

A STUDY OF LATE TALKERS IN THE WARRI METROPOLIES

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Abstract

Language development is fundamental to children's cognitive, social, and academic development, yet some children experience delays in acquiring age-appropriate language skills. Despite extensive research on late talking in Western contexts, limited evidence exists on the problem within the multilingual and socioculturally diverse Warri metropolis of Delta State, Nigeria. This study examined language development among late-talking children in Warri metropolis, focusing on their common characteristics and the influence of sociocultural and environmental factors. The study was anchored on George Herbert Mead's Social Interactionism Theory and adopted a mixed-method descriptive survey design using a concurrent triangulation approach. Qualitative data was obtained through interviews and observations, while ten (10) quantitative data was collected through structured questionnaires administered to parents and caregivers of identified late talkers in two day-care centres in Agbarha and Okere-Urhobo kingdoms. The data was analysed using simple percentages. Findings showed that 60% of late talkers had difficulty combining words into simple sentences, 70% experienced unclear pronunciation, and 50% used fewer words than age-matched peers. Furthermore, 70% of respondents identified limited verbal interaction within the family as a contributing factor, 60% associated delayed language development with exposure to multiple languages or dialects, while 80% reported that parental education and literacy influenced children's language development. Also, 70% indicated that inadequate exposure to storytelling and reading activities contributed to delayed speech, while 60% linked the problem to limited stimulating linguistic experiences at home. The study concludes that late talking in Warri metropolis is influenced by linguistic, sociocultural, and environmental factors. It recommends early language screening, parent education, speech therapy services, preschool teacher training, and culturally sensitive interventions.

Keywords: Late talkers, language, multilingualism, Social Interactionism Theory, Warri Metropolis.

Introduction

Language development is fundamental to children's cognitive, social, and academic growth, enabling effective communication, relationship building, and educational participation (Hoff, 2013). However, some children experience language delay or developmental language disorder (DLD), characterised by slower-than-expected development of speech and language skills affecting both expressive and receptive abilities (National Institute on Deafness and Other Communication Disorders [NIDCD], 2022). Children with language delays often struggle to use age-appropriate communication, negatively impacting their social interaction, attention, literacy development, and overall cognitive and behavioural functioning. Late talking results from neurological, developmental, environmental, physical, and socio-cultural factors. In Warri metropolis, understanding this phenomenon requires examining local socio-economic conditions, cultural practices, educational opportunities, healthcare access, and multilingual exposure. Cultural practices and parental attitudes also influence language development. Limited awareness of early language stimulation in some communities may delay identification and treatment of language difficulties, while parental beliefs and communication practices significantly shape language outcomes (Nathanson & Friedman, 2020). In Warri metropolis, cultural norms and child-rearing practices may affect how parents perceive and respond to delayed speech. Where early verbal communication is not strongly emphasised, children may not receive adequate linguistic stimulation or timely intervention.

This study was conducted in Warri Metropolis, located in Warri South Local Government Area of Delta State, Nigeria. The area was selected for its unique sociocultural and multilingual environment suitable for investigating language development among late talkers. Warri South, with headquarters in Warri city, covers approximately 633 square kilometres and has an estimated population of 311,970 people (National Population Commission, 2020). It is a major commercial and industrial hub hosting important seaports and several oil and gas companies. The metropolis comprises four indigenous kingdoms: Okere-Urhobo, Agbarha, Ogbe-Ijaw, and Itsekiri. It is predominantly inhabited by the Urhobo, Ijaw, and Itsekiri ethnic groups, although large populations of Igbo, Yoruba, Hausa, and other ethnic groups also reside there. The region is characterised by a riverine

environment with mangrove forests, numerous educational institutions, healthcare facilities, transportation networks, and recreational centres. Linguistically, this study falls within psycholinguistics and focuses on first language acquisition among late talkers. Specifically, the study was limited to the two Urhobo kingdoms of Agbarha and Okere-Urhobo in Warri metropolis, where multilingual interactions provide an important context for examining factors associated with delayed language development.

Research Questions

1. What are the common characteristics of late talkers in Warri metropolis?
2. To what extent do socio-cultural factors, influence, and late language acquisition among children in Warri metropolis?
3. How do environmental factors influence language development of late talkers in this group?

Objectives of the Study

The general objective of the study is to examine the problem of language development in children who are late talkers in Warri metropolis.

The specific objectives of the study are to:

- i. find out the common characteristics exhibited by late talkers in the Warri metropolis, Nigeria;
- ii. examine the extent sociocultural factors, such as family dynamics and community influences, contribute to late language acquisition among children in Warri Metropolis;
- iii. find out the influence of environmental factors, including access to educational resources and linguistic stimulation impact on the language development of late talkers.

Literature Review

Late Talkers

Late talking denotes a delay in attaining early language milestones. Whereas most children produce their first words between 12 and 15 months and begin combining words by 24 months, late talkers fail to reach these benchmarks within the expected timeframe (Smith et al., 2021). It is important to emphasise that late talking does not automatically signify a disorder; rather, it reflects a slower pace of language acquisition, with many children eventually catching up to their peers. This distinguishes the condition from the broader construct of speech delay, which may involve more pronounced deficits in comprehension, phonological production, or sentence construction and may be associated with aetiological factors such as hearing impairment or other developmental difficulties. For the purpose of this study, a *late talker* is defined as any child aged 18–36 months who demonstrates adequate receptive language but exhibits markedly fewer expressive words than age-matched peers.

The period between 18 and 36 months is particularly critical, as this is when vocabulary expansion and early syntactic development typically accelerate. Delays during this window frequently stem from an interplay of hereditary and environmental influences. Familial aggregation studies indicate that children with a family history of speech and language disorders are disproportionately vulnerable to similar delays (Arriaga et al., 2019). Environmental determinants specifically the quantity and quality of caregiver–child verbal interaction are equally influential; reduced linguistic stimulation and limited parent–child communication have been shown to retard language growth (Nathanson & Freedman, 2020).

Late Talker Cohorts

Although extensive research has been conducted on late talkers over the past two decades, differences in participant selection and exclusion criteria have limited the comparability of findings across studies. Early knowledge of the characteristics and outcomes of late talkers was largely derived from four influential American longitudinal studies: the Portland sample (Paul, 1996), the Pennsylvania cohort (Rescorla & Roberts, 1997), the New York cohort (Whitehurst & Fischel, 1994), and the San Diego sample. These studies reported high rates of language recovery, ranging from 74% to 100% by age five (Paul, 1996). However, such outcomes may not accurately reflect the prevalence of language impairment (LI) in the general population because many studies excluded children with lower non-verbal intelligence or broader developmental difficulties.

The distinction often made between Specific Language Impairment (SLI) and general developmental delay may not always reflect reality, as many children move between diagnostic categories over time. Research has also shown considerable overlap between language impairment and other neurodevelopmental disorders. For example, SLI and dyslexia may share underlying phonological processing difficulties (Catts et al., 2005; Schuchardt et al., 2013), while similarities have also been observed between SLI and autism spectrum disorders due to common auditory processing challenges (Oram Cardy et al., 2008). In addition, moderate levels of comorbidity exist between SLI and Attention Deficit Hyperactivity Disorder (ADHD), particularly in areas such as attention and working memory (Beitchman et al., 1986).

Developmental factors as Predictors of Language Outcomes

A variety of developmental factors have been investigated as predictors of later language outcomes in late talkers, including expressive language, speech production, receptive language, non-verbal intelligence, gestural communication, symbolic play, and social skills. Findings across studies, however, have been mixed. Research suggests that delayed expressive vocabulary between 18 and 24 months is not a strong predictor of language abilities two to three years later (Dale et al., 2003; Paul et al., 1996; Rice et al., 2008). Nevertheless, patterns of vocabulary growth over time may provide better predictions than single-point assessments (Rowe, Raudenbush, & Goldin-Meadow, 2012). Similarly, studies examining speech production and oro-motor skills have produced inconsistent results. While some researchers found early phonological development and oro-motor control to be associated with later language outcomes (Alcock & Krawczyk, 2010; Cleary, 2002; Thal et al., 1995), others reported limited predictive value (Mirak & Rescorla, 1998; Paul, 1996).

Among developmental variables, receptive language delay has emerged as one of the strongest predictors of later language difficulties. Several studies have found that children with early receptive language deficits are more likely to experience persistent language problems (Chiat & Roy, 2008; Ellis Weismer, 2007; Henrichs et al., 2011; Zambrana et al., 2013). However, predictive accuracy remains imperfect, as some children with severe receptive delays achieve positive outcomes, while others with milder difficulties continue to struggle (Ellis Weismer et al., 1994; Paul et al., 1991). The predictive value of non-verbal intelligence has also been inconsistent. Some studies found no significant relationship between early non-verbal IQ and later language outcomes (Rescorla & Roberts, 1997; Rice et al., 2008), whereas others reported modest contributions to prediction accuracy (Ellis Weismer et al., 1994). Evidence from twin studies further suggests that language and cognitive abilities may be influenced by partly independent genetic factors (Price et al., 2000).

Environmental factors as predictors of language outcomes

Although genetic factors play a significant role in language development, environmental stimulation is also important because children acquire language through social interaction. Research on environmental influences has focused primarily on parent-child interaction patterns and the quality and quantity of linguistic input. Studies examining interactions between late talkers and their parents have generally found more similarities than differences when compared with typically developing (TD) children and their parents (Paul & Elwood, 1991; Vigil, Hodges, & Klee, 2005). For example, Rescorla, Bascome, Lampard, and Feeny (2001) reported that mothers of late talkers produced more utterances and asked more questions than mothers of TD children.

However, the authors argued that these differences were likely adaptations to the child's language level rather than causes of language delay. In contrast, substantial evidence indicates that the quality and quantity of linguistic input influence vocabulary development.

Parent-Implemented Interventions Supporting Late-Talkers' Language Development

Treatment options for late talkers include both direct and indirect interventions. Direct intervention involves individual therapy delivered by a speech-language therapist (SLT), often supplemented by home-based activities carried out by parents. Evidence supporting the effectiveness of direct intervention has been demonstrated in studies involving children with phonological and lexical difficulties (Law et al., 2017). Indirect interventions, commonly referred to as parent-implemented interventions, involve parents serving as the primary agents of treatment under the guidance of speech-language therapists or psychologists. Given the important role caregivers play in language development, these programmes are designed to enhance children's linguistic environments through improved parental communication practices. Studies comparing therapist-directed and parent-implemented interventions have found little difference in their effectiveness, suggesting that parent-implemented programmes are a viable option for early intervention (Roberts & Kaiser, 2011; DeVeeney et al., 2017; Tosh et al., 2017).

Theoretical Framework (Social Interactionism Theory)

This study is anchored on the Social Interactionism Theory propounded by George Herbert Mead (1863–1931). The theory posits that individuals develop their sense of self and understanding of the world through social interactions and the meanings they attach to symbols, particularly language. It is widely used to explain language acquisition, which involves the development of grammar, vocabulary, and communication skills through exposure, interaction, and cognitive growth. Although language acquisition begins in childhood, it continues throughout life. The theory is particularly relevant to the study of late-talking children in the Warri metropolis, a linguistically diverse environment where children are exposed to multiple languages, including Urhobo, Ijaw, Isoko, Itsekiri, Nigerian Pidgin, and other languages such as Igbo, Yoruba, and Hausa. Such multilingual exposure occurs through interactions within the family and the wider community and may influence language development.

Methodology

This study investigated late talkers in Warri metropolis using a mixed-method descriptive survey design with a concurrent triangulation approach. Qualitative data were collected through interviews and observations with children and caregivers regarding language development and communication patterns, while quantitative data were obtained via questionnaires. Questionnaire responses were analysed using percentage calculations. This combination enabled multi-perspective examination of late talking, enhancing the validity and reliability of findings within Warri's sociocultural context. The study is anchored on George Herbert Mead's Social Interactionism Theory, which posits that language develops through social interaction and the meanings attached to communication. The theory emphasises that children acquire language by interacting with parents, caregivers, siblings, peers, and society. Language development depends on both innate abilities and a supportive linguistic environment. In multilingual Warri metropolis, exposure to different languages through daily interactions may influence children's language outcomes.

Data Presentation and Analysis

This section presents data on the responses of the participants on late talkers in Warri Metropolis that were investigated. The responses were analysed using the simple percentage calculation and content interpretations. The scale was based on number and percentages of responses from the respondents. Data used for the analysis were collected from the schools where parents and teacher were on hand to provide the necessary information on the subject-matter. Based on the arrangement made by the Researcher and the schools' authorities, the Researcher arrived the school at 7 am to wait for the arrival of the children and their parents/guardian for the purpose of having interviews with identified late talkers and their parents. The data so generated assisted the researcher to provide answers to the research questions. The results were presented on Table 1 to 5 as follows:

Research Question One: What are the common characteristics exhibited by late talkers in Warri Metropolis, Nigeria, within the context of their language development? It is the objective of this question to find out the common characteristics exhibited by late talkers in the Warri Metropolis Nigeria. In order to answer the above question the responses of parents on their ten children were subjected to the simple percentage calculation as presented on Table 4.1 as follows

Table 1: Common characteristics exhibited by late talkers in the Study Area

S/No	Items	Yes (%)	No (%)	Total
1.	My child has difficulty combining words into simple sentences	60.0%	40.0%	100%
2.	My child uses fewer words compared to other children of the same age	50.0%	50.0%	100%
3.	My child struggles to pronounce words clearly and is often misunderstood	70.0%	30.0%	100%
4.	My child often uses gestures rather than words to communicate	40.0%	60.0%	100%
5.	My child tend to repeat words or sounds instead of forming new sentences	50.0%	50.0%	100%

Source: Field Report by the Researcher, 2026

Questionnaire items 1-5 were used to address research question one. The responses to research question one is shown on Table 1 above. Report for item 1 of the questionnaire indicates that 60% of the children had difficulty combining words into simple sentences, while 40% of them show that they could combine words into simple sentences. It means that of the 10 children only 4 had competence in combining words. In item 2, responses were rated equally at 50% / 50%. Meaning that half of the children use fewer words compared to other children of the same age who could use more words. Report on item 3 shows that 70% of the children interviewed struggled to pronounce words clearly and were often misunderstood by hearers. 40% often used gestures rather than words to communicate as against 60% who could communicate with words instead of gestures.

Research Question Two: To what extent do sociocultural factors such as family dynamics and community influence contribute to late language acquisition among children in the study area? It is the objective of this question to find the extent to which sociocultural factors, such as family dynamics and community influence contribute to late language acquisition among children in the study area.

Table 2: Extent to which sociocultural factors, such as family dynamics and community influence contribute to late language acquisition among children in the study area.

S/No	Items	Yes (%)	No (%)	Total
6.	Limited verbal interaction between family members at home has contributed to my child's delayed language acquisition.	70.0%	30.0%	100%
7.	My child's exposure to different dialects or languages within the community has caused confusion in language learning.	60.0%	40.0%	100%
8.	Traditional beliefs and practices in my community discourage early language development in children.	50.0%	50.0%	100%
9.	The level of parental education and literacy in our household has influenced my child's language development.	80.0%	20.0%	100%
10.	Our family's socioeconomic status limits access to resources that could enhance my child's language acquisition (e.g. books, educational toys).	70.0%	30.0%	100%

Source: Field Report by the Researcher, 2026

Questionnaire items 6-10 were used to address research question two. The responses to research question two is shown in Table 2 above. The study shows that item 6, 7, 9, and 10 produced a high level agreement that sociocultural factors, such as family dynamics and community influence contribute to late language acquisition among children in the study area while item 8 is 50% / 50%. Thus majority of the respondents indicates high agreement on the extent to which sociocultural factors, such as family dynamics and community influence contributes to late language acquisition among children in the two sampled Day Care Centers in the Warri metropolis. Thus, the question is answered that sociocultural factors, such as family dynamics and community influence contributes to late language acquisition among children in the study area.

Research Question Three: How do environmental factors influence language development among late talkers in this specific demographic?

Table 3: Environmental Factors, Access to Educational Resources, and Linguistic Stimulation Impacting the Language Development of Late Talkers in the Study Area

S/No	Items	Yes (%)	No (%)	Total
11	Limited access to books and educational materials at home has negatively impacted my child's language development.	50.0	50.0	100%
12	My child is not exposed to enough interactive language activities (e.g., storytelling, reading aloud), which has delayed language acquisition.	70.0	30.0	100%
13	The lack of a stimulating language environment at home (e.g., conversations, singing, playing word games) contributes to my child's delayed speech.	60.0	40.0	100%
14	My child's limited exposure to educational programmes or early childhood education centres has affected language development.	40.0	60.0	100%
15	Our environment is not conducive to learning, which has hindered my child's language development.	30.0	70.0	100%

Note: Questionnaire items 11–15 were administered to caregivers (parents/guardians) as proxy respondents. Given that the target population comprised young children identified as late talkers who lack the developmental capacity to reliably self-report on home environmental variables caregiver responses were deemed the most valid and ethically appropriate data source for this construct.

Questionnaire items 11–15 were designed to address Research Question Three. The findings are presented in Table 3. Report for item 11 that due to limited access to books and educational materials at home has negatively impacted the acquisition of child's language development (50%/50%); Item 12 has the following results where respondents agreed to the tune of 7(70.0%) that lack of exposure to enough interactive language activities (e.g. storytelling, reading aloud), has delayed the children language acquisitions and 3 (30.0%) of the children is not affected by this problem. Item 13 obtained the following results where: 6 (60.0%) which implies that

lack of a stimulating language environment at home (e.g. conversations, singing, playing word games) has contributed to the children's delayed speech while 4 (40.0%) are not affected by this problem. Item 14 obtained the following results where: 6 (60%) of the responses agreed that limited exposure to educational programmes or early childhood education centers has affected their language development. On the other hand 4 (40%) disagreed that limited exposure to educational programmes or early childhood education centers has affected their children's language development. Item 15 obtained the following results where: 7 (70%) disagrees that an environment which is not conducive to learning, has hindered the children's language development; but 3 (30%) agrees that lack of conducive environment to learning has hindered the children's language development. Based on the above results it is convenient to answer the question 5 **that** environmental factors influence language development of late talkers in this specific demographic **as** majority of the respondents indicate high agreement on environmental factors' influence on the development of late talkers in the study area.

Table 4.4 Limited Vocabulary in Real-Life Situations (Late Talkers in Okere- Urhobo and Agbarha-Warri kingdoms in the Warri metropolis)

The Researcher asks the children (Late Talkers) of between the ages of 18- 36 months five interview questions to observe their common words expressed in English or Pidgin languages. She notes the number of children who used a minimum of two or more words and the maximum time used in providing the answer (Maximum time of one minute).

S/N	Interview question items	Two words expression	Less than two words expression	More than two words Expression
16.	The child is asked his/her name	5 (50%)	2 (20%)	3 (30%)
17.	Researcher asks 'Who is that' pointing to the teacher	7 (70%)	3 (30%)	0 (0%)
18.	The child is asked what he/she eats this morning	6 (60%)	3 (30%)	1 (1%)
19.	The child is asked the name of his/her friend	4 (40%)	5 (50%)	1 (1%)
20.	The child is asked to say what he/she wants to eat	6 (60%)	2 (20%)	2 (20%)

Table 4 presents the results of the interview on limited vocabulary in real-life situations of five late talkers in Okere- Urhobo and five late talkers in Agbarha-Warri kingdoms of between the ages of 18- 36 months in the Warri metropolis. Item 16 obtained the following observed results where 5 (50%) of the children could mention their names and surnames which are two word expressions; 2 of them simply mentioned one of their names which is the expression of one word and while 3 of the children could express themselves in more than two words which is expression of 2 to 4 words. Responses on item 17 of the interview has the following results where, two word expressions were 7 (70%) children; Less than two words expression were 3 (30%) children and more than two word expressions was 0. Responses on item 18 of the interview received the following results where, 6 (60%) children performed two words, 3 (30%) of the children expressed less than two words and 1 (1%) of the children were found to demonstrate more than two words expression. The children who participated on item 20 of the interview achieved the following performance results where, 4 (40%) of the children could express two words. 5 (50%) of the children could express less than two words and 1 (1%) of the children expressed more than two words. Based on this observed results from the five interview questions, it is safe to state that children with late talkers' syndrome in Okere- Urhobo and Agbarha-Warri kingdoms in the Warri metropolis, expressed limited Vocabulary in Real-Life Situations.

Conclusion

The study concludes that late talking remains a significant developmental concern among children in the Warri Metropolis, particularly during the critical language acquisition period of 18–36 months. Children identified as late talkers were found to have limited expressive vocabularies, relying mainly on a few words and non-verbal gestures such as pointing and nodding to communicate. Despite these expressive difficulties, many demonstrated relatively good receptive language abilities, indicating that they understood more than they could verbally express. This finding supports existing literature that expressive language delays may occur independently of cognitive or hearing impairments.

The study further revealed that family-related factors, including the quality of parental interaction, the home language environment, and family history of speech delay, significantly influence language development. Additionally, access to early childhood education, speech therapy services, caregiver support, and language-stimulating activities such as storytelling, singing, and regular conversation were identified as important facilitators of language growth. The study therefore emphasizes that early identification, timely intervention, and consistent language-rich interactions are essential for improving communication outcomes among late talkers. Without adequate support, delayed speech may negatively affect children's academic achievement, social relationships, and emotional well-being.

Recommendations

Based on the findings, the following recommendations are made:

1. Regular language screening programmes should be introduced in health centres, community clinics, and early childhood education settings to identify speech delays as early as possible.
2. Parents and caregivers should be educated on the signs of language delay and encouraged to engage children in frequent verbal interactions, reading activities, storytelling, and responsive communication.
3. Government and healthcare authorities should provide affordable and accessible speech and language therapy services, particularly in public health facilities.
4. Preschool teachers and caregivers should receive training in language development and intervention strategies to better support children with delayed speech.
5. Intervention programmes should be culturally and linguistically sensitive, taking into account the multilingual nature of the Warri Metropolis and supporting children's primary languages where appropriate.

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