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Late Speakers aged more than two years in Babylon ; Anlysis of Familial, Medical and Environmental Factors.

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Abstract

Every parent expects their children to grow normally. However, some factors may affect the children's growth and bring about the delay of their getting old. There are several reasons, internally and externally, that lead to impaired child development. Parents are making some efforts to handle this situation, especially when it is related to speech. This writing aims to describe the factors influencing the delay of the children in speaking. The data were taken from around 5 of 7-8 years old children who suffered from speech delays in Padang city. The observational method with note-taking and interviewing techniques was involved in collecting the data. By using the concept of speech delay, the data were analyzed. After analyzing the data, it is found that some factors are causing the speech delay.

Most reported risk factors for developmental speech delay (DSD) remain controversial, and studies on paternal influencing factors are rare. **This study investigated family environmental risk factors in HILLA**

Keywords: children, early childhood, speech delay

Introduction

Language is a tool for humans to interact with each other, where interaction is important in human survival. In addition to functioning as a medium for interacting with each other, language also serves as a medium to express the culture and what the user of the language is feeling. Therefore, language has an important role in human life to communicate with each other. According to (4) that meant by language is a sound signal system that is agreed to be used by members of certain community groups in cooperating, communicating, and identifying themselves.

At the stage of language development, the influence of the people around is very important in obtaining vocabulary, especially for children who are just learning to speak. The growth of children at an early age is very fast, so it is referred to as the Golden Age. Golden Age is a very important time for the growth of children because, at this time, the provision of stimulation or stimulation for all aspects of development has an important role in early childhood. If at this age, the child is not given sufficient stimulus and a supportive environment, it will have an impact on the ability to speak that the child has.

The World Health Organization states that children aged 0-6 are said to be children in the golden age. This happens because children's growth and development process occurs a rapid increase in the range of human life development. In the golden period, children learn by seeing, hearing, and feeling what is happening around them. The development of the child at the next stage will be influenced by the fulfillment of the child's developmental tasks in the previous stage (2).

Children 2-6 years old have a characteristic that is always asking, paying attention, and talking about everything they see, hear, and feel about their environment spontaneously. The child spontaneously asks when he sees something that catches his attention. Children who have the ability to speak have shown maturity and readiness in learning because by speaking, the child will express his desires, interests, feelings and convey his thoughts orally to those around people.

There are children whose speech development is faster and some are experiencing delays. If a child is able to produce sounds or sounds that correspond to their age level, then the child is said to have good speaking skills. On the contrary, if there is a disturbance in this phase that is related to difficulties in the production of sounds or sounds that are specific to speak then the child has difficulty speaking

The problem of speech delay in children is a serious problem that must be addressed immediately because it is one of the most common causes of developmental disorders found in children. Speech delay can be known from the accuracy of the use of the word, which is characterized by unclear pronunciation and in communicating can only use sign language, so that parents and people around him cannot understand the child, although the child can actually understand what people are talking about.

Early detection of speech delays should be carried out by all individuals involved in handling this child. This early detection activity involves parents, families, obstetricians who have been caring since pregnancy, and pediatricians who take care of the child. According to (3) the definition of speech delay in children is if the level of speech development is below the level of quality of speech development of children of the same age that can be known from

the accuracy of the use of words. Obstacles to the development of speech can affect the child's social and personal adjustments and the academic adjustment of the child due to the importance of the function of speech development in the child.

At this time, in cases that many children in Indonesia who speech delay around of 2-6 years. This makes many parents worried about the child's condition who experienced the case. So the purpose of this study is to describe the factors that affect speech delay in children and the ways of handling that parents can do in overcoming speech delay.

Aim of Study

Aim: The purpose of this study is to examine the communication skills of children with speech delay and to examine the impact of the child's gender, age, family type, attendance at kindergarten, socio-economic level of the family, parental occupation, educational status on the child's communication skills.

Methodology

The approach in this study used qualitative descriptive and the method used is the case study method. Qualitative research is descriptive and more likely to use inductive approach analysis. The process and meaning are displayed based on the perspective of the research subject (5).

The research was conducted on children who experienced cases of speech delay. The data for the study came from several experiences of parents experiencing problems in children with cases of speech delay. The data source is sourced from "Imam Al Sadiq Hospital" and others

patients and Methods

This study was initiated after the decision of the Faculty of Medicine, which stated that the study is in compliance with ethical and scientific principles. The sample of the study consisted of parents (mother and father) of 100 children between 3 and 6 yrs. of age who were diagnosed with language and speech delay according to family history and healthcare in hospitals . **Otologic examinations and audiologic assessments were performed for all the children. Parents of children with an additional disability and/or illness other than delayed**

speech (hearing loss, mental retardation, neurological diseases, etc.) are excluded from the study. The Home Communication Questionnaire and the General Information Form were applied by the researchers through face-to-face interview technique to the parents of 100 children who experienced a speech delay.

To get parents' permission, they were asked to sign the Information Consent Form and Voluntary Participation Form giving information about the study.

Data collection tools

General information form: The 'General Information Form' consists of questions for the child and the parents. The form is used to determine the factors that may affect the speech development of the children participating in the study such as chronological age, gender, parental education status and occupation, number of siblings, age of toilet training acquisition, age of suspected speech delay, birth order and the educational institution student attended at pre-school level.

Results

Table 1 : Demographic information of children participated in study and parents who have child with speech delay.

		N	%
Gender of child	Boy	58	58
	Girl	42	42
Child's age	3.0 – 4.6 years	42	42
	4.6- 6.0 years	27	27
Resident	Rural	44	44
	urban	56	56
weight	appropriate for age	75	75
	LBW	25	25
gestational age	term	74	74
	preterm	20	20
	post term	6	6
history of birth	Present	17	17

asphyxia	Absent	83	83
maternal age	(<18)	12	12
	(18 to 35)	68	68
	(> 35) years	20	20
maternal education	Illiterate	25	25
	Primary	75	75
	Secondary higher education		
maternal employment	Employed	25	25
	house wife	75	75
maternal drugs abuse	Yes	8	8
	No	92	92
maternal smoking	Yes	9	9
	No	91	91
paternal age	(<18)	7	7
	(>18)	93	93
paternal education	Illiterate	11	11
	Primary	13	13
	Secondary	29	29
	higher education	47	47
paternal employment	Employed	71	71
	unEmployed	29	29

Table 2 : Factors of Speech Delay

		N.	%
age parents recognize speech delay	Before one year	36	36
	After one year	64	64
family member with language delay	Father	9	9
	Mother	4	4
	Sibling	25	25
	None	62	62
family member with reading difficulties	YES	36	36
	NO	64	64
previous serious illness infancy	Present	33	33
	absent	67	67
Have any chronic conditions (such as autism, attention deficit and hypothyroidism)	Present	27	27
	absent	73	73
primary care for children is given	Parents	84	84
	Grandparents	13	13

	Foster	3	3
Number of children in household	One	10	10
	Two	20	20
	More than two	70	70
financial return	< 600,000 IQD.	39	39
	600,000-1000000 IQD	42	42
	>1000000 IQD	19	19
Natural of parents child interaction	Good	66	66
	Poor	34	34
amount and quality of child direct speed	Adequate	42	42
	Inadequate	58	58
out of home care	YES	42	42
	NO	58	58
Growth parameter adequate for age and sex	Adequate	73	73
	Inadequate	27	27
dysmorphic features	YES	15	15
	NO	85	85
oral , motor , structure and function	Adequate	65	65
	Inadequate	35	35
other structure abnormal in mouth (i.e asymmetry teeth)	present	27	27
	Absent	73	73
Has history of seizure	YES	15	15
	NO	18	18
Has ear specific history (i.e infection a,deafness)	YES	65	65
	NO	44	44
social interaction	Adequate	66	66
	Inadequate	34	34
history of drug intake by child infancy	YES	29	29
	NO	71	71
Early language milestone in infancy	Age appropriate	30	30
	Age inappropriate	70	70
At one year (use one word)	YES	45	45
	NO	54	54
How many word(s) infancy	Two	57	57
	More than two	43	43
Recognize of sound in infancy	Adequate	76	76
	Inadequate	24	24
Dose the child inhabit to say NO infancy	YES	63	63
	NO	37	37
Is child response to facial expression	YES	96	96

Discussions

DSD is the consequence of the joint action of a variety of factors, which can be grouped into three general categories, i.e., child factors, parent factors and family and community factors⁹. To date, however, there is great controversy regarding the risk factors of DSD in early childhood⁸. We conducted this multicentre case–control study to investigate the independent family risk factors for this condition, and paternal elements were taken into account.

According to the univariable analyses in this study, the patient group and the control group showed significant differences in maternal age at the child's birth, birth order, child sex, maternal personality, paternal personality, parental average education level, monthly family income, parent–child communication frequency and child-rearing behaviours. These factors were then subjected to binary logistic regression for further analysis. The multivariable analysis showed that older maternal age at the child's birth, introverted paternal personality, low average parental education level, low monthly family income and rare parent–child communication were independent risk factors for DSD in children. Although we did not analyse maternal age at the child's birth in the logistic regression analysis due to the small difference in age between the patient group and the control group, our findings suggest that older maternal age is associated with a greater risk of DSD in children, which was consistent with the literature^(6,7).

Currently, most of the reported independent risk factors for DSD in children remain controversial⁽⁶⁾.

that male sex, birth order and family type were all risk factors for SDs in children. However, in their study, they did not perform multivariable regression analysis to exclude potential confounding factors. The multivariable regression analysis in this study did not support these factors as independent risk factors for DSD. The results of this study were consistent with those reported by Zhu^(8).

In addition, our study showed that low average parental education level, low monthly family income and rare parent–child communication were independent risk factors for DSD in children. These results were in line with those reported by Choudhury and Benasich in terms of the education level of the parents(9).

The strongest feature of the self-designed questionnaire in this study is that we integrated more paternal elements into it. Most of the reported studies on risk factors for DSD have focused either on maternal contributions or on the roles of parents as a whole, whereas those separately integrating paternal elements into investigation have rarely been reported.

Moreover, among the small number of published studies that included paternal elements, all focused on the role of parental education level in the development of DSD in children(10) and to the best of our knowledge, studies on the associations of other paternal elements, such as paternal personality and work status, with DSD have not been reported. Surprisingly, the multivariable regression analysis in this study showed that introverted paternal personality, rather than maternal personality, was an independent risk factor for DSD. One possible reason for this result is that maternal personality was excluded as a confounding factor of parent–child communication frequency in the multivariable analysis, as it is the mother who normally takes the primary child-caring role in China. Another possible reason is that the sample size of this study was small, which failed to tell the whole story behind the result. To clarify this confusion, large-scale single-parent cohort studies need to be carried out in the future. This study has some limitations. First, the inclusion time period for the patient group and that for the control group were not matched due to the retrospective nature of this study. To overcome this drawback, prospective studies can be conducted in the future. Second, this study suffered from a small sample size despite being a multi-centre study, and therefore, studies with larger sample sizes should be carried out to verify the outcomes of this study. Third, to reduce the burden of questionnaire completion, some of the items, such as those on personality, the frequency of parent–child communication and child-rearing attitudes, relied on the guardians' selfassessments, which may have introduced biases to the final outcomes of this study. To overcome this drawback, studies that use a measurement scale for each of these items should be conducted in the future. In conclusion, older maternal age at the child's

birth, introverted paternal personality, low average parental education level, low monthly family income and rare parent–child communication are independent risk factors for DSD in children in North China. The results of this study may broaden and deepen the understanding of family risk factors for DSD.

Conclusion

Language development is a complex process that begins with the birth. Although there are basic elements that are determined in the language development process, they may vary according to the child. Factors such as psychosocial development, biological development, social communication development, neurological development, and intelligence are influential in the development process. The language itself is examined in two parts. Receptive language is the perception and interpretation of what is said by the listener. On the other hand, expressive language is produced by the speaker to convey his/her feelings and thoughts. In the process of language development, these two factors need to develop in harmony with age. Gender variable plays an important role in language development. Girls' vocabulary is larger than boys.

Recommendation

Recommendations:

1 -The study demonstrates the critical importance of children's speech abilities after 24 months of age for their later development. Thus, it is essential that children with low vocabulary levels at any point in their development be provided with interventions that promote vocabulary learning .

2-It is well documented that children with strong vocabularies are able to take advantage of their vocabulary knowledge to acquire new words and that the gap between children with weak and strong vocabularies widens over time. Vocabulary support provided early in life would greatly enhance children's later vocabulary development as well as their school readiness.

3-The study identified some potentially malleable factors that are related to being a late talker: parenting quality, child care, and approaches to learning. Regardless of SES, it appears that there are parents who could use additional supports during their children's early years .Thus, efforts should be made to help parents engage in high-quality interactions with their children in order to foster language development and create homes with more cognitively stimulating environments .

4 -It is essential that attendance in child care for 10 hr or more/week enhances children's vocabulary. Therefore, providing high-quality child care to low-income parents would likely benefit the vocabulary development of their children .

5- The findings highlight the need for speech-language professionals and the national organizations that represent them to be involved at the policy level to help develop and implement public health and educational programs that maximize children's language development.

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