

Language Delay in Young Children in Saudi Arabia: Identifying Key Risk Factors

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Abstract

The development of language skills is critical to the academic success and overall wellbeing of children. Research shows that language delay negatively impacts future language and literacy skills. The early identification of children who are at risk of language delay can significantly improve long-term outcomes in language development. However, data on language delay in Saudi children are scarce. The present study aimed to address this gap by examining the prevalence and risk factors of language delay among Saudi toddlers. The study explored a range of biological and environmental risk factors that are reportedly linked to a delay in language in young children. The study also sought to examine the association between socioeconomic status (SES) and the home literacy environment (HLE) practices that mothers engage in with their children. Language delay was defined as children with limited expressive vocabulary yet demonstrating normal development in other aspects. A sample of 270 children aged 16–36 months participated. Expressive vocabulary size was measured using JACDI: WS-SF, a Saudi Arabic adaptation of the MB-CDI. Caregivers completed a home screening questionnaire that assessed various family and child variables, including SES, family history of language disorders, birth conditions, HLE practices, screen use, and parental self-efficacy in nurturing language development. The findings revealed that 11% of toddlers were at risk of language delay, with hearing or vision issues as key biological risks. While engagement in HLE practices significantly reduced the likelihood of language delay, excessive screen time increased such risks. The study did not find significant associations between SES factors such as maternal education and household income and the majority of HLE practices examined. These findings have profound implications for researchers, clinicians, and policymakers involved in early childhood education and health.