Speech Disabilities through Cultural Narratives: An Anthropological Analysis of Social Dynamics and Lived Experiences

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ABSTRACT

The purpose of this paper is to examine the rate, underlying causes, and social constructions of speech problems in Pakistan, with a focus on how these factors affect diagnosis, acceptance, and treatment. The study uses an ethnographic approach, is founded on in-depth interviews with community members, parents, and speech therapists, as well as academic research. The impact of culture on experiences of speech disorders was investigated using thematic analysis. The study draws attention to common but often overlooked conditions, such as stammering, hearing-related speech delays, and communication challenges, in the context of intellectual disabilities. Affected people are often mistreated or kept hidden because families are unaware of the problem and feel ashamed. Initiatives are delayed due to ignorance, cultural stigma, and miscommunications. According to the primary findings, the biggest obstacle is ignorance, which leads to delayed diagnosis, little family support, and underuse of therapeutic services. This ignorance also contributes to social isolation and reinforces harmful cultural beliefs. The results underscore the need for early diagnosis, culturally sensitive therapeutic approaches, and greater public awareness in order to improve the quality of life for individuals with speech and communication disorders in Pakistan. In order to incorporate speech therapy services into schools and community health systems, future research can examine cultural narratives unique to a given region, evaluate the effectiveness of awareness campaigns, and create policy recommendations.

Keywords: Speech disability; cultural stigma; communication disorders; therapy access, institutional support

Introduction

A healthy body is frequently regarded as a blessing and the foundation of life, but culturally specific customs, norms, and beliefs shape how people understand health and illness. These cultural viewpoints affect how people perceive and treat conditions like speech impairments in addition to influencing identity. This study explores the ways in which societal attitudes and cultural beliefs impact the day-to-day lives of people with speech impairments and those who care for them. It emphasises how their lives are shaped by a lack of awareness, poor access to therapy, and institutional flaws, going beyond a purely medical perspective. The study highlights the need for more acceptance and community support while examining how cultural narratives impact social interactions, identity formation, and stigma by referencing medical and disability anthropology.

The term "speech disability," which is often referred to as a speech disorder, describes challenges with word pronunciation and sound production. This condition may be present from birth or may arise later as a result of illnesses or accidents that reduce a person's ability to speak and communicate. These difficulties frequently interfere with day-to-day functioning and affect mental health, occasionally resulting in social exclusion, anxiety, and depression (Cleveland Clinic, 2024). Intellectual conditions like autism and Down syndrome, which usually manifest in childhood, are often associated with speech impairments. According to research, over 50% of people suffer from a speech disorder, which can affect their attitudes, social interactions, and reading and writing abilities (Borgohain & Barua, 2022). Stuttering, apraxia, and dysarthria are common forms of speech impairments that impair speech accuracy and clarity. Autism, hearing loss, muscle weakness, brain injuries, and diseases like Parkinson's disease are some examples of the causes. Speech therapy, focused exercises, and occasionally anxiety-lowering medication are used as treatments (Eske, 2023). However, there are significant cultural differences in how people view disability. Some cultures view disability as a disgrace or a source of shame, frequently connected to superstitions, curses, or penalties for past transgressions. As a result, people with disabilities are stigmatised, neglected, and socially excluded. Many cultures view disability as a personal weakness, but in places like China, intellectual disability is especially viewed as a sign of weakness. These cultural beliefs hinder social integration and lead to discrimination. Global disability rights movements have attempted to refute these viewpoints, contending that social attitudes, not the condition itself, play a major role in shaping disability (Krad & Krad, 2023). Anthropologists in the beginning of time were rarely interested in disability; instead, they frequently focused on illness while ignoring the perspectives of people with disabilities. A change was brought about in 1980 with the establishment of the Disability Research Interest Group, which promoted research that looked beyond the medical model to consider how disability is shaped by social, cultural, and power factors. This comprehensive approach promotes improved policy development and highlights lived experiences (Kasnitz & Shuttleworth, 2001). About 5% of children in the United States between the ages of 6 and 7 have a visible speech disorder, with articulation disorder being the most prevalent, according to the National Institute on Deafness and Other Communication Disorders. For example, cleft palates affect roughly 2.5% of children under five worldwide, and they are more common in Native American communities than in Black ones (Arnold & Edward, 1998). Despite their frequent similarities, speech delays, speech disorders, and speech disabilities are not the same thing. When a child has a speech delay, they start talking later but eventually grow up normally. While speech disorders refer to ongoing challenges with fluency or sound production, speech disability is a more general term that encompasses both and emphasises how these problems impact communication and day-to-day functioning (Irazoque, 2023). Anthropological research emphasises how environmental obstacles, social beliefs, and culture impact the experiences of people with disabilities, impacting coping mechanisms, gender issues, rights and stigma (Brocco, 2024). Nearly 5,000 children in Australia between the ages of 4 and 5 have speech difficulties, according to research, and parents and teachers are concerned. Early intervention and improved services are needed, as evidenced by the fact that 14% of people received therapy and 2% did not. Collaboration between therapy programs and child-focused organisations has been proposed, but accessibility issues and limited definitions continue to be significant obstacles (McLeod et al., 2007; Roulston & Harding, 2013). There are about 70 million people with speech impairments worldwide, including 13 million in China, where intellectual disabilities frequently result in psychological difficulties and low self-esteem (Feng

et al., 2023). In Pakistan, speech disorders have become an increasing concern, particularly among children, yet the field remains under-researched. Despite the growing need for trained speech pathologists, there is only a limited number of professionals available to address these issues. As a result, many individuals remain untreated due to a lack of awareness and inadequate services, highlighting the urgent need for early diagnosis, public education, and improved therapy access (Khan, 2013). Research further shows that speech disorders are more common in males, accounting for nearly 70% of reported cases. Factors such as cousin marriages, poverty, being the firstborn, and having multiple siblings are associated with a higher risk (Mumtaz, Babur, & Saqulain, 2021). From a legal perspective, Pakistan introduced policies to protect the rights of disabled individuals. The 1981 law required businesses to employ at least 2% of disabled workers, and the Disability Rights Act of 2022 sought to strengthen this framework. However, implementation remains weak due to cultural perceptions that associate disability with curses or supernatural punishment. These beliefs disproportionately affect women, limiting their opportunities in education, marriage, and employment (Disability: IN, 2024). Social stigma, shame, and fear of judgment often lead families to hide or misrepresent conditions, creating further barriers for individuals with speech disabilities. This research applies an anthropological lens to explore how cultural attitudes and institutional shortcomings perpetuate exclusion (Ahmad & Koncsol, 2022). Cultural stigma plays a critical role in shaping the experiences of affected individuals and their caregivers. Mothers, as primary caregivers, often face increased pressure, leading to emotional stress and avoidance of timely interventions. Addressing stigma as a societal, rather than individual issue requires community-based support and awareness initiatives (Aftab et al., 2025). Stigma leads to feelings of shame, frustration, and social isolation, particularly among children, who are often misunderstood in gatherings. Cultural expectations linking fluent speech to intelligence and confidence place further psychological burden on individuals with speech disorders, reinforcing exclusion and self-doubt (De Simoni et al., 2019).

The shortage of professional resources compounds these challenges. In a country where over 22 million people may suffer from speech-related disorders, only seven trained professionals were reported to be available. The Speech and Hearing Association of Pakistan (SHAP), established in 2007, partnered with Ziauddin University to launch the nation's first bachelor's degree in speech therapy, offering treatment for both children and adults (DAWN.COM, 2010). Nevertheless, stigma, loneliness, and exclusion remain pressing issues. According to recent data from the American Speech-Language-Hearing Association (ASHA), around 65% of individuals with speech disabilities experience discrimination, report not being given time to speak, and struggle to participate in social gatherings. Many also lack awareness of available treatments, underlining the demand for greater public education and support networks (ASHA, 2024). The role of parents in the therapeutic process is equally important. While parents generally trust speech therapy, active involvement in treatment decisions helps build confidence and strengthens the relationship between therapists and caregivers. Measures such as providing detailed explanations, sharing therapy videos, and holding regular meetings can improve transparency and trust, ultimately enhancing treatment outcomes (Auer et al., 2012).

There is a pressing need to integrate speech therapy services into public health and educational systems in Pakistan. Early treatment and awareness campaigns are essential, yet cultural beliefs often delay proper intervention. Many families associate speech disorders

with supernatural causes or divine punishment, which leads them to seek help from religious healers or rely on home remedies instead of consulting professionals.

Families, however, play an important role in supporting individuals with speech disorders. They act as caregivers, emotional supporters, and even interpreters by using gestures, facial expressions, or imaginative methods to aid communication. While this teamwork reflects resilience, individuals with speech impairments remain dependent on others, which restricts their independence and self-expression, often leaving them with feelings of guilt (Carbonero, 2021). The development of speech and language therapy in Pakistan began with initiatives for the deaf community. In 1949, Mr. Siddique Akbar Makhadum established a college in Lahore with U.S. support to train teachers for the deaf, followed by further specialised training abroad. Later, the National Institute for the Handicapped in Islamabad offered a two-year program in speech therapy. In 1983, Karachi's first Speech and Hearing Centre, founded by Mr. and Mrs. Saleem, promoted auditory-verbal therapy. In 2005, Ziauddin University became the first private institution to introduce a bachelor's program in speech and audiology, while the University of Karachi later launched a master's program (Saleem, 2010). Despite these advancements, therapists in Pakistan continue to face challenges, including outdated equipment, lack of advanced training, and limited institutional support, which hinders effective outcomes and contributes to professional stress (Mumtaz et al., 2021). Teachers also play a vital role in identifying and supporting children with speech disorders, but limited awareness prevents them from providing adequate assistance. Collaboration between teachers and speech therapists can strengthen intervention strategies and raise social awareness (Shah et al., 2023). Speech therapy significantly improves communication, confidence, and social integration for individuals with speech disorders. By applying different tools and therapeutic methods, speech therapists not only enhance speaking ability but also encourage self-esteem and better interpersonal skills (Waqar, 2023). Different forms of speech therapy are tailored to specific needs, including articulation therapy, language therapy, voice therapy, and fluency therapy. Each approach supports individuals in overcoming distinct challenges, helping them improve communication, build confidence, and develop essential social skills (IQWiG, 2020).

Theoretical Framework

Disability is not only a medical condition but also a socially constructed phenomenon shaped by cultural narratives and norms. Speech disorders, for instance, affect individuals worldwide and influence their ability to communicate, impacting daily life experiences. Understanding speech disability requires moving beyond a medical approach to include cultural narratives, family dynamics, and structural influences. Drawing on medical anthropology and disability studies, this research explores how speech disorders are shaped by social views, stigma, and cultural values. Many people hold spiritual or cultural beliefs that prevent access to proper treatment, while stigma, shame, and discrimination often lead to psychological problems such as anxiety, depression, and poor academic or professional performance. Therapists are therefore encouraged to adopt culturally sensitive practices, use local languages, and respect patient beliefs to strengthen relationships (Ndung'u & Kinyua, 2009).

Culture plays a vital role in shaping identity and determining who is accepted or excluded. Individuals with speech disorders often fail to meet societal expectations, which results in isolation and marginalisation. The **cultural model of disability** emphasises that disability should not be understood solely as a biological issue but as a condition influenced by cultural values and social attitudes. Unlike the earlier medical model, which saw disability as a personal problem, or the social model, which emphasised societal barriers, the cultural model

recognises disability as a product of cultural beliefs and institutions. It views disability holistically, highlighting how values, traditions, and institutions shape perceptions of what is "normal" or "abnormal" (Waldschmidt, 2018; Twardowski, 2022). Scholars such as Foucault, Derrida, Devlieger, and Murphy further argue that disability is constructed through cultural interpretation rather than being purely medical (Devlieger, 2005).

In Pakistan, cultural values significantly influence perceptions of speech disability, yet most research focuses only on medical treatment rather than lived experiences. Negative attitudes such as stigma, exclusion, and discrimination limit opportunities in education, employment, and social life (United Nations, n.d.; Ibrahim, 2024). To address this gap, fieldwork was conducted at the Speech Therapy Club and Intervention Centre for Learning Disabilities (STCICLD), which provides therapy, skill development, and family engagement. This setting highlighted how cultural beliefs shape the identities of individuals with speech disorders and how stigma emerges from community norms. Anthropological perspectives reveal that societies construct divisions between "natural" and "cultural" aspects of life (Wagner, cited in Pérez, 2022). In Western contexts, the body is viewed as natural and fixed, while culture is flexible, but in other societies, even the body is seen as adaptable. Foucault's concept of biopower also explains how medical and educational systems impose standards of normality, creating further marginalisation for those who do not fit these norms (Pérez, 2022).

Thus, the cultural model of disability helps explain how speech disorders in Pakistan are shaped more by cultural beliefs than medical realities. These beliefs often frame disability as personal weakness, reinforcing exclusion. To create change, society must move toward awareness, acceptance, and culturally informed policies that reduce stigma and support inclusion.

Methodology

Speech disorders affect how a person feels, interacts socially, and manages daily life. Conditions like Down syndrome, autism, and schizophrenia, which usually start in childhood, are often connected with speech problems such as difficulty with sounds, fear of speaking, or trouble making sentences. Studies show that more than half of people with learning disabilities also face some type of speech disorder, which makes early treatment and support very important for their communication and development (Barua & Borgohain, 2022). This study used in-depth and open-ended interviews to document people's experiences in their own words. These methods helped participants share challenges such as social stigma, financial pressure, and weak institutional support (Politz, 2024).

The research took place at the Speech Therapy Club and Intervention Centre for Learning Disabilities (STCICLD) in Korang Town, Islamabad, which focuses on helping children with speech and learning problems. Before the main research, a 15-day pilot study was done to test the interview guide and tools, making sure questions were reliable and not repetitive. The fieldwork relied on building trust with participants. A key method in anthropology since the time of Malinowski, Participant observation was also central to the study. I attended therapy sessions, assisted staff, and recorded behaviours in both short notes and detailed field notes. I observed different practices, including Ekko-therapy, behavioural therapy, academic tasks, and physical therapies like deep pressure and oil massage, all designed to improve speech and emotional control. Interviews were held in both English and Urdu so that participants could speak comfortably and avoid miscommunication. Korang Town, in Islamabad, is home to both middle-class and upper-class families, creating a socially diverse setting. This mix of backgrounds provided a wide range of perspectives, making the findings stronger. The research in this area showed how social norms, cultural values, and institutional

structures influence the daily lives and experiences of people with speech disorders and their families. Among the participants, seven (7) individuals with speech disorders were interviewed, of whom four were males and three were females, sharing their personal experiences of living with speech challenges. In addition, six (6) parents or caregivers, including four females and two males, provided insights into the role of families in managing speech disorders. To understand professional perspectives on treatment methods and institutional challenges, eight (8) female staff members from the institute where fieldwork was conducted were interviewed. Lastly, from the broader community perspective, five (5) members, including three males and two females, were consulted to explore social attitudes and perceptions toward speech disorders.

Discussion and Analysis

This section analyses the findings and compares them with existing research. According to Dunton (2021), the discussion chapter explains results, their meaning, and possible future directions. Literature highlights that in Pakistan, cultural beliefs often shape how speech disorders are understood, with many attributing them to supernatural causes, which delays professional support (Zulfiqar et al., 2019). My research confirms this by showing that such cultural views increase stigma, exclusion, and negative attitudes, which affect the emotional well-being of individuals with speech disorders. It also reveals institutional gaps, including weak professional training, limited therapy services, and insufficient policy implementation. Families and caregivers experience stress and stigma while managing these challenges. Overall, the findings show the urgent need for stronger awareness, institutional support, and inclusive policies.

Cultural Perspectives on Speech Disorders

Cultural beliefs often shape how disability is understood in different societies. In some contexts, disability is seen as punishment, shame, or even the result of magic, while in others it is considered a blessing (Miles, 2002; Ingstad & Whyte, 1995). For example, in parts of Africa, children with disabilities are often hidden due to stigma, while in China, disability has historically been linked with ideas of family dishonour (Groce, 1999; Kohrman, 2005). Such perceptions contribute to exclusion and delayed treatment. Although international frameworks like the UNCRPD promote equal rights, stereotypes remain widespread (United Nations, 2006).

One of my respondents, Hassan, who was a BBA graduate but currently unemployed, suffered from a speech disorder. He said that,

My mother does not allow me to sit in family gatherings, which makes me uncomfortable. After three daughters, I was the first son, yet everyone says some relatives did black magic on me out of jealousy. My mother took me to spiritual healers, but now I am tired and ashamed to go again.

The explanatory model highlights how cultural and personal beliefs shape the way illness is understood, its causes, and its treatment. Kleinman (1980) explains that families often frame illness through cultural perspectives, which can lead to delays in seeking biomedical solutions, as seen in Pakistan, where spiritual interventions are often prioritised over clinical care. A study in Lahore with 200 children aged 2–16 suffering from speech and language disorders found a higher prevalence in males, linked mainly to socioeconomic status and family history, while bilingualism showed no significant impact. These findings show that speech disorders are not only medical but also deeply influenced by cultural beliefs (Dinos et al., 2017).

Religion plays a significant role in shaping perceptions of speech disorders. Many families view speech difficulties as a test from God or as a sign of weak faith. In interviews, parents

expressed that they encouraged children to read Quranic verses or seek blessings from religious figures. One of my respondents, Nazia, who is 38 years old, a teacher by profession, whose child suffers from a speech disorder, said that.

We took him to the imam for spiritual healing and asked him to recite Surah Fatiha daily. We believed this was a test from Allah.

Parenting styles are shaped by cultural beliefs, and families play a crucial role in children's development, including education, health, and behaviour. For individuals with speech disorders, families provide emotional support, adopt new parenting strategies, and build strong relationships that promote growth. Involving caregivers in therapy can accelerate progress, similar to Head Start programs that use stories and videos to help staff understand cultural differences and support families (Head Start, 2025). Meanwhile, community attitudes often reinforce exclusion, as individuals with speech disorders may be mocked, pitied, or ignored, creating social isolation and fear of judgment.

Another respondent, Umar, whose age is 30. He is a general store owner. He suffered from a speech disorder, said that.

When I was called to read aloud in class, the other children would laugh. So, I stopped reading altogether.

This isolation not only affects educational opportunities but also limits access to employment and community participation. According to WHO (2011), stigma and discrimination are major barriers that prevent people with disabilities from participating fully in society. In Pakistan, where clear and confident speech is often associated with intelligence and capability, those with speech disorders are frequently underestimated and overlooked in professional settings. In Pakistan, cultural beliefs often cause shame and denial around speech disorders, preventing families from seeking help or peer support. Families play a central role in care, but limited awareness, societal pressure, and reliance on spiritual practices delay intervention (Baig, 2018; Karim & Rauf, 2020; Milani et al., 2010). In contrast, countries like the UK and Canada provide early screening and school-based support, reducing stigma (Law et al., 2017). Anthropology helps study disability holistically, considering cultural, social, and institutional influences. Participatory approaches like PAR emphasise including disabled individuals' voices to create inclusive policies and culturally sensitive support systems, highlighting the need for awareness, active participation, and integrated interventions to improve the lives of people with speech disorders.

Stereotypes happen when people make assumptions about others based on limited knowledge or fixed ideas, often influenced by cultural norms. These assumptions can cause inequality, bias, and social exclusion (Lee, 2025). In Pakistan, speech disorders are often seen not as medical conditions but as signs of weakness, affecting both the individual and their family. Cultural beliefs, social expectations, and gender norms create stigma, leading to exclusion, lower confidence, and limited opportunities for education and work (Grinker, 2020; Haft et al., 2022). Early diagnosis and treatment of speech disorders, which include issues like stuttering, speech sound disorders, and voice problems, can help individuals improve communication and participate more fully in society (Rosenbaum et al., 2016). Anthropology helps us understand how these cultural attitudes form and suggests ways to build supportive systems that reduce stigma.

One of my respondents, Sara, is 22 years old. She is a housewife who suffers from speech sound disorders. She shared her story about how societal stigmas influence her life. Cultural Narratives Related to Speech Disabilities. According to her, at the start, due to my speech issues, relatives often said that no one would marry me, so I started to avoid social gatherings.

But now I am married, and they start saying that my speech issue will be passed on to my children.

Goffman's (1963) theory of stigma explains that visible differences, like speech difficulties, often lead to negative labelling and lower social value. In many communities, parents of children with speech disorders are blamed, and children face misunderstanding and exclusion. This stigma causes shame, sadness, and low self-confidence, making children avoid social gatherings and experience psychological stress (De Simoni et al., 2019). John Ablon, a medical anthropologist, highlighted that cultural attitudes toward disability can be more challenging than the disability itself, and understanding the lived experiences of disabled individuals is crucial for better research and support (Shuttleworth, 2004). A 2024 study in the US with 1,000 participants with speech and learning disabilities found that 65% felt stigmatised and excluded, and 88% had speech and language disorders. Many did not see their condition as a problem needing treatment but wanted more public awareness to reduce stigma and create safe spaces for social participation (ASHA, 2024).

One of my respondents, Nazish, is 29 years old and a clinical pathologist by profession at STCICLD said that

Instantly labelling someone as 'dumb' or 'lazy' because of their difficulty in speaking fluently reflects a high level of illiteracy. If society starts to understand and listen to them instead of passing comments on them, half of the damage will not occur.

In Pakistan, stigma around speech disorders is deeply tied to cultural beliefs about strength, family honour, and competence, which limit education, marriage, and career opportunities, especially for women. Women with speech issues often face anxiety, social blame, and depression, affecting their confidence, relationships, and academic performance (Ramzan et al., 2022). Access to treatment is also shaped by socioeconomic status: wealthy families can afford private clinics, while lower-middle-class families struggle due to costs and fear of stigma (Abbasi et al., 2025). Common stereotypes, such as blaming poor parenting, laziness, or spiritual failings, treat speech disorders as moral or personal failings rather than medical conditions. These beliefs delay or prevent treatment, as families fear social judgment. Some even think a child with a speech disability brings bad luck, impacting siblings' future opportunities. These culturally constructed beliefs highlight the urgent need for awareness campaigns and culturally sensitive approaches to support individuals and families affected by speech disorders in Pakistan.

Mental health conditions like stress, anxiety, and depression vary across cultures, and cultural beliefs shape how people perceive and respond to these issues (Escobar, 2016). Speech disorders in Pakistan not only affect communication but also cause significant emotional and psychological challenges, including anxiety, depression, social withdrawal, and low self-esteem. Stigma and limited support worsen these effects, though many individuals and families show resilience in coping with barriers. Research shows that 81% of children with emotional or behavioural difficulties also face speech challenges. Psychological therapies often rely on verbal communication, which can be hard for individuals with speech disorders. When therapists provide attention, respect, and space to express themselves, it helps reduce anxiety and emotional strain (Speech and Language UK, 2024).

One of my respondents, Usman who is 27 years old. He did his masters in Fine Arts, but currently unemployed said that

I am educated, but being unemployed often makes me feel frustrated and affects my mental well-being, even though, thank God, I am physically healthy. I believe that individuals with

speech difficulties experience even greater psychological challenges because their ability to communicate is limited.

Psychological issues such as stress, trauma, and depression can contribute to psychogenic speech disorders, which include difficulties in speaking, stuttering, and voice changes. Early diagnosis and treatment are crucial, as ignoring these issues can worsen the condition. Consulting speech-language pathologists (SLPs) and seeking support for mental health can help individuals manage and improve their communication skills, as psychogenic speech disorders are both legitimate and treatable (Hegland, 2015).

Observations indicate a strong two-way link: psychological problems can affect speech, and speech disorders can trigger psychological issues due to cultural beliefs and societal pressures. Children with speech disorders are particularly vulnerable to anxiety, depression, and stress; in the UK, about half of these children receiving mental health services also face serious speech challenges. Early detection at home and school, along with creative therapy activities like painting, can enhance treatment outcomes (Speech and Language UK, 2023; McGough, 2025). Individuals with both speech disorders and mental health issues require support from speech-language pathologists and mental health professionals. These conditions often occur together, making it difficult to determine which treatment to prioritize (Hancock et al., 2022). Traditional talking therapies can be challenging for such individuals, so treatments should focus on both emotional and communication skills. During my fieldwork at STCICLD, I observed that children engaged in continuous speech therapy sometimes became frustrated or aggressive, so activities like gym exercises, painting, and academic sessions were included to keep them active and balanced.

Anthropology contributes to mental health care by considering culture, community, and personal experiences rather than only medical symptoms. Different cultures have unique beliefs about mental illness, and anthropologists suggest culturally sensitive approaches rather than applying Western methods directly (Li, 2024). The biopsychosocial model explains that biological factors (like brain areas or genetics), psychological factors (stress, anxiety, depression), and social factors (stigma, exclusion, bullying) all influence speech disorders, highlighting the need for holistic treatment (Jaishankar et al., 2025). While past psychiatric research often used quantitative methods that ignored cultural factors, anthropological approaches use qualitative methods like interviews, observations, and storytelling to better understand the social and cultural influences on mental health (Alexander et al., 2022).

One of my respondents, Sana, who is 36 years old and is an academic teacher at STCICLD, shared her thoughts on psychological issues. According to her,

People with speech disorders are often called slow or rude because they speak slowly or struggle to express themselves. This harms their mental health, as they understand everything but cannot respond quickly, and others judge them instead of understanding.

Through my research, I found that speech disability in Pakistan is not just a medical issue but is closely linked to cultural beliefs. Most parents, especially mothers, noted that the impact of speech disorders does not differ much between genders. However, men may face more challenges because Pakistani society expects them to be strong and have good communication skills. To interpret the interviews and experiences of individuals with speech disorders, I applied the cultural model of disability, which highlights that a purely medical perspective is insufficient; both cultural and medical viewpoints are essential. Most respondents also stated that the government and institutions fail to provide adequate support, highlighting the urgent need for culturally sensitive policies and therapies.

Support System for Speech Disorders

Attitudes of avoidance, stereotyping, and judgment deeply rooted in cultural, social, and even legal systems create significant barriers for individuals with speech disorders. In contrast, supportive and sensible behaviour fosters faster progress, better learning, and easier access to resources. To enhance support, there is a need for cultural transformation, awareness campaigns, and policies that reflect the voices of those affected. The goal is to normalise speech disorders rather than treating them as flaws or stigmas. Speech disability is shaped not only by medical conditions but also by social and cultural contexts, which limit interaction and access to resources (Broomfield & Barbara, 2004). Professionals must be culturally aware, flexible, and trained to recognise linguistic diversity, as this strengthens therapy and trust with families (Sarah Masso, 2025). Institutions must involve students, families, therapists, and teachers in building support systems, while innovative and culturally sensitive approaches are more effective than rigid medical models (Gallagher et al., 2019).

Globally, examples show the need for local solutions. In China, around 13 million people have speech disorders; researchers developed *CoPracTter*, a culturally adapted online tool that provides assistance and feedback (Feng et al., 2023). In Pakistan, therapies often rely on cards, pictures, and blocks, especially for autism cases, but there is a shortage of trained professionals and culturally relevant methods (Pasha et al., 2021). Unlike China, Pakistan largely depends on international support, such as the U.S.-backed establishment of its first speech disorder institute in Lahore. The research suggests that Pakistan must move towards self-sufficient, culturally grounded practices to better address the needs of individuals with speech disabilities.

Society often blames specific groups for broader issues, while culture remains deeply rooted in people's lives. Transforming cultural perspectives is challenging, but media, personal struggles, and shifting comparisons with others or the past can drive change. People imagine a healthier, more just society, but achieving this requires rethinking cultural patterns (Bojanić et al., 2022).

For individuals with disabilities, daily life is harder than for those without impairments. In many societies, disability is still seen as shameful, despite cultural progress. To build an inclusive society, mindsets must shift toward acceptance and diversity. Changing cultural perspectives can create communities where individuals with disabilities live freely, without stigma or unfair treatment.

One of my respondents, Ms Saima, who is 33 years old, a housewife and the mother of a girl diagnosed with a severe stammer, said that

The society said that my daughter is unlucky, she has never married and has become a burden for their parents ' lifetime.

In the 7th and 8th centuries, Irish society held positive views about speech disorders, showing respect and cultural protection for affected individuals. This reflects that acceptance existed in the past. However, with social development, attitudes shifted toward seeing speech disorders as problems that must be "fixed," focusing mainly on medical explanations while neglecting cultural influences. Later research highlighted how cultural beliefs shape speech disability, leading the World Health Organisation's *International Classification of Functioning, Disability and Health (ICF)* to promote socio-cultural perspectives that consider individuals' participation in daily life (Leahy, 2005). A cross-cultural study comparing students from the UK, Arab, and Chinese backgrounds found that Arab and Chinese students held harsher views about speech disabilities, reflecting their cultural beliefs. In contrast, UK students showed more acceptance, shaped by a culture that encourages inclusivity. The study suggests that harmful cultural beliefs must be challenged through awareness campaigns and education in

schools and homes to build a more accepting society (Üstün-Yavuz et al., 2021). Both interviews and literature highlight that changing cultural perspectives is possible, though gradual, if institutions and communities work together. As Mezirow (1978) notes, when culture allows individuals to think freely and critically, positive changes in attitudes can emerge.

One of my respondents, Ayesha, who is 25 years old and a housewife, suffers from a speech disorder. According to her,

My family said no one would marry me because of my speech problem. But now I am married with two children, and my husband fully supports me. This shift has made me feel respected and confident.

Because of the negative cultural perceptions of speech disorders in Pakistan, many people choose to conceal their condition to avoid stigma and shame. Nonetheless, my observations, as well as those of the literature and interviewees, indicate that policymakers, therapists, and community members can work together to raise awareness, educate the public, and alter perceptions. Positive change is achievable, as evidenced by the encouraging fact that some families are starting to acknowledge speech disorders as a real problem and are supporting therapies.

The concept of the *'ideal type'*, introduced by Max Weber, refers to a flawless working model, such as a government policy or office. However, in practice, these models rarely function as documented, creating *institutional gaps* that reveal areas of failure. Anthropology contributes by recognising these gaps, as it prioritises real-life experiences over purely theoretical accounts (De Sardan, 2016). To analyse such failures, the *Inter-Institutional Gap Framework* is used, which examines both formal and informal rules to identify where institutions fall short. Examples from Bangladesh, South Korea, Canada, and India highlight how gaps emerge when formal and informal institutions fail to align. In Bangladesh, for instance, conflicting rules for forest management between formal and informal systems create disputes and institutional weaknesses (Rahman et al., 2017). In Pakistan, institutional dysfunction has been a persistent challenge since independence, affecting education, health, the economy, family, religion, and governance. Despite having skilled citizens and abundant resources, these institutional gaps prevent the country from realising its full potential (Rizvi, 2015).

Lack of adequate research, where policies are drafted as ideal documents without taking societal beliefs and cultural realities into account, is one of the main causes of institutional gaps. These disparities are widened even more by a lack of departmental coordination. Effective checks and balances are necessary to overcome this and guarantee that policies are not only drafted but also carried out in real-world situations. This is doable; other provinces can follow suit if Punjab can.

The number of disabilities is rising due to longer life expectancies and persistent conditions such as depression, Down syndrome, and cerebral palsy. Globally, 1.3 billion people, about 16% of the population, live with significant disabilities (WHO, 2020). Institutional gaps in education, government, and workplaces caused by weak policies, poor implementation, and unfair rules further limit opportunities for disabled individuals (Innovosource, 2024). Disability is now recognised as part of human diversity, and global frameworks like the UNCRPD and ADA aim to protect rights and improve the quality of life. Yet challenges remain, such as limited resources, lack of education, and cultural stigma (Lee, 2025). In the US, the American Speech-Language-Hearing Association (ASHA) provides clear guidelines for speech therapy services to ensure access and protection (ASHA, 2015). In contrast, Pakistan does not officially recognise speech disorders as a disability, leaving them absent from the NADRA

disability list. Weak research, cultural stigma, and policy gaps worsen the situation (Malik et al., 2023). There is an urgent need for specific policies that ensure early treatment, affordable therapy, and job opportunities.

Other countries offer useful lessons. For example, the UK's NHS 10-Year Plan supports 1.9 million people with speech disorders through early diagnosis tools like the Progress Checker and ELIM. However, shortages of therapists and weak coordination remain challenges (Gilbert-Smith, 2024). Similarly, research in Pakistan highlights the need for a strong national framework to address stigma, expand affordable therapies, and provide qualified therapists, especially for lower-middle-class families (Mumtaz, Babur, & Saqulain, 2021).

One of my respondents, Zohaib, who is 27 years old, did his graduation in computer science and has suffered from slight speech issues, said that.

As far as I'm aware, Pakistan has no national policy that addresses speech disorders specifically. I am only aware of a few private institutions that address this problem, but they are frequently out of reach for the average person.

In 1981, a law was passed in Pakistan requiring businesses to hire at least 2% disabled workers to protect the rights of individuals with disabilities. Although the rights of disabled individuals are still not fully protected, organisations like the National and Provincial Councils for the Rehabilitation of Disabled Persons have made some efforts to support their employment and well-being. Later, the Disability Rights Act of 2022 built a stronger legal framework to safeguard the rights of disabled individuals. However, challenges remain because cultural beliefs often link disability to a curse or bad spirit, and workplaces lack proper checks and balances. These cultural views make life especially difficult for disabled women, restricting their opportunities in education, marriage, and professional life (Disability: IN, 2024). Pakistan began paying attention to disability in the early 1980s after the United Nations declared 1981 the International Year of Disabled Persons. Following this, both government institutions and the private sector began funding programs to support disabled individuals due to international attention. In 2002, Pakistan introduced its first *National Policy for Persons with Disabilities*, led by retired Justice Amar Raza. This policy aimed to promote diversity by ensuring access to education, employment opportunities, and rehabilitation centres. It included categories such as physically handicapped, mentally handicapped, visually impaired, and hearing impaired individuals, but speech disorders were not officially recognised as a disability (Government of Pakistan, 2002).

The main gap lies not in making policies but in implementing them. Pakistan has several policies in place, such as the *Disabled Persons (Employment & Rehabilitation) Ordinance* (1981), the *National Policy for Persons with Disabilities* (2002), and the *Special Citizens Acts* of 2008 and 2009. However, there is no authentic system at either the national or local level to monitor whether institutions follow these policies or whether they are effective for disabled individuals. While general disability laws exist, no specific policy addresses speech disorders, leaving individuals with speech impairments and their caregivers unsupported (Gul, 2020).

This shows Pakistan's weak performance in addressing the needs of disabled individuals. The lack of research, insufficient awareness, and cultural stigma surrounding speech disorders prevent them from being recognised as a disability. The cultural model of disability highlights how dominant cultural norms, values, and beliefs shape the definition of disability. In Pakistan, speech disorders are often linked with shame, stigma, and supernatural powers, making them invisible in formal disability policies.

One of my respondents, Shazia, a 35-year-old working in the private sector, shared her opinions on policy. According to her,

I've never heard of any government policy or appropriate assistance for speech disorders. Most often, they believe the child will outgrow it or blame the parents for it. The government and society completely ignore the problem. If it is not appropriately addressed now, it will have major repercussions in the future.

These links are shaped by cultural norms, beliefs, and values. Because of these cultural attitudes and the lack of awareness, there is no proper policy framework for speech disorders in Pakistan. This absence makes life more challenging for individuals living with speech impairments. On 22nd September 2020, the *ICT Rights of Persons with Disabilities Act, 2020* was introduced by Pakistan's Parliament and approved by the President. This law was presented to align Pakistan's disability framework with international agreements made through the United Nations. Its goal is to protect rights, ensure dignity, and promote social acceptance for disabled individuals. However, speech disorders and speech therapy services are not specifically mentioned in the Act, and interventions such as speech-language therapy are not covered under its scope (Asian Development Bank, 2020).

The *Speech and Hearing Association of Pakistan (SHAP)*, established in 2000, is the only organisation at the national level representing speech disorders. It is a non-profit organisation working to support the fields of speech therapy and audiology. Its main goals are to raise awareness about speech disorders in society, ensure that its members are professionally qualified with four-year degrees, and organise seminars to promote knowledge about speech disorders (SHAP, n.d.).

Despite these efforts, there are very few speech-language pathologists in the public sector, no national early screening programs, and little integration of speech therapy services into public schools. Most therapy is provided either by NGOs with limited outreach or private clinics, which remain inaccessible to low-income families. The absence of speech disorders in national disability policies is not accidental; it is the result of a lack of awareness and deep-rooted cultural attitudes that prevent speech disorders from being recognised as a legitimate disability category.

Conclusion

By moving the emphasis from purely medical viewpoints to social and cultural contexts, the primary goal of this study is to investigate how cultural narratives influence the lives of people with speech impairments in Pakistan. The study demonstrates that in addition to being medical disorders, speech impairments are also impacted by social attitudes, cultural beliefs, and a lack of institutional support. People experience loneliness, anxiety, and depression as a result of stigma, exclusion, and blame. While adults encounter difficulties in the workplace, with women facing additional obstacles related to marriage, education, and caregiving responsibilities, children from low- and middle-income families also face peer exclusion and difficulty accessing treatment. Due to a lack of knowledge and the high expense of treatment, families frequently conceal these disabilities or turn to spiritual and cultural cures, such as verses from the Quran or customs. As a reflection of the wider societal impact, caregivers also face financial and mental health challenges. Pakistan has laws such as the ICT Rights of Persons with Disabilities Act (2020) and the 2002 National Policy for Persons with Disabilities, but they are not well implemented, and there are no special provisions for speech disorders. The study emphasises the necessity of awareness campaigns, culturally sensitive policies, and cooperation between NGOs, families, therapists, and educational institutions. Positive examples include the creation of special education schools and the support of medical treatments by families. By including the perspectives of people with speech disorders, their

caregivers, community members, and institutional staff, the study offers a more complex understanding of the difficulties, cultural beliefs, and possible inclusion and support strategies.

This study clearly demonstrates age and gender-based trends. In addition to describing speech problems as affecting their confidence in professional settings and job interviews, the majority of male participants reported experiencing peer bullying during their school years. The social obstacles that female participants highlighted included challenges in getting married and extra household stress when raising children with speech impairments. Compared to older generations, who frequently prioritised spiritual or traditional remedies first, younger parents were generally more receptive to seeking speech therapy. While some respondents cited financial burden as the primary obstacle to timely treatment, the majority of respondents pointed to a lack of awareness. The lack of early screening programs in public schools, which results in delayed intervention, was emphasised by educators and therapists.

I have come to understand that focusing solely on medical care is insufficient to address speech impairments in Pakistan. They are closely related to gender expectations, economic realities, family decision-making, and cultural attitudes. This knowledge highlights how crucial it is to approach speech disorders from an anthropological and biosocial standpoint, taking into account both biological factors and social structures and cultural beliefs. Future studies should examine rural communities' experiences, assess the results of awareness campaigns, and suggest locally applicable policy frameworks that take cultural considerations into account.

Although there is potential for improvement, speech impairments in Pakistan are still not well understood or adequately supported. A more inclusive society can be achieved through increased awareness, early intervention, and culturally sensitive policies, guaranteeing that people with speech disorders can participate in social activities, employment, and education without facing discrimination.

Implications of the Study

The research underscores important steps when utilising the findings:

i.   Awareness campaigns are necessary to combat misconceptions that are stigmatising and negative about speech disorders. They should be tailored to the community and aim to enhance understanding and acceptance.

ii. NGOs, policy makers and educational centres need to work together to facilitate access to speech therapy, address therapy policies, and ensure the policies are properly implemented.

iii. Community support systems should be strengthened to give emotional support, help relieve tension, and enhance the quality of life of persons with speech disorders and their caregivers.

Limitations of the Study

There were few participants in this study, all of whom came from the same region of Pakistan, which may not be representative of all persons with speech disorders.

I.   The research is largely about the narratives of culture and family. It overlooks the medical components of speech therapy, which are equally important.

II. The conclusions are not absolutely universal because cultural beliefs, support systems and social contexts are different in every region.

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