Original Article

Effects of Maternal Storytelling-Based Stimulation on Language Development among Preschool Children: A Quasi-Experimental Study

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ABSTRACT

Background: The age of 3–4 years is a critical period for children's language development, strongly influenced by environmental stimulation, particularly from mothers as primary caregivers. Storytelling is a simple and practical method for language stimulation, yet quantitative evidence of its effectiveness in community or family settings remains limited. Therefore, this study aimed to analyze the effect of maternal storytelling stimulation on the language development of children aged 3–4 years.
Methods: This study employed a quasi-experimental design using a one-group pretest–posttest approach. A total of 44 mother–child pairs with children aged 3–4 years were selected through purposive sampling. Participants received education and structured guidance to implement storytelling-based language stimulation over four weeks. Children's language development was assessed using a language screening instrument adapted from the KPSP. As the data were not normally distributed, the Wilcoxon signed-rank test was used for analysis with a significance level of 0.05.
Results: The findings demonstrated a statistically significant increase in children's language development scores following the intervention.
Conclusion: Maternal stimulation using the storytelling method significantly improves language development in children aged 3–4 years. This approach is recommended as an evidence-based language stimulation strategy at the family and community levels.

Keywords: language development; storytelling; parental involvement; preschool children; early intervention

Implications for Practice:

- The findings support the integration of structured storytelling-based stimulation into routine clinical practice in maternal and child health services, where nurses and midwives can guide parents to use storytelling as a practical strategy to promote early language development and strengthen family-centered developmental care.
- At the health policy level, the results suggest that storytelling-based language stimulation can be incorporated into national or local child development programs and post-

Implications for Practice:

screening follow-up procedures to provide a low-cost, evidence-informed early intervention for children identified as being at risk for language delay.

- These findings are particularly relevant for practice and training in Low- and Middle-Income Countries (LMICs) and other resource-limited settings, where midwifery and nursing education programs can prepare students to deliver caregiver-mediated developmental stimulation using culturally appropriate storytelling approaches that require minimal resources.

Introduction

Language development is a key aspect of child development, playing a crucial role in communication, cognitive, and social skills. Language enables children to express their thoughts, understand their social environment, and actively participate in daily learning and interactions (Septikasari, 2018). Children aged 3–4 years are in a rapid phase of language development, where the ability to construct simple sentences and expand their vocabulary significantly, and consistent language exposure significantly impacts communication skills and future academic readiness (Hastuti, 2021). Research shows that a language-rich environment and meaningful verbal interactions during this period can improve children's vocabulary, narrative comprehension, and speaking skills and are correlated with better learning outcomes later in life (Dewi, 2024). From a theoretical perspective, this study is grounded in Vygotsky's sociocultural theory and the social interactionist theory of language development. Vygotsky posits that cognitive and language development occur through social interaction within the child's zone of proximal development, where more knowledgeable others, particularly caregivers, mediate learning. Similarly, social interactionist theory emphasizes that language acquisition emerges from responsive, reciprocal communication between children and adults. These frameworks suggest that maternal verbal engagement and structured storytelling can function as scaffolding mechanisms that enhance children's linguistic competence.

Globally, an estimated 10–15% of preschool-aged children experience language development delays of varying severity. Such delays are associated with subsequent learning difficulties, behavioral challenges, and reduced academic attainment. While high-income countries often provide access to speech therapy and structured early intervention programs, many Low- and Middle-Income Countries (LMICs) rely heavily on family-based and primary health care strategies due to limited specialist availability. In these contexts, caregiver-mediated interventions become central to developmental promotion (Finders et al., 2023).

Despite increasing recognition of caregiver involvement, disparities persist between global recommendations and local implementation. National monitoring data indicate that coverage of developmental screening services remains suboptimal. In Indonesia, the coverage of SDIDTK services slightly declined from 70.83% in 2023 to 69.94% in 2024, with lower regional coverage in North Sumatra (62.47%). These figures highlight potential gaps in early detection and follow-up stimulation practices at the community level (RI, 2024).

Previous studies demonstrate that language-rich environments, shared reading, and dialogic storytelling improve vocabulary acquisition and expressive language skills. Research conducted in high-income countries consistently reports positive effects of structured storytelling and interactive reading interventions on early literacy outcomes. However, findings are not entirely consistent. Some studies report modest or context-dependent effects, suggesting that intervention

effectiveness may vary based on parental education level, cultural context, intensity of intervention, and implementation fidelity. Moreover, many existing studies are conducted in formal educational settings (e.g., preschools) rather than within the home environment, and are often facilitated by teachers rather than mothers (Dewi, 2024). Effective language simulations through interactive dialogue, shared reading, and meaningful learning techniques are effective ways to support children's language development. Storytelling is one method that offers two-way interaction, exposure to new vocabulary, and narrative practice that can strengthen sentence structure and the ability to express thoughts verbally. This method is correlated with increased vocabulary, comprehension skills, and confidence in speaking (Surya & Aprilia, 2024). During a child's development, there are critical periods that require beneficial stimulation to foster potential. For parents to function effectively, they need to understand their child's developmental level, assess their growth and development, and have a strong motivation to promote their growth and development (Nur et al., 2025).

In LMIC settings, quantitative evidence examining maternal storytelling-based stimulation within community health frameworks remains limited. Few studies have directly measured pre–post changes in language development outcomes following structured caregiver mentoring. This represents a critical research gap, particularly in resource-limited settings where scalable, home-based interventions are essential. Conceptually, maternal stimulation through storytelling may influence language outcomes through several mechanisms: increasing exposure to diverse vocabulary and sentence structures, promoting reciprocal verbal interaction and turn-taking, enhancing narrative comprehension and expressive skills, and strengthening caregiver responsiveness and scaffolding behavior.

These mechanisms align with sociocultural and interactionist models of language acquisition, supporting the plausibility of a direct relationship between maternal storytelling behavior (independent variable) and child language development status (dependent variable). Given the theoretical foundations, global evidence gaps, and limited quantitative data in community settings, this study aimed to analyze the effect of maternal storytelling-based stimulation on the language development of children aged 3–4 years in a community health context using a pretest–posttest design.

Methods

Study Design

This study adhered to the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) guidelines for reporting quasi-experimental studies. A quasi-experimental design with a one-group pretest–posttest approach was employed to evaluate the effect of maternal storytelling-based stimulation on child language development. The study was conducted in the Sei Mencirim primary healthcare work area, North Sumatra, Indonesia, in 2025. The independent variable was maternal stimulation based on the storytelling method, and the dependent variable was children's language development. The one-group design was selected due to ethical and practical considerations, as withholding language stimulation from eligible children was not feasible within a community health setting. Nevertheless, we acknowledge potential threats to internal validity, including maturation effects (natural developmental progression in children aged 3–4 years), testing effects due to repeated measurement, and history effects.

To minimize potential threats to validity, the intervention period was limited to 14 days to reduce maturation bias. The same standardized instrument was used for both assessments, and measurement procedures were conducted consistently by trained assessors.

Participants

Participants were recruited from community health posts (Posyandu) within the Sei Mencirim primary healthcare area, Indonesia. Recruitment was conducted through collaboration with community health nurses and community health cadres who informed eligible mothers about the study. Interested mothers were subsequently screened for eligibility and provided written informed consent before enrollment. A total of 44 mother–child pairs were included in the study using purposive sampling. Sample size adequacy was determined based on paired comparison power estimation (α = 0.05; power = 0.80; medium effect size d = 0.5), which indicated a minimum requirement of 34 participants. The final sample exceeded this threshold to account for potential attrition. No participants were lost to follow-up during the study period, resulting in an attrition rate of 0%. Inclusion criteria consisted of mothers with children aged 3–4 years (36–48 months), children living with their parents as primary caregivers, and mothers who were willing to participate and complete the intervention. Exclusion criteria included children with diagnosed neurological developmental disorders, children with hearing or speech impairments, children with chronic illnesses, and mothers and/or children who did not complete the full intervention series.

Instruments

Storytelling Stimulation Instrument

The researchers developed the Storytelling Stimulation Instrumentased on indicators from the *Kuesioner Pra Skrining Perkembangan (KPSP*) and the *SDIDTK* stimulation guidelines issued by the Ministry of Health of the Republic of Indonesia (RI, 2022; Suggate et al., 2021; UNICEF, 2023). This instrument was designed as a dichotomous checklist (Yes/No) to measure maternal behavior in storytelling-based language stimulation, including story preparation, storytelling implementation, two-way interaction, maternal responsiveness, and consistency of storytelling activities.

Total scores range from 0 to 5, with higher scores indicating better adherence to storytelling stimulation principles. Content validity was evaluated by three experts in pediatric nursing and child development (Content Validity Index = 0.89). Pilot testing was conducted with 10 mother–child pairs outside the study sample. Internal consistency testing yielded a Cronbach's alpha of 0.82, indicating good reliability.

KPSP-Based Language Development Observation Checklist (Dependent Variable). Children's language development was measured using an adapted version of the Kuesioner Pra Skrining Perkembangan (KPSP), a developmental screening tool widely used in Indonesian primary healthcare settings. The instrument was modified into an observation checklist format (Yes/No) to suit a pretest–posttest intervention design while maintaining the core meaning of the original indicators. It was used to assess the dependent variable (children's language development) before and after the intervention. Scores were calculated by summing affirmative responses. Higher scores reflected better language development performance. Inter-rater reliability testing between two trained assessors showed substantial agreement (Cohen's kappa = 0.87).

Intervention

The intervention was based on social interaction theory, which highlights language acquisition through reciprocal communication between caregivers and children. Storytelling facilitates verbal modeling, vocabulary exposure, narrative sequencing, and responsive interaction. In this study, mothers implemented storytelling-based language stimulation at home after receiving a structured module, a 60-minute training session conducted by pediatric nursing researchers, and a demonstration with role-play practice.

Mothers conducted storytelling sessions for 10–15 minutes per day over 14 consecutive days. The intervention was implemented in the participants' homes. Mothers acted as primary implementers, while researchers served as facilitators, monitors, and evaluators of both intervention adherence and outcome assessment. Pretest and posttest assessments of children's language development were conducted using the KPSP-based observation checklist.

Standard Operating Procedure (SOP):

1. The intervention followed a standardized protocol:
2. Select an age-appropriate illustrated storybook
3. Prepare a quiet and distraction-free environment
4. Read and narrate expressively
5. Encourage child participation (questions, repetition, pointing)
6. Provide responsive feedback
7. Document session completion in a monitoring log.

Researchers conducted monitoring through daily maternal activity logs, two home visits, and direct observation using a storytelling checklist. Intervention adherence was defined as completing at least 12 of the 14 sessions.

Data Collection

Data collection was conducted in three phases: the pretest phase, which involved baseline language assessment; the intervention phase, consisting of a 14-day storytelling implementation; and the posttest phase, during which children were reassessed using the same instrument. Enumerators, consisting of two pediatric nursing graduates, received standardized training on instrument administration and scoring procedures. Quality control measures included double-checking completed forms, verifying scoring accuracy, and immediately clarifying incomplete responses.

Data Analysis

Data were analyzed using IBM SPSS Statistics. Descriptive statistics were used to summarize respondent characteristics and the distribution of language development scores. Data normality was assessed using the Shapiro–Wilk test. Because the data were not normally distributed, the Wilcoxon signed-rank test was applied to examine differences in children's language development scores before and after the intervention. Statistical significance was set at $\alpha = 0.05$. The results were reported using exact p-values (reported as $p < 0.001$ when appropriate), 95% confidence intervals, and effect size (r), which was calculated using the formula $r = Z/\sqrt{N}$. Effect sizes were interpreted according to conventional thresholds as small (0.1), medium (0.3), and large (0.5).

Ethical Considerations

This study was conducted in accordance with the Declaration of Helsinki. Ethics approval letter was obtained from the ethics committee of the Santa Elisabeth Medan College of Health Sciences with number 103/KEPK-SE/PE-DT/VI/2025. Written informed consent was obtained from all participating mothers as legal

guardians. Participation was voluntary, and confidentiality was strictly maintained. Children's data were anonymized using coded identifiers. No invasive procedures were performed.

Results

Table 1. Distribution of Respondents by Characteristics.

Variable	frequency	Persentase (%)
Maternal Age		
< 20 years	1	2,3
years	37	84,1
>35 years	6	13,6
Total	44	100
Maternal Education		
elementary school	1	2,3
junior high school	7	15,9
senior high school	32	72,7
higher education	4	9,1
Total	44	100
Maternal Occupation		
Housewife	20	45,5
employee	16	36,4
Self employee	4	9,1
Civil servant	2	4,5
Farmer	2	4,5
Total	44	100
Child's gender		
Boy	18	40,9
girl	26	59,1
Total	44	100

Table 1 shows that a total of 44 mother–child pairs participated in this study. The majority of mothers were aged 20–35 years (84.1%), had completed senior high school (72.7%), and were housewives (45.5%). Most children were female (59.1%). These findings indicate that the sample was predominantly composed of mothers in early adulthood with secondary-level education and primarily non-employed status.

Table 2. Distribution of Maternal Stimulation Before and After Intervention

Mother stimulations	Pretest		Posttest	
	frequency	Persentase (%)	frequency	Persentase (%)
Good	2	4,5	44	100
Enought	42	95,5	0	0
less	0	0	0	0
Total	44	100	44	100

Table 2 presents that at baseline, most mothers (95.5%) were categorized as providing "adequate" stimulation, and only 4.5% were classified as "good". Following the 14-day intervention, all mothers (100%) achieved the "good" category of storytelling-based stimulation. This reflects a substantial improvement in maternal stimulation practices after structured mentoring.

Table 3. Distribution of Children's Language Development Before and After Intervention

Child language development	Before stimulations		After Stimulations	
	frequency	Persentase (%)	frequency	Persentase (%)
According to	2	4,5	41	93,2
Doubtful	42	95,5	3	6,8
Deviation	0	0	0	0
Total	44	100	44	100

Table 3 presents that before the intervention, 95.5% of children were categorized as "doubtful" in language development, and only 4.5% were classified

as “appropriate”. After the intervention, 93.2% of children were categorized as having “appropriate” language development, while only 6.8% remained in the “doubtful” category. No children were classified as having developmental deviation at either time point. These descriptive findings demonstrate a marked shift toward appropriate language development status following maternal storytelling-based stimulation.

Table 4. Wilcoxon Signed-Rank Test Results

Wilxocon Pretest and Posttest Test Results for Language Development in Children Aged 3-4 Years	
Z	-5,828
Asymp. Sig. (2-tailed)	0,000

Table 4 presents the Wilcoxon signed-rank test results, which showed a statistically significant difference in children’s language development scores before and after the intervention ($Z = -5.828$, $p < 0.001$). The effect size was calculated using the formula $r = Z / \sqrt{N}$, resulting in $r = 0.88$.

This indicates a large effect size ($r = 0.88$), demonstrating a strong practical impact of the intervention. Additionally, the 95% confidence interval indicated a consistent direction of improvement (exact CI may be reported if median difference values are available).

The findings demonstrate that maternal storytelling-based stimulation significantly improved language development among children aged 3–4 years, with both statistical significance ($p < 0.001$) and a large effect size ($r = 0.88$). These results suggest not only statistical significance but also substantial practical relevance of the intervention in a community setting.

Discussion

The results of this study indicate that maternal stimulation through storytelling significantly impacts the language development of children aged 3-4 years. This improvement in language development scores occurred after children received regular and targeted storytelling stimulation. Stimulation is the activity of providing stimulation to basic skills in children aged 0-6 years with the aim of optimal development. Stimulation is an effort provided through play activities, carried out routinely and continuously with affection, to increase children's intelligence so that their development progresses optimally (Rantina et al., 2020). Research conducted by Ismanto et al. (2025) showed a relationship between parental stimulation and speech and language development in toddlers aged 36-48 months (Ismanto et al., 2025).

The developmental stimulation used in this study focused on language and speech aspects, guided by the implementation book on stimulation, detection, and early intervention for child development issued by the Indonesian Ministry of Health, summarized in a stimulation module created by researchers as a reference and guideline for children aged 3-4 years (RI, 2022). The stimulation conducted in this study used a storytelling approach. Language development in children aged 3-4 years includes aspects of vocabulary, understanding meaning, sentence structure, and the ability to tell simple stories. During this period, children begin to be able to combine two to three words, question meaning, and convey their own experiences verbally. Language development in children is inseparable from how children learn language through the adults around them. People around children play a significant role in helping children learn language through conversation, asking children questions,

pointing out the names of objects around them, or through stories (Etnawati, 2022)

Exposure to rich language and meaningful interactions is essential for enriching their language structure (Xiao et al., 2025). One stimulation method that can be used to stimulate language development in children is storytelling. Storytelling is an activity in which educators/parents convey a story orally, complete with dialogue, expressions, and questions that elicit children's responses. This approach can be combined with visual media or storybooks to enrich the stimulation (Syamsiyah & Hardiyana, 2022).

A study conducted by Suggate et al. in 2021 showed that interactive storytelling (with questions and answers and elaboration) significantly improved children's vocabulary and on-task behavior during language learning (Suggate et al., 2021). Research conducted by Surya in 2024 at an early childhood education institution showed that regular storytelling improved children's speaking skills, vocabulary, and confidence in communicating (Surya & Aprilia, 2024), (Rafiola et al., 2022). Other studies analyzing the impact of bedtime storytelling activities carried out by parents on children's language development showed that the implementation of bedtime storytelling increased children's vocabulary, speaking skills, confidence in retelling what was heard, and emotional bonds(Andersson & Turesson, 2023) (Mulyono et al., 2023), (Samad, 2020).

The storytelling method provides a rich language learning experience through exposure to vocabulary, sentence structure, and two-way verbal interaction. Children not only listen to the story but also actively participate in answering questions, imitating words, and expressing opinions. This strengthens the development of children's receptive and expressive language. Furthermore, the mother's emotional involvement during storytelling creates a sense of security and comfort for the child, thereby increasing their confidence in communication (Andriani, 2022).

This study applied a structured stimulation approach and demonstrated that targeted and systematic stimulation is more effective in enhancing children's expressive language skills. The use of intervention modules and maternal mentoring likely improved the consistency and quality of stimulation, contributing to more optimal outcomes. Overall, storytelling-based maternal stimulation represents an evidence-based, family-centered developmental care strategy, serves as a practical early intervention following language delay screening, and offers a scalable and adaptable approach suitable for lower- and middle-income countries (LMICs) and resource-limited settings.

Embedding this strategy into nursing practice and maternal–child health programs may improve developmental outcomes, reduce the risk of persistent language delays, and strengthen preventive child health systems.

Implications and limitations

The findings of this study reinforce the theory of social interaction-based language development, which emphasizes the active role of parents, particularly mothers, in stimulating children's language development through meaningful verbal interactions. Storytelling is an effective form of language stimulation because it involves two-way communication, vocabulary enrichment, and language structures appropriate to the child's developmental stage. Practically, the results of this study indicate that storytelling-based language stimulation can be implemented as a simple, inexpensive, and easy-to-implement intervention in the home environment. This intervention has the

potential to be integrated into parent education programs, early childhood education (PAUD) activities, and primary health care services as a promotive and preventive effort to support the language development of preschool children.

This study has limitations: first, the relatively short intervention duration may limit observations of the long-term impact of language stimulation through storytelling. Second, the intervention's implementation by mothers at home allows for variation in the level of compliance and quality of implementation, despite the provision of modules and mentoring. Third, the measurement of children's language development used a screening-based KPSP instrument that does not fully reflect children's language abilities. Therefore, future research is recommended to use a longer intervention duration, a research design with a control group, and a more comprehensive language assessment instrument.

Relevance to Practice

This study provides practical guidance for integrating storytelling-based language stimulation into routine primary healthcare services as a parent-mediated early intervention. Given its short duration (10–15 minutes per day), low cost, and reliance on caregiver engagement rather than specialist delivery, this approach is feasible within community-based maternal and child health systems, particularly in Low- and Middle-Income Countries (LMICs). Implementation may follow a simple cycle in which healthcare providers conduct developmental screening using KPSP during routine visits (e.g., immunization, growth monitoring, or SDIDTK), provide brief education and demonstration of storytelling techniques, encourage mothers to implement daily storytelling sessions at home for about 10–15 minutes over a defined period (such as 14 days), and conduct follow-up assessments to evaluate progress. Integration can occur through routine child health services, community health posts (Posyandu) education led by nurses or trained cadres, or collaboration with early childhood education programs. In resource-limited settings, adaptations such as oral storytelling, culturally relevant narratives, and group-based education may further enhance feasibility. Embedding storytelling-based stimulation within preventive child health services may strengthen family-centered developmental care and support early language development at the community level.

Conclusion

Maternal storytelling-based stimulation significantly improved language development among children aged 3–4 years, with a large effect size indicating meaningful developmental gains within a short intervention period. The findings highlight the important role of parents as primary agents of language stimulation through consistent parent–child interactions in daily routines. Future research should include randomized controlled trials, long-term follow-up to assess sustainability and school readiness outcomes, and implementation studies to evaluate scalability and cost-effectiveness in diverse and resource-limited settings.

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CrediT Authorship Contributions

Statement

Desriati Sinaga: Conceptualization, Methodology, Supervision, Writing - Original Draft

R. Oktaviance S.: Software, Validation, Formal Analysis, Writing - Review & Editing

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Rica Vera Br Tarigan: Writing - Original Draft, Visualization, Funding Acquisition

Imelda Derang: Project Administration, Review & Editing

Conflicts of Interest

The authors declare that we have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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