

Children From Multilingual Families: A Global Perspective With Insights From Uzbekistan.

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Abstract: As globalization accelerates, an increasing number of children grow up in multilingual environments, acquiring two or more languages simultaneously. While multilingualism enhances cognitive flexibility and adaptability, it may also pose challenges for speech development. Some multilingual children experience articulation difficulties, expressive language delays, or phonetic interference, raising concerns about the impact of early exposure to multiple languages on speech acquisition. This study examines the most common speech disorders in multilingual children based on the ICD-10 (International classification of diseases-10 Publication 2023) and explores findings from longitudinal studies conducted in Canada, the U.S., Singapore, Switzerland, and Uzbekistan. Additionally, it evaluates global intervention strategies used to support speech development in multilingual children. The research highlights the need for multilingual-specific speech assessments, particularly in Uzbekistan, where early English and Russian language instruction is growing. Findings suggest that while multilingual children may experience temporary speech delays, these are often due to language interference rather than developmental disorders. The study emphasizes the importance of tailored speech therapy approaches to prevent misdiagnosis and ensure optimal language development.

Keywords: multilingualism, speech development disorders, ICD-10, bilingual children, articulation disorder, expressive language delay, receptive language disorder, phonetic interference, code-switching, stuttering, language acquisition, cognitive development, speech therapy, early childhood education, bilingual assessment, multilingual speech therapy, Uzbekistan.

Multilingualism is widely regarded as an asset in today's globalized world. Research indicates that bilingual children often develop enhanced cognitive skills, including improved executive function and problem-solving abilities (Bialystok, 2018). However, multilingual exposure can also affect speech development, sometimes leading to temporary delays or persistent speech disorders. In Uzbekistan, the increasing emphasis on early English and Russian language education has led to concerns about speech development challenges in young children. Similar trends have been observed in countries where multiple languages are introduced in early childhood.

According to the ICD-10 classification, ICD-10 (International Classification of Diseases, 10th Revision) is a classification system developed by the World Health Organization (WHO) for diagnosing and categorizing diseases and health-related conditions. It is widely used in healthcare and research for diagnosis, statistical analysis, and treatment planning. Speech disorders are divided into various categories, with articulation disorders, expressive language delays, and stuttering being the most frequently diagnosed in multilingual children. Despite the increasing number of multilingual households, many speech therapy assessments still rely on monolingual norms, increasing the risk of misdiagnosis in bilingual children. This study uses a comparative analysis approach, reviewing longitudinal studies on multilingual speech development. Data were gathered from: ICD-10 classification reports on speech disorders. Peer-reviewed studies on bilingual children's language acquisition. Long-term observational studies from multilingual countries. Government reports and educational policies in Uzbekistan regarding early English and Russian language instruction. The analysis focuses on identifying the most prevalent speech disorders in multilingual

children and examining how multilingual exposure impacts speech development. Common Speech Disorders in Multilingual Children (ICD-10 Classification). The most frequently observed speech disorders in multilingual children include:

F80.0: Specific Speech Articulation Disorder. (In ICD-10, the F category stands for "Mental and Behavioural Disorders" (F00–F99). This section includes various psychiatric and psychological conditions.)

F80.0, Specific Speech Articulation Disorder, refers to a developmental condition where a child experiences difficulty in correctly producing speech sounds, leading to errors in articulation that are atypical for their age and developmental level. This disorder is not attributable to neurological conditions, structural abnormalities of the speech organs, hearing impairment, or environmental factors alone.

Key Characteristics

Difficulty in pronouncing phonemes correctly, leading to substitutions, omissions, distortions, or additions in speech (e.g., saying "wabbit" instead of "rabbit").

The speech impairment is not due to neurological damage, hearing loss, or intellectual disability.

The child's language comprehension and other cognitive abilities may be normal. The disorder can impact social interactions, academic performance, and self-esteem if left untreated.

Etiology (Causes and Risk Factors)

Genetic factors: Family history of speech and language disorders may increase risk. Neurological development: Some cases show delayed or atypical brain maturation in areas responsible for speech production (e.g., Broca's area, motor cortex).

Phonological processing deficits: Difficulty in distinguishing, storing, and retrieving speech sounds.

Environmental influences: Lack of exposure to language-rich environments can contribute but is not the primary cause.

F80.1 Expressive Language Disorder

F80.1 is a developmental disorder characterized by a significant impairment in a child's ability to express themselves using spoken language. The disorder affects vocabulary, sentence structure, and speech fluency but does not significantly impair comprehension. It is not caused by hearing loss, intellectual disability, or neurological conditions.

Etiology and Risk Factors

Genetic Factors: Studies suggest a hereditary component, with a higher prevalence in children with a family history of language disorders.

Neurological Factors: Functional abnormalities in language-related brain regions (e.g., Broca's area, left perisylvian region) may contribute.

Environmental Factors: Limited verbal interaction, low linguistic stimulation, or socioeconomic factors can influence language development.

Preterm Birth and Perinatal Factors: Low birth weight, prenatal complications, and oxygen deprivation during birth can increase the risk.

Key Characteristics

Limited vocabulary and difficulty forming complete sentences.

Short, grammatically incorrect sentences (e.g., "want cookie" instead of "I want a cookie").

Difficulty finding the right words (word retrieval deficits).

Poor storytelling and difficulty conveying thoughts clearly.

Normal comprehension but challenges in verbal expression.

Frustration when trying to communicate, sometimes leading to social withdrawal.

F80.2 Receptive Language Disorder

F80.2 is a developmental disorder characterized by significant impairment in the understanding (comprehension) of spoken language. Unlike F80.1 (Expressive Language Disorder), where the child struggles to express thoughts verbally, F80.2 affects the ability to process and interpret spoken words, phrases, and sentences. This condition can severely impact communication, learning, and social interactions.

Etiology and Risk Factors

Genetic Factors: Family history of speech and language disorders may increase susceptibility.

Neurological Factors: Abnormalities in brain regions responsible for auditory processing and language comprehension (e.g., Wernicke's area, superior temporal gyrus).

Hearing and Auditory Processing Deficits: Even in the absence of significant hearing loss, subtle auditory processing difficulties can contribute.

Environmental Factors: Limited exposure to rich verbal interaction, low parental responsiveness, or early neglect.

Perinatal Complications: Premature birth, oxygen deprivation, or neonatal infections affecting brain development.

Key Characteristics

Difficulty understanding spoken instructions (e.g., struggles to follow multi-step commands like "Go to your room, get your book, and bring it to me").

Delayed response to verbal communication or frequent requests for repetition (e.g., "What?", "Huh?").

Misinterpretation of words and sentences, leading to inappropriate responses.

Limited understanding of abstract or complex language (e.g., figurative language, metaphors).

Difficulty distinguishing between similar-sounding words.

Struggles in academic settings, particularly with reading comprehension and following verbal explanations.

Possible social difficulties, as the child may misunderstand conversations and fail to respond appropriately.

F98.5 Stuttering (Childhood-Onset Fluency Disorder)

F98.5 refers to stuttering, a neurodevelopmental fluency disorder characterized by involuntary disruptions in the normal flow of speech. It typically begins in early childhood and is marked by repetitions, prolongations, and blocks in speech. Stuttering can cause communication difficulties, social anxiety, and emotional distress.

Etiology and Risk Factors

Genetic Factors: Stuttering often runs in families, suggesting a hereditary component.

Neurological Factors: Research indicates structural and functional differences in brain regions responsible for speech production (e.g., Broca's area, motor cortex, and basal ganglia).

Developmental Factors: Stuttering is more common in children with speech and language delays.

Environmental Factors: Stress, high parental expectations, and social pressures can exacerbate stuttering.

Gender: Males are more likely to stutter than females (approx. 4:1 ratio).

Key Characteristics

Repetitions: Repeating sounds, syllables, or words (e.g., "b-b-b-ball").

Prolongations: Holding sounds for an extended period (e.g., "sssssnake").

Blocks: Pauses or inability to produce a sound (e.g., "———dog").

Secondary Behaviors: Facial grimacing, blinking, or head movements while trying to speak.

Anxiety and Avoidance: Fear of speaking situations, leading to avoidance of certain words or social interactions.

Variability: Symptoms may worsen under stress, fatigue, or pressure but improve when singing or talking alone.

Disruptions in speech fluency, such as repetitions, prolongations, or blocks. More prevalent in children learning two or more languages at once. Bialystok (2018) reports that approximately 40% of bilingual children exhibit temporary speech delays attributed to linguistic interference. Meisel (2019) further identifies that multilingual children acquiring three or more languages simultaneously face syntax confusion at twice the rate of those learning languages sequentially. Preliminary observations suggest that some multilingual children in Uzbekistan experience syntax errors when balancing Uzbek, Russian, and English phonetic structures. However, further research is needed to quantify the prevalence of such challenges.

The Impact of Multilingualism on Speech Development

Studies confirm that multilingual children may experience early speech delays, but these are often due to language interference rather than developmental disorders. Monolingual speech assessment tools may misdiagnose bilingual children, labeling normal bilingual development as a speech disorder.

In Uzbekistan, the trend of early English and Russian language instruction is expanding, yet there is limited research on its impact on speech development disorders. Preliminary observations by Uzbek speech therapists suggest that:

Children mixing Uzbek phonetic structures with Russian and English sounds tend to have articulation difficulties. Syntax confusion is more common in children learning multiple languages simultaneously rather than sequentially. Children in bilingual kindergarten programs sometimes exhibit expressive language delays compared to monolingual peers. Further longitudinal studies are needed in Uzbekistan to determine whether early multilingual exposure leads to long-term cognitive advantages or increased risks of speech disorders.

Global Approaches to Supporting Multilingual Speech Development

Different countries use various methods to support speech development in multilingual children.

Canada & the U.S.

BESS (Bilingual English-Spanish Assessment) ensures accurate speech disorder diagnosis. Schools implement dual-language learning programs to prevent language confusion.

Sweden & Finland

Immersive bilingual education models help balance both languages equally. Early childhood education reinforces both minority and majority languages.

Uzbekistan and Central Asia

Early English, Arabic and Russian instruction is widely promoted, yet there is no standardized speech assessment tool for multilingual children. According to Dr. Bahodirova Z. A's experience, a boy named Muhammad Yusuf, a typical example of normal bilingual development is a 3-year-old who frequently mixes Uzbek and Russian syntax yet shows continuous linguistic progression. As he grew older, his mother decided to expose him to Arabic from a young age. And this led to difficulties in his speech development. Conversely, a 5-year-old exhibiting significant difficulty in forming grammatically coherent sentences across all spoken languages may indicate an underlying expressive language disorder (F80.1) requiring professional intervention. Uzbek researchers recommend developing bilingual speech therapy models to address articulation and expressive language difficulties. These strategies highlight the importance of tailored interventions, ensuring that multilingual children develop strong speech skills without unnecessary delays. This study confirms that multilingual children may experience temporary speech delays, but these delays are often due to language interference rather than developmental disorders. ICD-10 classifications provide a structured framework for identifying the most common speech development disorders in multilingual contexts, including articulation disorders, expressive and receptive language delays, and stuttering.

Findings from longitudinal studies in Canada, the U.S., Singapore, Switzerland, and Uzbekistan highlight key patterns in multilingual speech development. While bilingualism has cognitive advantages, children exposed to multiple languages simultaneously may face early speech challenges such as phonetic interference, syntactic confusion, and delayed expressive abilities. However, these issues often resolve with proper linguistic support and intervention strategies. In Uzbekistan, the increasing emphasis on early English and Russian education has raised concerns about speech development issues. While multilingual education is beneficial, a lack of standardized speech assessment tools may lead to misdiagnosis or overdiagnoses of speech disorders in Uzbek children. The government's push for early foreign language acquisition highlights the need for specialized research on multilingual speech development in Uzbek-speaking children.

Recommendations for Future Research & Policy

To better support multilingual children's speech development, this study suggests:

Developing bilingual speech assessment tools tailored for Uzbek, Russian, and English-speaking children.

Conducting large-scale longitudinal studies to examine multilingual speech development in Uzbekistan's educational system.

Training speech therapists in bilingual and multilingual assessment techniques.

Implementing language policies that balance native language preservation and foreign language acquisition.

This research emphasizes that multilingualism itself is not a cause of speech disorders, but rather a complex linguistic environment that requires careful evaluation and individualized support. Future studies should explore the long-term cognitive and linguistic benefits of early multilingual exposure while ensuring that speech development challenges are properly addressed.

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