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Parents' Perspectives on Children's Expressive Language Disorders: A Qualitative Case Study of Early Childhood Development

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Abstract
This study explores the development of expressive language disorder in a five-year-old child from the perspective of a parent in Bandung Regency, Indonesia. Using a descriptive qualitative case study approach, the research follows the child's developmental history from the prenatal period through the age of five. Data were collected through in-depth interviews conducted between January and April 2024, using version D of the Speech Participation and Activity Assessment of Children (SPAA-C) instrument. The analysis employed a descriptive analytical method, including data reduction, data presentation, triangulation, and conclusion drawing. Findings indicate that the child's expressive language delay is influenced by a combination of prenatal, perinatal, and environmental factors. The child was born prematurely and spent the first 43 days in an incubator, resulting in limited sensory stimulation during a critical developmental window. Prenatal risk factors such as intrauterine growth restriction (IUGR), fetal distress, and severe preeclampsia (PEB) were also identified. Perinatal complications, including intestinal infection, further disrupted early feeding and sensory experiences. Environmental factors such as limited interaction during the COVID-19 pandemic, extended family misconceptions about developmental red flags, inconsistent nutritional intake, and maternal psychological stress contributed to delays in expressive language development. Despite these challenges, the child demonstrated strong receptive language skills, age-appropriate cognitive development, and positive social functioning. This research provides context-specific insights into how expressive language disorders manifest and are managed in a non-clinical, culturally embedded setting in Indonesia. The findings have practical implications for early childhood education (ECU), particularly in informing inclusive teaching strategies for children with expressive language delays. Future research is recommended to explore classroom-based intervention strategies and to extend analysis across broader populations, including variables such as genetics, gender, cognitive profiles, birth order, and socioeconomic status.

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Introduction

Language and speech are closely related but distinct aspects of human communication. Speech refers to the articulation of verbal expressions, whereas language encompasses the knowledge and use of a symbol system for interpersonal communication (Dewanti, Widjaja, Tjandrajani, & Burhany, 2012). Both elements are essential for early childhood development, serving as a medium for establishing personal and social interactions. Language facilitates the expression of thoughts and emotions and enables individuals to convey meaning to others (Zubaedah, 2004). It follows structured grammatical rules and develops progressively as children expand their vocabulary. Without sufficient vocabulary, children may struggle to speak fluently despite having anatomically normal speech organs. In a study cited by Maria and Siringoringo (2020), Handayani and Samiasih (2013) found that 36.7% of preschool-aged children experienced language delays.

The COVID-19 pandemic has exacerbated the challenges of language and speech development. Social restrictions reduced children's opportunities to interact verbally, hear

language use in context, and engage in conversations, resulting in significant developmental delays (Saragi et al., 2023). Furthermore, recent studies have shown that excessive screen time contributes to expressive language delays of up to 46%, affecting children's ability to pronounce words and construct coherent sentences (Saragi et al., 2023).

Despite the growing concern, comprehensive data on the prevalence of speech and language delays among Indonesian school-aged children remain limited (Rahayu et al., 2020). However, existing studies provide some insight. Dewanti et al. (2012) estimate that 3–15% of preschool children exhibit speech delays, such as using fewer than 50 words or lacking word combinations. Similarly, Feldman (2005) reported that speech and language delays in preschoolers may reach up to 15%. Based on Riskesdas findings, Rahayu et al. (2020) stated that 0.42% of children aged 24–59 months have language problems. Additional data from the RSCM Department of Medical Rehabilitation indicate that 10.13% of 1,125 pediatric patients were diagnosed with language development disorders. These delays may also signal psychiatric, neurological, or behavioral conditions or may reflect broader developmental issues such as intellectual disability, hearing impairment, autism, receptive aphasia, and cerebral palsy. Early diagnosis and intervention are thus critical to mitigating their impact on children's personal, academic, and social functioning (Dewanti et al., 2012).

Language disorders are not limited to childhood and can occur across all life stages, from infancy to old age (Azizi, Wibisono, & Salikin, 2023). These disorders are commonly classified as expressive, receptive, or mixed receptive-expressive (Lisa, Pola, Franz, & Jessica, 2019). Expressive language disorder is characterized by limited development of pronunciation, grammar, and vocabulary relative to age norms (Moraleda-Sepúlveda, López-Resa, & Pulido-García, 2022). In contrast, receptive disorders involve difficulty processing linguistic input such as sounds, words, and sentences. When both expressive and receptive functions are impaired, the condition is termed a mixed language disorder.

Individuals with expressive language disorder often understand others but struggle to articulate their own thoughts (Azizi et al., 2023). Expressive difficulty manifests in forming words and sentences, often impeding socialization, problem-solving, and learning. Azizi et al. (2023) further categorize the contributing factors into internal elements (e.g., cognition, genetics, and gender) and external influences (e.g., environmental stimulation). These include genetic predispositions, socio-environmental factors, and risks such as birth order, socioeconomic background, and maternal mental health.

Children with speech sound disorders are at heightened risk of negative educational and psychosocial outcomes. They may experience frustration, academic struggles, social withdrawal, and bullying (Daniel & McLeod, 2017; Namasivayam, Coleman, O'Dwyer, & van Lieshout, 2020). Daniel and McLeod (2017) also noted that children with expressive disorders tend to feel secure around familiar individuals but may become withdrawn in unfamiliar or public settings.

Language development disorders significantly affect multiple developmental domains (Hearnshaw, Baker, & Munro, 2019; Vermeij, Wiefferink, Scholte, & Knoors, 2021). Children with these disorders often exhibit persistent deficits in receptive and expressive language abilities (Vermeij et al., 2021). Such impairments may hinder peer relationships, increase the likelihood of social rejection, and contribute to behavioral issues (Vermeij et al., 2021). Difficulties in communicating thoughts and emotions may result in internalizing behaviors such as withdrawal or externalizing behaviors driven by frustration. DeThorne, Hengst, and Hamilton (2016) argue that language limitations can restrict children's access to emotional and social learning. Vermeij et al. (2021) emphasize that the behavioral consequences of language disorders often emerge in early childhood and may persist into later stages of development.

Although numerous studies have examined the clinical features and risk factors of language disorders, relatively few have investigated the issue from the parental perspective, particularly in the context of the COVID-19 pandemic. Moreover, little research has explored how expressive language disorders are experienced and addressed in early childhood settings

in Indonesia. Therefore, this study seeks to address this gap by examining the case of a five-year-old child diagnosed with an expressive language disorder, focusing on the parental perspective in navigating the challenges of language development during and after the pandemic. The findings are expected to contribute to early childhood education practices and inform strategies for supporting children with expressive language difficulties.

Methods

Research Design

This study employed a qualitative research design with a case study approach. The primary objective was to gain an in-depth understanding of the setting and experiences of the participant (Cousin, 2005). The case study aimed to comprehensively describe and analyze the development of phonological awareness in a child diagnosed with an expressive language disorder, as well as to explore how instructional strategies are applied to support the child's language development (Starman, 2013). The findings are presented descriptively, based on data collected through interviews and documentation.

This study followed four stages of case study research: (1) designing the research protocol and identifying required competencies; (2) conducting the study and collecting data; (3) analyzing the findings; and (4) formulating conclusions based on the analysis.

Research Subjects

The research was conducted from January to April 2024 and involved one participant: a parent of a five-year-old female child (referred to as HS) diagnosed with an expressive language disorder in Bandung Regency. The participant was selected using purposive sampling based on the relevance of their experience to the study objectives. According to Barkhuizen (2014), participant selection in qualitative research should consider factors such as alignment with the research questions, participant availability, contextual access, time limitations, and institutional structure. These criteria were applied to ensure the data collected would be both valid and meaningful.

Research Instruments

In qualitative research, the researcher functions as the primary data collection instrument. In this study, data were collected through documentation and semi-structured interviews. An interview guide was prepared to ensure the consistency and direction of questioning, while still allowing for flexibility to explore emerging themes. This format facilitated rich, narrative responses from the participant, ensuring depth in the data collected.

Data Collection Techniques

Data were gathered through in-depth interviews using the *Speech Participation and Activity Assessment of Children (SPAA-C)*, specifically version D designed for parents (McLeod, 2004). Interviews focused on topics such as expressive language difficulties, phonological awareness development, and the strategies used to support the child's communication. The interview guide was adapted in real-time based on participant responses, allowing the researcher to elicit deeper insights and personal narratives. Supplementary documentation, including medical and developmental history provided by the parent, supported triangulation.

All data collection procedures adhered to ethical research standards. Informed consent was obtained from the participant prior to data collection. The study received ethical approval from the [insert name of ethics committee or institutional review board], ensuring compliance with national and institutional guidelines for research involving human subjects.

Data Analysis

Data were analyzed using a descriptive-analytical approach. The process involved transcribing interviews, coding themes, reducing and organizing data, and drawing conclusions based on emerging patterns. Thematic analysis was used to identify key themes related to the child's language development and parental perceptions. Triangulation was employed through cross-

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verification of interview responses with documentation to enhance credibility and trustworthiness. Expert review was conducted to further ensure the validity of the findings.

Result

Prenatal Factors

The mother's pregnancy history was initially typical, with no major complaints. In March 2018, she underwent a laboratory check, and the results were normal. However, she reported that her body was swollen while the fetus's weight remained low. At the time, the doctor considered this a common condition during pregnancy. In May 2018, the parents consulted a fetomaternal specialist for further screening. The doctor advised the mother to refrain from fasting to help increase the fetus's weight. *"The doctor told me to stop fasting so the baby could gain weight,"* the mother recalled. At that time, fetal organ development appeared normal.

In a follow-up examination, the doctor diagnosed the mother with intrauterine growth restriction (IUGR), fetal distress, and severe preeclampsia (PEB). IUGR occurs when the fetus does not grow properly and is smaller than expected for gestational age. This condition increases vulnerability to disease or infection and can even result in death. Additionally, IUGR may cause the newborn to have difficulty breastfeeding and staying warm due to a lack of body fat. One of the most common causes of IUGR is placental insufficiency, which impairs the transfer of nutrients and oxygen from the mother to the fetus.

Fetal distress refers to a lack of oxygen during pregnancy or childbirth, often indicated by decreased fetal movement or changes in heartbeat, which can only be detected via ultrasound. PEB is a pregnancy-specific condition characterized by hypertension, proteinuria (excess protein in urine), and edema (fluid accumulation from cell leakage). At the time of pregnancy, the mother was 24 years old and the father was 28. There was no family history of expressive language disorders.

During pregnancy, the mother worked in the brand and marketing division, particularly on the content creation team, handling social media and blog posts. She expressed a desire to work from home due to the long commute; however, company policy required specific medical justification. *"Since I didn't feel any complaints, I just kept working until the third trimester,"* she explained. She reported that the job was manageable because it involved teamwork. Prenatal life is recognized as a critical period of brain development, where even subtle differences in fetal growth can affect postnatal brain maturation.

Perinatal Factors

From the interview with the mother, it was reported that the child, referred to as "HS," was born prematurely at 35 weeks of gestation, with a birth height of 38 cm and a weight of 1.2 kg. HS was the first child in the family to be delivered via cesarean section. The parents had already been informed about the possibility of developmental delays. *"The doctor told us that development would take time, and we needed to be patient,"* the mother shared.

In the early stages of life, HS experienced digestive problems, including diarrhea, and was diagnosed with necrotizing enterocolitis (NEC) Grade 2, an intestinal infection. Due to this condition, she was not permitted to consume breast milk mixed with human milk fortifier (HMF), which is typically used to help increase infant weight. Medical staff monitored her intestinal condition and weight daily. The infection was declared resolved after approximately two weeks.

After being discharged from the hospital, HS underwent independent hearing and vision screenings, both of which showed that her sensory abilities were mature and normal. However, her head circumference remained small, and her abdomen appeared swollen. In terms of physical development, HS showed significant delays compared to other children her age. For example, she was still unable to lift her head at six months, a milestone typically achieved by three-month-old infants. *"At six months, she still couldn't lift her head. I was very anxious watching other babies develop faster,"* the mother recalled. HS could stand unaided for about 13 seconds at 17–18 months, and she began walking at 18 months.

HS's language development milestones are presented in Table 1, comparing her progress to that of typically developing children. During her first year, HS's language development was below age-level expectations. However, from the second to fifth year, her progress began to align more closely with normal developmental patterns, including the ability to pronounce two-word combinations, express negation, and produce complex sentence structures.

Environmental Factor

The parents of HS are described as loving, open, accepting, and highly supportive in facilitating her optimal development. HS is seen as an enthusiastic, cheerful, and active child who displays strong curiosity, particularly in literacy activities such as reading books and learning letters. She also enjoys singing, coloring, cooking, and role-playing. According to the mother, HS's developmental timeline appears slightly delayed when compared to peers. *"Other kids her age liked role-playing early on, while HS preferred puzzles. Now it's reversed—when they play puzzles, she's into role-play,"* she explained.

In her home environment, HS occasionally plays with peers and participates in daily Quran recitation at the nearby mosque. At times, she studies the Quran at home as well. Her mother reported that HS has a strong capacity for memorization. Murojaah (Quranic repetition) is fluent, although her articulation remains underdeveloped. To support her expressive abilities, the mother consistently provides encouragement and emotional reassurance. When conflict arises during play, HS tends to withdraw and return home. At times, peers or adults make insensitive remarks such as, *"Why don't you speak clearly?"* or *"Come on, don't be lazy—just speak properly."* The mother responds by helping others understand HS's efforts: *"I always tell them she's not being lazy—she's trying her best to speak,"* she said.

Table 1. Child Language Development Milestones (Harun et al., 2019)

Milestone	Typical Child	HS
Crying	At birth	Parents were unaware due to being separated from the baby for the first 43 days.
Cooing	6 weeks	Around 3 to 4 months
Babbling	6 months	9 to 10 months
Intonation Patterns	8 months	12 months
One-word Utterances	1 year	1 year
Two-word Utterances	18 months	2 years
Word Inflections	2 years	2 years
Questions, Negatives	2.5 years	2.5 years
Rare Complex Constructions	5 years	5 years

COVID-19 Pandemic

The COVID-19 pandemic presented significant obstacles to HS's developmental progress. The parents had planned to initiate regular therapy and consult a specialist, but public health restrictions made this difficult. In early 2021, they considered visiting a growth and development clinic for evaluation. According to the parents, the pandemic restricted HS's opportunities for social interaction. With only three people at home—her father, mother, and herself—there was limited stimulation for speaking, listening, and social communication.

Screen Time

During the pandemic, the mother occasionally used digital devices to keep HS occupied while she worked. The initial goal was to help HS remain calm and seated. However, this resulted in increased screen dependence and behavioral difficulties. With consistent effort, the mother gradually regained control by implementing clear boundaries. She now limits screen time to one hour per day. HS has learned to follow this routine, demonstrating improved regulation.

Motivation

HS is most comfortable with individuals she trusts and who are consistently present in her daily life. Her mother is the primary figure of comfort. She listens attentively, avoids judgment, and provides gentle correction. For example, when HS says something unclear, the mother will ask

her to repeat it, then softly guide her by modeling lip movement and articulation. *"I ask her to look at my mouth while I say the word, then she repeats it,"* the mother shared. Her father also plays a supportive role, along with her grandparents and extended family, who provide emotional security.

At school, HS finds comfort in teachers and familiar peers. In contrast, she feels uneasy around individuals who judge or ridicule her. Remarks such as *"Why don't you know what to say?"* or *"You're just lazy to speak"* cause her to withdraw. In such cases, she typically informs her mother and seeks reassurance.

Home Environment

Nutrition

Due to early-life digestive issues, the mother chose to provide soft foods during HS's weaning period (MPASI). During this phase, food textures were intentionally kept simple to minimize the risk of re-triggering intestinal infections. The mother noted that HS often experienced *GTM* (Gerakan Tutup Mulut, or "shut-the-mouth" behavior) and had difficulties eating solid food. To accommodate this, she prepared soft rice while continuing to provide fruits and fresh vegetables such as apples and cucumbers. At five years old, HS now eats a variety of home-cooked meals. In terms of cognitive development, HS is able to follow instructions, indicating good receptive ability. The mother added that HS is aware of her dietary limitations. *"She knows that certain foods, especially sweet ones, can affect her focus,"* the mother explained.

Red Flag, Family, and Mother's Psychological Condition

To prioritize HS's development, the mother made the decision to leave her job and care for HS full-time from birth. There was no domestic help at home, which placed the full burden of caregiving on the mother. At times, she experienced emotional exhaustion and self-blame. *"I felt like I wasn't doing enough. I was overwhelmed and didn't know what else to try,"* she shared. Eventually, she brought HS for an assessment at a growth and development clinic under stressful circumstances.

At that stage, the mother believed HS had reached a developmental "red flag" for her age. Initially, the extended family did not perceive any cause for concern, attributing delays to normal variation. However, after further discussion, the family fully supported the decision to seek professional help. The mother also recognized the importance of maintaining her own well-being, taking time to recharge by reading or doing small personal activities. *"Sometimes, I just need to be alone—read something or get food—so I can return stronger,"* she added.

Occupation

The first signs of expressive delay became apparent during a singing activity with peers. HS could only pronounce the final vowels of words, while her friends sang complete phrases. At three years old, this discrepancy raised her parents' concern. A visit to the growth and development clinic resulted in a diagnosis of delayed speech and limited focus. The recommendation was to engage in occupational activities before attempting intensive speech therapy. Due to COVID-19 restrictions, the parents sought information from platforms like YouTube and TikTok, finding resources shared by child therapists.

The mother began home-based therapy focusing on attention and sensory stimulation. She created a structured routine involving puzzles—starting from 4 pieces to 56 pieces—as well as activities like sponge squeezing, water play, bubbles, and dough modeling. Initially hesitant about messy sensory play, the parents changed their approach to better support HS's needs. Over time, they noticed improvements in focus, though expressive speech remained limited. At one point, HS could only say *"Mommy's drinking,"* and took a long pause before using new words again. When trying to say "Mama," she would simply say *"Aa,"* as she was unable to close her lips to produce the "M" sound. The family tried interventions such as lip massage and ear stimulation. Her vowel recognition is now solid, though many consonants remain underdeveloped. Therapy continues to emphasize focus before speech production, aligning with advice from the medical rehabilitation team, who noted that *"without optimal focus,*

academic learning cannot be fully absorbed." HS also received occupational therapy at the hospital.

School Environment

HS attends an inclusive school located near her home. The school environment is described as cheerful and supportive, where students are confident, socially engaged, and responsive in classroom activities. HS is comfortable participating in group work and is well-liked by peers. When experiencing discomfort, she tends to cry or appear sad. Teachers report that HS shows no major difficulties in social interaction.

Consistent with her mother's observation, HS's main area of concern is articulation. She has oral motor coordination issues that affect her ability to form specific sounds. For example, "Miss Resti" becomes "Mi Eti," "Aisyah" becomes "Aicah," and letters like *k*, *g*, and *t* are often interchanged or omitted. Teachers and parents respond by modeling correct pronunciation and offering repeated exposure, in line with recommendations from prior studies (Gillon & Macfarlane, 2017; Elmahallawi et al., 2021; Veríssimo et al., 2021; Bennett et al., 2023). According to the mother, the treating doctor confirmed that HS's expressive language disorder is trainable. However, progress requires time and consistent support.

Figure 1. *HS (orange circle) interacting in the school environment.*

Discussion

Silviana et al. (2021) demonstrate that prenatal and birth factors are closely associated with the development of verbal abilities in five-year-old children. This study supports those findings, as the subject HS was born prematurely and required placement in an incubator for the first 43

days of life. According to her treating doctor and therapist, this condition potentially led to trauma due to the restricted movement and exploration it imposed on the infant. The lack of tactile, visual, and auditory stimulation during this critical period may have hindered optimal sensory development. HS's early environment, dominated by machine sounds and limited physical contact, deprived her of essential early interactions during a developmental "golden window," which, according to Silviana et al. (2021), is critical for verbal growth.

This is consistent with research by Taylor et al. (2018), who argue that the first two years of life are pivotal for language development. The emergence of early language is typically marked by single-word utterances around the first year and the formation of simple sentences by the second year. In HS's case, the initial concern arose when her parents observed that, during play and singing with peers, HS could only pronounce final vowel sounds, while her peers could articulate full words with proper consonant-vowel combinations. This prompted them to seek developmental evaluation. Taylor et al. (2018) introduced the concept of Late Language Emergence (LLE), which describes toddlers who, despite healthy overall development, do not meet expected expressive and/or receptive language milestones at 24 months. LLE is a relatively common condition, with prevalence estimates reaching 19% in singleton children and 37.8% in twins.

This study also aligns with findings by Kolevzon et al. (2007), who identify parental, perinatal, and obstetric complications as risk factors for neurological and language development issues. HS's case revealed how maternal stress and psychological strain during the postnatal period could affect parenting practices and delay early intervention. The extended family's initial perception that the delay was "normal" and would resolve with time also contributed to delayed action. This unawareness of developmental red flags reflects a broader challenge in early identification. Moreover, Chien et al. (2019) identify six significant prenatal and perinatal risk factors—oligohydramnios, placenta previa, umbilical cord knots, gestational diabetes, polyhydramnios, and preeclampsia—with the latter two being most associated with social-communication deficits. In HS's case, the presence of severe preeclampsia further supports these associations.

Azizi et al. (2023) categorize the causes of expressive language disorder into internal factors (e.g., cognition, genetics, and gender) and external factors (e.g., environment and maternal mental health). Based on the findings in this study, no strong internal risk indicators were identified: HS has no family history of language delay, exhibits typical cognitive development, and is the only child. On the other hand, external influences—such as a high-risk pregnancy, maternal psychological stress, limited stimulation during early infancy, and environmental constraints due to the COVID-19 pandemic—emerged as significant contributing factors. Despite these challenges, HS demonstrates cognitive abilities equal to or exceeding those of her peers.

According to Daniel and McLeod (2017), children with speech sound disorders often face diminished social and academic outcomes, greater risk of reading difficulties, dependency on educational support, frustration, and social exclusion. While these risks are valid, HS currently does not show evidence of serious limitations in social or academic functioning. She appears confident, socially active, and generally well accepted by peers, although she occasionally encounters discomfort when interacting with people who lack understanding of her condition. HS participates well in classroom activities, and her academic performance often exceeds age-level expectations, although she still requires mild support from teachers and parents (Gillon & Macfarlane, 2017).

HS's behavior also mirrors findings by Daniel and McLeod (2017), who describe children with expressive language disorders as being more expressive at home or with familiar individuals, and more reserved in public or unfamiliar environments. HS feels safe and comfortable with family, teachers, and peers she trusts, but tends to withdraw when faced with negative judgment or unfamiliar social settings. She typically becomes shy in new environments but gradually integrates once she feels accepted.

Language disorders are known to have a broad impact on child development. Bishop (2017), along with Vermeij et al. (2021), explain that such disorders impede both receptive and expressive capacities. Likewise, Bird et al. (1995), Benway et al. (2021), and Abdon and Barrios (2022) emphasize that children with language disorders experience persistent difficulties in acquiring and using language. However, in HS's case, receptive language ability appears to be intact. She understands verbal input and follows instructions well, indicating that the core issue lies primarily in expressive and phonological production. This is aligned with the assertion by Vermeij et al. (2021) that deficits may lead to social exclusion, behavioral issues, and peer rejection—outcomes HS is only partially experiencing, such as during family events with unfamiliar children.

Finally, Vermeij et al. (2021) suggest that limited language access during early childhood may affect emotional learning and increase the risk of behavioral problems later in life. Although HS has shown steady development in cognitive, emotional, behavioral, and motor domains, her expressive language and phonological articulation remain areas in need of sustained support (Hayward et al., 2017; Khasawneh & Alkhawaldeh, 2020; Skubic et al., 2021; Wolff & Gustafsson, 2022; Utami & Musthafa, 2023).

This study contributes a culturally contextualized, case-based insight into expressive language disorder within an Indonesian, post-pandemic setting, emphasizing how high-risk prenatal conditions, maternal mental health, and limited early stimulation interact to shape language development. Unlike previous studies focused primarily on Western populations or large samples, this research provides a qualitative lens on the lived experiences of parents managing expressive delays without institutional therapy. However, as a single-case design relying on parental narrative and retrospective recall, the findings are not generalizable. Further research involving comparative cases, direct child assessment, and triangulation with clinician or teacher observations is recommended to build on these insights.

Conclusion

This study highlights the complex interplay of prenatal, perinatal, and environmental factors in shaping the expressive language development of a five-year-old child born prematurely during the COVID-19 pandemic. Prolonged neonatal incubation—specifically 43 days in an incubator—emerged as a critical trauma-related factor that limited early sensory stimulation during a vital developmental window. Risk factors such as intrauterine growth restriction (IUGR), fetal distress, and severe preeclampsia further contributed to the disruption of early language-related development. Environmental influences, including reduced social interaction during the pandemic, excessive screen time, inconsistent nutritional intake, and maternal psychological stress, were also found to impact verbal development. In contrast, internal variables such as genetic history, gender, cognitive ability, birth order, and parental socioeconomic status were not identified as significant in this case.

These findings offer practical implications for early childhood educators and clinicians by underscoring the need for early identification and targeted support strategies for children with expressive language disorders, particularly those with a history of medical risk and environmental deprivation. Future research is recommended to explore classroom-based learning and coping strategies for such children, as well as to expand the investigation to broader populations using comparative analysis of internal risk factors, including cognition, gender, birth order, and family background.

Declarations

Author Contribution Statement

All authors contributed to the conception and design of the study, data collection and analysis, and the drafting and revision of the manuscript.

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Declaration of Competing Interest
The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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