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MATERNAL GATEKEEPING IN FAMILIES OF CHILDREN WITH SPEECH SOUND DISORDER AND DEVELOPMENTAL LANGUAGE DISORDER

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Abstract

This study aimed to investigate mothers' maternal gatekeeping and fathers' perceptions of maternal gatekeeping this gatekeeping in families with children diagnosed with Speech-Sound Disorder (SSD) and Developmental Language Disorder (DLD). A descriptive survey model was utilizedused in our investigation. The study includeincludes 100 mothers and 100 fathers of children with SSD and DLD in Ankara, Turkey. Maternal Gatekeeping (MG) Scale: Mother and Father Form for Preschool Period (3-6 Years) and Primary School Period (7-11 Years)" was employed to gathercollect data. The Mann-Whitney U test was used to analyze differences between the groups. Families with children with SSD and DLD showed high average scores for mothers' maternal gatekeeping and fathers' perceptions of maternal gatekeeping. As the educational level of parents with of school-aged children increased, mothers' gatekeeping behavior and fathers' perceptions of maternal gatekeeping were significantly lowerdecreased significantly. According to parents, their involvement in helping with homework, as measured by the father form of the maternal gatekeeping scale, indicates that fathers with both preschool andpreschool- and school-aged children have a high perception ofperceive high levels of maternal gatekeeping. In the study, it was observed that maternal gatekeeping behaviors were affected in families with children diagnosed with DLD and SSD. It is necessary to increase the interaction with the fathers of children who are receiving language and speech therapy services and to include the fathers in the care and therapy process of the children.

Keywords: Father's involvement, Maternal gatekeeping, Speech and Language disorders.

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INTRODUCTION

From birth until the age of five, language development is a rapid process that significantly influences the child's future life (Alic, 2005). Speech and language problems are frequently observed in children and can manifest in various forms, including delayed language acquisition, impaired sound production, stuttering, and impaired language comprehension or production processes (Davidson & De Villiers, 2005). Developmental language disorder (DLD) is a condition in which a child experiences significant difficulties in language learning despite having no biomedical etiology. The skills most affected in these children are phonology, morphology, syntax, semantics, discourse, pragmatics, and verbal learning. In addition to language skill problems, these children may also experience difficulties with attention, motor skills, reading and writing, behavior, and auditory processing (Bishop et al., 2017). Speech sound disorder (SSD) involves problems with difficulty in articulation, phonological representation, and perception of sounds specific to the language he/she speaks, which can also affect academic and social life (ASHA, 1993; Peterson et al., 2009). Janus et al. (2019) found that children with language and speech disorders demonstrated lower achievement levels in the third grade. It is also known that children with speech and language problems in early childhood receive lower scores in reading and writing in the future (McLeod, Harrison &Wang, 2019), that they cannot fully express their emotions due to language difficulties, which may lead to increased emotional distress (Boukouvala et al., 2023). Rusiewicz, Maize & Ptakowski (2018) reported that parents of children with childhood apraxia of speech reported negative impacts on their children's daily activities and social interactions. They also reported concerns about their children's intelligibility, difficulties in peer relationships, reliance on parents for communication, and emotional reactions such as frustration. The family plays a crucial role in providing a safe and supportive environment in which children with SSD feel comfortable participating in interactions with their typical peers. Because outside of familiar contexts such as family and close friends, these children often become frustrated, exhibit shame, and withdraw from social interaction; their relationships change, and they cannot convey their communicative intentions to the individuals around them in a context-appropriate manner(McLeod, Daniel, & Barr, 2013).

Therefore, leaving the planning and fulfillment of the child's needs solely to the mother, in accordance with societal roles and the caregiver's responsibility, can negatively impact the child's development (Kıraççı & Bakkaloğlu, 2023; Wang et al., 2021). Examining the mother-child relationship alone may provide an incomplete perspective on child development. Fathers today are assuming increasing responsibility for raising and supporting the development of their children. Therefore, it is thought that the increasing role of fathers in parenting both strengthens the father-child relationship and supports the child's development (Altenburger, 2023; Kıraççı & Bakkaloğlu, 2023). Consequently, knowing the role that fathers, as well as mothers, play in the child's development process is important to support the child's development (Puhlman & Pasley, 2013). A review of the literature on fatherhood found that researchers from many disciplines, including child development, family studies, medicine, nursing, law, psychology, social work, and sociology, are conducting studies on fatherhood and the father-child relationship. Over the past decade, however, one of the areas of intense focus has been on parental responsibility as a context for paternal behavior (Schoppe-Sullivan & Fagan, 2020). The dynamic nature of the relationship/interaction between parents striving to raise their children optimally has made the concept of maternal gatekeeping increasingly crucial (Puhlman & Pasley, 2013). Maternal gatekeeping is conceptualized as a multidimensional construct involving behavioral interactions between parents that regulate paternal involvement through facilitative, restrictive, and controlling behaviors. Rather than a simple set of actions, it represents a complex regulatory process in which mothers either open or close the gate to the father's engagement in child-rearing and direct interaction, thereby shaping the consistency and nature of the father-child relationship (Puhlman & Pasley, 2013).

Considering the SSD and DLD in particular, maternal gatekeeping is considered an important area of study because families of children with these conditions experience difficulties. These difficulties show that children need more attention and specialized intervention (Kıraççı & Bakkaloğlu, 2023). Furthermore, collecting data on fathers' perspectives is crucial for research on maternal gatekeeping (Altenburger, Gugiu & Schoppe-Sullivan, 2022; Gaunt, 2008; Wang et al., 2021). When the research on the subject is examined, it is stated that mothers perceive that domestic duties and child care are part of the mother's role more than fathers and that there is a relationship between maternal gatekeeping

and the father's personality traits (Paraventi et al., 2021). Maternal gatekeeping affects children's development; mothers' encouraging and discouraging behaviors are related to father involvement and can positively or negatively affect father involvement (Wang et al., 2021); maternal gatekeeping is a crucial predictor of toddlers' social-emotional characteristics (Altenburger & Schoppe Sullivan, 2021); perceived maternal gate-closing appears to be associated with lower levels of dyadic adjustment between partners (Olsavsky et al., 2020) through lower levels of co-parenting closeness. The literature emphasizes the importance of the father's role in language and speech development. It has been reported that fathers, as well as mothers, should be included in programs aimed at improving children's language and speech development (Malin, Cabrera, & Rowe, 2014). A study on maternal gatekeeping in children with special needs indicated a negative correlation between father involvement and mothers' discouraging behaviors (Kıraççı & Bakkaloğlu, 2023). Increased maternal intervention is considered a risk factor for children with developmental language disorders. In this context, the presence of language development problems in the child specifically correlates with protective behavior in maternal gatekeeping (Koyuncu et al., 2024).

In light of this information, training and developmental intervention programs for families of children with SSD and DLD should integrate maternal gatekeeping dynamics to support children's language development and to ensure they reach their highest potential. Altenburger & Schoppe-Sullivan (2021) suggested incorporating maternal gatekeeping into parenting programs, working with expectant parents to ensure both partners have realistic expectations about each other's parenting. In our research, focusing specifically on speech and language disorders, it is important to determine whether the encouraging, discouraging, and controlling behaviors of mothers of children whose communication processes are affected are themselves altered. In this context, the study aimed to assess maternal gatekeeping in families with children diagnosed with SSD and DLD and to examine maternal gatekeeping scores with respect to several variables: child's gender, type of diagnosis, parents' education level, and parents' involvement with their child.

MATERIAL AND METHOD

Type of Research

The descriptive survey model guided the study design, which examined maternal gatekeeping and fathers' perceptions of it in families with children diagnosed with SSD and DLD, taking into account the child's gender and diagnosis; the parent's educational level; parental care for the child; and the completion of homework or activities.

Participants

The study included 100 mothers and 100 fathers of children aged 3–11 years who were diagnosed with SSD and DLD and who were educated in eight special education and rehabilitation centers in Ankara, Turkey; 50 mothers and 50 fathers had children in the 3–6 age group and 50 mothers and 50 fathers had children in the 7–11 age group. In our research, 76% (n = 38) of preschool children were male, and 56% (n = 28) were diagnosed with SSD 44% (n = 22) were diagnosed with DLD, and their mothers 56% (n = 28), and their fathers 52% (n = 26) had a university degree or higher; mothers were identified as the primary caregivers in 74% (n=34) of the cases; and 52% (n = 26) said their mother did homework or activity that it was determined that he or she undertook to have it done. 80% (n = 40) of primary school children were male; 94% (n = 47) were diagnosed with SSD and 6% (n = 3) with DLD. 62% of mothers (n = 31) and 58% (n = 29) of fathers had an education level of high school or lower. In 58% (n = 29) of cases, only the mother took care of the child and helped him or her with homework/activities.

Data Collection

The researchers interviewed the children's school administrators and informed them of the study. Institutional authorization was obtained. The research was disclosed to families, and their informed consent was obtained. The "General Information Form" and the "Maternal Gatekeeping Scale for Preschool Period (3-6 Years) and Primary School Period (7-11 Years): Mother and Father Form" were used in the study.

General Information Form: The researchers developed this questionnaire, which contains items to ascertain the child's age, diagnosis type, gender, parents' educational level, caregiving arrangements, and assistance with homework or activities.

Maternal Gatekeeping Scale (MGS) for Preschool Period (Ages 3-6) and Primary School Period (Ages 7-11), Mother Form and Father Form: This is a Likert-type scale that assesses maternal gatekeeping behavior. Karabulut (2021) adapted the Maternal Gatekeeping Scale developed by Fagan and Barnett in 2003 into Turkish separately for both mothers and fathers with children in preschool (age range 3-6) and primary school (age range 7-11) (Fagan & Barnett, 2003; Karabulut, 2021). The mother-and-father form of this scale assesses maternal gatekeeping behavior separately. The mother form assesses the extent to which mothers allow their spouses to deal with child-related issues; the father form assesses the extent of fathers' perception of how much their spouses allow them (Karabulut, 2021). There are six question items in the preschool MGS. There are nine items in the primary school MGS. Scale items are scored as "I completely agree (5 points)","I agree (4 points)", "I partially agree (3 points)", "I disagree (2 points)", and "I strongly disagree (1 point)". The total score is used to evaluate the scale. Mothers with high scores on the scale exhibit more maternal gatekeeping behavior, whereas fathers with high scores are perceived to exhibit higher levels of gatekeeping. Cronbach's alpha for the preschool MGS was .88 for the mother form and .83 for the father form; for the primary school MGS it was .92 for the mother form and .91 for the father form. It has also been found that there is a positive and significant relationship between the mother and father forms of MGS for those with children in the preschool period (3-6 years old) and primary school period (7-11 years old)(Karabulut, 2021).

Limitations of the Study

There are several limitations to our study. First, the study was limited to nuclear family structures. It did not examine how maternal gatekeeping behaviors are shaped within divorced-parent families or extended-family structures where grandparents actively participate in childcare. Secondly, our research was limited to Ankara. This situation limits the generalizability of the findings to regions with different sociocultural characteristics. Studies conducted in different provinces and cultural contexts could more comprehensively elucidate the relationship between maternal gatekeeping behaviors and contextual variables. A final limitation is that the study included only children receiving speech and language services. Future research examining changes in maternal gatekeeping among families of children receiving therapy services during the diagnostic and evaluation stages would provide longitudinal insights.

Ethical Aspects of the Research

Ethical approval was obtained from the Human Research and Educational Sciences Ethics Committee of Erzincan Binali Yıldırım University(Date: 29/12/2023, Protocol No: 14/05).

Analysis of Data

The data collected during the research were initially processed in Excel and subsequently transferred to SPSS 25. First, the skewness and kurtosis of the dataset were analyzed to assess its suitability for a normal distribution. The maternal gatekeeping scores for preschool children (skewness: -.131; kurtosis: -1.160) and maternal gatekeeping perceptions among fathers (skewness: -.369; kurtosis: -.939) were assessed. Primary school children have scores on maternal gatekeeping (skewness: .103; kurtosis: -1.036) and on fathers' perceptions of maternal gatekeeping(skewness: 0.006; kurtosis: -.980). It is considered to be a normal distribution when the skewness and kurtosis values are -1.5 to +1.5 (Tabachnick & Fidell, 2013). However, the skewness-kurtosis values' compliance with the normal distribution was insufficient for the data set's normality, so we examined the normality results using visual inspection of histograms and Q-Q plots and the Kolmogorov-Smirnov test (since the data groups were $n \geq 50$). It exhibited an inappropriate distribution, as indicated by significant Kolmogorov-Smirnov test results. Analysis of these test results revealed that the data sets were not normally distributed. Therefore, data were analyzed using nonparametric tests, and paired group comparisons were performed using the Mann-Whitney U test. In addition, descriptive statistics were used to summarize

the demographic characteristics of the groups, the mean scores for maternal gatekeeping, and fathers' perceptions of maternal gatekeeping.

RESULT

The study included 28 preschool children with SSD and 22 children with DLD, as well as both their mothers and fathers. While the average of the scores obtained from the maternal gatekeeping mother form of preschool children with SSD is 18.464±6.860, the average of the scores of the father form is 20.178±6.458. The average maternal form of children with DLD is 18.090±7.571, and the average father form is 19.272±7.119. The data regarding the primary school period consist of responses to the maternal gatekeeping scale provided by both mothers and fathers of 47 children with SSD and 3 children with DLD. The average mother form of children with MGS in primary school was 27.468±11.185, and the average father form was 28.914±10.991. The average maternal form of children with DLD is 22.000±6.082, and the average father form is 22.333±5.859 (Table 1).

Table 1. Descriptive Statistics of the MGS of Mothers and Fathers According to Age Periods and Diagnosis Group

Age Periods	MGS	Diagnosis Group	N	Min-Max.	Mean±St. Deviation
Preschool	Mother Form	SSD	28	6-30	18.464±6.860
		DLD	22	6-28	18.090±7.571
	Father Form	SSD	28	6-30	20.178±6.458
		DLD	22	6-30	19.272±7.119
Primary School	Mother Form	SSD	47	9-45	27.468±11.185
		DLD	3	18-29	22.000±6.082
	Father Form	SSD	47	9-45	28.914±10.991
		DLD	3	18-29	22.333±5.859

By diagnosis group, Table 1 shows that mothers' maternal gatekeeping scores and fathers' perceptions of maternal gatekeeping were similar. On the other hand, the mean mothers' maternal gatekeeping scores and fathers' perceptions of MG scores for primary school children with SSD were higher than those for primary school children with DLD.

Table 2. Mann-Whitney U Test Results Regarding the Comparison of Mothers' Maternal Gatekeeping Scores and Fathers' Maternal Gatekeeping Perceptions According to the Diagnoses of Preschool Children

MGS	Diagnostic Group	N	Mean Rank	U	Z	p
Preschool Mother Form	DLD	22	25.30	303.500	-.088	.930
	SSD	28	25.66			
Preschool Father Form	DLD	22	24.66	289.500	-.363	.717
	SSD	28	26.16			

As shown in Table 2, mothers' gatekeeping scores ($z = -.088$; $p > .05$) and fathers' maternal gatekeeping perceptions ($z = -.363$; $p > .05$) do not differ significantly across diagnoses of preschool children.

Table 3. Mann-Whitney U Test Results Regarding the Comparison of the Mean Scores of Mothers' Maternal Gatekeeping Scores and Fathers' Maternal Gatekeeping Perception Scores According to the Gender of Preschool and Primary School Children.

MGS	Gender	N	Mean±S.Dev.	Mean Rank	U	Z	p
Preschool Mother Form	Female	12	15.58±8.43	20.46	167.500	-1.376	.169
	Male	38	19.15±6.52	27.09			
Preschool Father Form	Female	12	17.75±8.46	22.08	187.000	-.934	.350
	Male	38	20.42±6.03	26.58			
Primary Mother Form	Female	10	24.40±11.79	25.50	159.500	-.985	.324
	Male	40	27.82±10.82	25.50			
Primary Father Form	Female	10	27.00±10.91	23.60	181.000	-.462	.644
	Male	40	28.90±10.91	25.98			

When Table 3 is examined, the mothers' mother-gatekeeping scores (z = -1.376; z = -.985; p > .05) and fathers' perceptions of mother gatekeeping (z = -.934; z = -.462; p > .05) do not differ significantly in mean scores according to the gender of preschool and primary school children.

Table 4. Mann-Whitney U Test Results on the Comparison of Maternal Gatekeeping Scores of Preschool and Primary School Children According to Mother and Father Education Level

MGS	Education Level	N	Mean±S.Dev.	Mean Rank	U	Z	p
Preschool Mother Form	High school and below	22	19.22±6.87	27.43	265.500	-.832	.406
	University and above	28	17.57±7.33	23.98			
Preschool Father Form	High school and below	24	19.63±6.64	27.00	276.000	-.701	.483
	University and above	26	19.89±6.86	24.12			
Primary Mother Form	High school and below	31	29.41±10.46	28.73	194.500	-2.005	**.045**
	University and above	19	23.42±11.06	20.24			
Primary Father Form	High school and below	29	30.48±10.74	30.19	168.500	-2.682	**.007**
	University and above	21	25.31±10.46	19.02			

Examining Table 4, we find that the education levels of mothers and fathers of preschool children do not significantly affect the mothers' maternal gatekeeping scores (z = -.832; p >.05) and fathers' maternal gatekeeping *perceptions (z = -.701; p* >.05). In addition, the maternal gatekeeping scores of mothers of primary school children and fathers' perceptions of maternal gatekeeping differ significantly depending on mothers' and fathers' education levels *(z = -2.005 and z = -2.682; p < .05).* Accordingly, the mother gatekeeping scores of mothers with high school education or below (mean rank = 28.73) and the mother gatekeeping perception scores of fathers *(mean rank = 30.19)* are higher than the mother gatekeeping scores of mothers with university education or above and the mother gatekeeping scores of fathers. It can be said that it is significantly higher than their perceptions of gatekeeping (mean rank = *20.24; mean rank = 19.02).*

Table 5. Mann-Whitney U Test Results for the Comparison of Maternal Gatekeeping Scores of Preschool and Primary School Children according to their Responsibility to Take Care of the Child

MGS	Person Caring for the Child	N	Mean±S.Dev.	Mean Rank	U	Z	p
Preschool Mother Form	Mother	34	18.97±7.27	26.88	225.000	-.979	.328
	Mother and Father together	16	16.87±6.74	22.56			
Preschool Father Form	Mother	34	20.76± 6.45	27.51	203.500	-1.429	.153
	Mother and Father together	16	17.68± 6.94	21.22			
Primary Mother Form	Mother	29	28.51±11.53	27.31	252.000	-1.035	.301
	Mother and Father together	21	25.23±10.14	23.00			
Primary Father Form	Mother	29	29.58±11.53	26.69	270.000	-.680	.496
	Mother and Father together	21	27.04± 9.85	23.86			

Table 5 shows that mothers' maternal gatekeeping scores (z = -.979; p >.05) and fathers' perceptions of maternal gatekeeping (z = -1.429; p >.05) do not differ significantly according to the status of caring for preschool children. In addition, it was determined that mothers' maternal gatekeeping scores (z = -1.035; *p > .05)* and fathers' perceptions of maternal gatekeeping *(z* = -.680; p > .05) did not differ significantly according to the status of caring for primary school children.

Table 6. Mann-Whitney U Test Results Regarding the Comparison of Maternal Gatekeeping Scores of Preschool and Primary School Children's Parents According to Whether They Help with Homework/Activities.

MGS	Helping with the Homework/Activity	N	Mean±S.Dev.	Mean Rank	U	Z	p
Preschool Mother Form	Mother	26	19.73±6.97	28.35	238.000	-1.439	.150
	Mother and Father together	24	16.75±7.06	22.42			
Preschool Father Form	Mother	26	22.03± 5.86	30.19	190.000	-2.377	**.017**
	Mother and Father together	24	17.33± 6.79	20.42			
Primary Mother Form	Mother	29	29.30±11.10	28.10	222.000	-1.550	.121
	Mother and Father together	21	23.90±10.22	21.60			
Primary Father Form	Mother	29	31.50± 10.42	29.12	191.500	-2.156	**.031**
	Mother and Father together	21	24.05± 10.07	20.08			

Examining Table 6, we find no significant difference in maternal gatekeeping scores depending on whether parents help preschool children with homework or activities *(z = -1.439; p >.05)*. Fathers' perceptions of maternal gatekeeping differed significantly*(z = -2.377; p <.05)*. In addition, maternal gatekeeping scores did not vary considerably depending on whether parents helped their primary school children do homework or activities *(z = -1.550; p >.05)*. Fathers' perceptions of maternal gatekeeping *(z = -2.156;* p <.05) differed significantly. These results indicate that fathers' perceptions of

maternal gatekeeping are higher when mothers alone are responsible for homework and activities for both preschool and primary school children.

DISCUSSION

Our study examined maternal gatekeeping behaviors among mothers and fathers' perceptions of maternal guardianship of children aged 3-11 diagnosed with SSD and DLD. Maternal gatekeeping is known as behaviors in which mothers encourage, control, or hinder the relationship between father and child (Duman & Aktaş, 2021). In this context, our research found that the average maternal gatekeeping score among mothers of children with SSD and DLD ranged from 18 to 27, and the average maternal gatekeeping perception score among fathers ranged from 19 to 28. In Turkey, the maternal gatekeeping score for mothers of typically developing preschool children was 13.65, while the maternal gatekeeping perception score for fathers was 13.85. Similarly, it was reported that these scores were 21.09 for both mothers and fathers of typically developing children in primary school (Karabulut, 2021). It is hypothesized that the mothers of the children in our current study exhibit high maternal gatekeeping scores. The reduced speech intelligibility in children with SSD due to errors in speech production negatively affects both the child and their communication partner emotionally (McCormack et al., 2010). Similarly, it is reported that in children with developmental disorders, difficulties in language development, as well as accompanying social-emotional problems, play a decisive role in the formation of a low quality of life (Eadie et al., 2018). Family participation and multidisciplinary approaches are emphasized as critical components of interventions aimed at improving these children's language and speech skills. According to Buckley and Le Prèvost (2002), developing tailored therapies for children based on their developmental needs, as well as active family participation in the therapy process, adds positively to children's language development. The literature emphasizes that although other family members may also take responsibility in the intervention process, the mother is the most actively involved (Law et al., 2019). Many studies overlook how family members interact with each other and how they support each other's behaviors during the intervention. Our study indicates that both mothers' maternal gatekeeping behaviors and fathers' perceptions of maternal gatekeeping are higher than those of parents of typically developing children. This indicates that mothers assume greater responsibility for their children's therapy services, care, nutrition, and education. Koyuncu et al. (2024) found that the mean maternal gatekeeping score was higher in children diagnosed with DLD (n=45) than in mothers of typically developing children (n=46). This result indicates that maternal gatekeeping is associated with both DLD and the mother's overprotective attitude. Another study found a negative correlation between maternal gatekeeping and active fatherhood involvement in childcare, play, mealtimes, and helping with homework and reading among fathers of typically developing children aged 3–16. The same study also highlighted that mothers perceived fathers as having excellent parenting skills (Fagan & Barnett, 2003).

A systematic study suggests that paternal involvement is positively correlated with maternal encouraging behaviors and negatively correlated with maternal discouraging behaviors, and that this relationship can be mediated by individual and contextual factors. In this context, cultural structure and the responsibilities attributed to parenthood influence these dynamics. Social expectations that reinforce the mother's primary role in caregiving and her need for control can be particularly associated to the father's perception of inadequate parenting. Such perceptions can lead to discouraging behaviors from the mother (Reis et al., 2025). Given the high maternal gatekeeping scores observed in our study, it is necessary to ensure father-child interaction in families of children with language and speech disorders. Furthermore, interactive approaches that involve both mothers and fathers are crucial to support the language development and speech production of children with DLD and SSD, given the greater needs and the conscious effort required.

Another finding of our study was that maternal gatekeeping scores between children with SSD and those with DLD when compared by gender. However, it was found that mothers of male children had higher maternal gatekeeping behavior scores, and fathers had higher maternal gatekeeping perception scores than mothers of female children. This finding suggests that the child's gender may influence parenting dynamics, particularly maternal gatekeeping behaviors. Furthermore, the higher prevalence of DLD and SSD diagnoses in male children may have increased the regulatory and controlling roles for mothers relative to fathers. In their research on maternal gatekeeping in children aged 3-6 with special needs, Kıraçcı & Bakkaloğlu (2023) found no significant difference in encouraging and discouraging behaviors

between mothers based on gender. However, the same study emphasized that mothers of male children exhibited more controlling behavior than mothers of female children. A study conducted with typically developing children also found that the degree to which mothers exhibited discouraging behaviors did not differ according to the child's gender (Karabulut & Şendil, 2017). Akgöz Aktaş & Aydın (2020) reported that the levels of encouraging and discouraging behaviors of mothers were unaffected by the gender of the children. However, mothers with daughters had greater control over fathers. According to Güller and Yaylacı (2022), 42.7% of 110 children diagnosed with communication disorders had SSD, and 30.9% had language disorders. The vast majority of these children (74.6%) were male. The gender findings of our study were consistent with the literature. Another finding of the study was that, according to diagnostic groups, gatekeeping scores for mothers and fathers were similar during the preschool period; however, during the school-age period they were slightly higher for children with relatively advanced speech and language disorders. Conversely, increased academic expectations, more complex peer relationships, and greater importance of communication skills during the school-age period can increase parental anxiety, particularly among parents of children diagnosed with speech and language disorders. The direct impact of speech and language difficulties on academic achievement and social adjustment may have led mothers to become more involved in the process and to assume a more regulatory or limiting role in relation to fathers. This situation may have contributed to maternal guardianship behaviors becoming more pronounced in the SSD group during school age. A study indicated that mothers of children with hearing loss exhibited more discouraging behaviors compared to mothers of other children with special educational needs, categorized by diagnostic groups (autism spectrum disorder, speech and language disorder, hearing loss, physical disability, intellectual disability) (Kıraççı & Bakkaloğlu, 2023). In this context, our research hypothesized that mothers would be more likely to exhibit maternal gatekeeping behaviors, particularly in caring for children who require speech and language services.

Our study found that mothers and fathers with children in primary school had lower scores on "maternal gatekeeping" and lower perceptions of "maternal gatekeeping" among fathers who had a university degree or higher. This finding suggests that educational level may be a determining factor in parenting roles and spousal interaction styles. As parents' educational levels increase, they may have greater knowledge and awareness of child development, collaborative parenting, and the importance of father involvement. This could lead to mothers being more supportive of fathers' participation in parenting and to decreased controlling or restrictive behaviors. Furthermore, a higher level of education may strengthen problem-solving skills, communication quality, and spousal negotiation processes, thus paving the way for a reduction in "maternal gatekeeping" behaviors. Parental education, child development, or social empowerment initiatives can help regulate caregiving and spousal relationships, impacting family functioning, mental health, and child development (Hadfield et al., 2024). In this regard, a study examining whether parental guardianship scores differed according to education level reported that fathers with a high school education or higher had significantly lower average scores for their perception of maternal gatekeeping (Karabulut & Şendil, 2017). Similarly, consistent with the literature, our research findings show that fathers with higher levels of education experience lower levels of maternal gatekeeping. In this context, research conducted with children with special needs(such as speech and language disorders, attention deficit hyperactivity disorder, and learning disabilities)revealed that, regardless of the children's age, as mothers' education level increases, the rate of guarding behavior decreases, and as fathers' education level increases, the likelihood of them being exposed to gatekeeping behaviors also decreases(Hazar & Ayhan, 2025).

Our latest finding is that, on the father form of the Maternal Gatekeeping Scale, fathers who have children in both preschool and elementary school perceive greater maternal gatekeeping regarding their role in helping with homework. This finding suggests that fathers are more exposed to mothers' regulatory and controlling attitudes, particularly regarding home-based responsibilities related to academics and therapy. In other words, mothers' perceptions of taking primary responsibility for their children's education and therapy may have increased their tendency to direct or limit fathers' involvement in these processes. Studies conducted in Turkey and worldwide indicate that mothers are more sensitive than their partners in raising their children and meeting their needs (Aytaç, 2023; Hauser, 2012). In children with speech and language impairments, the majority of speech and language therapists assert that parental involvement in therapy services is essential and is frequently crucial for supporting home activities (Watts Pappas, McAllister, & McLeod, 2016). Law et al. (2019) reported that the rate of children with DLD whose therapy services were attended only by their mothers

was 31.5%, that of their fathers was only 2%, and the rate of joint parental participation was 45.5%, revealing that the mother was the most frequently involved party in the services. Furthermore, it has been indicated that mothers of children with special needs spend more time caring for their children and perceive a greater caregiving burden compared to fathers (Ersoy & Çürük, 2009). Another study reported that mothers with children with mental retardation, physical disabilities, speech and language disorders, and hearing loss may exhibit more controlling behaviors due to their need for paternal support and internal conflict stemming from their sense of responsibility regarding childcare (Kıraçcı & Bakkaloğlu, 2023).

CONCLUSION

In conclusion, the data revealed that maternal gatekeeping behaviors did not differ by children's diagnoses or gender. However, as the educational level of parents of school-aged children increased, maternal gatekeeping and fathers' perceptions of maternal gatekeeping decreased. Furthermore, according to parents, their involvement in helping with homework, as measured by the father form of the maternal gatekeeping scale, suggests that fathers of both preschool- and school-aged children perceive high levels of maternal gatekeeping. These data suggest that mothers have greater responsibility for their children's school and therapy processes, which may limit father-child interaction. Therefore, balancing the responsibilities of parents of children with DLD and SSD is necessary. Additionally, implementing preventive and intervention programs targeting highly involved mothers who restrict or prevent interactions between fathers and children aged 3–11 who are receiving speech and language therapy services is crucial to the well-being of the entire family system.

Based on these findings, several recommendations for practical applications and future research can be developed. Firstly, it is recommended that in the therapeutic processes for children diagnosed with SSD and DLD, collaborative parenting approaches involving both parents should be encouraged rather than a mother-centered participation model alone. In particular, the development of psycho-educational programs that support father-child interaction and reduce controlling and restrictive parenting behaviors among mothers can contribute to the holistic functioning of the family system. Balancing parental roles in therapeutic processes, sharing responsibilities in home-based interventions, and strengthening the active participation of fathers can positively influence children's language and communication development. Furthermore, planning of awareness and support programs for parents with lower levels of education can help reduce maternal parenting behaviors. Future research should examine, using experimental or longitudinal designs, the impact of intervention programs on maternal parenting; develop structured models to increase fathers' participation; and address the role of cultural factors in this process, thereby making significant contributions to the literature.

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