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The Relationship Between Democratic Parenting Style and Speech Delay Among Children Aged 2–3 Years

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ABSTRACT

Speech delay is a condition in which a child's speech and language development does not align with age-appropriate milestones. Several factors, including parenting style, may influence it. Democratic parenting emphasises two-way communication, affection, attention, and active parental involvement, which are expected to promote children's language development. This study aimed to determine the relationship between democratic parenting and the incidence of speech delay among children aged 2–3 years in the working area of the Kersanagara Community Health Centre in Tasikmalaya City in 2026. This quantitative analytic study employed a cross-sectional design. The study population comprised parents of children aged 2–3 years, with 70 respondents selected through total sampling. Data were collected using a democratic parenting questionnaire and a language development instrument developed based on the speech and language indicators of the Kuesioner Pra Skrining Perkembangan (KPSP). Data were analysed using Fisher's Exact Test. The results showed that 68 respondents (97.1%) applied democratic parenting, while 60 children (85.7%) demonstrated age-appropriate language development. Fisher's Exact Test yielded a p-value of 1.000 (>0.05), indicating no significant relationship between democratic parenting and the incidence of speech delay. Children's language development may also be influenced by verbal stimulation, parent–child communication, gadget use, and the social environment.

Introduction

Speech and language development is an important component of early childhood development because it enables children to communicate, interact with others, express emotions, and participate in learning activities. When speech and language abilities develop more slowly than expected for a child's age, the condition may be identified as speech delay. Difficulties in this area may extend beyond communication and affect children's social interaction, educational performance, self-confidence, and psychological well-being (McCormack et al., 2009; Rosdiana et al., 2024).

Speech delay remains an important concern in child health and development. According to the World Health Organisation, developmental delays in speech and language continue to affect a substantial proportion of children worldwide (WHO, 2024). In Indonesia, previous reports have estimated the occurrence of speech delay among preschool children at approximately 5%–10%, with several areas reporting higher proportions (Yulinawati et al., 2022). In West Java, speech delay has also been reported as an important developmental concern among children (Rosdani et al., 2023). Data from the Tasikmalaya City Health Office further documented 886 cases of developmental disorders, including

speech and language delays, in 2024. These findings demonstrate the importance of early identification and appropriate attention to factors associated with children's language development.

Interactions between biological and environmental factors influence the development of speech and language. Hearing impairment, prematurity, birth asphyxia, and neurological conditions may contribute to delayed language acquisition. At the same time, environmental factors such as inadequate verbal stimulation, excessive screen exposure, limited parent-child communication, and inappropriate parenting practices may also affect language development (Aulia et al., 2023; Irzalinda & Latifah, 2023). Because parents are among the child's primary sources of interaction and stimulation, parenting practices may have an important role during the early developmental period. Regular communication and age-appropriate stimulation have been reported to facilitate children's language acquisition (Susilia, 2021).

One parenting approach that may provide a supportive developmental environment is democratic parenting. This approach involves parental warmth, responsiveness, open communication, supervision, and guidance while allowing children opportunities to express themselves and gradually develop independence (Baumrind, 2021). Through such interactions, children may receive both emotional support and opportunities to communicate. Previous studies have associated democratic parenting with favourable emotional, social, and behavioural outcomes in children (Nurjaya et al., 2025; Salna et al., 2025). A supportive family environment accompanied by frequent verbal interaction may also contribute to better language development (Utami & Lestari, 2020; Sari et al., 2021).

Previous research has reported associations between parenting practices and speech or language development. Sofiyah et al. (2024), for example, identified a significant relationship between parenting patterns and speech delay among preschool children. Wulandari et al. (2025) also reported positive associations involving democratic parenting and social stimulation in children with developmental concerns. However, evidence specifically concerning the relationship between democratic parenting style and speech delay among children aged 2–3 years remains limited. Differences in participant characteristics, research settings, assessment instruments, and the distribution of parenting styles may produce different findings across populations.

Based on this research gap, further investigation is needed to determine whether a democratic parenting style is associated with speech delays in early childhood. Therefore, this study aimed to analyse the relationship between democratic parenting style and speech delay among children aged 2–3 years in the working area of Kersanagara Public Health Centre, Tasikmalaya City.

Method

This study employed a quantitative, cross-sectional design to examine the relationship between a democratic parenting style and speech delay among children aged 2–3 years. The independent and dependent variables were assessed during the same period of data collection (Polit & Beck, 2021).

The research was conducted in March 2026 in Kersanagara Village, within the working area of the Kersanagara Public Health Centre in Tasikmalaya City. The population consisted of 162 children aged 2–3 years residing in Kersanagara Village. The study site was purposively selected because of the

relatively large number of children in the target age group and the similarity of its population characteristics to those of other villages served by the health centre (Sugiyono, 2023).

Based on the inclusion and exclusion criteria, 70 children were eligible to participate. All eligible participants were included through total sampling. The inclusion criteria were that parents be primarily responsible for child-rearing decisions and agree to participate in the study. Participants were excluded if questionnaire responses were incomplete, if the child had a history of neurological disorders or severe developmental abnormalities, or if the child was not directly cared for by the parents.

The democratic parenting style was considered the independent variable, whereas speech delay was the dependent variable. Parenting style was assessed using a 20-item questionnaire based on Baumrind's theory of democratic parenting. The questionnaire assessed parental warmth and affection, two-way communication, the provision and explanation of rules, reasonable consequences, opportunities for children to make choices, encouragement of independence, patience, and parental support. Each item was rated using a four-point Likert scale from 1 (never) to 4 (always). A total score≥75% was categorised as democratic parenting, while a score <75% was categorised as non-democratic parenting (Sugiyono, 2023).

Children's speech and language development was assessed using indicators derived from the Kuesioner Pra Skrining Perkembangan (KPSP), adjusted according to the child's age at 24, 30, or 36 months. The assessment included receptive and expressive language abilities, speech intelligibility, and the child's ability to communicate needs verbally. Developmental status was categorised as appropriate when the score was 9–10, doubtful when the score was 7–8, and developmental deviation or speech delay when the score was ≤6 (KEMENKES, 2022).

The study utilised both primary and secondary data. Primary data were obtained directly from participating parents using research instruments. In contrast, secondary data were obtained from the Tasikmalaya City Health Office, the Kersanagara Public Health Centre, and relevant scientific literature.

Before data collection, the democratic parenting questionnaire underwent validity and reliability testing. Validity was evaluated using Pearson Product-Moment correlation, with corrected item-total correlation coefficients ranging from 0.334 to 0.639. All 20 items met the predetermined validity criteria. Reliability analysis yielded a Cronbach's alpha of 0.667, indicating acceptable internal consistency.

Data analysis consisted of univariate and bivariate analyses. Univariate analysis was performed to describe participant characteristics and the distribution of the study variables using frequencies and percentages. The relationship between democratic parenting style and speech delay was examined using Fisher's Exact Test because several cells had expected frequencies below five. Statistical significance was determined at $\alpha = 0.05$. All analyses were performed using the Statistical Package for the Social Sciences (SPSS).

Ethical approval was granted by the Health Research Ethics Committee of Poltekkes Kemenkes Tasikmalaya under Ethical Clearance Number DP.04.03/F.XVIII.1.3.1/361/2026. The study was conducted in accordance with ethical principles, including informed consent, anonymity, confidentiality, justice, beneficence, and non-maleficence.

Results

A total of 70 children aged 2–3 years participated in the study after meeting the predetermined eligibility criteria. The study was conducted in the working area of the Kersanagara Public Health Centre in Tasikmalaya City.

Table 1. Characteristics of Respondents, Democratic Parenting Style, and Language Development Categories

Characteristics (N=70)	Frequency (f)	Percentage (%)
Child Gender		
Male	34	48.6
Female	36	51.4
Child Age		
24-29 months	33	47.1
30-36 months	37	52.9
Mother's Age		
Early adulthood (20–35 years)	53	75.7
Late adulthood (> 36 years)	17	24.3
Mother's Education		
Elementary School	9	12.9
Junior High School	22	31.4
Senior High School	35	50
University	4	5.7
Mother's Occupation		
Employed	0	0
Unemployed	70	100
Distribution of Democratic Parenting Style		
Democratic	68	97.1
Non-democratic	2	2.9
Distribution of Language Development Categories		
Deviation	2	2.9
Doubtful	8	11.4
Appropriate	60	85.7

Based on the characteristics of the respondents, 36 children (51.4%) were female, and 34 (48.6%) were male. Regarding age, 37 children (52.9%) were aged 30–36 months, while 33 (47.1%) were aged 24–29 months. Most mothers were in early adulthood, comprising 53 respondents (75.7%), and 35 mothers (50.0%) had completed senior high school. All mothers included in the study were categorised as unemployed.

The distribution of parenting styles showed that 68 respondents (97.1%) were classified as having a democratic parenting style, whereas only 2 respondents (2.9%) were categorised as non-democratic. Regarding children's language development, 60 children (85.7%) demonstrated age-appropriate development, 8 children (11.4%) were classified as doubtful, and 2 children (2.9%) showed developmental deviation or speech delay.

Table 2. Descriptive Analysis of Parenting Style Dimensions

Parenting Style Categories	Minimum	Maximum	Mean	Std. Deviation	N = 70
Democratic	20	40	35.24	4.47	
Authoritarian	6	12	11.09	1.35	
Permissive	14	28	24.89	3.10	

Descriptive analysis of parenting style dimensions showed that the democratic dimension had the highest mean score (M = 35.24, SD = 4.47), followed by the permissive dimension (M = 24.89, SD = 3.10) and the authoritarian dimension (M = 11.09, SD = 1.35). This distribution indicates that democratic parenting was the predominant parenting tendency among the respondents.

Table 3. Relationship Between Democratic Parenting Style and Speech Delay

Democratic Parenting Style	*Speech Delay*			Total	*P-value*
	Speech Delay **(n)%**	**Doubtful (n)%**	**Normal (n)%**		
Non-democratic	0 (0.0%)	0 (0.0%)	2 (100.0%)	2	1.000
Democratic	2 (2.9%)	8 (11.8%)	58 (85.3%)	68	
Total	2 (2.9%)	8 (11.4%)	60 (85.7%)	70	

*Fisher's Exact Test

As shown in Table 3, among the 68 respondents classified as having a democratic parenting style, 58 children (85.3%) demonstrated age-appropriate language development, 8 (11.8%) showed doubtful development, and 2 (2.9%) showed developmental deviation or speech delay. Among the two respondents in the non-democratic group, both children (100%) demonstrated age-appropriate development.

Fisher's Exact Test resulted in a p-value of 1.000 ($p > 0.05$). Therefore, no statistically significant association was identified between democratic parenting style and speech delay among children aged 2–3 years in the study population.

Discussion

The findings demonstrated that democratic parenting was the predominant parenting style among the respondents. Of the 70 parents included in the study, 68 (97.1%) were classified as having a democratic parenting style, whereas only 2 (2.9%) were classified as non-democratic. This distribution indicates that most parents in the study population reported parenting practices involving communication, supervision, emotional support, and parental involvement. These characteristics are consistent with the principles of democratic parenting, in which children receive guidance while also being given opportunities to express their views and gradually develop independence (Baumrind, 2021).

The predominance of democratic parenting may be associated with the characteristics of the participating mothers. All mothers in this study were categorised as unemployed and were therefore likely to have substantial involvement in their children's daily care. Frequent involvement in childcare may provide more opportunities for interaction, supervision, and communication between parents and children. Such conditions can support responsive parenting and allow parents to observe their children's developmental progress. Nevertheless, this interpretation should be approached with caution because maternal employment was not specifically analysed as a factor associated with parenting style in this study.

The study also found that most children demonstrated age-appropriate language development. Sixty children (85.7%) were categorised as having appropriate development, while 8 (11.4%) were classified as doubtful, and 2 (2.9%) showed developmental deviation or speech delay. The relatively high proportion of children with appropriate development may reflect adequate opportunities for communication and stimulation within the family and social environment. Language development is supported by children's opportunities to listen, respond, express needs, and interact with people around them (Nilawati & Suryana, 2023).

Nevertheless, the presence of children with doubtful development and speech delay indicates that language acquisition is not determined by parenting style alone. Children's language development is a complex process involving several interacting factors. Verbal stimulation, the quality and frequency of parent–child communication, screen exposure, social interaction, hearing ability, neurological conditions, and individual developmental characteristics may all contribute to differences in language outcomes (Rosdani et al., 2023; Rosdiana et al., 2024). Consequently, children who experience language difficulties should continue to receive developmental monitoring and early identification even when their parents demonstrate supportive parenting practices.

The principal finding of this study was the absence of a statistically significant relationship between democratic parenting style and speech delay. Fisher's Exact Test produced a p-value of 1.000, which was greater than the predetermined significance level of 0.05. Although 85.3% of children in the democratic parenting group demonstrated age-appropriate development, 11.8% were classified as doubtful, and 2.9% showed developmental deviation. In comparison, both children in the non-democratic group demonstrated appropriate language development. However, the difference between the groups was not statistically significant.

The lack of a significant association may partly be explained by the highly uneven distribution of parenting styles. Almost all respondents were classified as democratic, leaving only two respondents in the non-democratic category. Such limited variation reduces the ability to compare outcomes between parenting groups. The language development categories were also concentrated in the appropriate development group. Therefore, the statistical result should be interpreted in the context of this sample's characteristics and distribution rather than generalised to all parents of children aged 2–3 years.

Another consideration is that measuring parenting style as a broad category may not fully capture specific behaviours directly related to language development. Democratic parenting includes several dimensions, but not every aspect of this parenting style necessarily involves direct language stimulation. For example, a parent may provide warmth, establish clear rules, and encourage independence while still providing relatively limited verbal interaction. Specific behaviours such as asking questions, responding to children's speech, introducing new vocabulary, reading with children, and engaging in reciprocal conversation may have a more direct influence on language acquisition.

This interpretation is supported by previous research emphasising the contribution of parental stimulation and communication to language development. Sari and Fitriani (2022) likewise found better language abilities among children who received regular language stimulation. Susilia (2021) highlighted the importance of verbal communication, vocabulary exposure, and responsive interaction in supporting children's language development. These findings suggest that the quality and frequency of specific parent–child interactions may be more closely related to language outcomes than is parenting style, when viewed as a general classification.

The findings of the present study differ from those of Utami and Lestari (2020), who reported a significant relationship between parenting style and children's language development. Several factors may explain this difference, including variations in participant characteristics, assessment instruments,

sample size, the distribution of parenting categories, and other variables not measured in the present study. In particular, the very small number of respondents in the non-democratic group limits the strength of comparisons between the two parenting categories.

Despite the absence of a statistically significant relationship, democratic parenting should not be interpreted as unimportant. Previous studies have associated democratic parenting with positive emotional, social, behavioural, and independence-related outcomes among children (Ainurrahmah et al., 2025; Maharany & Shofwan, 2025; Salna et al., 2025). In the present study, the descriptive analysis also showed that democratic parenting had the highest mean score compared with the permissive and authoritarian dimensions. Thus, the findings indicate that democratic parenting may remain beneficial for children's broader development, although its specific relationship with speech delay was not statistically demonstrated in this sample.

Overall, the results suggest that children's speech and language development should be viewed as a multidimensional process. Parenting style is only one component of the child's developmental environment and may interact with stimulation, communication, screen exposure, social experiences, and biological characteristics. Future research should therefore consider more specific measures of verbal stimulation and parent–child communication, as well as screen time, hearing status, and other developmental factors. Studies involving larger, more heterogeneous samples may also provide stronger evidence on the factors associated with speech delay in children aged 2–3 years.

Conclusions

Most parents of children aged 2–3 years in the working area of Kersanagara Public Health Centre demonstrated a democratic parenting style (97.1%), while most children showed age-appropriate language development (85.7%). *Fisher's Exact Test* indicated no statistically significant relationship between democratic parenting style and speech delay ($p = 1.000$). These findings suggest that parenting style alone may not adequately explain variations in children's speech and language development. Other factors, including verbal stimulation, parent–child communication, screen exposure, social interaction, and individual developmental characteristics, should also be considered. Future studies are recommended to involve larger and more diverse samples and to examine specific factors related to language stimulation and communication in greater detail.

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