



Differences in Social Skills according to Developmental Stimulation Level Among Preschool Children with Speech Delay: A Cross-Sectional Study

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ABSTRACT

Speech delay is a developmental disorder that can impair children's communication and social interactions. Although developmental stimulation is a modifiable factor that supports child development, evidence regarding differences in social skills among preschool children with speech delay according to the level of developmental stimulation remains limited. This study aimed to compare the social skills of preschool children with speech delay according to the level of developmental stimulation they received. A quantitative analytical study with a cross-sectional design was conducted among 72 preschool children with speech delay selected through consecutive sampling. Developmental stimulation was assessed using the Developmental Stimulation Questionnaire, and social skills were measured using the Preschool and Kindergarten Behavior Scales (PKBS). Descriptive statistics were presented as median (minimum–maximum) and frequency distributions. The Mann–Whitney U test was used to compare social skills between groups, with a significance level of $p < 0.05$. Of the participants, 36 (50%) received good developmental stimulation. The median social skills score was higher in the good stimulation group (107.5 [82–120]) than in the poor stimulation group (102 [61–122]). A significant difference was observed between the groups ($p = 0.023$; $z = 2.27$) with rank-biserial correlation of 0.27, indicating a moderate effect. Preschool children with speech delay who received good developmental stimulation demonstrated significantly better social skills than those who received poor developmental stimulation.

INTRODUCTION

The preschool period is a critical phase in a child's life often referred to as the golden age, as growth and development occur very rapidly during this period (Nessa and Yeningsih, 2022). Nevertheless, the pattern and pace of development may vary among children according to their individual growth and developmental characteristics (Uce, 2018). One developmental disorder commonly encountered during this period is speech delay, namely a delay in speech development compared to peers of the same age. This condition has been reported to have a prevalence of 5–10% among preschool children in Indonesia and shows an increasing trend

(Nahri, 2019). Children with speech delay experience difficulties in expressing language verbally, which may hinder their communication skills, social interaction, and adaptation to their environment. Such difficulties can affect the development of children's social skills (Heryanti et al., 2024).

Social skills are defined as an individual's ability to build and maintain effective interactions with others through communication and the ability to cooperate within various forms of groups (Parji and Andriani, 2024). At preschool age, social skills constitute an essential developmental aspect, as they support the ability to form relationships with peers, comply with rules, cooperate, and adapt to both school and community environments (Fauzi et al., 2020). According to Widyanti et al. (2024), the development of social skills is influenced by internal and external factors. Internal factors include age, sex, personality, and socioeconomic status, while one important external factor is developmental stimulation. The provision of appropriate and continuous stimulation can optimize a child's development, including social abilities. However, not everyone possesses adequate knowledge and skills to provide developmental stimulation that matches a child's needs (Silalahi, 2020).

Various studies have shown that developmental stimulation contributes to improvements in various aspects of preschool children's development. However, scientific evidence specifically evaluating differences in social skills among preschool children with speech delay based on the level of developmental stimulation remains limited, particularly within the Indonesian context. Furthermore, to the best of the authors' knowledge, the existing evidence in Indonesia provides limited information on whether social skills differ among preschool children with speech delay according to their level of developmental stimulation received. By focusing on this high-risk population, this study extends the existing body of evidence, which has predominantly focused on language ability outcomes, and reinforces the notion that developmental stimulation is a potentially modifiable factor associated with children's social skills.

Addressing this knowledge gap is important, as information regarding differences in social skills based on the level of stimulation can serve as a basis for nursing interventions and more targeted developmental stimulation programs. Therefore, this study aims to analyze differences in social skills among preschool children with speech delay based on the level of developmental stimulation.

METHODS

This study was an analytical observational study using a cross-sectional design and a quantitative approach. The study was conducted at the Poli Rehabilitasi Medik RSUP Dr. Sardjito Yogyakarta, in February 2026, after obtaining ethical approval from the Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada (No. KE/FK/0124/EC/2026) and research permission from the hospital.

A total of 72 preschool children with speech delay were recruited using a consecutive sampling technique in accordance with predetermined inclusion and exclusion criteria. The inclusion criteria comprised parents and preschool children (4–6 years old) with speech delay undergoing speech therapy at RSUP Dr. Sardjito Yogyakarta, living in the same household, and providing signed informed consent. The exclusion criteria were parents with more than one

child with a disability. The minimum sample size was estimated using the correlational analysis approach proposed by Dahlan M. S. (2010), based on a two-tailed significance level of 0.05, 90% statistical power, and a minimum clinically meaningful correlation coefficient of 0.389. The calculation yielded a minimum sample size of 66 participants after rounding up. Allowing for a potential 10% dropout rate, the required sample size was increased to 72 participants, who are subsequently recruited using consecutive sampling.

The level of developmental stimulation was measured using a developmental stimulation questionnaire based on the Ministry of Health (2014) guidelines. The questionnaire consists of 14 items for children aged 48-59 months and 27 items for children aged 60-72 months, with four-points Likert response format. The Indonesian version of questionnaire was validated by Febrianti and Hawara (2024) in 242 preschool-aged children. The validation demonstrated item-total correlation coefficients ranging 0.413 to 0.753 for children aged 48-59 months and from 0.427 to 0.711 for those aged 60-72 months. The Cronbach's alpha coefficient were 0.872 and 0.913, respectively.

that had met the requirements of validity and reliability testing. The questionnaire consisted of 14 items for children aged 48–59 months and 27 items for children aged 60–72 months. Based on the scores obtained, respondents were categorized into good and poor stimulation groups (good stimulation if $T \geq \text{mean}$ and poor stimulation if $T < \text{mean}$). Social skills were measured using the Preschool and Kindergarten Behavior Scales (PKBS), originally developed by Merrell (1994) and subsequently translated and validated into Indonesian by Suryani (2017). The scale consists of three domains: social cooperation, social interaction, and social independence, and uses a four-point Likert response format. The Indonesian version was validated in a sample of 247 preschool-aged children, demonstrating item-total correlation coefficients ranging from 0.84 to .97 and a Cronbach alpha of 0.799.

Data analysis began with a normality test using the Kolmogorov-Smirnov test. As the data were not normally distributed, univariate analysis was presented as median (minimum–maximum) and frequency (percentage). Differences in social skills scores based on the level of developmental stimulation were analyzed using the Mann-Whitney U test, with a significance level of $p < 0.05$.

RESULTS

The study was conducted at the Poli Rehabilitasi Medik RSUP Dr. Sardjito Yogyakarta.

Table 1. Characteristics of preschool-aged children with speech delay and their parents (n=72)

Characteristic	n	%	Median	Min-Max
Child's Age (months)				
48-59	38	52,8	57	48-72
60-72	34	47,2		
Sex				
Male	49	68,1		
Female	23	31,9		
Developmental Level				
Normal	37	51,4		

Suspect	9	12,5		
Deviant	26	36,1		
Diagnosis				
Without comorbid disorder	28	38,8		
Autism Spectrum Disorder (ASD)	25	34,7		
Attention Deficit Hyperactivity (ADHD)	14	19,5		
Intellectual Disability	5	7		
Parental Age (years)				
Late adolescence (17-25 years)	2	2,8	34	17-55
Early adulthood (26-35 years)	38	52,8		
Late adulthood (36-45 years)	28	38,9		
Early elderly (46-55 years)	4	5,6		
Parent				
Father	0	0		
Mother	72	100		
Education				
Junior high school	9	12,5		
Senior high school	33	45,8		
Higher education	30	41,7		
Occupation				
Employed	13	18,1		
Unemployeyd	59	81,9		

Source: Primary Data, 2026

This study involved 72 preschool children with speech delay along with their parents as respondents. The majority of children were in the 48–59 month age group (38; 52.8%), male (49; 68.1%), and had a developmental level in the normal category (37; 51.4%). The parents' characteristics showed an age range of 17–55 years, with the majority in the 26–35-year age group. Most parents had a senior high school/equivalent education (33; 45.8%) and were unemployed (59; 81.9%)

Table 2. Overview of Developmental Stimulation Levels among Preschool Children with Speech Delay (n=72)

Age Group	Good Stimulation (n) %	Poor Stimulation (n) %	Mean	Std. Deviation
Usia 48-59 months	20 (52,6)	18 (47,3)	44,4	5,2
Usia 60-72 months	16 (47,1)	18 (52,9)	81,7	10,9

Source: Primary Data, 2026

The overview of developmental stimulation by age group showed that among children aged 48–59 months (n=38), 52.6% of parents provided good stimulation. with a mean stimulation score of 44.44 ± 5.27 . On the contrary, in the 60–72-month age group (n=34), 52.94% of parents fell into poor stimulation category, with a mean stimulation score of 81.70 ± 10.972 .

Table 3. Overview of Social Skills among Preschool Children with Speech Delay (n=72)

Variable	Median (min-max)
Total social skills	103,5 (61-122)
Social cooperation domain	39,5 (26-48)
Social interaction domain	28 (15-35)
Social independence domain	37 (20-43)

Source: Primary Data, 2026

Descriptive analysis showed that the median total social skills score was 103.5 (61–122). For each subscale, the median scores for social cooperation, social interaction, and social independence were 39.5 (26–48), 28 (15–35), and 37 (20–43), respectively.

Table 4. Results of the Analysis of the Association between Developmental Stimulation and Children's Social Skills (n=72)

Stimulation	Social Skills		
	<i>n</i>	Median (min-max)	<i>p</i>
Good	36	107,5 (82-120)	0,023
Poor	36	102 (61-122)	

Source: Primary Data, 2026

A total of 72 children participated in this study, with equal numbers in the good developmental stimulation group and the poor developmental stimulation group (36 children each). The median social skills score in the good stimulation group was 107.5 (82–120), higher than that in the poor stimulation group, which was 102 (61–122). The Mann-Whitney test results showed a statistically significant difference in social skills scores between the two groups (p -value = 0.023; z = 2.27), with a rank-biserial correlation of 0.27, indicating a moderate effect.

Table 5. Association between Age, Sex, and Developmental Level with Social Skills among Preschool Children with Speech Delay (n=72)

External Variable	Social Skills			
	Description	Median (Min-max)	<i>r</i>	<i>p</i> -value
Age	48-59	103 (73-122)	-0.126	0.292 ^a
	60-72	104,5 (61-120)		
Sex	Male	104 (72-120)		0,703 ^b
	Female	103 (61-122)		
Developmental Level	Normal	105,5 (83-122)		0,042 ^c
	Suspect	103 (61-114)		
	Deviant	101 (72-118)		

Note: a = *Spearman-rank*, b = *Mann Whitney*, c = *Kruskall Wallis*

Source: Primary Data, 2026

Based on the analysis of children's characteristics, no significant association was found between child age and social skills ($r = -0.126$; $p = 0.292$). The median social skills score in the 48–59-month age group was 103 (73–120), while in the 60–72-month age group it was 104.5 (61–120). Based on sex, the median social skills score for boys was 104 (72–120) and did not differ significantly compared to girls ($p = 0.703$). Meanwhile, based on developmental level, children with normal development had the highest median social skills score, namely 105.5 (83–122). The analysis results showed a significant difference in social skills scores based on developmental level ($p = 0.042$).

DISCUSSION

The main finding of this study is that there was a significant difference in social skills among preschool children with speech delay based on the level of developmental stimulation, in which the median social skills score was higher in the group of children with a good stimulation level compared to the group with a low stimulation level (107.5 vs. 102; $p = 0.023$). Children who received good developmental stimulation had higher social skills scores compared to the group with poor stimulation. This finding indicates that higher developmental stimulation was associated with higher social skills scores. This result is consistent with the study by Widyanti et al. (2024), which reported a significant association between developmental stimulation and children's social skills ($p = 0.028$). The study by Nasution and Listiana (2024) also showed that children who received active stimulation experienced improvements in social skills, such as the ability to cooperate, share, resolve conflicts, and understand others. Developmental stimulation provided consistently through two-way communication, joint play, storytelling, and other social activities provides children with opportunities to practice communication skills, understand social cues, develop emotional regulation, and learn to cooperate with others. In children with speech delay, such stimulation experiences become even more important, as limited language ability can reduce the frequency and quality of social interaction if not accompanied by adequate stimulation. Thus, developmental stimulation not only plays a role in improving language ability but also provides social experiences that support the formation of children's social skills. Conversely, limited stimulation from parents can reduce children's opportunities to practice communication and social interaction, potentially hindering social development (Mukharis et al., 2019). In contrast to the findings of this study, Prasetyo (2023) reported that there was no significant association between stimulation provided by parents or grandparents and children's social skills ($p > 0.05$). This difference in results indicates that developmental stimulation is not the only factor influencing children's social skills. Other factors, such as the quality of caregiver–child interaction, consistency of parenting patterns, and children's opportunities to interact with peers, also play a role in shaping children's social abilities.

More than 60% of the children in this study had comorbid diagnoses, including ASD in 25 children (34.7%), ADHA in 14 children (19.5%), and Intellectual disability (ID) in 5 children (7.0%), resulting in a total of 44 children (61.2%) with comorbid diagnoses. These conditions represent potential confounding variables, as ASD, ADHD, and ID are known to directly affect children's social skills regardless of the level of developmental stimulation they receive. The

high proportion of comorbid diagnoses was attributable to the limited number of children with isolated speech delay without comorbid conditions at children at Dr. Sardjito General Hospital during the data collection period. Therefore, children with comorbid conditions were included as long as they met the study's inclusion and exclusion criteria.

This study also found that half of the parents provided developmental stimulation in the good category. This finding indicates that the quality of stimulation is influenced not only by the duration of parent–child interaction but also by parents' knowledge and skills in providing stimulation appropriate to the child's developmental stage. Therefore, education and guidance for parents regarding developmental stimulation are important components in supporting children's growth and development, particularly in children with speech delay. This result is in line with the studies by Suwardi et al. (2025) and Setiawati et al. (2020), which reported that most parents provided developmental stimulation in the good category. However, this finding differs from the study by Anggraeni and Dhewi (2017), which showed that the majority of parents (55.8%) rarely provided developmental stimulation, while 44.2% provided it frequently. This difference is likely influenced by variations in respondent characteristics, such as level of knowledge, employment status, duration of mother–child interaction, and trust in Early Childhood Education (PAUD) services, which can affect the quality of stimulation provided to children.

The study results showed that the 48–59-month age group received good stimulation more frequently than the 60–72-month age group. This finding indicates that stimulation may be provided more intensively to younger children, when the need for parental guidance and support is still relatively high. Robinson (2021) reported that parents tend to be more actively involved in providing stimulation while children still require direct assistance in various developmental activities. However, the study by Baker (2018) showed that the level of parental involvement is not solely influenced by the child's age but is also affected by parental education, the family's socioeconomic condition, and the child's developmental needs. Thus, variation in developmental stimulation is likely the result of the interaction of various factors, not age alone.

The study results showed that the social cooperation subscale had the highest score among the social skills subscales, followed by the social independence subscale, while social interaction had the lowest score. This finding indicates that children with speech delay are still able to demonstrate cooperative behavior in daily activities, such as following rules or cooperating with others, despite experiencing communication limitations. This finding is consistent with the studies by Hapsari (2024) and Nahri (2019), which also reported that the social cooperation subscale had a higher score compared to the independence and social interaction subscales in preschool-aged children. This finding is not entirely in line with the results of the study by Nilawati and Suryana (2018), which showed that children with speech delay had low social skills on the cooperation and independence subscales, particularly in group participation and verbal expression ability. Another study conducted in Surabaya also reported low cooperation ability among most respondents, while social interaction ability was relatively better, as children were still able to utilize nonverbal communication, such as eye contact, body movement, and facial expressions, to build relationships with others. This variation in results across studies indicates that social skills in children with speech delay are

influenced by various factors, including child characteristics, the severity of the language disorder, social experience, and environmental support.

The bivariate analysis showed that child age was not significantly associated with social skills in preschool children with speech delay. This finding indicates that, within the relatively homogeneous preschool age range, an increase in age was not necessarily followed by an improvement in social skills. Social ability in children with speech delay is likely more influenced by communication barriers, social interaction experience, and the stimulation received, rather than by chronological age. This result is in line with Kustiawan et al. (2025), who stated that speech delay can limit social participation, peer relationships, and understanding of social norms. Based on sex, no significant difference in social skills was found between boys and girls. This finding indicates that, in preschool children with speech delay, the development of social skills is not influenced by sex. This result is consistent with the study by Rose and Rudolph (2006), which also reported no difference in social competence between boys and girls.

In this study, some children were in the suspect and deviant developmental categories, which is in line with the findings of Rahma et al. (2024). This condition is likely influenced by various factors, such as limited communication ability, insufficient stimulation, the presence of comorbidities, and individual characteristics that affect the attainment of developmental milestones. Unlike age and sex, developmental level showed a significant difference in relation to social skills. Children with normal development had higher social skills scores compared to children with suspect or deviant development. This finding indicates that optimal developmental attainment contributes to a child's ability to interact, cooperate, and adapt to the social environment. This is consistent with the study by Hapsari and Deslinda (2024), which reported that developmental level is associated with children's social skills.

This study has several limitations. First, the cross-sectional designs limit the ability to establish temporality between developmental stimulation and social skills. Because both variables were assessed at single point in time, the direction the observed association cannot be determined, and causal relationships cannot be established. Second, potential confounding factors should be considered. A substantial proportion of the participants had neurodevelopmental conditions, including autism spectrum disorder, attention-deficit/hyperactivity disorder, or intellectual disability, which may independently influence social skills and the level of developmental stimulation received. These factors were not controlled for in the present analysis and may have influenced the observed association. Third, the study was conducted at single healthcare center, which may limit the generalizability of the findings to preschool children with speech delay in other settings or populations. Future longitudinal, multicenter studies with appropriate adjustment for potential confounders are recommended to further clarify the relationship between developmental stimulation and social skills.

CONCLUSION

This study shows that preschool children with speech delay who received good developmental stimulation had higher social skills scores compared to children who received poor stimulation. In addition to developmental stimulation, the child's developmental level also

showed a significant difference in relation to social skills, whereas age and sex showed no significant association. These findings underscore the importance of optimizing developmental stimulation as part of efforts to support the development of social skills in children with speech delay.

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