Lingua Cultura, 20(2), December 2026, 109-118
DOI: 10.21512/lc.v20i2.15406
P-ISSN: 1978-8118
E-ISSN: 2460-710X

BEYOND THE LANGUAGE: A MOTHER'S NARRATION OF A CHILD'S SPEECH DELAY

Jasmine Raine Tagtag[1]; Mariane Joy Mabalot[2]; Lhuke Draven Genova[3]; John Rey Pelila[4]*

[1-4]Department of English, College of Arts and Humanities, Benguet State University
La Trinidad, Benguet, 2601 Philippines
[1]jasminerainet@gmail.com; [2]marianejoymabalot@gmail.com; [3]lhukegenova74@gmail.com;
[4]johnpelilalpt@gmail.com

Received: 14th February 2026/**Revised:** 25th June 2026/**Accepted:** 11th June 2026

How to Cite: Tagtag, J. R., Mabalot, M. J., Genova, L. D., & Pelila, J. R. (2026). Beyond the language: A mother's narration of a child's speech delay. *Lingua Cultura, 20*(2), 109-118. https://doi.org/10.21512/lc.v20i2.15406

In Press

ABSTRACT

While previous studies have highlighted the benefits and challenges of bilingualism, limited research has explored how parents perceive the factors that may contribute to a child's speech delay in multilingual environments. Little is known about how parental beliefs and home language practices shape speech development when one language becomes dominant. This study examined a parent's lived experience to understand how language choices, daily interactions, and beliefs influence the speech development of a multilingual child with a diagnosed speech delay. Specifically, it explored how parental language practices affect speech development and how English dominance interacts with other home languages. A qualitative design using narrative inquiry was employed, focusing on a mother's account of her son, Samuel. Data were collected through a semi-structured interview and triangulated with records from a therapy center and a welfare office in X City. Thematic analysis, guided by an interpretive and story-based approach, identified patterns in parental practices and the child's developmental outcomes. Findings showed that Samuel's speech improved through early diagnosis, structured therapy, and consistent parental involvement. English became dominant through early exposure, providing a stable communication medium. However, the delay was not caused by English dominance itself, but by limited parent–child interaction, excessive screen time, and inconsistent multilingual input. Meaningful engagement, guided language practice, and balanced exposure to all languages supported progress. Although focused on a single participant, the study offers insights for parents, therapists, and educators supporting children with speech delays in multilingual contexts.

Keywords: *speech delay, parental beliefs, language dominance, narrative inquiry*

INTRODUCTION

Speech delay occurs when a child's speech development progresses more slowly than typically expected for their age. Although children with speech delay usually follow the normal sequence of speech development, they do so more slowly than their peers (Alamri et al., 2023; Al-Qahtani et al., 2025). Weak performance in verbal communication is an indicator of speech delay, particularly when incoherent speech is characterized by grossly misarticulated sounds (Ehrampoush et al., 2019). Early diagnosis and intervention are critical, as untreated delays persist in 40% to 60% of cases and may impact cognition, social interaction, and emotional skills. This can manifest in a child's conversational speech, which may appear more incoherent than expected or exhibit speech-sound error patterns inappropriate for their age (Sunderajan & Kanhere, 2019).

To understand speech delay, it is important to distinguish between speech and language. Speech refers to the physical production of sounds and words, involving articulation, fluency, and voice (Sunderajan & Kanhere, 2019; Yue et al., 2024). Speech difficulties

*Corresponding Author

include stuttering, articulation problems, or atypical voice quality. Language encompasses the broader system of understanding, processing, and using symbols (spoken, written, signed, or gestured) for communication (Yue et al., 2024; Zong et al., 2024). It involves both receptive skills (understanding others) and expressive skills (communicating thoughts and ideas), including vocabulary, grammar, phonology, and the social use of language (pragmatics) (Freeman & Schroeder, 2022; Siregar & Nurhafizah, 2022).

Speech delay primarily affects the clarity and accuracy of speech production, whereas language delay affects understanding and/or use of words in context. A child with a speech delay may comprehend language well but struggle to produce intelligible speech. Conversely, a child with a language delay may have difficulty understanding others or forming appropriate sentences (Freeman & Schroeder, 2022; Yue et al., 2024). Importantly, speech and language delays often coexist. A child may exhibit one or both, which are common developmental challenges that affect social interaction, behavior, emotional well-being, academic performance, and future employment (Fouzia Hoque et al., 2021; Sunderajan & Kanhere, 2019). Typically, children with these delays still develop communication skills in the correct sequence but at a slower rate than expected. Delays may manifest as missed developmental milestones, such as babbling, vocabulary growth, sentence formation, and conversational skills appropriate to age, gender, and cultural context (Sunderajan & Kanhere, 2019).

Several factors contribute to speech delay and can be broadly categorized as internal (biological, medical, and developmental) and external (environmental and sociocultural). Internal factors include sex (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021; Putra et al., 2022), prematurity, low birth weight, gestational age (Al-Qahtani et al., 2025; Mufidah, 2024; Putra et al., 2022), birth asphyxia (Sunderajan & Kanhere, 2019), neurological and developmental disorders (Gilhuber et al., 2023; Katsarou et al., 2024; Mufidah, 2024), hearing loss, anatomical abnormalities, and a family history of communication disorders (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021).

Research indicates that males are more likely to experience speech delay. Studies have reported that 68.5% of participants with speech delay in Bangladesh were male, and male gender has been identified as a significant risk factor (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021; Putra et al., 2022). Prematurity, low birth weight, and shorter gestational age increase the likelihood of speech and language delays (Al-Qahtani et al., 2025; Mufidah, 2024; Putra et al., 2022). Birth asphyxia similarly elevates risk, with a study reporting a 4.58-fold increase in speech and language delays among affected children (Sunderajan & Kanhere, 2019). Neurological and developmental disorders, including autism spectrum disorder (Gilhuber et al., 2023; Mufidah, 2024) and ADHD (Katsarou et al., 2024), are frequently associated with speech and language delays, alongside attention difficulties and seizure disorders (Fouzia Hoque et al., 2021) and central nervous system processing disorders (Al-Qahtani et al., 2025; Gilhuber et al., 2023).

Hearing impairments and anatomical abnormalities, such as cleft lip or palate, impede speech development by limiting sound perception and production (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021). Developmental language disorders (DLD) involve difficulties acquiring and using language without an underlying medical condition. A study found that multilingual children with DLD outperformed monolingual peers in English vocabulary, grammar, and oral fluency, highlighting the benefits of multilingualism even among children with language disorders (Tribushinina & Boz, 2025). Speech impairments such as articulation disorders, dysarthria, and verbal apraxia further contribute to delays by affecting motor planning and execution (Al-Qahtani et al., 2025). Vocabulary and grammar difficulties may also indicate delayed speech development (Kornev & Balčiūnienė, 2021). A family history of communication disorders further increases risk, suggesting a heritable component or slower maturation rate without underlying medical issues (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021).

External factors include environmental and sociocultural influences that shape language exposure. Excessive screen time and passive media consumption have been linked to speech delays (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021; Sunderajan & Kanhere, 2019; Wangke et al., 2021). Limited parental interaction, lack of conversational input, and minimal storybook reading can hinder language development (Al-Qahtani et al., 2025; Wangke et al., 2021). Maternal factors, including older age and mother–child separation, reduce bonding and consistent language exposure (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021). Environments lacking adequate stimulation and interactive play further impede language development (Al-Qahtani et al., 2025; Sunderajan & Kanhere, 2019).

Furthermore, among family environmental factors, socioeconomic status (SES) that affects access to healthcare, early education, and intervention resources, may also influences speech development (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021; León et al., 2023; Sunderajan & Kanhere, 2019; Yang & Crehan, 2023). Growing up in a multilingual family can also be both a risk and a benefit. While some studies associate multilingual households with speech delays (Fouzia Hoque et al., 2021; Sunderajan & Kanhere, 2019), others report cognitive and linguistic advantages (Khadiva & Zulfahmi, 2024; Kircher et al., 2022; Yang & Crehan, 2023). Delays are more likely if English becomes dominant over the native language (Wangke et al., 2021; Yang & Crehan, 2023).

Although research has examined biological, environmental, and familial factors, few studies have examined how these factors intersect with second language (L2) acquisition in multilingual contexts. In the Philippines, early exposure to English

In Press

may influence both first- and second-language development, sometimes contributing to speech delays while offering cognitive and linguistic benefits. Simultaneous exposure to multiple languages may also result in vocabulary delays or confusion.

This study focused on parents' experiences to understand how language exposure, family interaction, and environmental factors shaped speech development. Specifically, it described the child's experiences before, during, and after the speech delay diagnosis and therapy as perceived by the parents.

METHODS

This study employed a qualitative design grounded in narrative inquiry to explore how a parent narrated her child's experience of speech delay in a multilingual home. The study was informed by Sociocultural Theory, Family Language Policy, Parental Beliefs and Attitudes, and the Strengths-Based Approach, which collectively guided the examination of how social interaction, home language practices, parental perspectives, and supportive environments shaped the child's speech development. Narrative inquiry focuses on how individuals construct meaning from lived experiences within personal, social, and cultural contexts (Clandinin, 2006). To strengthen credibility, methodological triangulation was applied by combining the parent's in-depth interview with supplementary information from institutions identified by the participant, including a local social welfare office and the therapy center in Baguio. Triangulation enhances the trustworthiness of qualitative data by allowing cross-verification from multiple sources (Noble & Heale, 2019).

The study included one participant who met specific inclusion criteria: being a parent of a medically diagnosed child with speech delay, providing continuous care for at least six months, and living in a multilingual household with at least two actively spoken languages (Table 1).

Table 1 Inclusion-Exclusion Criteria

Parameter	Inclusion	Exclusion
Child's diagnosis	Medically diagnosed with speech delay	Child not medically diagnosed
Parental role	Parent providing continuous care for at least six months	Parent not providing continuous care
Household language environment	Multilingual household with at least two actively spoken languages, including English	Monolingual household or fewer than two languages

Formally diagnosed cases ensured clinically verified speech delays, reducing confounding factors such as temporary or environmentally induced delays (Al-Qahtani et al., 2025). Exposure to at least two languages was required because multilingual environments can both reveal and influence speech delay. In multilingual households, children are often exposed to different languages depending on the speaker, setting, or daily activity, influencing how they understand, process, and use language in social interactions (Kircher et al., 2022). Family Language Policy emphasizes how parents' language choices and routines influence children's language development, while Sociocultural Theory highlights the role of social interaction and guided communication in learning. A minimum of six months of second-language exposure was required to ensure observable adaptation and consistent language-use patterns (Wangke et al., 2021). Researchers excluded children with neurological or genetic conditions, such as autism or hearing impairment, to isolate the effects of multilingualism (Gilhuber et al., 2023).

Only one participant met all criteria: the mother of a child diagnosed with speech delay, hereafter referred to as Samuel (a pseudonym meaning "heard by God"). The study examined his experiences primarily through his mother's perspective, as she had firsthand knowledge of his language development and daily interactions. Although snowball sampling was initially planned, most referred cases were medically undiagnosed and thus excluded. Although the study involved a single participant, it remained methodologically sound; qualitative approaches such as narrative inquiry can focus on one participant, provided the narrative offers sufficient depth and detail (Dahal et al., 2024). Data triangulation with institutional records further strengthened the findings' credibility.

Semi-structured interviews facilitated interactive engagement, allowing the researchers to adapt questions based on responses and create a conversational, dynamic interaction (DeJonckheere & Vaughn, 2019). The researchers developed an interview guide aligned with the research objectives using a priori codes and prepared an aide-mémoire to guide the interview. It included three sections: an introduction explaining the study, obtaining informed consent, and assuring confidentiality; the main interview corresponding to the a priori codes; and closing remarks inviting participant feedback. Three teachers from other state universities and colleges content-validated both tools before ethics review.

Potential participants who met the criteria were contacted; only Samuel's mother qualified and provided written consent for participation and audio recording. The interview was conducted primarily in Tagalog, with occasional code-switching in Ilocano and English as needed. It lasted 30-60 minutes, slightly longer than the 30-minute guideline (Jamshed, 2014), allowing for deeper discussion. A follow-up interview was conducted to clarify and expand on certain

In Press

responses. Methodological triangulation was applied by supplementing the parents' narrative with information from Samuel's therapist and a representative from the social welfare office, enhancing data validity through convergence and cross-verification (Noble & Heale, 2019).

All audio-recorded interviews were transcribed verbatim and translated into English to ensure accurate interpretation and broader accessibility (Younas et al., 2022). Narrative analysis followed an interpretive, story-based process (Sudarwati & Ningrum, 2022), presenting findings thematically while maintaining a chronological recounting of events from Samuel's first year until he was four. Through repeated reading, categorization, and comparison of responses, recurring patterns and meanings were organized into themes related to parental practices, language exposure, social interaction, intervention, and environmental influences on speech development. The analysis was guided by the study's theoretical frameworks and highlighted how these factors shaped Samuel's communication development. Consistent with the Strengths-Based Approach, the analysis also emphasized the child's progress, family support, and developmental improvements rather than focusing solely on deficits.

RESULTS AND DISCUSSION

The findings describe Samuel's communication development before, during, and after intervention, showing how his speech changed over time. At first, his parents thought he was just shy and expected he would start talking more on his own. Because his speech did not improve like other children his age, they realized an early diagnosis might be necessary.

In particular, before Samuel turned three or started daycare, his parents had already sensed something was different. He was a quiet, observant child who preferred playing alone or neatly arranging his toys instead of engaging in pretend play. *"When he was not in school yet, we noticed he did not make eye contact,"* his mother recalled, *"but we just let it go because we thought he was still young."* She added, *"When it is hot, he says, 'wish you wow,' meaning 'where is that,' but he cannot pronounce it properly."* Samuel often produced unclear or incomplete speech sounds, such as saying *"ah wish you wow"* instead of "*where is that,"* or *"amulance"* instead of *"ambulance."* At the time, his parents believed that children developed at their own pace and attributed his silence and lack of eye contact to shyness.

When Samuel turned three and entered daycare, his teacher began to express concern. During class activities, he often stayed on the sidelines and appeared detached from group interactions. According to his mother, Samuel spoke less clearly than his classmates and preferred to play alone with his toy cars. He would communicate by pulling or pointing instead of using words. *"When he wants to do something, he does not say it,"* his mother explained. *"He will pull you and point to what he needs, as if he is leading. He cannot say what he wants to say."* Although Samuel followed routines well, he rarely interacted with classmates and often mumbled or stayed quiet when called to recite. These patterns drew his teacher's attention and prompted closer observation.

Each year, representatives from the social welfare office in X City visited the daycare center to monitor children's development. *"In daycare, people from the social welfare office visit to help kids with developmental or sensory concerns,"* the parent explained. *"They check how the children are doing, especially their speech. Only three or four kids are assessed at a time, allowing them to focus more effectively. That is why early assessment is a big help."* However, the agency clarified that they do not conduct the assessments directly. Through the Early Detection, Prevention, and Intervention Disability (EDPID) program, they train parents, teachers, and health workers to recognize early signs of developmental delays. During one visit, Samuel underwent a developmental screening that involved naming pictures, following instructions, and identifying colors. While most children responded eagerly, Samuel appeared withdrawn and avoided speaking, which heightened his teacher's concern.

During Samuel's formal schooling, his teacher discussed the local social welfare office's evaluation results with his parents. The assessment revealed developmental gaps in speech and social interaction. The teacher noted that Samuel's speech was often unclear and that he avoided eye contact during conversations. *"They said he could not form a sentence. At that age, he should already be able to speak in sentences at least once a day,"* his mother recalled. Following this, the teacher referred the parents to a developmental center for assessment and therapy. *"That is when they told us, 'Ma'am, your child has a speech delay,"* the mother shared. Although difficult to accept, the diagnosis brought clarity and direction. *"Since we did not know he had that, we just observed him and thought it was normal,"* she admitted. *"When the teacher told us, that is when we really took action. We thought boys talk later than girls… that is what people usually say."*

Moreover, the family came to accept the situation and decided to seek professional help, which became an important turning point for both Samuel and his parents.

Here, balancing work responsibilities with her child's developmental needs proved a significant challenge for the parent. She admitted feeling deeply hurt upon learning about Samuel's condition. *"We were hurt because, as a parent, of course, you do not want your child to have any special conditions,"* she explained. *"I felt really down as if I had failed somehow, even though I did everything I could. However, in the end, we just accepted it. That is really how it is."*

Samuel's parents were skeptical, comparing him to other children who had spoken late but eventually caught up. However, over time, they noticed that he

In Press

rarely initiated conversations, repeated words instead of responding meaningfully, and became frustrated when he was not understood. These observations prompted them to seek professional advice, highlighting the importance of early evaluation and intervention. Before Samuel's formal diagnosis, his limited speech and social interaction were misinterpreted by his parents as typical late-talking behavior, influenced by societal beliefs that boys often develop language more slowly, as it is confirmed by research that indicates males are statistically more likely to experience speech delays (Fouzia Hoque et al., 2021; Putra et al., 2022). In Samuel's case, this perception delayed intervention. A developmental assessment conducted at his daycare revealed clear gaps in his communication skills, confirming a speech delay (Freeman & Schroeder, 2022; Yue et al., 2024).

Determined to seek help, the parent began searching for assessment services but discovered that most therapy centers were beyond their budget. *"The others were too expensive, three thousand pesos just for the assessment, and each session costs over one thousand,"* she recalled. After visiting several centers, a fellow parent from the daycare referred her to a more affordable therapy center. *"It is cheap, and it is one-way only,"* she shared. At the recommended center, the parent found not only affordable therapy but also emotional support from other families facing similar challenges. Reflecting on the experience, she expressed gratitude for an early promotional opportunity: *"The assessment… it was free because we caught the promo. It is supposed to be two thousand."* This allowed Samuel to begin treatment earlier, marking the start of his gradual improvement.

To ensure consistent attendance, Samuel's parents coordinated with the daycare to create a flexible schedule. *"His daycare has AM and PM classes, and my child is in the PM, from 1 to 3,"* the parent explained. *"So, what they suggested was that the session would be from Monday to Friday. We talked to the teacher and asked if it is okay for him not to attend class on Fridays so he could have his session there, and the school allowed it."* By the second week of January 2023, Samuel began his therapy sessions.

The parent shared insights into the therapy activities while maintaining confidentiality. *"It is like they teach him how to identify things,"* she explained. *"The teacher shows him pictures and asks him to pronounce them. She also teaches him directions, such as 'put it on top,' and helps him learn colors and identify books. It is more on assessment and recognition."* The specialist emphasized the structured approach, focusing on comprehension before verbal expression: *"Receptive language comes first; before they can express, they also need to understand."* The teacher also worked on Samuel's attention and recognition skills, including eye contact, identifying body parts and people, and reshuffling pictures to test retention.

From these interventions, Samuel began to show progress. The therapist recommended limiting gadget use at home to encourage interaction: *"He now has more interaction. The teacher also taught us a technique. She said we should lessen his cellphone use. Additionally, massage therapy is also available during his sessions. Every session, we bring ice because the teacher uses it to massage his muscles. She said it helps the child improve speech faster."* The technique, known as Oral Pharyngeal Massage, targets oral muscles to support speech production and feeding. Gradually, Samuel became more responsive, pronouncing sounds more clearly and following instructions more effectively.

By the third or fourth session, noticeable improvements were evident. *"By the 3rd or 4th session, his words were improving. He was starting to follow the rules and the things they taught him. You could already give him commands, and he would understand and respond,"* his parents proudly shared. The therapy center clarified that the primary intervention offered was Applied Behavior Analysis (ABA), supplemented with referrals to specialized speech-language pathologists when necessary. The sessions primarily focused on behavioral regulation, communication, and readiness for learning, supporting Samuel in following routines, paying attention, and expressing himself effectively.

The center emphasized the importance of parental involvement and home practice. *"They said he needs to have someone with him when he watches, so we can see what he is watching, and we should also play with him,"* the parent shared. *"That is one thing they focus on: professions. So when we walk outside, we also need to point out people and their jobs. Those were the teacher's advice."* Parental engagement, including pointing out professions, reading, and interactive conversation, reinforced language acquisition, and connected words to real-world experiences.

Due to financial constraints, Samuel attended therapy from January to April 2023. *"They told us to continue until he gets better, but we just could not afford it anymore. That is why we had to stop after about three months,"* the parent recalled. Despite this, progress continued at home as the parent applied therapy techniques. The center noted that while full recovery is unlikely, consistent intervention, home practice, and supportive environments significantly improve communication skills.

Professionals highlighted early intervention and parental acceptance as essential. "*There needs to be an early intervention. If they do not want therapy, they should try to go to the doctors. They need to embrace it. If their children have delays, let us look for help from the doctors,"* the specialist advised. Guidance included monitoring language exposure, limiting screen time, and consistent verbal interaction: *" You're not talking to the child enough, so they're not getting the exposure that's important for brain development. This is something that needs to be addressed. Learning is essential, even when children are very young."* Home strategies included gradually reducing gadget use, daily language practice, and adapting communication

In Press

to the child's environment, including code-switching between Tagalog and English as needed.

Thus, through coordinated therapy and active parental involvement, Samuel gradually developed his expressive abilities. Routine engagement, reduced screen exposure, and guided language practice facilitated his speech and language improvements. This improvement supports research implying that children's environment, daily interactions, and parental guidance strongly influence language acquisition (Al-Qahtani et al., 2025; Wangke et al., 2021). It also align with several research that states limiting screen exposure mitigated potential language barriers caused by multiple languages and passive media consumption (Al-Qahtani et al., 2025; Fouzia Hoque et al., 2021; Wangke et al., 2021).

Finally, with continuous support at home and during therapy, Samuel gradually made progress, and his journey showed how patience and consistent guidance helped him develop his speech. So after completing his therapy sessions, Samuel's parents decided to let him continue his studies in their home province. The mother shared that the decision was both practical and beneficial, allowing the family to be together while still supporting Samuel's learning. *"We brought him down after he had daycare here. He is already studying in the province because my husband has a business there, so they are staying there and visiting here,"* she explained. Despite the change in environment, Samuel continued to show notable progress in communication and social interaction. His exposure to different languages, including English, Tagalog, and Ilocano, shaped the way he expressed himself over time. *"It is still English (dominant language) because Tagalog is only being taught to him little by little,"* the parent shared. *"For example, when they say 'manganen' (let us eat) during mealtime, he also says, 'manganen' because he sees what they are eating."*

The parent noted that exposure to multiple languages can sometimes be confusing, a concern the therapy center confirmed. *"We have what we call a language barrier. That happens when, due to the introduction of too many words or languages, an individual can no longer fully understand. There will really be difficulty in comprehension and a reduction in learning or participation,"* one specialist explained. However, the specialist clarified that Samuel's speech delay could not simply be attributed to English. *"It cannot be said that it is because of English. It is more about the consistency of language use, so if the child is exposed to many foreign languages that are not mostly used at home, they will really have a hard time."*

In other words, Samuel's early environment also played a significant role in his development. Because his parents worked long hours, opportunities for face-to-face interaction were limited, and he spent much of his early years on gadgets. This reduced natural-language practice underscores the importance of parental engagement at home. His speech delay went unnoticed until later, when it was identified through early screening conducted by the local social welfare office in coordination with his daycare. Although therapy sessions were limited by financial constraints, Samuel still made progress because of his parents' consistent involvement, reinforcing the therapist's view that home engagement is essential to a child's language development. Government programs, such as the local social welfare office's Early Detection and Intervention Program, also played a vital role in supporting Samuel early on. Without these programs, his outcomes might have been less favorable. Early screening, assessment, and teacher encouragement supported his progress, consistent with research showing that timely detection and intervention are critical for children with speech delays, regardless of language background (Chen, 2024; Ehrampoush et al., 2019). These findings underscore the importance of early, consistent intervention, and parental involvement in promoting meaningful gains in children's communication skills.

Moreover, Samuel's early exposure to different languages through cellphone videos influenced his vocabulary development. *"From what they watch… it is really English. However, when they watch TV, it is Tagalog. So that is also one reason he learned English from the cellphone,"* the mother explained. To strengthen comprehension, the family translated words between English and Tagalog. *"When you speak Tagalog to him, he will not understand or pay attention. That is why we translate from English to Tagalog first,"* she added. Gradually, Samuel's speech became clearer, and his comprehension improved significantly. *"His improvement is big. When I tell him, 'Can you massage mama?' or 'Come here, massage papa,' he already understands. He also knows how to joke and play now,"* the parent shared proudly.

Socialization further enhanced Samuel's communication and confidence. Living in the province allowed him to interact with children his age, which positively influenced his development. *"He is already normal now. His socializing with the kids had a big impact because his playmates down in the province are also his age, like eight or six years old,"* the parent explained. She emphasized preventing isolation: *"That is why I said, when we see him alone, we do not let him be by himself. Because that is what happened before… he was often alone, and we do not want him to become an introvert."*

Today, Samuel can independently form simple sentences such as *"I want this"* or *"I want that toy,"* a remarkable improvement from only saying single words like *"toy."* His parents view this progress as the result of both early therapy and consistent home support. Reflecting on their journey, the mother offered advice to others facing similar challenges. *"What I can suggest to parents is that they should not be afraid or discouraged to have their child assessed if there is something like that. Because it is their child who will be assessed, they should not be afraid to have their child fixed, because in the future, their child will suffer if they do not have him checked. It is also important for a child to be okay when they grow*

In Press

up," she said. She also highlighted the importance of consistency and timely intervention: *"Maybe the thing is that they should maintain that, especially in daycare. The earlier a child is checked or intervened, the easier it is to get him treatment. Because if it is late, it will be hard for him."* The specialist reinforced that therapy focuses on improvement rather than complete recovery: *"Therapy does not guarantee a full recovery but only improvements, and regression happens if the therapy is not followed up at home."* This emphasizes that continuous practice and home support are critical to maintaining and strengthening progress.

On the other hand, the findings explore the factors contributing to Samuel's speech development and how they shaped his communication. At first, gadget use seemed to give him an early advantage through exposure to common words and media. Over time, however, excessive screen-based and passive exposure, combined with limited parental interaction and inconsistent use of home languages, reduced opportunities for meaningful real-life communication and sometimes confused.

Specifically, Samuel's early learning environment was shaped by heavy exposure to digital gadgets, which became his primary source of stimulation. His mother shared, *"When he was one year old, I brought him to the province because I was working there and no one could watch him. So, he stayed with his grandmother. While he was there, his grandfather would give him a cellphone to watch videos. Later on, when they came up here to X City and stayed with his father, it was the same; he was often given gadgets, of course, because we were also busy."* As an only child in a household where adults were frequently preoccupied with work, gadget use became a convenient way to keep him occupied, replacing opportunities for natural interaction and conversation.

This routine developed alongside a linguistically diverse home environment. His mother explained, *"They speak English to him because my mother-in-law does not understand Tagalog… my mother-in-law is also an English speaker, but the other people he interacts with are Ilocano."* Although multiple languages were present in the household, English became the most consistent input because it was the shared language among his primary caregivers. However, he did not learn English primarily through meaningful communication. He acquired much of it passively from online videos, which he consumed for long periods while rapidly swiping between clips. His mother observed, *"There are times the videos he watches are from China or Thailand; that is what usually appears on Facebook when you let a child use gadgets too much. That is why we also noticed his words got mixed, because what he watched was mixed, too. That really became one of the problems…"* Initially, his parents assumed this behavior was normal, but subtle differences in his speech and interaction gradually became noticeable.

The parent, daycare staff, and therapy center emphasized that Samuel's speech development was influenced not only by developmental factors but also by the nature of his linguistic input. English became his dominant language because it was the primary language of the videos he watched. His mother noted, *"From what they watch… it is really English,"* indicating that most of his vocabulary came from gadgets rather than real-life communication. This led him to repeat English words and phrases without fully comprehending or using them functionally. The therapist highlighted the developmental consequences of this pattern, stating, *"You're not talking to the child enough while his brain really needs exposure (to language)."* Over time, his mother recognized that reliance on gadgets led to vocabulary being learned in isolation, without the contextual and social cues needed to develop expressive language.

Furthermore, when Samuel returned to the province, he was exposed to English, Tagalog, and Ilocano daily. Although English had become his strongest and most familiar language, this diverse linguistic environment created confusion. It showed that English served as his anchor language because it was the only one he had consistently heard during his early years.

Even routine interactions revealed his difficulty in processing other languages. During mealtimes, relatives spoke to him in Ilocano, and he would repeat words like *"manganen"* (let us eat) only by imitating others, rather than understanding the meaning. English supported his basic comprehension, yet it also limited his ability to respond to newly introduced languages in his environment.

Specialists helped contextualize these observations, explaining that early exposure to multiple languages can overwhelm children whose speech development is delayed or emerging. One specialist noted, *"There will really be difficulty in comprehension and a reduction in learning or participation."* In Samuel's case, English provided stability, but the rapid introduction of Tagalog and Ilocano made it harder for him to process instructions and participate fully. The multilingual environment was therefore both supportive and challenging, offering familiar language cues while introducing linguistic demands that exceeded his developmental readiness.

Here, Samuel's speech development reflected the combined influence of environmental, social, and interactional factors. Although multilingual exposure formed part of his environment, the findings suggest that excessive screen time, passive media consumption, inconsistent communication patterns, and limited parent–child interaction had a greater impact on his speech difficulties. These findings align with prior research (Hoque et al., 2021; Al-Qahtani et al., 2025), which emphasizes that speech delay arises from a complex interplay of biological and environmental factors. Consistent with previous studies (Peña et al., 2023; Kircher et al., 2022), the findings further suggest that language difficulties in multilingual children are more strongly associated with interaction quality, consistency of language exposure, and the

In Press

social environment than with multilingualism itself. Consequently, the study emphasizes the importance of meaningful engagement, guided communication, and supportive home environments in promoting children's speech and language development.

Thus, Samuel's case illustrates how excessive reliance on gadgets, passive language exposure, and limited interactive communication may hinder speech development, echoing the findings of a previous study (Fouzia Hoque et al., 2021). However, consistent with strengths-based perspectives (Tribushinina & Boz, 2025), bilingualism itself does not cause speech delay; when appropriately guided, it can enhance language development.

CONCLUSIONS

This study concludes that the child's speech delay resulted from a combination of environmental and contextual factors, particularly limited parent–child interaction, excessive screen exposure, and inconsistent language input across English, Tagalog, and Ilocano. Language exposure through digital media indirectly reduced meaningful verbal exchanges and introduced mixed linguistic input, disrupting consistent language processing. However, as expert insights and existing literature support, multilingualism and early language exposure are not inherently harmful. They become potential risk factors only when not accompanied by active communication and guided language use at home. Hence, the study emphasizes that speech development in multilingual settings depends more on the quality and consistency of language exposure than on the specific language being spoken. Samuel's improvement following therapy and increased parental involvement further highlights that progress in addressing speech delays relies on early intervention, consistent reinforcement, and a supportive home environment. While professional therapy provides structured guidance, lasting progress often occurs within the family setting, where communication is practiced and nurtured daily.

Moreover, this narrative inquiry focused on the lived experience of a single mother whose only child was diagnosed with a speech delay and underwent therapy. Because the study centers one participant's account, the findings cannot be generalized to all families of children with speech or language delays. The mother's perspective, while deeply insightful, may have been influenced by personal interpretation, emotional involvement, and memory recall. Although the study primarily relied on the parent's narrative, it was supplemented by a speech expert's insights to provide context. Since the study employed a narrative inquiry design, the findings reflect personal experiences rather than direct observation or longitudinal tracking of the child's progress. Environmental and socioeconomic influences on the child's speech development were not examined in depth, and the focus on a single case limits generalizability. Nevertheless, this design enabled a rich, in-depth understanding of the lived experiences surrounding a child's speech delay and parental involvement.

Future research may expand this study by including multiple participants, such as parents, therapists, and teachers, to provide a more holistic view of children's experiences with speech delays and interventions. A larger qualitative or mixed-methods study could help identify common patterns, coping strategies, and environmental influences across different families. Researchers are also encouraged to explore the role of digital exposure in early childhood language development, particularly how prolonged gadget use affects speech, attention, and social interaction. Because this study examined environmental and interactional factors associated with speech delay in a multilingual setting, future studies should further investigate how communication practices, consistency of language input, social engagement, and home environments influence children's speech development. Additionally, longitudinal studies tracking children's progress before, during, and after therapy would provide valuable insights into long-term outcomes and the sustainability of speech improvements, while ensuring the ethical protection and safety of child participants.

In Press

ACKNOWLEDGEMENT

The authors thank the participant for generously sharing her experiences and insights. Appreciation is also extended to the panel of members and colleagues who provided feedback during the early stages of manuscript development.

Author Contributions: Conceived and designed the analysis, J. R. T., M. J. M., L. D. G. and J. R. P.; Collected the data, J. R. T., M. J. M., L. D. G. and J. R. P.; Contributed data or analysis tools, J. R. T., M. J. M. and L. D. G.; Performed the analysis, J. R. T., M. J. M. and L. D. G.; Wrote the paper, J. R. T., M. J. M. and L. D. G.; Other contribution, J. R. P.

Data Availability Statement: Data available on request from the authors. The data that support the findings of the research are available from the corresponding author, John Rey O. Pelila, upon reasonable request. Explain the reason why the readers must request the data.

REFERENCES

Alamri, M. M., Alrehaili, M. A., Albariqi, W., Alshehri, M. S., Alotaibi, K. B., & Algethami, A. M. (2023). Relationship between speech delay and smart media in children: A systematic review. *Cureus, 15*(9), e45396. https://doi.org/10.7759/cureus.45396

Al-Qahtani, S. M., Shiba, H. A. A., Ahmed, H. A. A., Shati, A. A., Alshmrani, L. S., Alqahtani, R. M., Almater, R. S., Alqahtani, R., Alshehri, R. M. A., Alshehri,

Y. A. S., Saddah, L. A. M., & Ghazy, R. M. (2025). Prevalence and risk factors of developmental language delay in a sample of children aged <6 years old in the Aseer region, Saudi Arabia: A community-based study. *Medicine, 104*(30), Article e43459. https://doi.org/10.1097/MD.0000000000043459

Chen, Z. (2024). A study of Chinese undergraduate students' English language speaking anxiety, expectancy-value beliefs and spoken English proficiency. *SAGE Open, 14*(1). https://doi.org/10.1177/21582440231219312

Clandinin, D. J. (2006). Narrative inquiry: A methodology for studying lived experience. *Research Studies in Music Education, 27*(1), 44–54. https://doi.org/10.1177/1321103X060270010301

Dahal, N., Neupane, B. P., Pant, B. P., Dhakal, R. K., Giri, D. R., Ghimire, P. R., & Bhandari, L. P. (2024). Participant selection procedures in qualitative research: Experiences and some points for consideration. *Frontiers in Research Metrics and Analytics, 9*, 1–13. https://doi.org/10.3389/frma.2024.1512747

DeJonckheere, M., & Vaughn, L. M. (2019). Semi-structured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health, 7*(2). https://doi.org/10.1136/fmch-2018-000057

Ehrampoush, M. H., Tabei, S. Z., Mahmoodabad, S. S. M., Fallahzadeh, H., Nami, M., Khayer, E., Ghaemi, S. Z., Matin, M., & Sedighe, F. (2019). A study of comparing two cognitive-behavioral workshops for college students: Sleep-wakefulness program and perseverance program. *Journal of Family Medicine and Primary Care, 8*(3), 1222–1226. https://doi.org/10.4103/jfmpc.jfmpc_130_19

Freeman, M. R., & Schroeder, S. R. (2022). Assessing language skills in bilingual children: Current trends in research and practice. *Journal of Child Science, 12*(1), e33–e46. https://doi.org/10.1055/s-0042-1743575

Gilhuber, C. S., Raulston, T. J., & Galley, K. (2023). Language and communication skills in multilingual children on the autism spectrum: A systematic review. *Autism, 27*(6), 1516–1531. https://doi.org/10.1177/13623613221147780

Hoque, F., Akhter, S., & Mannan, M. (2021). Risk factors identification of speech and language delay in children in a tertiary level hospital: A pilot study. *World Journal of Advanced Research and Reviews, 11*(1), 103–112. https://doi.org/10.30574/wjarr.2021.11.1.0323

Jamshed, S. (2014). Qualitative research method—Interviewing and observation. *Journal of Basic and Clinical Pharmacy, 5*(4), 87–88. https://doi.org/10.4103/0976-0105.141942

Katsarou, D. V., Efthymiou, E., Kougioumtzis, G. A., Sofologi, M., & Theodoratou, M. (2024). Identifying language development in children with ADHD: Differential challenges, interventions, and collaborative strategies. *Children, 11*(7), Article 841. https://doi.org/10.3390/children11070841

Khadiva, L. N., & Zulfahmi, M. N. (2024). Impact of multilingual use on speech development of children aged 4–5 years in TK TA 03 Pengkol. *AS-SABIQUN, 6*(4), 671–681. https://doi.org/10.36088/assabiqun.v6i4.5007

Kircher, R., Quirk, E., Brouillard, M., Ahooja, A., Ballinger, S., Polka, L., & Byers-Heinlein, K. (2022). Quebec-based parents' attitudes towards childhood multilingualism: Evaluative dimensions and potential predictors. *Journal of Language and Social Psychology, 41*(5), 527–552. https://doi.org/10.1177/0261927X221078853

Kornev, A. N., & Balčiūnienė, I. (2021). Lexical and grammatical errors in developmentally language disordered and typically developed children: The impact of age and discourse genre. *Children, 8*(12), 1114. https://doi.org/10.3390/children8121114

León, M., Washington, K. N., McKenna, V. S., Crowe, K., Fritz, K., & Boyce, S. (2023). Characterizing speech sound productions in bilingual speakers of Jamaican Creole and English: Application of durational acoustic methods. *Journal of Speech, Language, and Hearing Research, 66*(1), 61–83. https://doi.org/10.1044/2022_JSLHR-22-00304

Mufidah, N. (2024). Exploring influential factors and strategies for addressing speech delay of a child with autism spectrum disorder (ASD) in English (L2) language acquisition. *Journal on English as a Foreign Language, 14*(1), 73–96. https://doi.org/10.23971/jefl.v14i1.6580

Noble, H., & Heale, R. (2019). Triangulation in research, with examples. *Evidence Based Nursing, 22*(3), 67–68. https://doi.org/10.1136/ebnurs-2019-103145

Peña, E. D., Bedore, L. M., & Vargas, A. G. (2023). Exploring assumptions of the bilingual delay in children with and without developmental language disorder. *Journal of Speech, Language, and Hearing Research, 66*(12), 4739–4755. https://doi.org/10.1044/2023_JSLHR-23-00117

Putra, R. A., Ashadi, A., & Aziz, M. F. (2022). Excessive gadget exposure and children speech delay: The case of autism spectrum risk factor. *Script Journal: Journal of Linguistics and English Teaching, 7*(1), 176–195. https://doi.org/10.24903/sj.v7i01.1077

Siregar, Y. K., & Nurhafizah, N. (2022). Impact of gadget use on emotional development of children aged 5–6 years in Khairunnisa kindergarten. *EduBasic Journal: Jurnal Pendidikan Dasar, 4*(1), 85–96. https://doi.org/10.17509/ebj.v4i1.45574

Sudarwati, E., & Ningrum, A. S. B. (2022). "He used to be a late talker": Parents' narration of a five-year-old child named Hasan. *JEELS (Journal of English Education and Linguistics Studies), 8*(2), 263–287. https://doi.org/10.30762/jeels.v8i2.3219

Sunderajan, T., & Kanhere, S. (2019). Speech and language delay in children: Prevalence and risk factors. *Journal of Family Medicine and Primary Care, 8*(5), 1642. https://doi.org/10.4103/jfmpc.jfmpc_162_19

Tribushinina, E., & Boz, B. (2025). The effects of heritage multilingualism on foreign language learning: A comparison of children with typical language development and developmental language disorder.

In Press

Frontiers in Psychology, 15, 1521340. https://doi.org/10.3389/fpsyg.2024.1521340

Wangke, L., Victory, W., Joey, G., Rampengan, N. H., & Lestari, H. (2021). External risk factors associated with language disorders in children. *Paediatrica Indonesiana, 61*(3), 133–140. https://doi.org/10.14238/pi61.3.2021.133-40

Yang, X., & Crehan, E. T. (2023). Understanding the experiences and needs in autism education: A semi-structured interview among Chinese American parents of autistic children. *Autism & Developmental Language Impairments, 8*. https://doi.org/10.1177/23969415231217191

Younas, A., Fàbregues, S., Durante, A., & Ali, P. (2022). Providing English and native language quotes in qualitative research: A call to action. *Nursing Open, 9*(1), 168–174. https://doi.org/10.1002/nop2.1115

Yue, C., Mamat, N., & Peh, S. (2024). Effects of screen viewing time on children's early development. *International Journal of Academic Research in Progressive Education and Development, 13*(4), 321–333. https://doi.org/10.6007/IJARPED/v13-i4/22926

Zong, Z., Zhang, Y., Qiao, J., Tian, Y., & Xu, S. (2024). The association between screen time exposure and myopia in children and adolescents: A meta-analysis. *BMC Public Health, 24*(1), 1625. https://doi.org/10.1186/s12889-024-19113-5

In Press