

Global Developmental Delay And The Impact Of Overindulgence: A Case Series On Global Developmental Delay, The Excessive Pampering, And The Consequences Of Overindulgence In Children

ABSTRACT:

Background: Global developmental delay (GDD) is a common concern in pediatric practice, often linked to delays across multiple domains. Parenting styles, particularly overprotective and overindulgent approaches, can significantly influence these delays. This case series examines the impact of excessive pampering and overprotection on children with developmental delays and neurodevelopmental disorders. **Methods:** Six cases of children aged 2-4 years with conditions such as cerebral palsy, muscular dystrophy, autism spectrum disorder, ADHD, learning disabilities, and down syndrome were analysed. Parenting influences were assessed through clinical observations, parental interviews, and developmental milestone evaluations. **Results:** Excessive parental involvement was associated with delayed developmental progress. Overprotective parenting limited opportunities for social interaction, independent learning, and physical activity, notably in cases of cerebral palsy and down syndrome. Overindulgence contributed to dependency and emotional strain in children with muscular dystrophy and intellectual disabilities. Pampering adversely affected emotional regulation and self-reliance, exacerbating challenges in ADHD and learning disabilities. Across all cases, these parenting styles impaired peer interactions and social development, despite offering short-term emotional security. **Conclusion:** While well-intentioned, excessive pampering and overprotection can inadvertently hinder the physical, cognitive, and social development of children with delays. Balanced parenting, emphasizing emotional support and independence, is vital. Early interventions, structured therapies, and parental education can mitigate the negative effects of these parenting styles and promote optimal development.

Keywords: Global developmental delay, Neurological disorder, Pampering, Overindulgence

INTRODUCTION

Developmental delay is one of the most common chronic conditions encountered in paediatrics, neurologic and genetic clinics. ^[1] Global developmental delay (GDD) refers to a developmental disability characterized by significant delays in two or more developmental domains, such as motor skills, cognition, speech, social interaction, and daily living activities. ^[2] Parenting practices play a crucial role in a child's development. Overbearing parenting styles, characterized by overprotectiveness and heightened control, may hinder a child's ability to achieve developmental milestones. While heightened parental warmth can provide a sense of security, excessive control and helicopter parenting can have adverse effects, particularly for children already experiencing developmental delay. ^[3] Additionally, adverse childhood experiences and early relational challenges have been strongly linked to emotional difficulties later in life. Severe family dysfunctions, including domestic violence, can exacerbate both mental and physical health issues. Excessive pampering or helicopter parenting may compound

the challenges faced by children with developmental delays, influencing multiple aspects of their growth and well-being. ^[3] Over-pampering and overindulging children can offer benefits such as increased feelings of safety, enhanced self-confidence, and the fulfilment of their material needs, fostering a sense of being cherished and valued. On the other hand, these practices can also result in negative outcomes, such as fostering dependence, inadequate coping strategies, a lack of accountability, and reduced ability to cope with challenges, ultimately affecting their emotional and social development.

CASE SERIES

Case 1: neurological disorder and the impact of overprotective parenting

A 3-year-8-month-old female child diagnosed with cerebral palsy, a neurological disorder, presented with developmental delay. She had a history of low birth weight at birth. The child requires social interaction and physical activities as part of her medical and developmental needs. However her parents' overprotective attitude has negatively impacted her ability to overcome developmental delays.

Findings:

The child exhibits delayed milestones, including slow progression in sitting, crawling, and walking. She has excessive drooling, aggressive behaviour towards strangers, dementia, lack of social interaction, slurred speech, and poor muscle control. Despite her need for social engagement, her parents restrict her activities, do not allow her to play with other children, and often keep her confined in a private room. This overprotective has further hindered her developmental progress.

Discussion:

Parental overprotection can, without conscious effort, impede the development of independence, coordination, and learning in children with cerebral palsy. Encouraging engagement in age-appropriate activities is recognized to help children meet developmental milestones (Gorter et al., 2010).

Case 2: multiple disability and overindulgent parenting

A 3-years-old female child diagnosed with muscular dystrophy and intellectual disability exhibits significant delay in multiple developmental milestones. She has a history of premature birth, NICU stay, and a nuclear family background. Her parents display an overindulgent attitude, often exceeding limits in assisting her with daily tasks.

Findings:

The child presents with myotonia, muscular atrophy, abnormal gait, learning disabilities, behavioural issues, communication difficulties, and challenges in daily activities. While her parents' overprotective approach may help her achieve developmental milestones, excessive involvement could lead to physical strain, emotional distress, and worsening of her underlying conditions. Forcing her to walk or speak like her peers might contribute to milestone

achievement but risks long-term harm, including physical exhaustion and impaired overall well-being and development.

Discussion:

Evidence suggests that, while providing supportive caregiving is critical in childhood neuromuscular disease, overdoing it might lead to dependency and hinder skill development (Bushby et al. 2014). Therapeutic techniques should prioritize equitable parental engagement.

Case 3: neurodevelopmental disorder and pampering

A 2-year-6-month-old male child diagnosed with autism spectrum disorder (ASD), speech delay, and gastrointestinal issues. Observations of parents include lack of response to their name, absence of clear words or two-word phrases by age 2, and repetitive behaviours like hand flapping and head banging under stress. Additionally, the child shows no interest in interactive play with other children and experiences sleep disturbances. There is a family history of autism, including a potential genetic susceptibility.

Findings:

Children with autism, language and communication skills are often areas of delay. When parents anticipate needs without prompting the child to communicate, even non-verbally, it can slow down language and gesture development. Excessive parental pampering may result in the child becoming overly dependent on parental attention and care, leading to reduced interest in exploring the environment or engaging with others encouraging the child to interact with other children, even with parallel play, fosters early social skill development. Parental involvement can gradually decrease as the child gains comfort, giving them space to explore interactions.

Discussion:

Children with ASD tend to thrive in stable situations that encourage engagement and verbalization. Excessive vigilance, on the other hand, may have the unintended consequence of fostering reliance and restricting socialization. Evidence-based therapies, such as Applied Behavior Analysis (ABA), aim to promote independence through antecedent-guided interactions (Baer et al., 1968).

Case 4: neurodevelopmental disorder and overindulge

A 3-year-8-month-old male child has been diagnosed with ADHD. His mother reports a family history of ADHD on the father's side. Parents describe excessive hyperactivity, restlessness, and impulsivity that interfere with daily routines and social interactions. Symptoms, first observed around age 2.5 include difficulty following simple instructions, frequent loss of focus, and inability to sit still even during meals or story time. The child loses interest quickly, shifting between activities within minutes, struggles with cooperative play, and displays frustration and aggression when his needs aren't immediately met. Despite age-appropriate developmental progress, he has a slight speech delay and faces socialization difficulties, often causing disruptions in group settings.

Findings:

Pampering a child can sometimes hinder their developmental of emotional and behavioural regulation. Children may struggle to understand appropriate boundaries and consequences, which can exacerbate ADHD symptoms like impulsive and defiance. If a child is excessively pampered, they may not learn self-control. Children with ADHD may already have trouble with social cues and pampering can sometime lead to them being overly dependent on parents or not learning necessary social behaviour, affecting peer relationship. Children may feel more stressed or confused when expectations change or when they have to deal with more structured environments, such as school or day-care, where pampering is not possible.

Discussion:

It has been demonstrated that creating clear limits and utilizing behavior modification approaches can improve results for children with ADHD (Barkley, 1997). Organized parenting interventions can help to alleviate symptoms while also promoting emotional development.

Case 5: learning disability and pampering

A 4-year-old female child has the problem of delay in speech, motor skills, socialization, and achieving developmental milestones. She had difficulty understanding and following instructions lacked coordination in walking. history of NICU stay and febrile seizures. The medical history revealed a diagnosis of learning disability and developmental delay.

Findings:

The child's parents were highly involved in her care, providing constant emotional comfort and shielding her from discomfort or failure. This overprotective approach hindered her development and ability to learn and communicate effectively. Excessive cry being soothed by mobile phone usage, leads to less involvement in social activities.

Discussion:

According to several research, parental involvement in early intervention programs improves outcomes for children with learning impairments (Fuchs et al., 2001). Overprotectiveness should be replaced by supportive systems that encourage exploration and problem solution.

Case 6: down syndrome and pampering

A 2-year-old female child with low muscle tone, delayed in speech, delayed developmental milestones, delayed fine and gross motor development, learning disability, and bent little figures, her birth history indicates that she did not cry at birth and was admitted in NICU for one month. The medical history revealed a diagnosis of trisomy21, a genetic disorder commonly associated with down syndrome, typically causes distinct facial appearance, intellectual disability, and developmental delays.

Findings:

Overprotective approach has contributed to delays in learning and other developmental activities. The child has had limited opportunities to engage in structured play or independent learning. Parents may unintentionally hinder the child's development, as it limits activities such as social interaction with peers, physical play, and engagement in independent learning. Minimal involvements in physical activities further exacerbate developmental delays.

Discussion:

Children with Down syndrome benefit from focused early therapies that promote social interaction and fine and gross motor development (Roizen Patterson, 2003). Promoting autonomy while yet offering appropriate assistance is the goal of parental participation.

DISCUSSION

Excessive parental pampering and overprotective attitudes can have significant, multidimensional impacts on children's development, particularly those with neurological or developmental disabilities. This case series highlights parenting styles as pivotal factors in either mitigating or exacerbating developmental delays and related challenges.

Impact of overprotective parenting

Overprotective parenting, as observed in multiple cases, restricted children's opportunities for socialization, physical activity, and independent learning. These limitations often compounded developmental delays. For instance

Case 1(cerebral palsy): limited social interactions and playtime hindered motor skill improvement and social development. Children with down syndrome and autism spectrum disorder: reduced exposure to peer interactions and structured play delayed the acquisition of adaptive and social skills. Although driven by a desire to shield children from discomfort or failure, overprotective often deprive them of opportunities to explore, take risks, and develop problem-solving skills. This can lead to excessive dependency, delayed emotional and cognitive growth, and reduced resilience in facing challenges.

Impact of overindulgent parenting

In contrast, overindulgent parenting, as seen in case 2 (muscular dystrophy with intellectual disability), often involves exceeding reasonable limits in meeting a child's needs or desires. While initially boosting performance, this approach can cause physical strain, emotional distress, and long-term dependency. For example, pushing a child to achieve milestones without regard for their physical and emotional limits can exacerbate their condition and negatively impact their well-being.

Excessive pampering and emotional regulation

Excessive pampering also emerged as a barrier to developing emotional regulation and independence. In case 4 (ADHD): constantly meeting the child's needs without encouraging

self-regulation or boundaries exacerbated impulsivity, frustration, and dependency. This, in turn, hindered their ability to navigate structured environments like schools. Case 5 (learning disabilities): similar patterns were observed, with parents overindulgence limiting the child's capacity for self-reliance and emotional growth.

Parental influence on social skills

A consistent finding across all cases was the impact of excessive parental involvement on peer interaction. Social skills critical for societal integration and future success are best developed through early exposure to group play and peer relationships. Excessive pampering denied children these opportunities, delaying their ability to form meaningful relationships and understand social norms.

Advantages and disadvantages of pampering and over pampering in this generation

Advantages: emotional support: pampering and over- parenting often provide children with a sense of security and emotional support, which can build confidence and a strong parent-child bond. Opportunities for growth: over-parenting ensures that children have access to the best resources, education, and extracurricular activities, fostering skill development and academic achievement. Protection from risks: these approaches often shield children from harmful experiences, reducing immediate risks and stress.

Disadvantages: lack of resilience: over-pampered children may struggle with adversity as they grow, lacking problem-solving skills and independence. Dependence issues: excessive parental involvements can make children overly reliant on their parents, hindering their ability to make decisions or face challenges on their own. Stunted emotional growth: over-parenting can prevent children from learning self-discipline and emotional regulation, essential for adulthood.

CONCLUSION

Parenting styles play a crucial role in shaping children's development, especially those with neurological or developmental disabilities. While overprotective and overindulgent parenting are often well-meaning, they can inadvertently hinder children's physical, cognitive, and social progress. A balanced approach combining emotional support with opportunities for independence and social interaction is essential for fostering well-rounded development.

For children with disabilities, this balance requires careful management. Early intervention programs, structured therapies, and parental education are vital for equipping parents to support their children effectively. Such strategies can counter the adverse effects of excessive pampering, enabling children to develop the skills necessary to navigate challenges and achieve their potential.

Declaration by Authors

Ethical Approval: As per international standards or university standards written ethical approval has been collected and preserved by the author(s).

Consent

As per international standards, parental written consent has been collected and preserved by the author(s).

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- 1.
- 2.
- 3.

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