

TEACHERS' AWARENESS AND ATTITUDES TOWARD COMMUNICATION DISORDERS AMONG CHILDREN IN GOVERNMENT PRIMARY SCHOOLS IN LAHORE

Faiza¹, Sayyeda Rabia Basri², Muhammad Haroon Manj³

¹Speech and Language Pathologist, M.S. Speech and Language Pathology, Riphah International University, Lahore, Pakistan

²Lecturer, Department of Special Education, University of Education, Lahore, Pakistan

³PhD Scholar, Special Education, University of the Punjab, Lahore, Punjab, Pakistan

¹phd.faiza@lincoln.edu.my, ²rabia.basri@ue.edu.pk, ³haroonmanj4545@gmail.com

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Corresponding Author: *

Sayyeda Rabia Basri

Abstract

Children with communication disorders struggle to interpret, organize, and utilize language in learning and social environments. These conditions could involve speech sound problems, delays in language development, stuttering, voice issues and social communication delays. The purpose of this study was to examine the awareness, attitude and practices of the government primary school teachers in the context of communication disorders among children in Lahore city. The research design was quantitative descriptive and the data were gathered from 357 teachers with a structured questionnaire on a 31 item Likert scale questionnaire on three domains: awareness of communication disorders, attitudes towards affected children and classroom practices/supports. Results showed medium to low awareness, especially for the recognition of specific disorders, voice-disorder symptoms and referral pathways. While teachers had a good awareness of the significance of early identification, and they had some awareness that communication disorders are an important issue, many reported a lack of confidence in supporting children with communication disorders in mainstream classrooms. There were also areas of poor practice in relation to parent communication, use of supportive strategies and collaboration with school staff. Interestingly, the majority of participants were not trained in communication disorders or special education. The study indicates that there is a need for in-service teacher training, school based referral mechanisms and inclusive support in Government Primary Schools.

INTRODUCTION

Communication is an essential part of child development, and children need to be able to develop language skills, use language to interact socially with others, and to learn and succeed academically. Communication problems arising from speech, language or fluency disorders can

have profound effects, especially in primary school when children are most vulnerable to the impact of these disorders. Speech sound disorders, language delays, stuttering and voice disorders are examples of the types of communication disorders that are most common among children of school

going age across the world. In the global context, 5-10% of children have some type of communication disorder (Law et al., 2019). While the burden may be under-estimated in low and middle income countries, including Pakistan, due to a lack of screening infrastructure and trained specialists (McLeod & Norbury, 2015).

Teachers play a very critical role in the early detection and provision of services to children with communication disorders. With daily contact with children in a structured learning environment, teachers are often first to recognize children who have persistent problems with speech, language comprehension or social communication (Glogowska & Campbell, 2000). However, the long term outcomes for affected children can be significantly improved if they are identified and referred early as intervention at sensitive periods in language development is most effective (Tomblin et al., 2003). Teachers' ability to identify and adequately respond to communication disorders, however, relies on their awareness, knowledge, and attitudes of these disorders.

Previous studies have consistently identified gaps in teacher preparation skills in the area of communication disorders in various educational settings. Research in high-income countries has revealed that many learners in the mainstream of education are not adequately trained in the recognition of the difference between typical language use and communication disorders, and this gap is far greater in developing countries (Hartas, 2011; Ntuli & Tshabalala, 2018). In Pakistan, primary school teachers are often presented with overcrowded classes without sufficient pedagogical support and pre-service and in-service training do not often feature any substantial unit on special educational needs or communication health (Singal, 2019). These systemic limitations force us to consider the possible lack of identification and referral of children with communication disorders to the care they deserve in public school settings.

Lahore is one of the most populous cities of Pakistan and the provincial capital of Punjab, where the government has a vast network of primary schools providing education to children

from different socio-economic backgrounds. Although this educational infrastructure exists, there is a lack of empirical evidence of teacher awareness and attitudes concerning communication disorders in Lahore. To successfully implement targeted professional development programs that will increase rates of identification and create inclusive, supportive classroom settings for students with communication difficulty, it is important to understand teachers' current knowledge and beliefs.

The current study aims at the assessment of awareness and attitude of teachers working in government primary schools of Lahore about communication disorders in children. The results will feed into teacher training programmes to help in developing policies and be added to the growing body of evidence on inclusive education in Pakistan.

Significance of the Study

This study holds considerable importance as it addresses a critical gap in the identification and management of communication disorders among children in government primary schools in Lahore. Teachers serve as the first line of observation in school settings; therefore, their awareness and attitudes directly influence early detection and timely referral of affected students. In Pakistan, where speech-language pathology services remain limited and largely inaccessible, teacher knowledge becomes an essential compensatory resource. Children with unidentified communication disorders often face academic underachievement, social isolation, and diminished self-esteem. By assessing teachers' existing awareness levels, this study provides a foundation for designing targeted training programs and professional development workshops. Furthermore, the findings will inform policymakers and educational administrators in Lahore about systemic deficiencies in teacher preparation. Ultimately, this research contributes to improving inclusive education practices, ensuring that children with communication disorders receive appropriate support within the government schooling system.

Objectives of the Study

1. To assess the level of awareness among primary school teachers in Lahore regarding communication disorders in children.
2. To examine the attitudes of teachers toward children with communication disorders.
3. To explore teachers' current practices and training needs for supporting children with communication disorders.

Literature Review

Theoretical Framework

The present study is based on various theoretical frameworks that all highlight the significance of teacher awareness, attitudes, and practices in the context of communication disorders in children. Vygotsky's (1978) sociocultural theory of cognitive development focuses on the importance of social interaction and language in cognitive development, and the disruption of these could have a significant impact on a child's academic and social development. Bronfenbrenner's (1979) ecological systems theory also notes that the school environment, especially the teacher-student relationship, is a very important microsystem that affects the child's developmental outcomes. These frameworks collectively offer a conceptual framework for understanding why teacher knowledge and attitudes about communication disorders go beyond pedagogical issues and are developmental needs.

Communication Disorders

Communication disorders are a wide variety of problems related to speech, language and hearing. The American Speech-Language-Hearing Association (ASHA, 2023) defines communication disorders as speech sound disorders, language disorders, voice disorders, fluency disorders (including stuttering), and social communication disorders. They are one of the most common developmental disabilities in school-aged children, and are estimated to impact 5-10% of the world's children (Law et al., 2019). It is estimated that communication disorders are much more common in low- and middle-income countries (LMICs), including Pakistan, because of a variety of factors including malnutrition, perinatal complications, lack of access to early intervention services, and low awareness of caregivers and educators (McLeod & Threats, 2008). Children from disadvantaged socio-economic backgrounds were found to have disproportionately higher rates of speech and language problems, which is relevant to the context of government primary schools in Lahore as the student population is mainly from low income families (Roulstone et al., 2011).

Teachers' Awareness of Communication Disorders

There is a significant amount of literature that suggests a lack of knowledge amongst teachers, especially in developing countries, with regard to communication disorders. Mroz and Letts (2008) reported that primary school teachers in the United Kingdom had poor knowledge of speech and language development and were often confused by normal variation and disorder. Likewise, Ssendagire et al. (2021) carried out a study in Uganda and concluded that most of the primary school teachers were not able to accurately assess their students' language disorders and fluency problems.

The knowledge about communication disorders among teachers is still very limited in Pakistan. But research on special educational needs in general indicates a huge lack of knowledge by mainstream teachers. Hasnain and Perveen (2019) reported

that in government schools in Pakistan, teachers are very less trained in pre-service and in-service training in developmental and communicative challenges identification and management. This is especially concerning as in Pakistan, speech-language pathology services are highly localized in private hospitals in the urban areas, and are not readily available to families who utilize government school systems (Imran et al., 2020). The lack of awareness has real-world implications. If teachers are not aware of the communication disorders, they may assume that the child's challenges are behavioral, intellectual, or due to parental neglect (Glogowska & Campbell, 2000). As a result, the child may not receive the appropriate referral and intervention, adding to the child's academic and psychosocial challenges over time.

Teachers' Attitude towards Children with Communication Disorders

Attitude is a key factor in inclusive educational practice. Studies repeatedly show that teachers' attitudes towards children with disabilities, including communication disorders, have a significant impact on the children's participation in the classroom, their interactions with peers, and their self-concept (Avramidis & Norwich, 2002). Positive teacher attitudes are linked to higher levels of instructional accommodation, higher rates of referrals for specialist services, and better academic outcomes for students with special needs.

On the other hand, negative and dismissive attitudes can marginalize children with communication disorders. McLeod and McKinnon (2007) reported that teachers in mainstream classrooms were often frustrated with students who had speech or language problems and felt they were not given adequate training or support resources. This was often expressed in the form of decreased engagement with these students in the classroom.

Stigma is another obstacle for people with disabilities and communication disorders in South Asian educational settings. In Pakistani schools, children with stutter or language delay are often ridiculed by their peers, and sometimes even

reinforced by teachers' behaviors like over correction or avoidance of calling the child during classroom activities, as noted by Sultana (2014). These attitudes are symptomatic of a wider sociocultural climate that pathologizes difference and does not support it.

In addition, Forlin (2010) suggested that teacher attitudes toward inclusive education are not only influenced by their personal beliefs but are also influenced by institutional factors such as school leadership, policies, and professional development opportunities. Without institutional support, even the most well-meaning teachers can become "learned helpless" and think that children with communication disorders are incapable of being supported effectively.

This is what teachers are doing today to help children with communication disorders.

Research on teacher practices shows a huge disparity between awareness, attitude, and the actual practices in the classroom. Although teachers show concern for children who have communication difficulties, their practices may still be inadequate, because they are not provided with structured training. Dockrell and Lindsay (2001) reported that although most teachers were aware of children with speech and language needs in their classrooms, few used evidence-based strategies, such as visual supports, simplified language input, or structured peer interaction to facilitate communication.

In the developing world, Hartley (2002) noted that inclusive education of children with communication difficulties is not common in mainstream schools, due to a lack of necessary skills among teachers during their teacher education. In Pakistan, the national curriculum for teacher training does not have a specific section on speech-language disorders or inclusive communication strategies (Javed et al., 2017). Consequently, teachers use informal and intuitive methods which are not necessarily consistent or effective.

Another important facet of teacher practice is early identification and referral. Studies show that teachers who are trained, even on a brief basis, to recognize communication disorders see a significant increase in the percentage of children

they refer to speech-language pathologists (Glogowska & Campbell, 2000; Mroz & Letts, 2008). The teacher's involvement in initiating help-seeking behavior is even more prominent in Pakistan where the formal referral system between schools and health services is not well established (Imran et al., 2020).

Training Needs of Teachers

Professional development is identified in the literature as the most effective way to enhance teacher awareness, attitudes, and practices with regard to communication disorders. Mackay (2012) showed that focused inservice training resulted in measurable gains in teachers' capacity to recognize children who have language disorders and put the necessary classroom support strategies into practice. Likewise, McLeod and McKinnon (2007) reported that continued teacher/slp interaction resulted in increased teacher confidence and competence in meeting communication needs.

There is a dire need for such training in Pakistan. Hasnain and Perveen (2019) suggested the inclusion of communication disorder awareness modules in the B.Ed curriculum and school-based referral systems with allied health professionals. With a shortage of speech-language pathologists in Pakistan of less than 500 registered professionals for a population of more than 230 million (Imran et al., 2020), capacity building of teachers becomes a pragmatic and necessary approach to meet the needs.

These reviewed literature collectively have found that teacher awareness and attitudes towards communication disorders are crucial in early identification, support and referral of children with communication disorders. Teachers around the world have gaps in knowledge and attitudes that hinder effective inclusive practice. In Pakistan, these problems are exacerbated by a lack of specialized services, lack of teacher training, and sociocultural stigma. The aim of the present study is to address these gaps by evaluating the awareness of the primary school teachers, attitudes of the teachers and training needs of the teachers in Lahore which can be used as evidence for policy

and professional development for the educational context in Pakistan.

Research Methodology

This study adopted a quantitative and descriptive research design to investigate teachers' awareness and attitudes toward communication disorders among children in government primary schools in Lahore. The descriptive design was considered appropriate as it enabled the researcher to systematically capture and analyze the level of awareness, attitudes, and current practices of primary school teachers regarding communication disorders.

The target population of the study consisted of government primary school teachers working in various public schools across Lahore. A non-probability convenience sampling technique was employed to select 357 primary school teachers who were accessible and willing to participate. The sample size was determined based on the availability of teachers in government schools and the need for sufficient statistical power for descriptive analysis.

A structured Likert-scale questionnaire was used as the primary data collection instrument. The questionnaire was developed in alignment with the study's three research objectives. It consisted of 31 closed-ended items divided into three main domains: Awareness of Communication Disorders (13 items), Attitudes toward Children with Communication Disorders (11 items), and Practices and Support (7 items). The instrument also included a demographic information section covering gender, age, qualification, teaching experience, and prior training on special education. All Likert-scale items used a 5-point response format ranging from Strongly Disagree (1) to Strongly Agree (5).

The questionnaire was validated through expert review by two senior special education professionals and one speech-language pathologist. A pilot study was subsequently conducted with 35 primary school teachers to ensure clarity, relevance, and reliability of the items. Minor modifications were made based on pilot study feedback before final administration.

Data collection was carried out through both online surveys and face-to-face interactions. Digital questionnaires were distributed via Google Forms through school networks and teacher WhatsApp groups. In-person data collection was conducted at various government primary schools in Lahore to include participants with limited digital access. The data collection process was completed over a period of six weeks. Participation in the study was entirely voluntary, and informed consent was obtained from all respondents before filling the questionnaire.

The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistical techniques, including frequencies, percentages, means, and

standard deviations, were applied to summarize the level of awareness, attitudes, and practices of teachers. Inferential statistics such as independent samples t-test and ANOVA were also used where appropriate to explore differences based on demographic variables (e.g., gender, teaching experience, and training status).

Ethical considerations were strictly observed throughout the study. Confidentiality and anonymity of all participants were ensured. No personal identifiers were collected, and all information was used solely for academic research purposes. Ethical approval was obtained from the Institutional Review Board / Ethics Committee of the respective university/institute prior to the commencement of data collection.

RESULTS AND ANALYSIS

Table 1 Demographic Characteristics of Respondents (Government Primary School Teachers in Lahore) (N = 357)

Sr. Variables	Group	Frequency	Percentage (%)
1 Gender	Male	118	33.1%
	Female	239	66.9%
2 Age (Years)	20-30	92	25.8%
	31-40	135	37.8%
	41-50	89	24.9%
	51 and Above	41	11.5%
3 Highest Qualification	BA/B.Ed	182	51.0%
	BS/MA	119	33.3%
	MPhil	42	11.8%
	PhD	14	3.9%
4 Teaching Experience	Less than 5 years	98	27.5%
	5-10 years	112	31.4%
	11-20 years	85	23.8%
	More than 20 years	62	17.4%
5 Received Training on Communication Disorders / Special Education	Yes	71	19.9%
	No	286	80.1%
6 Current Teaching Grade Level	Grade 1-2	142	39.8%
	Grade 3-5	148	41.5%
	Multiple Grades	67	18.8%
7 Type of Teaching Position	Permanent	279	78.2%

Sr. Variables	Group	Frequency	Percentage (%)
	Contract	78	21.8%

Table 1 shows the demographic profile of teachers in government primary schools who participated in the study. Among respondents, the majority (66.9%) were female, which is in line with the gender distribution of primary school teachers in Pakistan. Most participants fell in the age group of 31-40 years (37.8%), followed by 20-30 years (25.8%). In terms of qualification, over half of the teachers had a BA/B. Fewer had higher degrees (MPhil 11.8% and PhD 3.9%), and the majority

had Ed degrees (51.0%). A significant number of teachers had 5-10 years of teaching experience (31.4%), indicating a mix of early and mid-career educators. It is important to note that a large proportion of the respondents (80.1%) reported that they received no training on communication disorders or special education. The majority of teachers were teaching Grades 1-2 (39.8%) or Grades 3-5 (41.5%), and most of them were on a permanent basis (78.2%).

Table 2 Descriptive Statistics of Teachers' Awareness of Communication Disorders

Sr.	Statement	SD	D	N	A	SA	Mean	Std. Dev.
1	I can identify the signs of stuttering in children.	45 (12.6%)	98 (27.5%)	89 (24.9%)	89 (24.9%)	36 (10.1%)	2.93	1.12
2	I am familiar with different types of communication disorders (e.g., articulation disorders, language delays, voice disorders).	67 (18.8%)	112 (31.4%)	78 (21.8%)	72 (20.2%)	28 (7.8%)	2.67	1.18
3	Communication disorders are usually caused by laziness or lack of effort from the child.	98 (27.5%)	105 (29.4%)	67 (18.8%)	52 (14.6%)	35 (9.8%)	2.50	1.25
4	Hearing problems can cause communication disorders in children.	28 (7.8%)	45 (12.6%)	67 (18.8%)	132 (37.0%)	85 (23.8%)	3.57	1.15
5	I know where to refer a child suspected of having a communication disorder.	78 (21.8%)	98 (27.5%)	72 (20.2%)	65 (18.2%)	44 (12.3%)	2.72	1.22
6	Children with communication disorders usually have lower intelligence.	85 (23.8%)	102 (28.6%)	71 (19.9%)	58 (16.2%)	41 (11.5%)	2.63	1.24
7	Early identification of communication disorders improves children's academic outcomes.	19 (5.3%)	35 (9.8%)	68 (19.0%)	142 (39.8%)	93 (26.1%)	3.72	1.05
8	I am aware of how common communication disorders are among primary school children in Pakistan.	72 (20.2%)	105 (29.4%)	85 (23.8%)	68 (19.0%)	27 (7.6%)	2.64	1.15
9	Speech disorders and language disorders are the same.	65 (18.2%)	98 (27.5%)	82 (23.0%)	71 (19.9%)	41 (11.5%)	2.79	1.19
10	Teachers play a key role in the early identification of communication disorders.	22 (6.2%)	48 (13.4%)	75 (21.0%)	135 (37.8%)	77 (21.6%)	3.55	1.10

Sr.	Statement	SD	D	N	A	SA	Mean	Std. Dev.
11	Autism and intellectual disability can be associated with communication disorders.	35 (9.8%)	62 (17.4%)	98 (27.5%)	98 (27.5%)	64 (17.9%)	3.26	1.18
12	I can recognize symptoms of voice disorders (e.g., hoarseness, weak voice).	81 (22.7%)	112 (31.4%)	78 (21.8%)	58 (16.2%)	28 (7.8%)	2.55	1.14
13	Poor classroom environment and large class size can worsen communication problems in children.	18 (5.0%)	42 (11.8%)	85 (23.8%)	138 (38.7%)	74 (20.7%)	3.58	1.06

The descriptive statistics of government primary school teachers' awareness of communication disorders are shown in Table 2. The overall level of awareness of teachers was moderate to low. The highest mean scores were for the statements: Early identification of communication disorders improves children's academic outcomes ($M = 3.72$, $SD = 1.05$); Poor classroom environment and large class size can worsen communication problems in children ($M = 3.58$, $SD = 1.06$); Hearing problems can cause communication disorders in children ($M = 3.57$, $SD = 1.15$). The results suggest that

teachers' awareness of the benefits of early identification and some causal factors is relatively good. But awareness was low in practical aspects like identification of particular disorders and referral procedure. Interestingly, many teachers continued to have misconceptions, evidenced by moderate agreement with negatively worded statements (e.g., B3 and B6). The findings indicate that there is a huge lack of awareness among the primary school teachers of government schools in Lahore about communication disorders.

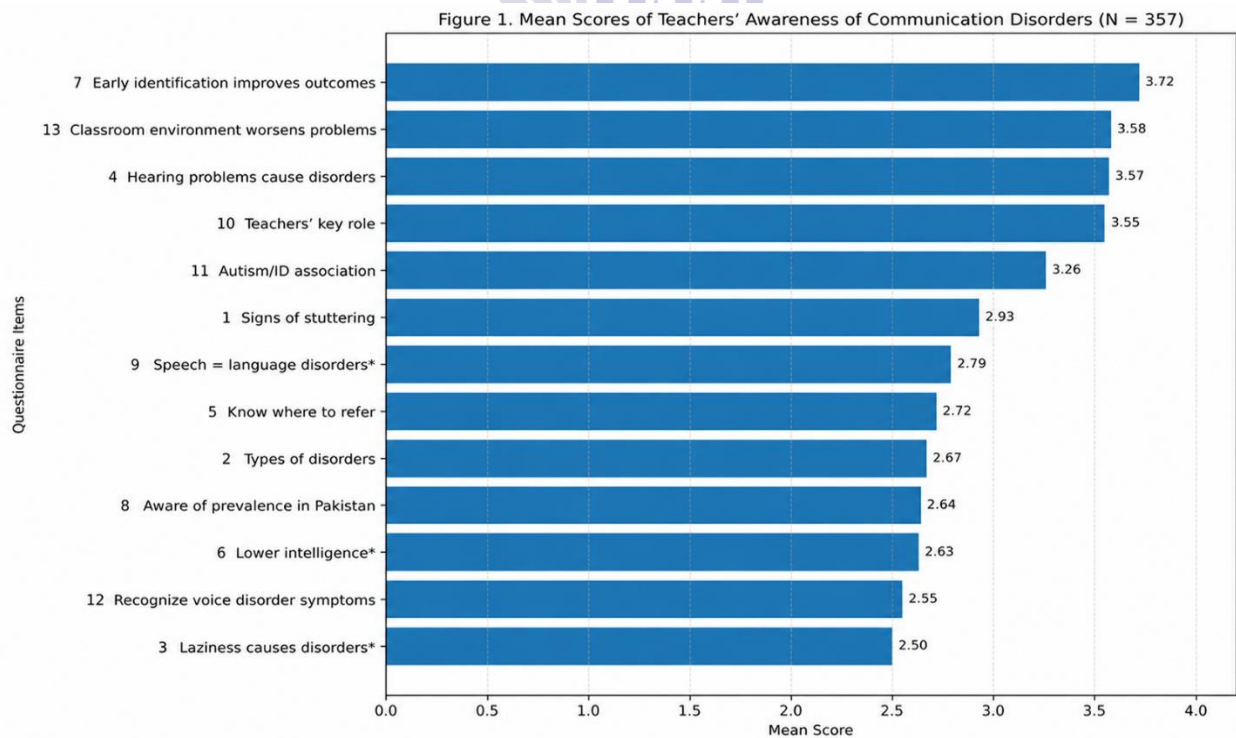


Table 3 Descriptive Statistics of Teachers’ Attitudes toward Children with Communication Disorders

Sr.	Statement	SD	D	N	A	SA	Mean	Std. Dev.
1	Children with communication disorders should be placed in separate special classes.	42 (11.8%)	78 (21.8%)	95 (26.6%)	98 (27.5%)	44 (12.3%)	3.07	1.18
2	I feel comfortable teaching a child who stutters.	65 (18.2%)	102 (28.6%)	85 (23.8%)	72 (20.2%)	33 (9.2%)	2.74	1.20
3	Children with communication disorders usually disrupt the learning of other students.	38 (10.6%)	72 (20.2%)	98 (27.5%)	105 (29.4%)	44 (12.3%)	3.13	1.15
4	I am patient when teaching children with communication difficulties.	28 (7.8%)	65 (18.2%)	92 (25.8%)	118 (33.1%)	54 (15.1%)	3.30	1.12
5	Children with communication disorders can perform academically as well as other children.	35 (9.8%)	68 (19.0%)	85 (23.8%)	122 (34.2%)	47 (13.2%)	3.22	1.14
6	I feel sympathetic but not confident handling children with severe communication disorders.	22 (6.2%)	48 (13.4%)	75 (21.0%)	135 (37.8%)	77 (21.6%)	3.55	1.10
7	All children with communication disorders should be included in mainstream classrooms.	45 (12.6%)	82 (23.0%)	88 (24.6%)	95 (26.6%)	47 (13.2%)	3.05	1.19
8	I would prefer not to have children with communication disorders in my class.	52 (14.6%)	98 (27.5%)	92 (25.8%)	78 (21.8%)	37 (10.4%)	2.86	1.17
9	Teachers should receive mandatory training to support children with communication disorders.	18 (5.0%)	32 (9.0%)	65 (18.2%)	142 (39.8%)	100 (28.0%)	3.77	1.05
10	Communication disorders are a serious issue that needs immediate attention in government schools.	15 (4.2%)	38 (10.6%)	72 (20.2%)	135 (37.8%)	97 (27.2%)	3.73	1.06
11	I feel that children with communication disorders are a burden on the teacher.	48 (13.4%)	85 (23.8%)	98 (27.5%)	82 (23.0%)	44 (12.3%)	2.97	1.18

Table 3 presents the descriptive statistics of government primary school teachers’ attitudes toward children with communication disorders. In general, teachers' attitudes were moderately positive in some aspects and were expressed in a significant manner in others. The highest mean scores were obtained for the statements ‘Teachers should receive compulsory training to support children with communication disorders’ (M = 3.77, SD = 1.05) and ‘Communication disorders is a serious problem and must be addressed

immediately in government schools’ (M = 3.73, SD = 1.06). Teachers also reported sympathy towards affected children (C6: M = 3.55). Relatively less agreement was found on personal comfort and inclusion statements, however, including “I feel comfortable teaching a child who stutters” (M = 2.74) and “I would prefer not to have children with communication disorders in my class” (M = 2.86). The results indicate that teachers are aware of the problem and the need for training, but many teachers feel unprepared and

have some doubts about the complete integration of children with communication disorders into their classrooms.

Figure 2. Mean Scores of Teachers' Attitudes toward Children with Communication Disorders (N = 357)

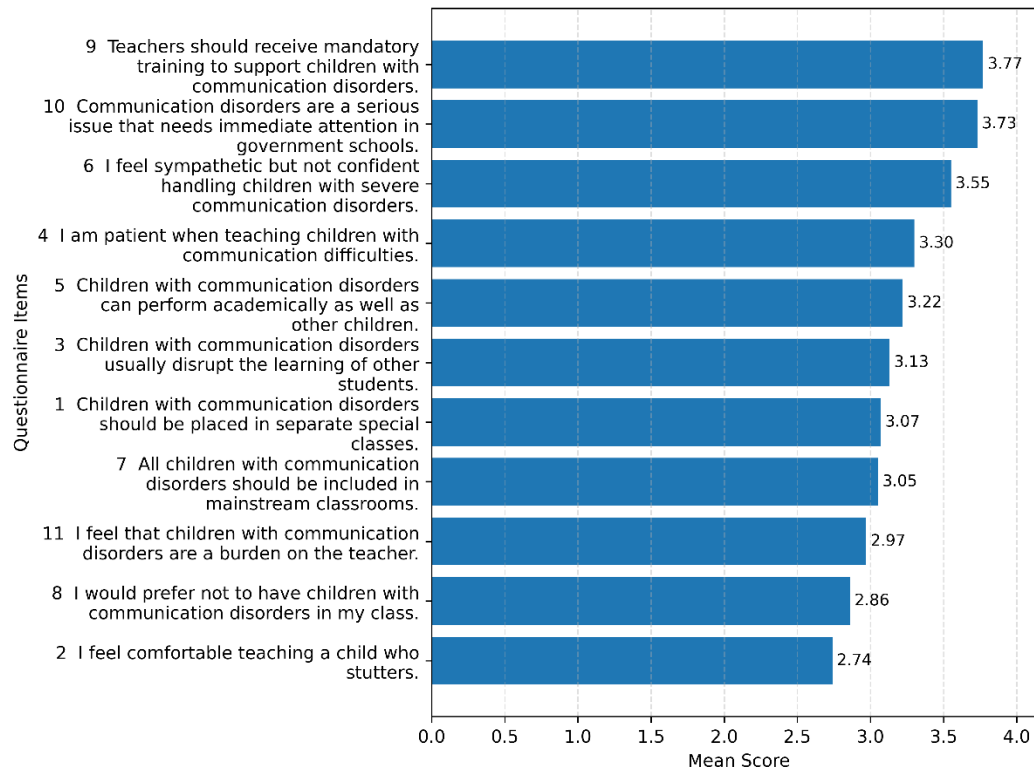


Table 4 Descriptive Statistics of Teachers' Practices and Support for Children with Communication Disorders.

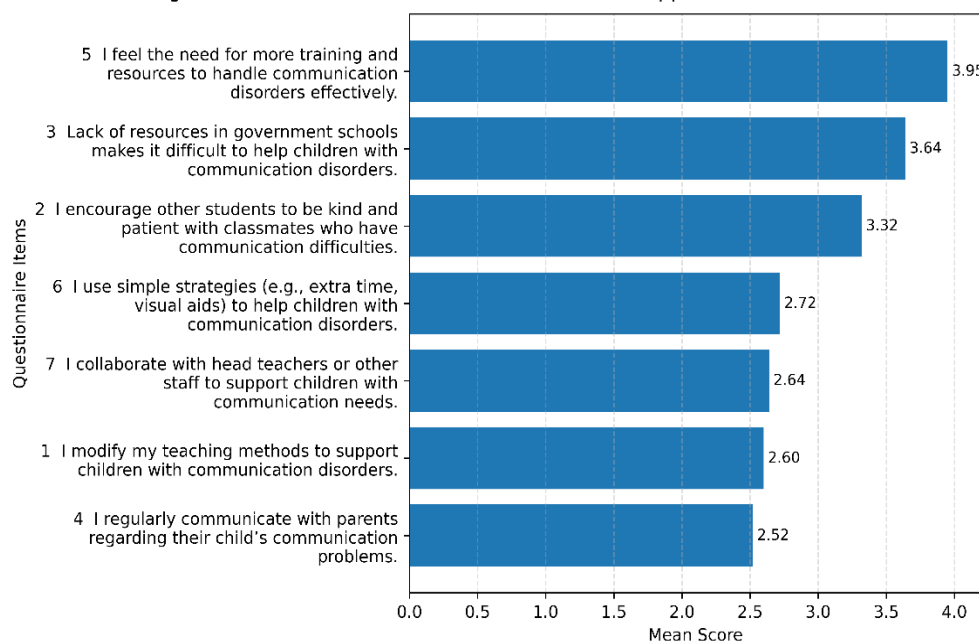
Sr.	Statement	SD	D	N	A	SA (5)	Mean	Std. Dev.
1	I modify my teaching methods to support children with communication disorders.	72 (20.2%)	105 (29.4%)	98 (27.5%)	58 (16.2%)	24 (6.7%)	2.60	1.18
2	I encourage other students to be kind and patient with classmates who have communication difficulties.	28 (7.8%)	65 (18.2%)	85 (23.8%)	122 (34.2%)	57 (16.0%)	3.32	1.13
3	Lack of resources in government schools makes it difficult to help children with communication disorders.	22 (6.2%)	42 (11.8%)	68 (19.0%)	135 (37.8%)	90 (25.2%)	3.64	1.12
4	I regularly communicate with parents regarding their child's communication problems.	85 (23.8%)	112 (31.4%)	78 (21.8%)	52 (14.6%)	30 (8.4%)	2.52	1.20

Sr.	Statement	SD	D	N	A	SA (5)	Mean	Std. Dev.
5	I feel the need for more training and resources to handle communication disorders effectively.	15 (4.2%)	28 (7.8%)	45 (12.6%)	142 (39.8%)	127 (35.6%)	3.95	1.02
6	I use simple strategies (e.g., extra time, visual aids) to help children with communication disorders.	68 (19.0%)	98 (27.5%)	92 (25.8%)	65 (18.2%)	34 (9.5%)	2.72	1.19
7	I collaborate with head teachers or other staff to support children with communication needs.	75 (21.0%)	102 (28.6%)	88 (24.6%)	62 (17.4%)	30 (8.4%)	2.64	1.18

Table 4 indicates the descriptive statistics of current practices and support that government primary school teachers provide to children with communication disorders. Overall, teachers reported few proactive practices, though they felt a great need for support. “I feel the need for more training and resources to handle communication disorders effectively” (M = 3.95, SD = 1.02) was the highest mean score, followed by “Lack of resources in government schools makes it difficult to help children with communication disorders” (M = 3.64, SD = 1.12). Teachers also relatively agreed that they foster other students to be considerate

and patient with students who have a disability in their classroom (Item 2: M = 3.32). Actual classroom practices were still low, however, based in the lower mean scores for modifying teaching methods (Item 1: M = 2.60), using simple strategies (Item 6: M = 2.72), regular parent communication (Item 4: M = 2.52) and others staff working together (Item 7: M = 2.64). The results of this study show significant disparities between teachers' intentions to use supportive practices and their reported use, primarily because of the lack of training and resources.

Figure 3. Mean Scores of Teachers' Practices and Support for Children with Communication Disorders (N = 357)



Discussion

The findings of this study provide critical insights into the awareness, attitudes, and practices of government primary school teachers in Lahore regarding communication disorders among children. The results are discussed in relation to the study's three core objectives and situated within the broader national and international literature.

Awareness of Communication Disorders

The results revealed a moderate to low level of awareness among primary school teachers regarding communication disorders. While teachers demonstrated relatively better understanding of general principles such as the value of early identification ($M = 3.72$) and the negative impact of large class sizes on communication ($M = 3.58$) their knowledge of specific disorders, referral pathways, and clinical distinctions remained considerably weak. Particularly concerning was the low mean score for recognizing voice disorder symptoms such as hoarseness ($M = 2.55$) and the limited awareness of where to refer a child suspected of having a communication disorder ($M = 2.72$).

These findings are consistent with Mroz and Letts (2008), who reported that primary school teachers frequently confuse normal developmental variation with diagnosable disorders. Similarly, Ssendagire et al. (2021) found that most teachers in sub-Saharan settings could not accurately identify key signs of language or fluency disorders. The persistence of misconceptions in this study such as beliefs associating communication disorders with low intelligence or laziness further aligns with Glogowska and Campbell (2000), who warned that uninformed teachers are prone to misattributing communication difficulties to behavioral or cognitive problems, thereby delaying appropriate intervention.

The finding that only 19.9% of participants had received any formal training on communication disorders or special education is particularly alarming. This systemic gap in pre-service and in-service preparation directly explains the knowledge deficiencies observed and corroborates Hasnain and Perveen's (2019) findings that

government school teachers in Pakistan rarely receive relevant professional development in this domain.

Attitudes toward Children with Communication Disorders

Teachers in this study demonstrated a mixed attitudinal profile. On the positive side, the vast majority recognized communication disorders as a serious issue requiring immediate attention ($M = 3.73$) and strongly endorsed mandatory teacher training ($M = 3.77$). They also reported patience when working with children with communication difficulties ($M = 3.30$), which reflects a degree of empathetic orientation.

However, more cautious patterns emerged regarding personal confidence and inclusion. A considerable proportion of teachers expressed discomfort teaching children who stutter ($M = 2.74$) and ambivalence about including such children in mainstream classrooms ($M = 3.05$ for full inclusion; $M = 3.07$ for separate placement). These attitudinal reservations resonate with McLeod and McKinnon (2007), who documented that teachers working with students with speech and language difficulties frequently reported frustration stemming from insufficient preparation rather than unwillingness to help. The higher mean on sympathy without confidence ($M = 3.55$) further illustrates this tension teachers care but feel ill-equipped to act effectively.

This pattern also reflects what Forlin (2010) described as institutional learned helplessness, where systemic lack of support erodes teacher self-efficacy over time. In the Pakistani sociocultural context, Sultana (2014) additionally highlighted that stigma and normative pathologization of communicative difference compound attitudinal barriers, a dynamic likely influencing the findings in the current Lahore sample.

Practices and Training Needs

The most striking finding across all three domains was the significant gap between teachers' expressed awareness of the problem and their actual classroom practices. Despite recognizing communication disorders as serious and expressing willingness to help, teachers reported

low rates of modifying teaching methods ($M = 2.60$), using simple supportive strategies ($M = 2.72$), communicating with parents ($M = 2.52$), and collaborating with colleagues ($M = 2.64$). This disconnect between attitude and behavior has been well-documented in the literature. Dockrell and Lindsay (2001) similarly found that teacher acknowledgment of communication needs did not automatically translate into evidence-based classroom practice.

Conversely, the strongest finding in this domain was teachers' overwhelming self-reported need for training ($M = 3.95$), alongside recognition that resource deficiencies impede their support capacity ($M = 3.64$). This is highly consistent with Mackay (2012) and McLeod and McKinnon (2007), who demonstrated that targeted professional development substantially improves teacher identification and support behaviors. Given Pakistan's acute shortage of speech-language pathologists, building teacher capacity is not merely desirable but operationally necessary (Imran et al., 2020).

Overall, this study underscores that government primary school teachers in Lahore possess limited awareness, mixed attitudes, and inadequate practical skills for supporting children with communication disorders primarily as a consequence of systemic training deficiencies. These findings call for urgent policy-level reform, including the integration of communication disorder modules into teacher education curricula and the development of school-based referral systems in collaboration with allied health professionals.

Summary

This study explored awareness, attitudes and practices of teachers regarding communication disorder in children of government primary schools of Lahore, Pakistan. A quantitative descriptive design was used which used the convenience sampling technique and a sample of 357 primary school teachers. Data was gathered through a structured questionnaire based on a Likert scale containing 31 questions with regard to three domains: awareness, attitudes and practices. Results indicated moderate to low awareness on

the part of teachers of communication disorders; many misconceptions regarding the causes and characteristics of communication disorders were found. Responses were diverse; although teachers knew that communication disorders were a significant issue, they overwhelmingly agreed with the necessity of training, but many felt uneasy and lacked confidence in actually being able to help children with communication disorders. The amount of actual classroom practices was severely restricted in all of the support-related behaviors. One key finding was that 80.1% of the respondents had not been trained in the relevant field. The need for professional development and additional resources was the most predominant response from teachers. The study suggests a need to embed communication disorder modules in teacher education programs and to develop school-based referral systems for better early identification and an inclusive support system in Government schools in Pakistan.

Recommendations

1. Integration of Communication Disorders into Teacher Training Curricula

The B.Ed and ADE (Associate Degree in Education) programs regulated by the Higher Education Commission (HEC) of Pakistan should mandatorily include a dedicated module on communication disorders. This module should cover identification of speech, language, fluency, and voice disorders, along with basic referral procedures. Currently, no such standardized module exists in Pakistani teacher education programs, leaving graduates entirely unprepared.

2. In-Service Training Workshops

The School Education Department (SED) Punjab should collaborate with speech-language pathology departments of universities such as the University of Lahore and Riphah International University to conduct regular in-service training workshops for government primary school teachers. Given that 80.1% of participants in this study had received no prior training, short-term intensive workshops of two to three days can provide foundational knowledge and practical identification skills at minimal cost.

3. Development of a Simple Screening Checklist

A culturally and linguistically adapted screening checklist in Urdu should be developed and distributed to all government primary school teachers in Lahore. This tool would enable teachers to systematically flag children showing persistent signs of communication difficulties, replacing the current reliance on informal, subjective judgment. Similar checklists have proven effective in low-resource settings across South Asia and sub-Saharan Africa.

4. Establishment of School-Based Referral Pathways

Formal referral linkages between government primary schools and public sector speech-language pathology services – such as those available at Services Hospital Lahore, Mayo Hospital, and the Institute of Speech-Language Pathology (ISLP) – should be formally established. Currently, no structured referral mechanism connects schools to health services in Punjab, meaning even aware teachers have no clear pathway to follow when a child is identified.

5. Reducing Classroom Size in Government Schools

This study confirmed that large class sizes worsen communication difficulties among children ($M = 3.58$). The Punjab government should prioritize reducing class sizes in government primary schools to the internationally recommended maximum of 25 to 30 students per classroom. Overcrowded classrooms not only impede communication development but also prevent teachers from giving individualized attention to children with disorders.

6. Awareness Campaigns Targeting Teachers and Parents

The Punjab School Education Department should launch targeted awareness campaigns addressing misconceptions about communication disorders. This study found that many teachers associated communication disorders with laziness, low intelligence, or behavioral problems. Community-level campaigns involving teachers, parents, and

school administrators can collectively reduce stigma and promote early help-seeking behavior.

7. Appointment of Resource Teachers or Support Staff

Each government primary school cluster in Lahore should ideally have access to at least one trained resource teacher or special education coordinator who can support classroom teachers in identifying and accommodating children with communication disorders. This is particularly critical given Pakistan's severe shortage of registered speech-language pathologists, currently estimated at fewer than 500 professionals for a population exceeding 230 million.

8. Policy-Level Reform under the National Education Policy

The Federal and Punjab Provincial governments should revise the National Education Policy to explicitly include communication disorders within the framework of inclusive education. Specific provisions should mandate teacher training, resource allocation, and monitoring mechanisms to ensure that children with communication disorders in government schools are not overlooked within the broader special educational needs agenda.

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