

The Complexities of the Mother's Role in Providing Early Childhood Learning Experiences for Children with Developmental Delays

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Abstract

The mothers' role in bringing up children with developmental delays seems to be challenging. Problems when they decide to access occupational therapy to help their children's development have been revealed. Therefore, this study aimed to explore the common complexities that mothers experience while taking their children to occupational therapy as a rehabilitation program to deal with developmental delays. As well, it also describes mothers' personal efforts in tackling those complexities. Five semi-structured interviews were conducted with eight mothers and Colaizzi's method was used to analyze the data as proposed by the phenomenological approach. The results reveal that mothers experience complexities when their children are diagnosed as having developmental delays. These include sadness and shock, panic and confusion, and guilt. Other difficulties include time management, cost demands, and support systems related to the therapy process. In tackling those complexities, mothers need to build their capacity for self-efficacy and self-empowerment as well as try to accept their children's condition and to change habits as recommended by therapists. Not only describing the phenomenon, this study also analyzed some developmental screening tests applied in different countries to come up with new models of preventive actions in Indonesia.

Keywords: *mothers' complexities, developmental delay, occupational therapy, preventive actions*

Introduction

The first five years of a child's life have a great significance for their development. They grow and develop based on their developmental aspects which consist of physical-motor, cognitive, language, socio-emotional, and spiritual development (Watling et al., 2006; Gross, 2018; Brown et al., 2020). These aspects allow children to explore their surroundings through their learning experiences and are the fundamental components that will have an effect on their future lives. However, sometimes, development does not take place well. There is sometimes a problem during the process which means children cannot achieve their developmental milestones based on the current phase. For instance, each development phase has specific stage and time restrictions, called red flags, expected to be reached by children (Soebadi, 2017). If one or more aspects cannot be attained based on the required time, then this is described as developmental delay.

Developmental delay is a common problem in child development. Data from the World Health Organization (2012) reveal that, in the year 2007, there were over 200 million children in developing countries not reaching their full developmental potential (World Health Organization, 2012). Moreover, the Committee on Nervous System Disorders in Developing countries has found that developmental difficulties are the most common causes of long-term morbidity (World Health Organization, 2012). Recent data from UNICEF taken from 197 countries reveal fewer than half of the young children in a third of the countries receive the benefits of early stimulation and responses by an adult in their home (The Lancet, 2022).

Other data taken from the same source, the World Health Organization (2019), report that in 2016, 52.9 million children under five years, 54 percent of them boys, had experienced developmental delays and 95 percent of them lived in developing countries. The World Health Organization (2018) reported the cases in Indonesia to be 7.512 out of 100,000 (7.51%). This means there was an estimated 5–10 percent of children experiencing developmental delay. Meanwhile, *Ikatan Dokter Anak Indonesia* (Indonesian Paediatricians Association) stated that while there were no valid numbers for the data, but it was assumed 1–3 percent of children under five years experienced developmental delay (IDAI, 2022). There is no recent national data for this case, but the study from Yunita, et al. (2020) reported a finding from the *Dinas Kesehatan* (Health Institution) in Kampar district, Riau, that there was an increased number of children taking developmental screening tests between 2016 and 2017 (Yunita et al., 2020). Based on the data, developmental delay is a global concern. Moreover, it takes second place in importance in children's life experience after nutritional needs

(Inggriani et al., 2019). Responding to this issue, UNICEF also includes early childhood developmental issues as one of destined programs in the Sustainable Development Goals (SDGs), countdown to 2020 on November 23, 2020 (Richter et al., 2020).

As a preventive action, the assessment of children's development is supposed to be conducted by parents from the early stage of their child's life. Screening tests aim to diagnose the symptoms to determine whether a delay is occurring. When a problem is discovered, intervention can be planned by giving stimulation or therapy to avoid larger problems that will have an effect on other developmental aspects (Soebadi, 2017). Parents or caregivers play an important role in this observation because children cannot live independently and need parents to fulfil their needs (World Health Organization, 2012). Besides that, as the closest people in children's lives, parents have a responsibility to help them to achieve their potential inherited from birth. (Woolfolk, 2016). Early observation, then, will be emphasized through screening tests given by experts to obtain information on whether children have grown and developed in accordance with their milestones. However, when development delays are identified, they have impacts on psychological aspects for mothers. This is in line with some previous published studies.

For example, a study from Lowers-Roach (2021) observed parents' behaviour raising children with intellectual or developmental disabilities in Jamaica. It used a grounded theory approach to identify behavioural characteristics which influenced the mother's role in nurturing their children with disabilities. It found some behavioural changes that mothers' make to perform their role as the person closest to their children. Nur et al (2018) observed parenting stress in the experience of hope in the mothers' role in tackling their children diagnosed with speech delay. The findings show there is a change in mother's hope, moving between unrealistic to realistic hope. Harper (2013) indicates there are some parenting behaviours in mothers whose children are diagnosed with a development delay. Using a grounded theory, this shows that specific responses demonstrated by parents towards their children during nurturing are influenced by the mother's culture, beliefs, values, and the social environment. Another similar finding is showed by Billen (2012) with his study observing the parenting model conducted by parents in dealing with children with developmental delays. It is also mentioned that parents of children with developmental disabilities experience a wide variety of conditions and influences that may affect the parenting process.

Responding to those studies, no parent wants their children to have a developmental delay. Raising a child with a developmental delay must be

overwhelming for parents and families and may have an effect on their financial, emotional, psychological and social well-being (Lowers-Roach, 2021). In other words, it becomes a challenging experience for them. However, dealing with it is unavoidable and parents need to consider strategies to use, such as taking occupational therapy (Watling, et al., 2006). This will allow their children to catch up on the delay by giving some treatment to achieve the development goals (Pollock, 2009). However, parents also find challenges during this process. This study will observe this phenomenon further. Focusing on a sample of mothers whose children attend occupational therapy, the study examines the lived experience of mothers in their role in dealing with developmental delay during the infancy period; and the complexities and their reactions to these. According to Bornstein and Lamb (2004) as cited in Lehr (2016), child gender is also an influence on children's development, boys compared to girls show a higher risk for developmental delay. This present study is limited to mothers' observations of their sons only.

By using classical phenomenological research design, this study consists of two main research questions: "What are complexities that mothers experience in bringing up children with developmental delay?"; and "How do mothers tackle those kinds of complexities?". The complexities, here, mean various problems, psychological and physical, faced by mothers during the time of getting a doctors' diagnosis regarding their child's development. After providing a brief review of literature identifying developmental delays, the researcher provides suggestions for early childhood caregivers that will help them establish and maintain productive learning activities with their children. Furthermore, data and research obtained from different countries will be beneficial in analyzing the problems in order to come up with some ideas for devising new models of preventative action in Indonesia.

Method

Participants

The study took place in South Tangerang, Indonesia, which serves as the researcher's residence. The participants were eight caregiving mothers whose infants had been medically diagnosed as having developmental delay; two of them are for language four of them for motor, and two for both language and motor. Some of the mothers took their children to therapists, but two of them chose to do home treatment. Besides being an interviewer, the researcher also became the source of information regarding recommended simple activities to support their children's development at home.

The relationship between the participants and the author varies. One respondent is her sister-in-law, two are her neighbours, three are her friends in the community, and the other is her peer in the workplace. Their jobs and age also vary. Below is the detailed data of the respondents:

No	Job	Age	Child's development delay	Child's age
1	Housewife	33	Motor	15 months old
2	Private employee	31	Language	18 months old
3	Housewife	31	Motor and language	18 months old
4	Primary teacher	33	Motor	20 months old
5	Primary teacher	33	Motor and language	23 months old
6	Housewife	34	Motor	24 months old
7	Housewife	34	Motor	18 months old
8	Housewife	32	Language	15 months old

Limitations

This study focuses on children who are in the infancy period, meaning they are aged up to two years old. Since gender also influences children's development, this study observes mothers' experience with boys diagnosed as having developmental delay in the aspects of motor and language skills.

Research Design

This is a classical phenomenological study using purposive data sampling. The data was obtained by interviewing respondents whose children were acknowledged as having developmental delays. The five semi-structured interview questions were exempted from written informed consent by the researcher via social media (WhatsApp). Questions for the interview sessions were sent to the parents via the same media to give extra time for them in preparing their answers. When the parents are ready to be interviewed, questions are answered through recording or writing depending on their preference. The researcher also met some of the parents to conduct in-depth interviews to get more comprehensive answers.

Careful analysis of the interview transcripts was conducted to obtain needed information. The data collected during interview and observation was analyzed by using Colaizzi's method (Praveena & Saskuma, 2021). There are seven steps in this data analysis: bracketing the general sense; extracting significant statements; formulating meanings; clustering themes; describing the phenomenon; describing the fundamental structure; and validating the findings.

Results and Discussion

This section presents the interpretation of data that illustrate mothers' experiences whose infants have been diagnosed with developmental delay, answering the two questions: "What are complexities that mothers experience in bringing up children with developmental delay?"; and "How do mothers tackle those kinds of complexities?". The questions explore the lived experiences of eight Indonesian mothers whose boys have been diagnosed with developmental delays. The results are a culmination of their perspective into their lived experience. They shared their experiences as part of this study to gain deeper insights into the lived experiences in dealing with infants with developmental delay, with a focus on motor and language development; four in motor, two in language, and two for both.

There are a number of complexities of mothers' experiences in bringing up children with developmental delay. They include sadness and shock, panic and confusion, guilt, time management, cost demands, and surrounding support systems. Boredom is also identified as one of the complexities as a reaction after deciding to undertake occupational therapy for their children. These are psychological and economic effects which are unconsciously encountered and naturally affect the mothers' feelings.

Sadness and Shock

Obviously, every mother wants their children to have optimal, normal and ideal development. They desire that their children will be like others who can attain their milestones at the expected stages. This was expressed by some participants who commented in such ways below:

Sometimes, I wish my boy could be like others. At his current age, he should be able to do this and that. Unfortunately, his condition is different and to be honest I am so sad for that. However, I am sad for a short time only because I realize it cannot be changed and I need to struggle for my boy. (Respondent 1, motor delay, 15 months old)

At first after getting the diagnosis from the doctor, I denied it because I did not feel that something was wrong. Then, I tried to empower myself by searching through literature and I found what the doctor said was true and I became sad. (Respondent 6, motor delay, 2 years old)

Diagnoses suggests that children have a developmental delay because of a psychological disorder (Nur et, al., 2018). The diagnosis can trigger many negative reactions from parents such as sadness and shock because the condition is beyond their expectation. One participant described:

I was shocked because, at first, I wanted to consult about my son who produced only a few words at his age of 18 months, but I got a diagnosis that my boy also displayed a problem in motor development. It was unexpected and I was anxious about my boy's future life. (Respondent 3, motor and language delay, 18 months old)

Having children with normal and ideal development must be expectant parents' hope, especially mothers. However, sometimes developmental delays are unavoidable and the parents need to deal with this condition and strive for their children. They believe their sadness means nothing if they do not make further interventions. As described by a participant:

I was struggling to accept the diagnose of motor delay when my boy still could not walk at 18 months old. What I was thinking at the time was to give more stimulus to my son to attain his developmental goals like other children at the same age. (Respondent 4, motor delay, 20 months old)

The same feeling is also expressed by another participant who said:

I was sad and confused simultaneously about my son's diagnosis because different doctors commented differently. One doctor said his development was good but his problem was due to obesity. In the second opinion, another doctor said that my son had a motor delay. I did not want to suffer from those feelings anymore, but I did my intervention with my son at home immediately. (Respondent 5, motor delay, 23 months old)

All eight participant mothers told of their simultaneous sadness and shock after getting the diagnosis of their children's developmental delay. What differs among them is their way of expressing it; some tend to cry but others indicate feelings of uncertainty about what to do further.

Panic and Confusion

Four out of eight mothers expressed feelings of panic because of the doctor's diagnosis. Panic and confusion are encountered simultaneously. Mothers experience both feelings because the unexpected condition happens suddenly, beyond their notice of what is happening to their children. Thus, they tend to panic and be confused as to what they are supposed to do for the next steps. One participant said:

I was in a panic after the doctor said that my child has a developmental delay. At the same time, I was also confused about what I had to do next. Fortunately, I have a cooperative husband who was very active in searching for information and offered me further therapy in the clinic recommended by my child’s doctor. (Respondent, motor delay, 15 months old)

Another participant said that she was confused because she was a working mom and the diagnosis seemed to ask her to choose between her career or her child.

It is hard for me to find my son diagnosed with speech delay. I was confused because I am a working mom and how should I divide my attention between my job and my child. (Respondent 2, language delay, 18 months old)

Basically, mothers were confused because they did not know what they had to do next. Their negative emotions provoked them to have a troubled mind and they could not think clearly.

Guilt

The sadness felt by mothers led to a strong expression of feeling guilty which turns into be self-blame. This second complexity is expressed by all participants who refer to having to deal with their failure as mothers. Some of their experiences are described in the table below:

Transcripts	Developmental Delay	Concept
<i>I am feeling guilty that I did not give my son optimal treatment during my pregnancy and his developmental stages.</i> (Respondent 5)	Motor	
<i>I felt that I have turned out to be a failed mom because I am a housewife but my son was diagnosed as experiencing a developmental delay.</i> (Respondent 8)	Motor	Guilt
<i>I tend to blame myself because my child is indicated as having speech delay. In the meantime, I regret my ignorance about my child’s development.</i> (Respondent 2)	Speech	
<i>I felt guilty because I believe my boy had not walked because of my ignorance about stimulating him to attain his developmental goal.</i> (Respondent 4)	Motor	

Mothers who have children with developmental delay, initially blame themselves for the condition. Feeling guilty and being a failure as mothers become

the main triggers for this complexity. They tend to compare their children to others and imagine that their children lacked stimulation at home in their early period. Even though they keep struggling to change the condition they need to deal with increased feelings of depression if their child has not shown any significant progress. As one participant said:

I became depressed when my child did not show improvement after taking therapy. Sometimes, I tried to do self-talk to be more patient but, at other times, I become disappointed with my child because there was no change happening to my child's condition. Still, I make every effort to take therapy in the hospital and at home. (Respondent 3, motor and language delay, 18 months old)

This condition also happened to another mother who finally gave up trying to force her child to change.

At first, I would treat my child at home with various activities to stimulate him to achieve his developmental goal. When I found there was no change, I spurred myself to force him to attain the milestones. However, during the process I felt that this was not good for me or for him (he would become rough and chaotic), so right now I choose to follow his rhythm and I am sure he will be able to achieve the milestones. (Respondent 5, motor and language delay, 23 months old)

Mothers' hopes for having ideal children sometimes provoke them to force their children into doing what they are expected to do. Although they believe their children have difficulties doing that, their feelings of depression become a reaction to their feelings of guilt.

Time Management

Most mothers expressed difficulties in managing their time after deciding for their children to take occupational therapy. Only two of them did not comment on this because their professions as counsellors mean they have sufficient knowledge to provide treatment or stimulation for their children at home. Thus, they had no problems regarding time management because they deal with their children's therapy during their presence at home by themselves. This complexity for some mothers can be described as follows:

One of my problems during my child's therapy is about time, especially my husband's spare time. This is because I need him to drive us to the clinic and his job sometimes requires a random

schedule for him to spend his time at his office. This problem became one of my reasons to stop the treatment after two months, although the therapists had recommended to continue the intervention further. (Respondent 3, motor and language delay, 18 months old)

I am a working mom. I find it a challenge to manage the schedule for my child's therapy. On one hand, I want to accompany him to the clinic, but I need to go to work as well. Thus, I spend my weekends conducting the therapy for my child. One day a week were tackled by my mother or his nanny. Honestly, it is very tiring because I also need to take a rest during the weekend. (Respondent 2, language delay, 18 months old)

One mother describes her difficulties because she needs to take a long trip every morning.

My child's hospital is quite far from my house and it takes almost two hours without traffic jams. I made this decision because the place accepts BPJS insurance. This is worthwhile for me rather than choosing the expensive clinic near my house. Although I am a housewife, I have a problem dealing with time because the appointment is in the morning, which means I need to handle the housekeeping as well as my child's schedule because my husband goes to work in the early morning. (Respondent 8, language delay, 15 months old)

From these experiences, it can be seen that deciding to take therapy at clinics or hospitals is sometimes quite challenging for dealing with the time factor. Either working or full-time moms encounter this complexity because they have to manage time between the provided schedule and their own activities.

Cost Demands

Mostly, mothers told of this problem as the reason for their decision to stop therapy for their children. This is because they needed to spend a high amount for therapy for each session and they needed to prepare for this. Some of them mentioned the cost of therapy and they said it is quite demanding for their family. Three of them utilized insurance (BPJS and office insurance) for paying for the therapy, but they still needed to spend money for transportation (one mother used public transport because of her limited access to a vehicle) and for other personal needs during the process. Another reason for this difficulty also comes from the need to buy stimulation tools for the home. Only two mothers, who conduct home

treatment, and one other mother, who is known as having financial support from her family, do not mention this complexity.

I know this therapy is good for my child to help him overcome his speech delay. But, I have limited access to a vehicle (only one motorcycle used by her husband for work) and I always use public transport to go to the hospital. Since it is quite far from my house, sometimes it feels like it costs a lot and I cannot afford it. (Respondent 8, language delay, 15 months old)

Another participant said that transport is not a problem because her husband drives for them, but the clinic's payment is very expensive with their limited budget.

I do not have any insurance for my child so I make a private payment to pay for my child's therapy. The agreement with my husband is to minimize our budget in other areas to tackle this problem. However, over time I get overwhelmed without finding any changes in my child. (Respondent 3, motor and language delay, 18 months old)

I used my office insurance for my child's therapy but it has a limited amount to spend. Since I wanted to give my child the best treatment, I chose the famous hospital in my region, and it took a high payment which drained the amount of insurance. After that, I made another decision to tackle this complexity by registering my child at the playgroup near my house. (Respondent 2, language delay, 18 months old)

The financial level of the respondents varies, but they mostly come from the middle-class community which earns a family income under ten million. Moreover, they still need to spend their budget for regular bills each month.

Support Systems

Last but not least, support from closest people is very precious. This can allow mothers to be tough as well as sincere. However, some mothers talked about the ignorance of their closest individuals (such as husband and family) when their child's diagnosis was encountered. Only two mothers said they did not have this problem because their husbands were quite cooperative. Their husbands accept their feelings and give support for their child's development as well.

The difficulty of not having a strong support system to meet some of mothers' needs is described as below:

Transcripts	Source	Concept
<i>I feel that my husband is not cooperative. He has ignored our child's diagnosis because he does not want to help me in doing some treatments for our child at home. (Respondent 3)</i>	Husband	
<i>I do not know what I need to say to my husband, but he is the one who denies that our child has a delay in speech. Thus, I feel that I am struggling alone to overcome this problem. (Respondent 2)</i>	Husband	Support Systems
<i>While my child has been diagnosed with motor developmental delay, his grandmother and grandfather are against me conducting further therapy. They assume my child is very well although the diagnosis has been confirmed by the screening test. (Respondent 6)</i>	Family (Grandmother and grandfather)	
<i>My husband allows me to take our child to therapy, but he never wants to drive me to the hospital although it is in the same direction as his office. It seems he both supports me as well as ignores me in tackling our child's problem. (Respondent 8)</i>	Husband	
<i>My husband seems to ignore seeing my child's difficulty in attaining his milestones. I feel he does not want to be involved in trying to overcome this developmental delay. (Respondent 5)</i>	Husband	
<i>When my child has not spoken anything in two years, my family tends to blame me for this problem. They also intimidate me and compare my child to other family members. (Respondent 7)</i>	Family (Grandmother and cousins)	

There are some other complexities experienced by mothers whose children have a developmental delay, but they only concern a few mothers. These include uncertainty about their child's future life; finding appropriate therapists (one mother experienced an uncooperative therapist who forced her child to do what he/she asked); struggling with children's emotions who are reluctant to go to the clinic; becoming bored with its regular schedule of twice a week; and lacking a supportive environment (like having other children in her surroundings to nurture stimulation).

Mothers employ a variety of behavioral strategies to tackle the complexities they face. Generally, these can be classified into four categories; namely, self-efficacy, self-empowerment, child acceptance, and habituation changes.

Self-efficacy

Sadness and guilt felt by all mothers indicate a reaction of self-blame. These emotions impact negatively on the mothers' self-confidence and self-concept because they feel insecure and helpless. Moreover, denial regarding their children's delay indicates a tendency to build unrealistic hope (Nur, et. al., 2018). Inevitably, this is not a good condition for both parents and children since the children need support from their primary source of life, mothers. However, mothers may react to their negative emotions by building self-efficacy which allows them to gain more confidence while nurturing their children and tackling the problems.

Based on Suryadi and Santosa (2017), self-efficacy is defined as self-confidence in successfully executing tasks, which also determines an individual's capacity to control the motives, recognition, and direction of his/her actions. This concept was introduced by Bandura (2006) with his social theory of learning in 1997. For him, the term describes people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives (Bandura & Ramachaudran, 1994). From those definitions, self-efficacy is a psychological means to build and control individuals' thoughts or behaviors. This influences the way people respond to a problem in a positive manner as well as encourages them to have strong beliefs of self-confidence and self-concept.

Mothers build this emotion because they believe that they need to be sturdy. Their children need their mothers to allow them grow and develop as well as to help them tackle the developmental delay. This perception is described by some participants as follow:

I am sad and hopeless, but I know I need to be strong because my child needs me for their life, so I am not supposed to spend my time only for blaming myself. (Respondent 1, motor delay, 15 months old)

I blame myself for my child's developmental delay. I know I made a mistake for my child in that I never gave him an opportunity to play outside with his peers. However, I want to rectify this by giving my child better experiences and I need to be confident in that. (Respondent 3, motor and language delay, 18 months old)

Here is another emotional story from one of the participants who has been struggling with this.

My husband seems to be ignorant because he never supports me in giving some treatments to my child at home. Moreover, he blames

me for this developmental delay and I was so depressed because of that. However, I believe my child needs some help to grow, so I need to build my self-efficacy and go forward to tackle this obstacle. (Respondent 5, motor and language delay, 23 months).

Based on these mothers' experiences, this term, self-efficacy, has a big impact for them to build their self-concept. It also allows them to be agile in searching for solutions to their problems.

Self-empowerment

Given complexities like time and cost, having to follow a regular schedule for attending the occupational therapy, not having insurance or having a limited amount of it, some mothers have decided to stop using the therapy program. They have taken another path by doing independent learning at home in accordance with various stimulations to help their children. Two mothers also chose to register their children for schooling to overcome the speech delay.

Therapy requires a high amount of money that drains the limitations of my office insurance. So, I have followed my friend's suggestion, who is a psychologist, to put my child into a playgroup near my house. This really helps me because I can save much more money and spend my weekend relaxing. (Respondent 2, language delay, 18 months old)

The same reason is mentioned by another mother who decided to stop the therapy and move her child to a playgroup.

The therapists recommended my child take longer therapy, but I rejected this because I could not see a significant change for my child. Rethinking about the cost and time problems, I decided to empower myself for independent learning in accordance with a variety of stimulation I can provide for my child with simple and easy instruments at home. Because my child is also diagnosed with speech delay and I do not have a supportive environment, I have put him into a playgroup near my house. Although I am still waiting for his improvement, I can release my problems about money saving and time management. (Respondent 3, motor and language delay, 18 months old)

Another mother who initially had financial problems, expressed her reluctance to take further therapy. She challenged herself to learn from various sources to gain knowledge related to children's stimulation for speech delay.

I gave up therapy and proceeded to home treatment because the cost has affected my family's financial stability. (Respondent 8, language delay, 15 months old)

Mothers' self-empowerment became the second choice for those who in the beginning had a problem with time and cost. It was mentioned that home treatment is cheaper and helps them to deal with other family needs as well.

Child Acceptance

Mothers who have children with developmental delay are inclined to be depressed. This tendency is expressed by all mothers who were interviewed. Nevertheless, they tackle this problem by conceptualizing the acceptance of their children's condition because their negative emotions tend to hurt and force their children to develop too fast. This is in accordance with some of their comments as below:

Transcripts	Emotions	Concept
<i>At first, I got depressed dealing with my child's delay. Since I am the counsellor in a primary school, I knew what I had to do with my child. Thus, I forced him to do what I wanted although he turned to being cranky. After a while, I felt this was not good for us and to overcome this problem I accepted my child's feelings and followed his developmental rhythm after that. I never force him anymore and I am blessed for that. (Respondent 5)</i>	Depression	
<i>I am so sad that my child still cannot walk at 20 months old, but what I can do? I must accept his delay and strive for that. I am more relaxed while I do it. (Respondent 4)</i>	Sadness	Child Acceptance
<i>I never believed that my child would be diagnosed with a speech delay. I was angry with him because he only produced two words at his age in almost 2 years old. He never showed a change although I tried to stimulate him every day, but when I accept his condition, I can think more clearly and everything becomes better. (Respondent 2)</i>	Anger	
<i>My child has a motor delay and I always imagine what it would be like if he could have been born like other children who develop ideally based on the milestones. This wishful thinking always hurts me. But when I realize I just need to accept this condition, my feelings get better. (Respondent 1)</i>	Expectations	

In other literature, acceptance is very important because it encourages the mother to think clearly and act wisely (Lowers-Roach, 2021; Nur, 2018; Lehr, 2016; Harper, 2013; Billen, 2012). Any negative emotions from the mother will have an impact of depression for both mother and child.

Habituation Changes

This factor happens to mothers whose children are diagnosed with speech delay. Since they want their children’s therapy to run well, the therapists recommend they avoid or stop their habitual reliance on using gadgets for each child’s activities. At first, this is difficult to do because mothers use gadgets to encourage their children to do activities such as singing or feeding. Before conducting therapy, they assume this is the way to stimulate their children to speak. Three of the mothers felt the need to tackle their children’s developmental delay by using these tools. Their experiences are described as follows:

Transcripts	Delay
<i>The doctor said that I need to stop using gadgets, either TV or HP, to help my child develop. It is hard to do, but finally I could do this because I let my child experience outdoor activities with neighbours instead. (Respondent 3)</i>	
<i>Avoiding gadgets is the hardest thing for me, although I know they need to be reduced for my child's better improvement. At first, I could not totally do it because it is hard to struggle with my child's emotions. However, I keep trying and it is showing progress. (Respondent 7)</i>	Speech
<i>I know using gadgets is the prominent cause of my child's developmental delay, but I can do nothing because I entrust my mother (his grandmother) to nurture my child while I am working. What I can do for this is to avoid the habituation during my holidays. As a consequence, I need to plan many activities for my child. (Respondent 5)</i>	

From the above comments, the mothers express their struggles to minimize the use of gadgets. Although some of them noted that changing habits to avoid gadget use in children’s activities is hard to do, they keep trying for their children’s better improvement. As a consequence, some of them chose to put their children into playgroups, while others offer many outdoor or indoor activities to distract the children from using gadget.

Indonesian Child’s Developmental Screening and Assessment System

Indonesia uses the Denver Development Screening Test (DDST) that can be completed by parents or caregivers for early detection of growth and developmental delay in children aged up to six years (Inggriani, 2019). This screening test has been also provided in the android base application called DDST

II. The online version is aimed to facilitate parents in observing their children at home. Another application is also provided by IDAI (2018) named PrimaKu. The purpose of PrimaKu is similar to DDST, but the difference is that DDST provides a manual version for parents who do not have internet access. Puskesmas also provides a book, *Kesehatan Ibu dan Anak* (KIA), which consists of information in accordance with children's development from 0–3 years of age. This book is given to all pregnant mothers when they first come to Puskesmas.

Indonesia offers these assessments to help parents make early detection at home. Two of the screening software from the government are open-source and can be downloaded by everyone. KIA from Puskesmas can be used by mothers who cannot access the internet and who prefer to read the milestones manually. It's strength is the availability of comprehensive information regarding children's growth and development. Besides that, it also provides a useful checklist for children's milestones at every age. However, Indonesia is a broad country that consists of many provinces and regions (Ramdhan & Arifin, 2018). Thus, it must be challenging to introduce these assessments to all parents who live in areas which have low internet connections. This means manual screening by local experts is still needed to reach various parts of Indonesian society.

Regarding this issue, information from the World Health Organization (2012) about Israel gives an example of simplifying this assessment. It involves a self-report survey questionnaire for caregivers that is sent through email and completed anonymously. Furthermore, the importance of the role of psychologists in child development centres to follow up the report is emphasized (World Health Organization, 2012). In the Indonesian context, this method can allow the government to trace the situation broadly. For people who live in the suburbs, it can use a paper and pencil-based questionnaire. Furthermore, follow-up action is most important because sometimes parents do not realize their children have a problem in their development (Inggriani, 2019).

Another interesting approach comes from Norway which provides free medical, mental, and dental services for all children and youth from 0–18 years old. Developmental screening programs, using a tool of the Ages and Stages Questionnaires (ASQ), are scheduled regularly in local well-baby clinics from birth and up to five years of age for the purposes of weight control, vaccination, and a developmental check-up (Valla, et al., 2015). Indonesia also has a regular program from Puskesmas to monitor children's growth and development once a month, but in reality it screens for weight and height only. Developmental factors such language and motor skills are seldom focused on. Similarly, like Indonesia, Turkey also provides local health care facilities at the village level throughout the country (World Health Organization, 2012). Moreover, health care in Turkey also aims to

promote preventative action for health problems and early detection for developmental difficulties.

In regards to this issue, early detection for developmental delay is important because it is a basis for preventative actions. However, it is not in itself enough, and parents need to be assisted with sufficient knowledge to deal with the cases occurring. Moreover, the digital era encourages parents to use gadgets in their children's daily activities and this can be a cause of speech delay because of the limited social interaction children have with their parents and peers (Nur, et al., 2018). Due to this notion, parental sessions regarding children's development and stimulation in their infancy period could be recommended to be conducted by government local health care or developmental clinics. It is preferable to provide this during the mothers' pregnancy because new mothers sometimes tend to be confused in regards to the important points of infant growth and development. So far, such a program is still unavailable in Indonesia.

Conclusion

Mothers tend to have serious concerns regarding their children's developmental delays. These lead them to identify certain complexities as reactionary actions after getting a diagnosis from paediatricians. They become sad and shocked and tend to compare their children to others with ideal development. Besides that, panic and confusion become the next complexities of mothers' experience that make them uncertain for their children's future lives. Guilt is a common complexity and provokes mothers to blame themselves for their ignorance about stimulating their children at home.

Developmental delays can be tackled by conducting occupational therapy based on specific delays. However, this also seems to create some difficulties for mothers in different ways. First is time management because mothers need to adjust their schedules between the therapists' and husbands' or personal needs. Second is cost demand because therapy takes a high price or additional budget from the family finances. Third is about the surrounding support system, specifically from husband or family. Some mothers find their husbands to be ignorant and let them struggle alone to improve their child's development. Another difficulty is pointed out by one mother who described boredom as her problem because her child is regularly scheduled for therapy twice a week and this has been running for one year. Meanwhile, another mother finds it a challenge to get an appropriate therapist for her child.

In tackling those complexities, mothers build their personal abilities of self-efficacy and self-empowerment. Due to their children's problem, they are inspired to create a good mindset for the acceptance of their children's condition and to

follow therapists' recommendations by ceasing some habits such as gadget use. They find challenges while adjusting to these conditions but, in time, they can tackle them more smoothly.

Finally, this study and its findings indicate that there are a number of complexities experienced by mothers in providing learning experiences for their children with developmental delays. The complexities vary but some are similar throughout the respondents' comments. Therefore, it is hoped this study gives some perspectives which encourage individuals to show empathy and support for these mothers.

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