Authority	18	28,6
Democratic	25	39,7
Permissive	20	31,7

Based on table 3, it is known that almost half of the parents apply democratic parenting. Parents, as the first educators, have the obligation to guide, protect and raise children. The application of proper parenting will affect the mental emotional state of children. Democratic parenting is a parenting style from parents who do not put pressure on children or freedom in general, where parents shape behavior in accordance with the child's self, parenting that prioritizes common interests above self-interest (Nurjaya et al., 2025). Parents tend to have responsive and responsive behavior towards children, explaining good and bad, encouraging children to openly talk about their problems, understanding of children. In this parenting pattern, children develop a sense of responsibility and are able to act according to the standards that have been set.

In authoritarian parenting, where parents apply rules and restrictions that absolutely must be fulfilled, do not give children the opportunity to express their opinions and if they do not comply, they tend to be threatened and punished. This is in accordance with (Yulianti et al., 2023) Authoritarian parenting involves tight control, strict application of rules, and often uses corporal punishment as a means of guiding the child. Children raised in authoritarian environments tend to have difficulty adapting to their surroundings, exhibit withdrawn behavior or become very aggressive. Permissive parenting style where parents do not want to interfere in the child's life. This parenting style gives children the right to do whatever they want. There is little parental supervision and attention. Giving too much freedom, let alone letting it make children confused and lost (Kumala et al., 2023). Parenting is a pattern of behavior applied to children and is relatively consistent over time. This pattern of behavior is perceived by the child, both in positive and negative terms.

Parenting patterns are influenced by age. Table 1 shows that of the 63 respondents, most (74.6%) were aged 36-45 years. Older parents tend to have experience and emotional stability in parenting, so they are more democratic in educating children. Almost all (95.2%) of the nuclear family who accompany children are female (mother or grandmother). According to research (Kumala et al., 2023) shows that mothers are more often involved in daily care and tend to be more emotionally responsive. Children raised in an environment where parents are responsive to emotional expression are more likely to develop the ability to empathize and understand the feelings of others.

Research conducted by (Purnomo et al., 2023) found that a mother's low education has the possibility of children experiencing speech delays due to the lack of stimulation obtained by children in the immediate environment. This speech delay results in children tending to be quiet and less able to express their feelings. Research shows that the maturity of parents' age, both biologically and psychologically, affects the experience of parenting and providing stimulation to children. More mature parents tend to have a better understanding of child development, as well as the ability to manage emotions and stress in parenting. This can have a positive impact on the quality of parenting and affect child development (Fauziah1 et al., 2022).

## 2.2 Mental Emotional of Speech Delay Children

**Tabel 4.** Mental Emotional Speechdelay Children

Mental Emotional	f	%
Normal	26	41,3
Borderline	19	30,2
Abnormal	18	28,6

Table 4 shows that almost half (41.3%) of speechdelayed children have normal emotional mentality. Based on the observations, children with normal emotional states were seen to have stable emotions, calm, confident, and not easily angered. Children with borderline emotional mentality (30,2%) are seen crying, do not want to be quiet but can still be controlled. Whereas children with abnormal emotional mentality (28,6%) are seen shouting, crying, not wanting to be quiet, irritable and difficult to control. A child's mental-emotional state relates to the condition and ability of a child to adjust to their environment as well as

their ability to express their emotions. The difference between normal, borderline and abnormal mentality lies in the degree of impairment in cognitive, emotional and behavioral functioning (Rizkiah et al., 2020). Mental-emotional problems in speechdelayed children can be caused by difficulties in interaction between children and their peers, difficulty understanding, lack of confidence and low self-esteem. Speechdelay in children can increase the risk of negative interpersonal relationships and self-concept development in children. If others do not understand what we say when communicating, it can cause low self-esteem in children (Istiqomah et al., 2025).

Mental-emotional problems in speechdelayed children are caused by difficulties in interaction between children and their peers, difficulty understanding, lack of confidence and low self-esteem. Speechdelay in children can increase the risk of negative interpersonal relationships and self-concept development in children. If others do not understand what we say when communicating, it can cause inferiority complex in children (Utami & Wahyuni, 2023). Speechdelayed children have higher levels of anxiety than their normal peers. Speechdelayed children are more likely to experience excessive fear when socializing. In addition, the quality of friendships and social activity participation in speechdelayed children tends to be lower than that of typically developing children.

### 2.3 Parenting and Mental Emotional of SpeechDelayed Children

**Tabel 5.**Parenting and Mental Emotional of SpeechDelayed Children

Parenting	Mental Emotional							
	Normal		Borderline		Abnormal		Total	
	f	%	f	%	f	%	f	%
Authority	2	11	5	28	61	18	18	100
Democratic	20	80	4	16	1	4	25	100
Permissive	4	20	10	50	6	30	20	100
Total	26	41	19	30	18	29	63	100
Uji Chi Square	P=0.000							

Based on the results of statistical tests on the relationship between parenting patterns and mental emotions of speechdelayed children through the Chi-Square test using SPSS for windows 2, the results obtained p value = 0.000 which means  $p < \alpha$ , meaning that there is a correlation between parenting patterns and mental emotions in speechdelayed children at the Medical Rehab Clinic of RSUD Dr.M.Soewandhie Surabaya. Table 5 shows that 25 speechdelayed children who received democratic parenting mostly (80%) had normal emotional mentality, 20 speechdelayed children who received permissive parenting half (50%) had borderline emotional mentality and 18 speechdelayed children who received authoritarian parenting mostly (61%) had abnormal emotional mentality.

Parents with a democratic parenting style show a balance between control and emotional warmth. Democratic parenting incorporates warmth, support as well as applying rules consistently but gently. This helps children identify and express their emotions (Iannello et al., 2025). Permissive parenting is characterized by high emotional warmth but less consistent rules or discipline. Children with permissive parenting tend to experience emotional dysregulation making it difficult to control emotions. This is because there is no guidance and rules that help children control emotions and impulses (Stephanie D. Steppa, Diana J. Whalenb, Lori N. Scotta, Maureen Zalewskia, Rolf Loebera, 2011).

In accordance with the research results (Paramitha & Hasmalena, 2021) which shows that there is a relationship between parenting patterns and children's emotional development, where children who have normal emotional development mostly get democratic parenting. This is in line with the results of (Utami & Wahyuni, 2023) which show that there is a significant relationship between parenting patterns and children's mental emotional development, where children who do not experience mental emotional disorders the majority get democratic parenting.

Parents have an important role in the development of mental emotional status in the small system, because parents have a positive impact on various aspects. Parents' behavior, which is full of warmth and affection for children, is given as a stimulus about the need for foster care, care and compassion in order to live according to the standard of living (Kurnia, 2020). Parents give freedom with responsibility, so that children are more assertive about behavior and norms in society. Children who get democratic parenting, in adolescence have emotional intelligence can control themselves well, are able to relate well and have good empathy skills (Nurjaya et al., 2025).

In early childhood, language skills are strongly influenced by how they communicate both at home, family and the environment. Because at that age, children experience a golden age in receiving and capturing sound language, speech that is listened to and imitated. Early childhood language delays in speaking are generally male. This is consistent with the number of males (60.3%). Problems experienced by speechdelay children include being very active, difficulty regulating emotions, reading comprehension difficulties, unskilled storytelling and problems with concepts and self-confidence.

#### **D. CONCLUSION AND SUGGESTIONS**

Based on the results of data analysis and discussion, it can be concluded that parenting is the attitude of parents in dealing with their children. There are three types of parenting patterns including democratic, permissive and authoritarian. Mental emotionality in children is strongly influenced by the stimulus given by parents to children. For future research it is recommended that future researchers explore other contributing factors that may influence the emotional and mental well-being of children with speech delay, such as socioeconomic status, parental mental health, and peer relationships, to provide a more comprehensive understanding of this issue. There is a need to develop targeted intervention programs that support parents in applying appropriate parenting styles, especially for those raising children with developmental delays, including speech delay.

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