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Enhancing Awareness and Reducing Stigmatization Among Parents of Children with Speech Disorders: A Case Study in Kasur, Pakistan

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Abstract

Objective: The study aimed to enhance awareness, reduce stigmatization, and improve parental perspectives toward speech disorders among children in Kasur, Pakistan. It focused on identifying knowledge gaps, designing culturally sensitive interventions, and evaluating their effectiveness. **Method:** An action research approach was adopted, involving 23 parents of children with speech disorders. Pre- and post-intervention data were collected using validated tools, including the Knowledge Assessment Scale (KAS), Social Stigma Scale (SSS), and Attitudinal Scale (AS). The intervention comprised educational workshops, stigma reduction strategies, and empowerment activities. **Findings:** Before the intervention, 24% of participants exhibited high awareness, 88% experienced medium stigmatization, and 24% had high positive perspectives. Post-intervention results showed significant improvements: high awareness increased to 70%, medium stigmatization decreased to 61%, and high perspectives improved to 57%. Despite these advancements, medium and high stigmatization persisted, indicating the need for sustained efforts.

Conclusion: The intervention effectively addressed key gaps in awareness and perspectives, demonstrating the value of community-driven, culturally sensitive programs. However, the persistence of stigma underscores the importance of long-term engagement to challenge societal barriers and misconceptions. These findings highlight actionable pathways to support children with speech disorders and their families in similar socio-cultural contexts.

Key Terms: Speech disorders, parental awareness, stigma reduction, community intervention, Kasur, Pakistan, child development.

Introduction

Speech disorders are defined by an impairment in the ability to produce typical speech patterns. Speech is the vocal expression of language and is deemed abnormal in three fundamental aspects. These disorders include voice disorders refer to abnormalities in pitch, volume, vocal quality, resonance, or duration of sounds, articulation disorders refer to problems producing speech sounds and fluency disorders refers to impairment in the normal rate or rhythm of speech, such as stuttering (Ghiya, 2022). Speech is generated through the intricate coordination of respiration and movements of the larynx, velopharynx, and articulators. Speech disorders occur when there is disruption in the neuromotor coordination of respiration, laryngeal, and articulatory functions (Sharp & Hillenbrand, 2008). According to Hitchcock et al., (2015) children experience social, emotional, and academic challenges in connection with speech sound disorder. Another study conducted by McCabe and Meller, (2004) concluded that speech language impairment (SLI) group evidenced several delayed competencies, including self-control, assertiveness and sociability, emotional knowledge understanding, and semantic processing of contextually meaningful information. A child with speech or language impairments may face challenges in acquiring and developing socially competent behaviours.

Parents can favourably impact their child's growth. This is feasible only when parents recognize their child's distinct developmental requirements and trends. Pallavi and Waknis stated that parents of children with hearing impairment aged 0 to 5 years possess a moderate level of awareness of speech and language developmental milestones. Parents should possess fundamental understanding of baby and child developmental milestones and expectations, along with effective parenting practices that promote children's achievement of these milestones, to optimize child development. This is very significant, particularly for parents of children with developmental disabilities Pallavi and Waknis (2021). A further study provided evidence that communication difficulties in children are stigmatizing markers, and that parents of children with speech-language disorders frequently report negative labelling of their kid. Parents observe stigmatizing views not just among other children and adults but also within their own family members (Macharey & von Suchodoletz, 2008).

The survey conducted in Lahore revealed that around half of the participants believed that society lacks awareness of this career, as lower-class individuals in Pakistan are generally uninformed about the healthcare system and its services. They persist in the belief that whether their child experiences delayed speech and language, stuttering, or swallowing difficulties, children will develop normally as they mature, it indicates a lack of information regarding these issues. Educated individuals possess much awareness and knowledge concerning these challenges. A limited number of educated individuals are likewise constrained by cultural biases and fail to recognize that they are heading in the wrong way. In Pakistan, individuals were reluctant to acknowledge potential challenges or disorders in their children, necessitating counselling to raise awareness among the general community that these concerns may be treated (Raheem et al., 2021).

Kasur, a district in Punjab, Pakistan, exemplifies similar issues, as socioeconomic constraints and cultural stigmas intensify the issue. Kasur has a population of

roughly 3.5 million, with 77.1% living in rural regions. Females constitute 47.64% of the population, although rural female literacy is notably low at 32.7%, in contrast to 55.2% for males. Over fifty percent of the female demographic of Kasur lacks access to schooling, and numerous individuals are wed at a young age with the anticipation of commencing a family. These young ladies are illiterate in their spoken language (Anam, 2014). In this situation, parents' understanding of speech problems in children is shaped by entrenched cultural and religious beliefs. The stigma surrounding these disorders frequently results in postponed intervention or complete avoidance of treatment, hence impeding children's developmental advancement.

Statement of the Problem

Speech anomalies' severe implications on children's communication, learning, and social integration make them a global concern that requires immediate attention. Pakistani families with speech-impaired children face stigma that prevents early diagnosis, treatment, and support. Many parents cannot meet their children's requirements because they are unaware of the problem's severity or lack the means. The parents of Kasur children with speech problems are the focus of this project to raise awareness and reduce stigma.

Research Objectives

Baseline Objective: The primary aim of this action research project was to investigate and record parental viewpoints regarding the awareness and stigmatization of speech impairments in children in Kasur. This entails

1. To assess the current knowledge of parents in Kasur on speech disorders in children, including their etiology, manifestations, and possible therapeutic options.
2. To evaluate the degree of stigmatization among parents in Kasur regarding speech problems in children.

3. To ascertain parental attitudes in Kasur concerning speech abnormalities in children.

The project seeks to generate baseline insights to serve as a platform for creating targeted awareness campaigns that address knowledge deficiencies, mitigate stigma, and empower parents to properly support their children's speech and language development.

Action Plan Objectives: Informed by the preliminary findings, the study establishes the following attainable objectives to address the highlighted issues:

1. Develop and implement focused informational programs to address knowledge deficiencies and misconceptions regarding speech disorders within the community.
2. To devise and assess initiatives aimed at alleviating the social and cultural stigma associated with speech disorders in Kasur.
3. To devise strategies that equip parents with the skills and knowledge necessary to alter their perceptions of children with speech disorders and advocate for their needs.
4. To measure the effectiveness of the awareness campaign in improving parental knowledge, reducing stigmatizing attitudes, and changing parents' negative perspectives towards speech disorders.

These objectives will raise awareness, diminish stigma, and foster a supportive environment for children with speech difficulties in Kasur.

Literature Review

Theoretical Framework

The study's theoretical framework is based on multiple important principles, and it aims to increase awareness and decrease stigmatization among parents of children with speech impairments in Kasur, Pakistan. Disability, according to the Social Model of Disability (Oliver, 1990), is not caused by physical or mental problems but by structural restrictions in society. This paradigm elucidates how

societal attitudes and ignorance exacerbate the difficulties encountered by children with speech problems and their families, specifically in the context of speech disorders in Kasur (Shaukat, 2023). Goffman's stigma theory offers a framework for analysing the social stigma linked to speech problems (Goffman, 2009). As this theory explains, stigmatization of people with speech impairments impacts not just them but also their loved ones, especially in a small town like Kasur where everyone knows each other well (Rana, Kausar, & Khan, 2021). According to Bronfenbrenner's ecological systems theory, which he developed in 1986, it is crucial to view a child's growth and development in the perspective of the web of interdependencies that makes up their immediate surroundings.

Becker (1974) proposed the Health Belief Model to explain why parents seek medical treatment for their children's speech problems based on their own beliefs about the severity of the problem and the expected advantages of remediation. Theory of Planned Behaviour (TPB) explains how one's beliefs, social environment, and self-perception affect subsequent behaviours. It comprises three essential elements: attitude toward the behaviour, indicating an individual's assessment of executing the behaviour; subjective norms, pertaining to perceived social pressure; and perceived behavioural control, denoting a person's conviction in their capacity to perform the behaviour. Parents of children with speech difficulties who maintain positive attitudes about obtaining assistance might improve their awareness of symptoms and treatment alternatives. Furthermore, subjective norms might affect stigmatization; if parents perceive their community as stigmatizing speech impairments, they may be reluctant to get aid. In contrast, positive community attitudes can motivate parents to seek assistance (Ajzen, 1991).

Awareness and Stigma in Pakistan: Research indicates that awareness about speech disorders and other developmental issues is often lacking in Pakistan, especially among lower-income populations. A study conducted in Lahore, which is geographically close to Kasur, found that about half of the participants' believed

society was not aware of speech and language therapy as a profession. Many people, particularly those from lower socioeconomic backgrounds, did not consider delayed speech, language, or stuttering as significant issues, believing that children would naturally outgrow these problems (Khan, 2024). In Pakistan, and specifically in areas like Kasur, stigma associated with disabilities, including speech disorders, remains pervasive. Societal stigma often prevents families from seeking help or integrating affected children into community and educational settings. People with a lack of empathy and awareness may stigmatize such children socially, with some viewing a disability as a "curse of God" (Shaukat, 2023).

Impact on Parents and Children: Research indicates that parents of children with speech-language problems frequently report negative labelling of their kid. In a particular study, around 50% of parents indicated that their child experienced unfavourable labelling, while around 30% believed they participated in the stigmatization process. This stigmatization extends beyond strangers or acquaintances; parents indicate encountering stigmatizing sentiments from other children, adults, and even their own family members (Macharey & Von Suchodoletz, 2008). The ramifications of stigma transcend societal perceptions.

There may be increased anxiety and depression among Pakistani parents whose children have speech problems. Researchers in Pakistan found that mothers had more despair and worry than fathers did, and that this was associated with how severe their child's disability was (Azeem et al., 2013).

Cultural Context in Kasur: In Kasur, like in many parts of Pakistan, long-standing religious and cultural beliefs influence parents' awareness of their children's speech impairments. Stigmatization of these conditions causes people to delay or refuse treatment, which further hinders children's developmental growth. Research on the financial difficulties faced by Kasur's families has revealed that many of them do not have access to basic healthcare or educational opportunities, leading to a lack of understanding and an increase in prejudice toward people with

disabilities. These gaps underscore the critical need of community-driven awareness campaigns that can tackle the widespread stigma and lack of knowledge. The literature makes it is obvious that places like Kasur require immediate action to raise awareness and implement intervention techniques. In various areas within Pakistan, societal attitudes about impairments have been effectively addressed through awareness campaigns. In order to empower parents in remote locations like Kasur to properly handle their children's speech impairments, customized interventions are crucial. Children in rural Pakistan who suffer from developmental problems face a significant stigma, but there are initiatives like FaNs for Kids that are working to change that. Programs like this help afflicted families become self-sufficient networks that can take care of their children and speak up for what they need from the community and healthcare system (Global Institute of Human Development, 2024).

Research Design

This study employs an action research approach to address real-world issues and effect change in local contexts. The four stages of an action research cycle are planning, acting, observing, and reflecting. This technique may be used to improve treatments in Kasur, Pakistan that educate parents of children with speech impairments and work towards eliminating stigmatization.

In the planning stage, we analysed the local context including socioeconomic variables, cultural views, and knowledge gaps about speech disorders to choose an area that needed improvement and to design an action plan. Parental surveys and focus groups were part of this process.

Awareness campaigns and targeted treatments were designed using this information. Educational seminars, such as "Educate about Causes, Symptoms, and Myths," were included among the planned treatments executed during the "acting" phase. By meticulously analysing participants' narratives, addressing their issues,

and providing them with tools, we may alleviate stigma and encourage them to seek assistance when needed.

To determine the efficacy of the treatments, data was gathered throughout the observational phase on the implementation and its results through post-evaluation. During the reflecting phase, we analysed the data thoroughly, assessed the interventions' efficacy, found ways to improve in the next cycle, and made suggestions on how to improve even more.

Study Setting

The province of Punjab, Pakistan, known as Kasur, was the site of the research. Kasur provides a one-of-a-kind setting for our study due to its distinct socioeconomic traits. The vast majority of the roughly 3.5 million individuals who call this area home live in rural areas. Families dealing with speech difficulties face significant challenges due to the disparity between rural and metropolitan educational and healthcare options. The low literacy rate, especially among rural women, is one of the several socioeconomic issues afflicting Kasur. Only 32.7 percent of rural women are literate, compared to 55.2 percent of males. Anam (2014) contends that this educational disparity significantly influences public perceptions and discussions around developmental anomalies, such as speech impairments.

The perception of individuals with disabilities, particularly those with speech impairments, is significantly shaped by the religious and cultural contexts of the local population. Families' perceptions and reactions to their children's speech impairments are often influenced by entrenched beliefs and cultural traditions, potentially resulting in delays in intervention or reluctance to get professional help.

Population & Sampling

The study's target group included parents residing in the Kasur area with children experiencing speech difficulties. A purposive sampling method was used to

guarantee a representative sample. This method facilitated the selection of volunteers who satisfied the specified criteria of the research goals. The study only included Kasur-based parents whose children had speech problems and gave their permission to take part in the research.

The group was made up of about 23 parents, and it was a good representation of the whole community in terms of income, educational success, and where people lived in the school area. This study used a sampling technique to capture a diverse array of perspectives and experiences about the obstacles encountered by parents of children with speech impairments in Kasur. Residents of Kasur and the government's specialized education and training institution for the hearing impaired were approached for recruitment.

Tool Development

Several types of tools were made and used in this study, including focus groups and interviews, to get complete and accurate data. The following tools were made to figure out how bad the problem was in Kasur. The conversation in the focus group and a thorough study of the literature led to the creation of these tools, which were then approved by experts in speech problems. All of the tools were turned into Urdu to make sure they were clear and fit with the culture. Several rounds of changes were made based on feedback from experts during the creation process. This step-by-step process made sure that the end tools were not only good from a science point of view, but also responsive to different cultures and easy for the target group to understand. For confirmation reasons, statistics were used to figure out how reliable the device was. A score of 0.708 on Cronbach's Alpha means that the internal stability is good.

Knowledge Assessment Scale (KAS): Measures how much parents know about speech problems, such as their signs, reasons, treatment choices, and how important it is to start early. A 5-point Likert scale called the Knowledge Assessment Scale (KAS) is used to measure this concept. It asks parents how much

they agree with comments about how well they understand and recognize speech problems.

Social Stigma Scale (SSS): Measures how much parents face or believe stigmatizing thoughts and feelings about speech problems. This includes public stigma (reported societal views), self-stigma (personal feelings of shame or embarrassment), and social avoidance. A 5-point Likert scale is used to measure this concept using the Social Stigma Index (SSI), which looks at how strong views about stigma are.

Attitudinal Scale (AS): Measures how parents feel, what they think, and what they expect when their child has a speech disorder. It includes how they feel about care, cultural factors, and the effects of the disorder on the community and society as a whole. An Attitudinal Scale (AS) with a 5-point Likert style is used to measure this concept. This gives researchers a lot of information about how parents think about and feel about speech problems.

Post intervention Tool: This was made with rating standards to see how well the awareness effort worked after the intervention. The scenario-based questions were made using the quantitative tools that were already made, and parents had to pick one answer from two options.

Post Evaluation Feed Back Form: Post Evaluation Feed Back Form was also developed to gather parents feedback about the campaign in Kasur.

Data Collection Procedures

Initial data was collected to establish the current level of awareness, stigma and parent perspectives about speech disorders by distributing Knowledge Assessment Scale (KAS), Social Stigma Scale (SSS) and Attitudinal Scale (AS). Scales were distributed personally after identifying the sample from Kasur. Pre and Post Intervention quantitative tool was administered before and after the awareness campaigns to assess changes in knowledge levels and attitudes towards speech disorders.

Ethical Considerations

Throughout the data collection process, strict ethical guidelines were followed to ensure participant confidentiality and comfort. Focus groups were conducted in private settings, and participants were assured of the anonymity of their responses. During data collection process participants were ensured that data will be used only for research purposes. No contact information was collected to ensure the participants anonymity. By adhering to these ethical principles, the study aimed to not only generate valuable knowledge but also to respect and protect the rights and well-being of the participants and the broader community in Kasur.

Pre-Intervention Data Analysis

The study employed quantitative techniques. Statistical analysis of survey responses was performed using SPSS software. Descriptive statistics to summarize demographic data and overall response patterns. Data on awareness, stigmatization and perspectives were analysed, and Low, Medium and High Levels were calculated. Crosstabulation was applied to find the relationship of Child's Gender and Relation Ship with Child to the Leve of Awareness, Leve of Stigmatization and Parents Perspectives. Responses were collected in percentage. Paired t-tests was used to compare pre and post intervention awareness and stigma levels.

Table 1

Reliability Statistics

Cronbach's Alpha	No. of Items
.708	45

This table presents the Cronbach's Alpha value (0.708) for the questionnaire used in the study. It indicates the internal consistency and reliability of the instrument across 45 items, ensuring the questionnaire's suitability for assessing parental awareness, stigma regarding speech disorders and parent's perspectives.

Table 2

Cross Tabulation of Pre-Evaluation and Level of Awareness, Level of Stigmatization, Level of Perspectives

Description	Pre-Intervention %
Level of Awareness	
Low	8
Medium	68
High	24
Total	100
Level of Stigmatization	
Low	0
Medium	88
High	12
Total	100
Level of Perspectives	
Low	4
Medium	72
High	24
Total	100

Before the intervention, 8% of participants demonstrated low awareness, 68% had medium awareness, and 24% showed high awareness. This indicates a significant knowledge gap among most participants at the beginning of the study.

Initially, 88% of participants reported medium levels of stigmatization, while 12% experienced high levels. There were no reports of low stigmatization, indicating pervasive moderate-to-high stigma among the participants.

Prior to the intervention, 4% of participants held low perspectives, 72% were in the medium category, and 24% had high perspectives. This indicates that most participants started with moderately positive attitudes but lacked strong confidence or understanding of the issue.

Table 3

Cross Tabulation of Child’s Gender, Relation Ship with Child and Leve of Awareness

Level of Awareness	Child’s Gender		Relation Ship with Child	
	Male (%)	Female (%)	Mother (%)	Father (%)
Low	8	0	8	0
Medium	56	12	56	12
High	16	8	20	4
Total	80	20	84	16

Table 3 explores parental awareness about speech disorders across child’s gender and parental role. Male children were associated with higher awareness levels, with 56% of parents reporting medium awareness and 16% high, compared to 12% and 8% for female children, respectively. Mothers (84%) showed greater awareness, with 56% of mothers reporting medium awareness 20% in the high category compared to 12% and 4% for fathers. Male children’s parents exhibited better awareness, with mothers significantly more aware than fathers.

Table 4

Cross Tabulation of Child's Gender, Relation Ship with Child and Leve of Stigmatization

Leve of Stigmatization	Child's Gender		Relation Ship with Child	
	Male (%)	Female (%)	Mother (%)	Father (%)
Low	0	0	0	0
Medium	72	16	72	16
High	8	4	12	0
Total	80	20	84	16

Table 4 examines levels of stigmatization, revealing that medium stigmatization was predominant for both genders, at 72% for male children and 16% for female children. High stigmatization was higher for male children (8%) than female children (4%). Mothers reported both medium (72%) and high (12%) stigmatization more frequently than fathers, who were absent in the high category. Stigmatization remains moderate for most parents, with mothers perceiving stigma more strongly than fathers.

Table 5

Cross Tabulation of Child's Gender, Relation Ship with Child and Parents

Perspectives

Level of Parent Perspectives	Child's Gender		Relation Ship with Child	
	Male (%)	Female (%)	Mother (%)	Father (%)
Low	0	4	4	0
Medium	60	12	64	8
High	20	4	16	8
Total	80	20	84	16

Table 5 investigates parental perspectives, showing more favourable views for male children, with 60% medium and 20% high perspectives, compared to 12% and 4% for female children. Mothers held better perspectives (64% medium, 16%

high) than fathers, who showed equal representation in medium and high categories (8% each). Parents of male children have more favourable perspectives, with mothers generally more positive than fathers.

Pre-Intervention Findings

The study employed a questionnaire consisting of 45 items to assess parental awareness, stigmatization, and perspectives on speech disorders. The reliability of the instrument was confirmed with a Cronbach's Alpha value of 0.708, indicating acceptable internal consistency. This ensures the questionnaire's suitability for capturing accurate and reliable data from parents in Kasur regarding their understanding and experiences of speech disorders in their children.

The pre-intervention data highlighted significant gaps in awareness, stigmatization, and parental perspectives toward speech disorders. About 8% of participants demonstrated low awareness, while 68% had medium awareness, and only 24% reported high awareness. This revealed a considerable lack of understanding among participants about speech disorders. Regarding stigmatization, 88% of participants reported medium levels, and 12% experienced high levels of stigma, with no participants reporting low stigma. These figures indicate a pervasive prevalence of moderate-to-high stigma in the community. Parental perspectives showed that 4% held low perspectives, 72% were in the medium category, and 24% demonstrated high perspectives. The findings suggest that although many participants had moderately positive attitudes, a lack of strong confidence and understanding limited their ability to effectively support their children.

The levels of awareness showed big changes depending on the gender of the child and the role of the parent. Parents of boys were more aware than parents of girls; 56% said they were somewhat aware and 16% said they were very aware, compared to 12% saying they were somewhat aware and 8% saying they were very aware for parents of girls. Overall, mothers were more aware than fathers;

56% of mothers were in the medium category and 20% were in the high category. Only 12% of dads were in the medium category and only 4% were in the high category. These results show that mothers and parents of boys are more aware of speech problems. This makes it clear that dads and parents of girls need more education and involvement.

Regarding the levels of stigma, most parents reported medium levels of stigma, with 72% of parents of boys and 16% of parents of girls having this level. Parents of boys (8%) were more likely to feel highly stigmatized than parents of girls (4%). Mothers were more likely to feel stigmatized than fathers; 72% said they felt medium stigmatization and 12% said they felt high stigmatization. These results show that parents, especially moms, have to deal with a lot of stigma. They also call for focused measures to reduce shame and encourage acceptance in the community.

How parents felt about speech problems depended a lot on the gender of the child and the parent's job. When asked about their views, parents of boys were more positive than parents of girls; 60% said they had medium or high views, while only 12% said they had medium or high views. Mothers had more positive views overall, with 64% in the medium category and 16% in the high category. This was in contrast to father, who only had 8% in both categories. These data show that mothers and parents of boys are more accepting and helpful when it comes to speech problems. This shows that dads and parents of girls need to learn more about these issues and change how they think about them.

Intervention Plan

The objective of the intervention strategy was to enhance awareness, reduce stigma, and empower parents in Kasur of children with speech disorders via a combination of educational seminars, interactive activities, and community-driven events. This structured approach ensures that parents leave the program feeling certain, proficient, and sufficiently informed to provide optimal support for their

children. The intervention starts with a welcome message and an overview of the campaign, which helps people get to know each other and explains the workshop's goals. The pre valuation data was collected to check the speech awareness, stigmatization and parents' perspective about speech disorders.

The first lesson is all about teaching people about speech problems and their causes, signs, and myths. The 30-minute lesson tried to dispel common myths, like the idea that speech problems are caused by bad parenting or flaws in the child themselves. The participants are taught about the basis of these conditions, with a focus on how important it is to get help early and how important it is for parents to be helpful. Real-life cases and interactive talks are used to make sure that everything is clear and easy to understand.

The second lesson lasts 30 minutes and talked about the stigma that comes with having a speech problem. It shows how the way people think about things can hurt both kids and their parents. Individuals develop strategies to combat stigma, including cultivating empathy and dismissing remarks that intensify the issue. In response to statements such as "Speech disorders are caused by poor parenting," parents are taught to assertively provide sensitive and accurate facts. Parents are urged to advocate for their children in social and academic contexts throughout this session. During the 20-minute break provided the people feel like they fit more because they can relax and think about what they've learned.

The third lesson lasts 30 minutes was all about giving parents the tools they need to get their kids skilled, help and support. Parents can feel more at ease with speech therapists if they act out different situations. "How will that help my kid?" They might ask, "What can I do at home to help my child?" or "What can I do as a parent?" It was the goal of this hands-on way to help parents talk to their kids more freely and without fear.

There is a 30-minute practice lesson where everyone works together. The lesson is mostly about skills and techniques that can be used right away. Seeing pictures

that show how to move forward helps people learn the steps of talking. Kids can speak better if you give them tools, they can see, like notes, and have them do things like name things or make up words. By the end of this course, parents will know how to help their children. During this 20-minute event, anyone can ask questions and share their own stories. This open meeting lets people talk about their own problems and builds on what they've learned in earlier classes. Sharing personal stories helps people feel less alone and more supported by each other.

At the end of the class, there is a post-evaluation check to see how well it worked to change people's views and levels of knowledge. The class ends with a 10-minute wrap-up where the main points are summed up and members' ideas are drawn together. What people say will help shape what is done in the future, making sure that parents' and kids' needs are always better met.

Post Intervention Data Analysis

Table 6

Cross Tabulation of Pre-Evaluation and Post-Evaluation Intervention

Description	Pre-Intervention %	Post- Intervention %
Level of Awareness		
Low	8	0
Medium	68	30
High	24	70
Total	100	100
Leve of Stigmatization		
Low	0	0
Medium	88	61
High	12	39

	Total	100	100
Level of Perspectives			
Low		4	0
Medium		72	43
High		24	57
	Total	100	100

Before the intervention, 8% of participants demonstrated low awareness, 68% had medium awareness, and 24% showed high awareness. This indicates a significant knowledge gap among most participants at the beginning of the study. After the intervention, there was a marked improvement in awareness levels. The percentage of participants with low awareness dropped to 0%, while medium awareness decreased to 30%. High awareness increased substantially to 70%, demonstrating the effectiveness of the intervention in improving knowledge about speech disorders.

Initially, 88% of participants reported medium levels of stigmatization, while 12% experienced high levels. There were no reports of low stigmatization, indicating pervasive moderate-to-high stigma among the participants. Following the intervention, medium stigmatization levels decreased to 61%, while high stigmatization reduced to 39%. However, no participants reported low stigmatization even after the intervention, suggesting that while stigma was reduced, it remained a significant issue that requires further targeted efforts.

Prior to the intervention, 4% of participants held low perspectives, 72% were in the medium category, and 24% had high perspectives. This indicates that most participants started with moderately positive attitudes but lacked strong confidence or understanding of the issue. The intervention resulted in a complete elimination of low perspectives (0%). Medium perspectives decreased to 43%, while high perspectives improved significantly to 57%. This highlights a notable

shift toward more favourable attitudes and a deeper understanding of speech disorders among participants.

Post Intervention Findings

The assessment done after the intervention showed big gains in every area that was looked at. The amounts of awareness changed a lot. Low awareness went down to zero, middle awareness went down to thirty-five percent, and high awareness went up to seventy percent. This shows that the intervention was successful at filling in gaps in information and improving understanding of speech problems. The level of stigma dropped from 88% to 61% for medium stigma and from 12% to 39% for high stigma. However, none of the subjects said they felt less stigmatized even after the intervention. This shows that more needs to be done to deal with stigma at lower levels. The parental perspectives got a lot better. Low perspectives went away (0%), middle perspectives shrunk to 43%, and high perspectives grew a lot to 57%. This indicates a shift towards more favourable perspectives and an improved understanding of the issue.

The activity significantly enhanced awareness altered parental perspectives, and reduced feelings of shame. Targeted instruction and empowering techniques have been effective, shown by a significant increase in knowledge and favourable perceptions. The persistence of medium and high stigma indicates that more efforts are required to interrogate and dismantle entrenched attitudes and practices that perpetuate stigma within the community.

Discussion

Important new information on the dynamics of knowledge, stigma, and parental views regarding speech problems in children in Kasur has been uncovered by the results. Before the intervention, participants' levels of knowledge, stigma, and parental views on speech impairments were all lower, as seen in Table 2. Out of the total participants, only 24% had high awareness, 68% medium awareness, and 8% poor awareness. This points to a serious ignorance of the nature, origin, and

significance of speech impairments as well as the need of intervening at an early stage. The results are in line with those of Raheem et al. (2021), who found that people from lower socioeconomic backgrounds in Pakistan tend to dismiss speech delays as a passing phase rather than a diagnosable condition. This information vacuum is exacerbated by cultural and religious misunderstandings, as mentioned by Shaukat (2023).

No instances of low stigma were observed, whereas 12% reported high stigma and 88% experienced medium stigma. Supporting Goffman's (2009) theory of stigma, which outlines how internalized guilt and social constraints prevent people with developmental problems from seeking help, is the frequency of moderate to high stigma. Additionally, the data shows that the percentage of individuals with high, medium, or low views on speech problems was 24%, 72%, and 4%, respectively. Although most participants were agnostic, these numbers show that many lacked the self-assurance and expertise to meet their child's developmental demands head-on. A lack of exposure to success examples and expert counsel may also be ascribed to the limited optimism in attitudes, as pointed out by Pallavi and Waknis (2021).

According to Pallavi and Waknis (2021), who highlighted the significance of maternal awareness in child development, women tend to have greater levels of awareness since they are the main caregivers for their children. Another possible explanation for the greater levels of knowledge revealed by parents of male children in rural Pakistan might be the cultural preference for male offspring (Raheem et al., 2021).

This is in line with what Goffman calls "the stigma theory" (Goffman, 2009), which places an emphasis on both external and internalized forms of stigma. The fact that parents of male children are more likely to be stigmatized may be a result of cultural demands that boys grow up to be perfect. Even more concerning, as

Macharey and von Suchodoletz (2008) pointed out, parents often face shame within their own families, which may worsen these results.

The results emphasize the need for targeted awareness campaigns, particularly for fathers and parents of female children. These campaigns could leverage the Health Belief Model to address perceived barriers and benefits of seeking intervention (Becker, 1974). Stigma reduction strategies should incorporate community-level interventions, as noted by Oliver's social model of disability, which views societal barriers as a key contributor to stigma (Oliver, 1990). The success of similar initiatives, like the FaNs for Kids program in rural Pakistan, suggests that empowering families through education and community engagement can effectively address these issues (Global Institute of Human Development, 2024).

The post-intervention data from Table 6 demonstrates significant improvements in all three measured areas. High awareness levels increased from 24% to 70%, while medium awareness dropped from 68% to 30%, and low awareness was completely eliminated. This marked improvement validates the effectiveness of the intervention program in closing knowledge gaps and promoting understanding of speech disorders. Similar interventions, as referenced in the FaNs for Kids program (Global Institute of Human Development, 2024), have also proven successful in raising awareness and empowering families in similar socio-cultural contexts.

In terms of stigmatization, medium levels reduced from 88% to 61%, and high stigma decreased from 12% to 39%. However, no participants reported low stigmatization even after the intervention. This suggests that while the intervention was effective in mitigating stigma to some extent, deep-seated cultural beliefs and societal attitudes require more prolonged and targeted efforts. These results align with Macharey and von Suchodoletz (2008), who noted that

stigma elimination in similar contexts requires sustained community involvement and education.

Parental viewpoints exhibited a significant transformation, with high perspectives rising from 24% to 57%, medium perspectives declining from 72% to 43%, and low perspectives entirely eradicated. This enhancement underscores the efficacy of the intervention in cultivating a more positive and supportive perspective among participants. The findings correspond with Bronfenbrenner's ecological systems theory (1986), which emphasizes the significance of a nurturing family and social context in fostering positive attitudes toward developmental problems.

Conclusion

The study's results show that the goals of raising knowledge among parents, decreasing stigma, and changing attitudes on speech impairments in children in Kasur have been substantially met. A lot of education is needed because people didn't know enough before the intervention 88% of those surveyed said they felt stigmatized a lot, but only 24% said they were very aware. Consequently, there is a need for targeted educational initiatives. The findings indicate that the intervention effectively addressed these deficiencies: parental views enhanced by 57%, medium stigmatization decreased to 61%, and high awareness increased to 70% after the session.

The objective was to help parents become better advocates for their children, reduce stigma in the Kasur socio-cultural setting, and create and implement awareness programs that are sensitive to the local culture. They have achieved their goals with these results. The intervention was effective in filling up information gaps and encouraging positive attitudes, as shown by a significant rise in levels of both awareness and optimism. The persistent existence of medium and high levels of stigma highlights the need for continuous efforts to address ingrained cultural beliefs and social barriers.

The results of this research provide support to the notion that organized therapy in the community could influence parents' views and lead to more all-encompassing programs to assist children who have speech challenges. By debunking misconceptions and influencing others, this research has the potential to create a community that is more accommodating to affected children and their families.

Recommendations

1. Conduct monthly lectures in local communities on the causes, symptoms, and treatment of speech problems. Use interactive approaches like role-playing and group discussions to include parents and dispel misunderstandings.
2. Create local parent support groups to encourage the sharing of experiences, mutual learning, and foster a sense of community among families. These clubs may provide as a platform for continued education and advocacy for children with speech challenges.
3. Create and distribute brochures, posters, and videos in local languages explaining the basics of speech difficulties and the need of seeking professional help. Visual aids, like as developmental milestone charts, may help parents discover delays early.
4. Work with educational and religious institutions to include speech issue awareness into their curriculum. Educational institutions may provide informational seminars for parents, while spiritual leaders might mitigate stigma via sermons or community discussions.
5. Establish mobile speech therapy clinics to assist parents in distant and underprivileged areas of Kasur. These clinics provide immediate assessments, counselling, and connections to specialized programs, facilitating access for families who may encounter obstacles due to distance or insufficient finances.

Reference

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Anam, K. (2014). [un] Shaded Territories: a design for women empowerment in rural Pakistan.
- Azeem, M. W., Dogar, I. A., Shah, S., Cheema, M. A., Asmat, A., Akbar, M., Kousar, S., & Haider, I. I. (2013). Anxiety and depression among parents of children with intellectual disability in Pakistan. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 22(4), 290–295. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3825469/>
- Becker, M. H. (1974). The health belief model and personal health behavior. *Health Education Monographs*, 2(4), 324–473. <https://doi.org/10.1177/109019817400200407>
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723–742. <https://doi.org/10.1037/0012-1649.22.6.723>
- Ghiya, M. (2022). Understanding speech disorders for clinical practice. *Southeast Asian Journal of Case Report and Review*. <https://doi.org/10.18231/j.sajcrr.2022.006>.
- Global Institute of Human Development, (2024) *FaNs for Kids*. Retrieved [22-12-2024], from <https://gihd.stmu.edu.pk/fans-for-kids/>
- Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon & Schuster.
- Hitchcock, E., Harel, D., & Byun, T. (2015). Social, Emotional, and Academic Impact of Residual Speech Errors in School-Aged Children: A Survey Study. *Seminars in Speech and Language*, 36, 283 - 294. <https://doi.org/10.1055/s-0035-1562911>.

- Khan, F. M. (2024, July 4). *Empowering voices: How one mother's journey is transforming speech therapy for children in Pakistan*. Arab News. <https://www.arabnews.com/node/2543316/pakistan>
- Macharey, G., & Von Suchodoletz, W. (2008). Perceived Stigmatization of Children with Speech-Language Impairment and Their Parents. *Folia Phoniatrica et Logopaedica*, 60, 256 - 263. <https://doi.org/10.1159/000151763>.
- McCabe, P., & Meller, P. (2004). THE RELATIONSHIP BETWEEN LANGUAGE AND SOCIAL COMPETENCE: HOW LANGUAGE IMPAIRMENT AFFECTS SOCIAL GROWTH. *Psychology in the Schools*, 41, 313-321. <https://doi.org/10.1002/PITS.10161>.
- Oliver, M. (1990). *The politics of disablement*. Macmillan Education UK.
- Pallavi, P., & Waknis, A. (2021). Awareness of typical speech-language development among parents of children with hearing impairment. *International Journal of Otorhinolaryngology and Head and Neck Surgery*. <https://doi.org/10.18203/issn.2454-5929.ijohns20212449>.
- Raheem, A., Khan, M., Saeed, B., Sikander, M., Khan, G., Ahmad, M., Noreen, L., Yousaf, R., & Saleem, K. (2021). Awareness of Therapeutic Field of Language and Communication in General Population, Lahore Pakistan. *Pakistan Journal of Medical and Health Sciences*. <https://doi.org/10.53350/pjmhs211582100>.
- Rana, H. J., Kausar, R., & Khan, N. (2021). Social anxiety and quality of life: Mediating role of stigma perception in individuals who stutter. *NUST Journal of Social Sciences and Humanities*, 7(2), 232-246. <https://doi.org/10.51732/njssh.v7i2.92>
- Sharp, H., & Hillenbrand, K. (2008). Speech and language development and disorders in children.. *Pediatric clinics of North America*, 55 5, 1159-73, viii. <https://doi.org/10.1016/j.pcl.2008.07.007>.



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