

IMPROVING PARENTS SOCIAL STIMULATIONS SKILLS IN ASSISTING CHILDREN WITH SPEECH DELAY THROUGH CONTENT MASTERY SERVICE

Syafira Anggraini¹, Ade Chita Putri Harahap²

^{1,2}Universitas Islam Negeri Sumatera Utara Medan, Indonesia

¹Corresponding E-mail: syafira303213025@uinsu.ac.id

Abstract

This research was grounded on the crucial role of parents in supporting the social and language development of children with speech delay. Speech delay refers to a condition in which a child's language abilities do not meet age expectations, often requiring early intervention. One effective intervention is content mastery services, provided by counselors or psychologists, which equip parents with strategies to stimulate social interactions and language development. A quantitative approach with a quasi-experimental one-group pretest-posttest design was used. The study involved 30 parents at RA Qurratu A'yun Delitua, North Sumatra, selected through purposive sampling. The intervention included structured group sessions, role-playing exercises, individualized feedback, and follow-up monitoring. Data were collected using a validated and reliable skill scale and analyzed with paired sample t-tests. The results showed a significant improvement in parents' social stimulation skills, with 80% in the high category post-intervention compared to 30% pre-intervention. These findings indicate that content mastery services effectively enhance parental skills. In the context of Islamic education, this intervention reinforces the family as the first madrasah, shaping children's social, moral, and cognitive growth from early childhood.

Keywords: Social Stimulation Skills; Parents; Speech Delay; Content Mastery Services; Social Learning Theory

A. Introduction

Society was a group of people who lived together in one area. Society also had norms, values, and certain rules to form relationships among its members. It could also be defined as the people closest to us in the environment where we lived, and society could also be considered part of our extended family. This view was in line with Durkheim (1964), who stated that society was an objective reality that existed independently, separate from the individuals who composed it. Society consisted of groups of people who lived together for a long time, aware of their unity, and formed a system of communal life. Similarly, Soekanto (2013) defined society as a group of people who lived and interacted with one another within a particular environment. However, for the purposes of this study, the discussion of society is limited to the child's immediate social environment, particularly the role of parents and caregivers, as these directly influence the development of speech in children with delays.

Society had an organized system that regulated relationships between individuals and groups within it. According to Soekanto (2020), society was a group of people living together and interacting within a specific environment, possessing an organized system that governed relationships between its members. According to Sari (2020), the characteristics of society included social interaction, shared culture, and social structure. Every society had its own unique features that differentiated it from others, which could be seen through their ways of communicating, adapting, and living daily life.

Based on these findings, the focus was then directed to the definition of parents. Parents were figures of a father and mother who played an important role in the family; without them, life would feel incomplete. According to Zakiah Daradjat (2006), parents were the first and foremost educators in the family, as they provided the first guidance and affection for their children. This early education had a significant influence on the child's later life; therefore, parents needed to be aware of their crucial roles so they could fulfill them properly. Parents were the primary and first educators for their children, as it was through them that children initially received education. Thus, the first form of education began within the family.

Parents were their children's first teachers in moral education. The form, content, and methods of education within the family influenced the development of a child's character, morals, and personality. The education received at home served as the foundation for later learning at school. For instance, if discipline was instilled early at home, the child would apply it both at school and in society (Kusuma, 2019).

The next focus was directed toward the definition of speech delay. Speech delay referred to a condition in which a child did not develop speech abilities according to their age level. Children with speech delay generally spoke slower than their peers in terms of vocabulary, sentence formation, or speech clarity. According to Nestria Budiasih et al. (2024), a child was said to experience speech delay if they did not reach the expected language development milestones for their age. Around 11–18% of children aged 18 to 36 months experienced delayed lexical development without brain abnormalities, hearing impairment, or intellectual disabilities. These children were often called “speech-delayed” and most showed significant improvement in language ability after the age of three.

According to Khoiriyah (2016), speech delay was a condition in which children had difficulty expressing their desires or feelings to others, often characterized by unclear speech and limited vocabulary compared to other children. Anggraini (2014) noted that speech delay was a serious issue that required immediate attention. It could be observed through unclear word pronunciation and reliance on gestures rather than verbal communication, making it difficult for parents and others to understand the child.

Suhadi Istanti (2016) stated that several indicators could help detect developmental delays in children, such as when a baby aged 1–1.5 months could not smile, a 3-month-old had not produced sounds, an 18-month-old could not say 4–5 words, or a 2-year-old could not mention their own name. Such behaviors required early detection to identify potential language development problems. Family stimulation played a crucial role in all aspects of child development. If parents delayed in providing language stimulation, the child's

speech development would be hindered. Early childhood language progress served as the foundation for later development in elementary school (Zulkarnaini et al., 2023).

There were many factors causing speech delay. The most common included low intelligence levels, which made it harder for children to learn speech; lack of motivation because they could already communicate using gestures; parents' habit of using "baby talk"; limited opportunities to practice speaking; constant interaction with a twin who could interpret their special speech; or the use of a foreign language at home, which delayed mastery of the native language (Muslimat et al., 2020).

Parents needed to pay special attention to such developmental conditions and apply proper parenting patterns as good stimuli for the child's speech development (Wijayaningsih, 2019). Parents had to be aware of warning signs such as lack of response to sounds, developmental delays, disinterest in communication, difficulty understanding instructions, use of unusual words or phrases, slower speech compared to peers, and speech that was difficult even for family members to understand (Journal et al., 2024).

Parents' skills in providing stimulation to children with speech delay were very important to support their language and communication development. One of the key skills parents needed was social stimulation skills (Harahap, 2025b). Parents played a crucial role in shaping children's social abilities. Sometimes, children's weak social skills were not caused by lack of parental interest but by suboptimal involvement – for example, when children still sought parental attention while parents were too busy (Meriana & Wijayanti, 2025). Social skills referred to the ability to build and maintain relationships through communication and empathy (Hasanah, 2019).

Albert Bandura (1970–1980) stated that parents' social skills involved providing social stimulation to their children, based on Social Learning Theory, which emphasized learning through observation, modeling, and imitation. Children learned behaviors, attitudes, and emotions by observing and imitating their parents. Bandura emphasized that social learning occurred not only through direct reinforcement but also through observing and mimicking others – especially parents, who served as primary role models. According to Bandura, the aspects of parents' social skills within the Social Learning Theory framework included modeling (being an example), observational learning (children observing parental expressions and reactions), and reinforcement (parents strengthening children's social behavior through praise, hugs, or small rewards for positive actions such as sharing toys) (Yanuardianto, 2019).

Bandura also noted that parents' social skills were influenced by factors such as their ability to model and facilitate social learning for children through observation, imitation, and reinforcement (Allan, 2017).

However, parents' role in children's social development was not the only determinant of their social skills. Factors such as family economic status and family integrity also influenced preschool children's social abilities (Mukharis et al., 2019). Working parents often spent less time and emotional energy with their children, relying on others for childcare. Working mothers, in particular, had less time to engage creatively with their children, which reduced opportunities for stimulation (Misniarti, 2022).

Parents played a crucial role in supporting language development even before birth – communicating with the unborn baby to stimulate hearing. Children who received consistent and directed stimulation showed faster language development compared to those who did not (Jannah et al., 2024). Speech therapy and sensory integration therapy could also be given to children with speech delay to help balance their emotional development and improve social behavior (Ika et al., 2021).

The phenomenon that occurred was that not all parents realized how important it was to stimulate children's language from birth to age three. Many parents ignored their child's speech development, relied on teachers or caregivers, or lacked knowledge about language stimulation. Without proper language stimulation, intervention became necessary. Therefore, the researcher was interested in studying the forms of stimulation provided by parents to children with speech delay in order to understand parental roles in supporting children's language development.

Speech delay was a delay in speech development that did not match the child's age. According to Jean Piaget (1896–1980), language development progressed along with cognitive growth. If a child's cognitive development was delayed, their speech would also be delayed. Piaget explained that at around three years old, children were still in the early preoperational stage, where egocentric speech dominated they had difficulty distinguishing between thinking for themselves and communicating with others.

According to Piaget, cognitive development progressed through stages such as sensorimotor and preoperational. At ages three to four, children began to develop symbolic thinking, using language, drawings, or pretend play to represent real experiences. They also started classifying objects by simple attributes such as color, size, or shape (Theoretical & Empirical, 2025).

One form of intervention that could be given to parents to improve their social stimulation skills in assisting children with speech delay was through content mastery services. This service was provided by experts such as counselors or psychologists to equip parents with social stimulation skills, enabling them to better support their children with speech delay (Harahap, 2025a). However, previous studies have largely focused on direct speech therapy for children, with limited attention given to empowering parents as active facilitators of their child's speech development. This gap indicates the need for research that examines how structured content mastery services for parents can effectively enhance their ability to stimulate and support children with speech delays.

B. Method

This research used a quantitative method. The quantitative research method was a series of scientific steps taken by a researcher using a quantitative approach to obtain measurable data that were analyzed to answer or solve a problem. This study employed a quasi-experimental method with a one-group pretest-posttest design, in which the same group of subjects served as their own control before and after treatment. According to Sugiyono (2014:74), the One-Group Pretest-Posttest Design was a research design that included a pretest before treatment was given. Thus, the effects of the treatment could be

determined more accurately because the researcher could compare the conditions before and after the intervention (Sugiyono, 2014).

This research was conducted at RA Qurratu A'yun Delitua, a private early childhood education institution located in Deli Tua District, Deli Serdang Regency, North Sumatra. RA Qurratu A'yun Delitua was established on January 1, 1970, under the supervision of the Ministry of Religious Affairs. The school had 120 students divided into four classes, each consisting of approximately 20–30 students.

The sampling technique used in this study was purposive sampling. Purposive sampling was a technique in which subjects were intentionally selected based on specific criteria relevant to the research objectives (Subhaktiyasa, 2024). The sample of this research consisted of 30 parents, who were divided into two groups: an experimental group and a control group. The experimental group received treatment in the form of group guidance services using content mastery techniques, while the control group did not receive any treatment during the research period. The selection of these two groups aimed to compare parents' social stimulation skills in assisting their children with speech delay.

The content mastery service treatment involved several structured procedures to ensure that parents fully understood and could apply social stimulation techniques. First, parents attended group sessions led by trained counselors or psychologists, where they were introduced to key concepts of social stimulation and strategies to engage children with speech delays. Second, parents participated in role-playing exercises and simulated interactions to practice applying these techniques with their children. Third, parents received individualized feedback and guidance on improving their interaction methods, ensuring the correct application of stimulation strategies at home. Finally, follow-up activities were conducted to monitor parents' progress and reinforce the skills learned during the sessions. This detailed procedure allowed for a clear understanding of how the intervention was implemented.

The data collection instrument used was a skill scale designed to measure parents' social stimulation abilities. The instrument had been tested for validity and reliability prior to implementation. Validity was confirmed using a correlation test, with items showing a calculated r value greater than the table r value, indicating that all items were valid. Reliability testing showed a Cronbach's alpha value above the acceptable threshold, confirming the consistency of the instrument.

Data analysis was conducted using the Independent Sample t-Test to measure the differences in skill scores between the pretest and posttest within each group. This test was selected because it was suitable for normally distributed data with a sample size of 30. The results of this analysis served as the basis for answering the research questions and testing the hypotheses regarding the effectiveness of content mastery services in improving parents' social stimulation skills.

C. Finding and Discussion

1. Finding

This study focused on measuring the effectiveness of content mastery services in improving social stimulation skills among parents who had children with speech delay. The data were collected through pre-tests and post-tests using a Likert-scale-based instrument for measuring social stimulation skills, which had been tested for validity and reliability.

The research subjects were divided into two groups: the experimental group, which received the content mastery services, and the control group, which did not receive any treatment during the research process. The results of the pre-test and post-test of parents' social stimulation skills in the experimental group are presented in Table 1:

Tabel 1. Frequency Distribution and Percentage of Pre-test and Post-test

<i>Pretest</i>			<i>Posttest</i>		
Interval	Categori	%	Interval	Categori	%
59-80	High	30	59-80	High	80
37-58	Medium	70	37-58	Medium	20
15-36	Low	0	15-36	Low	0
Total		100	Total		100

Based on Table 1, a significant improvement was observed in parents' social stimulation skills after the treatment. During the pretest, nine (9) parents (30%) were in the high category, and twenty-one (21) parents (70%) were in the medium category, with none in the low category. After the posttest, twenty-four (24) parents (80%) were in the high category, six (6) parents (20%) were in the medium category, and none remained in the low category. This indicates a clear increase in parents' social stimulation skills, contrary to the previous description of a decrease, and demonstrates the positive effect of the content mastery intervention.

To ensure the data were suitable for parametric analysis, a normality test was conducted (Table 2)

Tabel 2. Results of the Normality Test

	Kelo mpo k	Tests of Normality			Shapiro-Wilk		
		Kolmogorov-Smirnov ^a					
		Stat istic	df	Sig.	Stat istic	df	Sig.
Pretest	Prete st	,111	30	,200 *	,974	30	,661
Posttest	Postt est	,133	30	,188	,945	30	,123

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

The normality test results showed that both pretest and posttest data were normally distributed, as evidenced by the significance values (Sig. > 0.05) for both the Kolmogorov-Smirnov and Shapiro-Wilk tests. This condition applied to both experimental and control groups, fulfilling the assumptions required for parametric tests. Next, a homogeneity test was conducted to determine whether the variances between the experimental and control groups were equal (Table 3).

Tabel 3 Homogeneity Test
Test of Homogeneity of Variances
Hasil pretest posttest

Levene Statistic	df1	df2	Sig.
2,025	1	58	,160

Based on the results of the homogeneity of variance test using Levene’s test, as presented in Table 3, the significance (Sig.) value obtained was 0.160, which was greater than 0.05. This indicated that the pretest and posttest data had homogeneous or equal variances. Therefore, the assumption of homogeneity of variance was met, and the data were suitable for further analysis.

Next, after the data were confirmed to be normally distributed and to have homogeneous variances, a t-test was conducted to examine the differences in parents’ social stimulation skills who had children with speech delay through the implementation of content mastery services.

Tabel 4. Results of the Paired Sample t-Test
Paired Samples Test

	Paired Differences	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1 Pretest - Posttest		9,833	12,186	2,225	5,283	14,384	4,420	29	,000

The results showed a significant difference in parents’ social stimulation skills before and after the intervention ($t = 4.420, p < 0.05$), with a mean increase of 9.833 points. This demonstrates that content mastery services effectively improved parents’ abilities in stimulating social interactions with their children. Paired Samples Correlations revealed a correlation of -0.058 ($p = 0.760$), indicating that the observed changes were due to the intervention rather than a linear relationship between pretest and posttest scores.

Critically analyzing these results, the improvement can be attributed to the structured nature of the content mastery sessions, which combined theoretical instruction with practical exercises and feedback. Role-playing and guided interactions helped parents internalize effective strategies, allowing them to consistently apply stimulation techniques at home. This approach aligns with the concept of parents as primary educators in the child’s environment, emphasizing that the family serves as the “first

madrasah” in Islamic education. By actively participating in their children’s developmental activities, parents not only enhance speech outcomes but also fulfill their role in shaping moral and social values from an early age.

In conclusion, the intervention had a significant positive impact on parents’ social stimulation skills, supporting the idea that empowering parents through structured content mastery services is an effective strategy for fostering children’s speech development within both educational and religious contexts.

2. Discussion

From these results, it could be concluded that the treatment given had a significant effect on changes in parents’ social stimulation skills who had children with speech delay. This means that the intervention had a real impact on the differences between pretest and posttest results within the same group. The initial condition of parents’ social stimulation skills who had children with speech delay before being given content mastery services showed that most parents were still at a suboptimal level of skill. Based on the pretest results conducted before the implementation of the content mastery service, it was found that (9) parents were in the high category with a percentage of (30%), while (21) parents were in the moderate category with a percentage of (70%).

This finding was consistent with (Rajesh, 2019), who found that parents who were initially at a moderate (suboptimal) level could improve through relatively low-intensity training that serves as a comparison between the initial condition and the benefits of the intervention. It also aligned with (Roberts, 2011), who stated that parents involved in intervention programs were able to enhance the quality of their children’s linguistic environment, including responsiveness, turn-taking ability, and the use of supportive strategies (such as modeling, expanding children’s utterances, and focused stimulation), leading to better language development in children. Furthermore, (Hatherly et al., 2025) suggested that parents could strengthen the understanding that a suboptimal (moderate) initial condition is not the endpoint; there is empirical evidence showing that interventions can yield positive changes even in non-privileged or lower-intensity contexts.

Based on the posttest data analysis results, there was a noticeable difference in the condition of parents’ social stimulation skills who had children with speech delay. After being provided with the content mastery service, all parents showed a significant improvement in their social stimulation skills. After the treatment, the posttest results indicated a substantial increase, with (24) parents in the high category (80%) and (6) parents in the moderate category (20%).

These findings demonstrated that after receiving content mastery services, parents’ social stimulation skills improved significantly, as shown by the increased number of parents in the high category. Therefore, the content mastery service intervention was proven effective in enhancing the social stimulation skills of parents who had children with speech delay.

This study is in line with (Suttora et al., 2021), who revealed that a parent-implemented intervention emphasizing dialogic reading and focused stimulation over six sessions produced significant changes in the functional features of parent-child

interactions (such as responsiveness to the child's verbal initiatives, expansion of the child's utterances, and "talking over reading") and improvements in children's expressive lexical and utterance variety after the intervention. This supports the idea that parents, after intervention, move into the high category in terms of social or language stimulation (Suttora, 2021).

This finding also agrees with (Zuccarini et al., 2020), who found that interventions focusing on dialogic book reading for late talkers—both low-risk preterm and full-term—showed that more children in the intervention group experienced partial or full recovery from expressive lexical delay compared to the control group; their ability to produce complete sentences also improved. This confirms that parent-led interventions can shift performance from moderate to high levels in language or social stimulation aspects (Zuccarini, 2020).

According to (Carson et al., 2022), interventions involving parents more directly or indirectly (through everyday communication stimulation) had a positive effect on expressive and receptive vocabulary. This supports the notion that content mastery services can create significant differences between the experimental and control groups (Carson, 2022).

The intervention through content mastery services was proven to have a broad and significant impact on the experimental group. This indicates that a content mastery-based approach can effectively enhance parents' social stimulation skills comprehensively, regardless of individual background differences. After receiving the treatment, all parents demonstrated a statistically significant increase in their skills. These findings reinforce that the provided intervention was not only effective but also applicable on a wider scale to support parents in assisting children with speech delay. With this improvement in social stimulation skills, parents became more capable of fostering meaningful interactions that support children's social and communication development optimally. According to (Zuccarini, 2020), the overall results showed that more children in the experimental group exhibited partial or full recovery from their expressive lexical delay and gained the ability to produce complete sentences compared to those in the control group (Zuccarini, 2020).

E. Conclusion

Based on the results of the study, it can be concluded that there was a significant improvement in the social stimulation skills of parents who had children with speech delay after receiving content mastery services. The analysis showed an increase in parents' ability to stimulate their children's social interactions following the intervention. **This indicates that content mastery services are effective in enhancing parents' skills and can serve as a practical and valuable guidance strategy for parents of children with speech delays (Subhaktiyasa, 2024).

In terms of practical recommendations, early childhood education institutions, such as madrasahs or preschools, are encouraged to integrate content mastery services into their parent guidance programs. Counselors or psychologists can conduct structured group sessions combining theoretical explanations, role-playing exercises, and

individualized feedback, allowing parents to practice and reinforce social stimulation strategies. Schools can also provide follow-up support through home visits or virtual consultations to ensure that parents consistently apply the techniques learned during the sessions. Additionally, institutions should document and monitor parental progress to adapt guidance according to each child's specific needs, thus maximizing the effectiveness of the intervention.

Overall, the findings suggest that implementing content mastery services not only improves parents' social stimulation skills but also supports the holistic development of children with speech delays. By empowering parents as active facilitators, these interventions contribute to fostering social, cognitive, and emotional growth in early childhood, aligning with the principle that the family serves as the first and most influential educational environment.

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