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Social Attitudes, Stigma, and Inclusion of People with Speech and Language Difficulties: Significance for Speech and Language Therapists in the North African and Middle Eastern Context

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Abstract

Speech and language difficulties can affect individuals' social participation, educational and employment opportunities, interpersonal relationships, and psychological well-being. Beyond communication-related challenges, societal attitudes, stereotypes, and environmental barriers may further influence their experiences and opportunities for inclusion. This study aims to explore community perceptions of individuals with speech and language difficulties and examine caregivers' perspectives on the influence of societal attitudes, inclusion practices, and support systems on their everyday experiences and well-being within North African and Middle Eastern communities. A descriptive qualitative content-analysis approach was employed. Data were collected through two structured online questionnaires administered in Arabic using Google Forms. The first questionnaire involved 195 community participants, while the second involved 12 caregivers of individuals with speech and language difficulties. Responses were analyzed descriptively according to three predetermined themes: social attitudes, stereotypes, and stigma; social inclusion, participation, and equal opportunities; and support systems, awareness, and personal well-being. The findings revealed generally supportive community attitudes toward educational inclusion, equal employment opportunities, teamwork, workplace accommodations, and increased societal awareness. Nevertheless, misconceptions concerning intelligence, personality, communication competence, and suitability for certain professional roles remained evident. Caregivers reported concerns regarding negative social judgments, reduced communication confidence, avoidance of participation, restricted leadership opportunities, and insufficient patience from others. They also emphasized the importance of family, peer, educational, and workplace support in promoting confidence, participation, and recognition of individuals' abilities. The findings suggest a potential gap between favorable community attitudes toward inclusion and the barriers perceived by caregivers in everyday settings. Although the small caregiver sample limits the generalizability of these findings, the study highlights the importance of addressing social and environmental barriers alongside communication difficulties. It further emphasizes the significance of speech and language therapists in promoting participation-oriented interventions, caregiver and community awareness, interdisciplinary collaboration, and inclusive communication environments.

Keywords: Speech and Language Difficulties, Societal Attitudes: Caregivers' Perceptions, North Africa and the Middle East.

1. Introduction

Speech and language difficulties can affect more than an individual's ability to communicate effectively. They may also influence educational participation, employment opportunities, social relationships, confidence, and involvement in everyday community life. However, the difficulties experienced by individuals with speech and language difficulties are not necessarily determined by the communication difficulty itself. The attitudes, expectations, and responses of other people can either facilitate or restrict their participation in society. Negative assumptions about intelligence, personality, competence, or social ability may contribute to stigma, discrimination, exclusion, and reduced opportunities for participation (WHO, 2022; Singer et al., 2023).

Recent research has increasingly emphasized the importance of examining communication difficulties within their broader social and environmental contexts. Individuals with communication difficulties may experience barriers when others interrupt them, underestimate their abilities, avoid interaction, or interpret differences in speech or language as indicators of broader personal limitations. Conversely, supportive families, peers, teachers, employers, and community members can facilitate participation and contribute to greater confidence and well-being. Thus, understanding societal attitudes is an important component of understanding the experiences of people with speech and language difficulties (Singer et al., 2023; Boyle et al., 2023).

The issue is particularly relevant in North African and Middle Eastern contexts, where cultural expectations, educational systems, social practices, and the availability of professional services may influence perceptions of communication difficulties. Recent research from North African and Middle Eastern settings has demonstrated that attitudes toward disability and communication differences are influenced by knowledge, experience, cultural context, and opportunities for inclusion. At the same time, evidence concerning societal attitudes toward people with speech and language difficulties remains relatively limited in some countries (Üstün -Yavuz et al., 2021; Alqhazo & Blomgren, 2026; Ghali et al., 2023).

Another important perspective is that of caregivers. Caregivers may observe the effects of societal attitudes on individuals' everyday lives across family, educational, social, and occupational settings. Their experiences can reveal barriers that may not be apparent from general community attitudes alone. Caregivers may also provide important information about confidence, participation, social relationships, support, and experiences of judgment or exclusion (Singer et al., 2023; Haukedal et al., 2023).

Therefore, the present study examines societal perceptions of individuals with speech and language difficulties and explores caregivers' perceptions of the effects of societal attitudes, inclusion practices, and support systems. By examining both community and caregiver perspectives, the study seeks to provide a broader understanding of how speech and language difficulties are perceived and

experienced within the participating North African and Middle Eastern communities. (WHO, 2022; Singer et al., 2023).

1.1 Aim of the Study:

The main aim of this study is to explore societal attitudes toward individuals with speech and language difficulties and to examine caregivers' perceptions of how societal attitudes, inclusion practices, and available support systems affect the well-being and everyday experiences of these individuals. In particular, the study seeks to explore community perceptions of the intelligence, social competence, and participation of individuals with speech and language difficulties, while identifying attitudes relating to stereotypes, stigma, discrimination, and social barriers. It also examines community perceptions of educational inclusion, employment opportunities, teamwork, workplace accommodations, and participation in wider society. In addition, the study explores caregivers' perceptions of how societal attitudes may influence individuals' confidence, social relationships, participation, and overall well-being, as well as the types of support that caregivers consider important for promoting inclusion and meaningful participation. Through these objectives, the study aims to provide descriptive evidence that may contribute to a better understanding of societal attitudes and caregiver experiences and may inform future awareness, inclusion, and support initiatives within the North African and Middle Eastern contexts.

1.2 Research Questions:

The study addresses the following two research questions:

- **Research Question 1:**

  How does the community perceive individuals with speech and language difficulties in terms of intelligence, social competence, and participation in society?

- **Research Question 2:**

  How do caregivers perceive the impact of societal attitudes, inclusion practices, and support systems on the well-being and daily experiences of individuals with speech and language difficulties?

Together, these questions allow the study to examine the issue from two complementary perspectives: the **community perspective**, which focuses on societal perceptions and attitudes, and the **caregiver perspective**, which focuses on the reported everyday experiences and support needs of individuals with speech and language difficulties.

1.3 Significance of the Study:

This study is significant because speech and language difficulties should be understood not only as communication-related issues but also as issues that can affect social participation, inclusion, and everyday experiences. Understanding how individuals with communication difficulties are perceived by the community can help identify attitudes and misconceptions that may facilitate or restrict their participation in education, employment, social relationships, and community activities. The study

draws on two complementary sources of information: a community social-attitudes survey involving 195 participants and a caregiver survey involving 12 participants. The responses provide insight into perceptions of intelligence, personality, social competence, participation, education, employment, teamwork, leadership, and societal awareness, while the caregiver responses provide an experience-oriented perspective on confidence, social relationships, participation, well-being, and support needs. Considering these perspectives together provides a broader descriptive understanding of social attitudes and their perceived implications than either source could provide independently (WHO, 2022; United Nations Department of Economic and Social Affairs, 2024; Singer et al., 2023).

The findings may contribute to greater awareness of the social experiences of people with speech and language difficulties by identifying misconceptions concerning intelligence, personality, competence, and social ability. Such information may help highlight areas in which public awareness and understanding could be strengthened and may encourage more respectful and supportive interactions. The findings are also relevant to educational institutions because perceptions of communication difficulties can influence students' opportunities to participate in classroom activities, presentations, peer relationships, and other educational experiences. Similarly, the study has occupational significance because perceptions concerning employability, teamwork, public-facing roles, and leadership may affect opportunities available to individuals with communication difficulties. The findings may therefore encourage greater attention to fair participation and appropriate support within educational and workplace environments (Boyle et al., 2023; Haukedal et al., 2023; St. Louis, 2024).

Caregivers' perspectives further strengthen the significance of the study by providing information about everyday experiences that may not be fully captured through a general community-attitudes survey. Their responses can help identify perceived social barriers, support needs, and consequences for confidence, participation, and social relationships. Although the caregiver sample is small, these perspectives provide valuable contextual information and complement the broader community data. The study may also be relevant to healthcare providers, educators, community organizations, and other professionals because the findings suggest that support for individuals with speech and language difficulties should consider not only communication performance but also participation, social experiences, and environmental barriers. Collaboration among families, caregivers, educators, speech and language professionals, healthcare providers, and community organizations may therefore be important in promoting consistent and inclusive support across different settings (Singer et al., 2023; van Barreveld et al., 2025).

From a research perspective, the study contributes descriptive evidence concerning social attitudes toward speech and language difficulties within the North African and Middle Eastern context. It provides a basis for further investigation using larger samples and additional perspectives, including those of individuals with speech and language difficulties themselves, teachers, employers, and speech-language professionals. Future research could also examine how attitudes vary according to demographic and contextual factors and could explore the relationship between community attitudes and individuals' actual experiences of inclusion. Practically, the findings may assist educational

institutions, healthcare providers, workplaces, community organizations, and awareness initiatives in identifying areas where misconceptions and barriers may need to be addressed. Overall, by bringing together community perceptions and caregiver perspectives, the study provides a descriptive foundation for promoting greater awareness, respectful communication, equal participation, and more inclusive social and institutional support for individuals with speech and language difficulties (Üstün-Yavuz et al., 2021; Ghali et al., 2023; Alqhazo & Blomgren, 2026).

2. Literature Review

Speech and language difficulties are increasingly understood as issues that extend beyond the accuracy or fluency of communication itself. Contemporary disability research emphasizes the interaction between an individual's characteristics and the social, institutional, and environmental contexts in which participation occurs. The World Health Organization (WHO, 2022) reports that persons with disabilities experience avoidable inequalities across health and everyday functioning and emphasizes the need to identify and remove environmental barriers. Similarly, the United Nations (2024) stresses that persons with disabilities continue to experience gaps in participation and access across education, employment, health, information, and other areas of social development. These frameworks are relevant to speech and language difficulties because communication is central to participation in education, employment, relationships, and community life.

The present study therefore treats social attitudes as a multidimensional issue involving stereotypes, inclusion, participation, equal opportunity, support, and well-being. This approach is consistent with recent communication-disorders research showing that communicative participation cannot be explained by impairment severity alone. Singer et al. (2023), for example, identified personal and environmental factors that may either support or restrict communicative participation among children with developmental language disorder (DLD). Thus, social experiences should be considered alongside language or speech characteristics when examining the lives of people with communication difficulties.

Recent disability scholarship emphasizes that participation is shaped by both individual characteristics and contextual conditions. The WHO (2022) identifies barriers such as discrimination, inaccessible environments, and exclusionary practices as contributors to inequitable outcomes. The United Nations (2024) similarly frames disability inclusion around meaningful participation, equality, accessibility, and the removal of structural barriers. This perspective is important for communication difficulties because the same speech or language characteristic may have different consequences depending on whether listeners provide sufficient time, respond patiently, adapt communication practices, and provide opportunities for participation.

The participation-oriented perspective is supported by research on DLD. Singer et al. (2023) reviewed contextual factors associated with communicative participation and concluded that participation varies according to interacting personal and environmental factors. Their review highlights the importance of considering the contexts in which communication takes place rather than assuming that

language ability alone determines participation. Blaskova and Gibson (2021) likewise emphasized children's own perspectives and reported that friendship and peer relationships are important to quality of life for children with DLD. These findings support a broad interpretation of inclusion in which being physically present in a classroom or workplace is not sufficient; meaningful communication and social participation also matter.

The distinction between impairment and participation is particularly relevant to the present survey. Community respondents were asked about intelligence, personality, social interaction, education, employment, teamwork, workplace accommodations, professional roles, and media representation. Caregivers were asked about confidence, participation, social experiences, leadership, support, and well-being. These domains reflect the possibility that social barriers may arise when communication differences are interpreted as indicators of broader personal limitations.

Stigma remains an important concern in recent research on communication disorders. Contemporary work on stuttering shows that negative attitudes may involve assumptions about personality, competence, communication ability, and social suitability. Boyle et al. (2023) demonstrated that self-stigma among adults who stutter is associated with communicative participation and mental health, showing that stigma can operate through several related processes rather than through a single negative belief. Their findings support the view that social attitudes can become personally consequential when people anticipate or internalize negative judgments.

International evidence also demonstrates that attitudes vary across cultural contexts. St. Louis (2024) analyzed 22,413 respondents from 44 countries who had completed the Public Opinion Survey of Human Attributes–Stuttering in 26 languages. The analysis found that region was among the stronger predictors of attitudes, while different predictors could operate differently for beliefs and self-reactions. This finding is particularly important for research conducted in Arab settings because it cautions against directly transferring findings from Western populations to Arabic-speaking communities.

More recent Arab evidence strengthens this point. Üstün-Yavuz et al. (2021) examined cultural differences in attitudes toward stuttering among British, Arab, and Chinese students and showed that cultural and host-context factors matter in understanding attitudes. Most recently, Alqhazo and Blomgren (2026) investigated public perceptions of stuttering in Jordan using a culturally informed questionnaire administered to 240 non-stuttering speakers. The study identified persistent areas of limited knowledge and negative attitudes and concluded that culturally tailored awareness initiatives are warranted. Although the Jordanian context cannot be treated as representative of all Arab countries, it provides contemporary evidence from an Arabic-speaking Middle Eastern community that is directly relevant to the present study's focus on public perceptions.

The present community findings show a comparable complexity. Respondents generally rejected personal discomfort in interacting with people with speech and language difficulties, yet responses remained mixed concerning intelligence, personality, patience, and negative representation. This combination suggests that acceptance and stereotypes can coexist. Contemporary evidence therefore

supports examining not only overt rejection but also subtle assumptions about competence and social suitability.

Communication difficulties can influence social participation through the interaction between communication skills and the responses of other people. Blaskova and Gibson (2021), in a review centered on children's perspectives, found that friendships and peer relationships are important aspects of life for children with DLD and highlighted the relevance of pragmatic language and self-perceptions. The review also argued for greater involvement of children themselves in research and support decisions. This is consistent with a participation-based approach in which social competence is not understood solely as an individual skill but as something that develops through interaction.

Lloyd-Esenkaya et al. (2020) systematically reviewed peer interaction in children with DLD and identified both strengths and difficulties. Their review cautioned against reducing children with DLD to deficits, while also recognizing vulnerabilities in peer interaction. More recent work by Singer et al. (2023) similarly demonstrates that communicative participation is influenced by contextual factors. Together, these findings indicate that communication difficulties may increase vulnerability to social exclusion, but outcomes vary according to the environment, relationships, and opportunities available.

The consequences can extend to quality of life. Haukedal et al. (2023) found that children with DLD had lower reported quality of life than matched comparison groups, with language skills accounting for part of the variation. A 2025 systematic review by van Barreveld et al. (2025) further found that social-emotional functioning and quality of life can develop along different trajectories and that peer-relational difficulties may increase across development. These findings support the caregiver survey's emphasis on confidence, participation, social relationships, and well-being rather than treating speech and language performance as the only relevant outcomes.

Inclusive education is a central component of contemporary disability policy, but recent research indicates that formal commitment to inclusion does not necessarily guarantee consistent implementation. Khochen -Bagshaw (2020) examined inclusive education in Arabic-speaking countries of the Middle East and North Africa and emphasized that inclusion is interpreted and implemented differently across local and national contexts. This regional variation means that findings from one Arab country should not automatically be generalized to another.

More recent evidence from the Arab Gulf similarly identifies a difference between policy ideals and implementation realities. A 2023 analysis of special education in the Arab Gulf states found strong formal commitments to the educational rights of learners with disabilities while also describing special education as an area that continues to develop in practice (International Journal of Educational Research Open, 2023). Aldosari (2022), studying 613 middle-school teachers in Riyadh, found that teachers' attitudes toward inclusion were neutral overall and that inclusion training was a significant factor associated with attitudes. Alhumaid et al. (2022), in a large Saudi Arabian sample of physical-education teachers, found moderately positive attitudes toward inclusion, while teaching experience and prior experience with students with disabilities were among the factors associated with attitudes.

These studies show that attitudes toward inclusion are not uniform and may depend partly on preparation, experience, resources, and institutional conditions.

Recent UAE research also illustrates the importance of knowledge. University students' attitudes toward learning with peers with disabilities were examined by Alshammari et al. (2021), with the findings indicating that perceived knowledge of inclusion was relevant to attitudes. Although these studies concern disability broadly rather than speech and language difficulties specifically, they provide a useful Arab-context framework for interpreting the present survey's strong support for educational inclusion accompanied by concerns about practical support.

The present community findings strongly support mainstream educational inclusion when appropriate support is available. This qualification is important. Inclusion is not simply placement in a mainstream setting; it requires communication access, appropriate accommodations, trained staff, and opportunities for meaningful participation. The literature therefore supports interpreting the survey responses as evidence of favorable principles of inclusion while recognizing that favorable attitudes do not by themselves establish inclusive practice.

Employment is another context in which communication differences may be interpreted through assumptions about competence. Contemporary research on stuttering shows that such assumptions can affect workplace experiences. A Japanese survey of 671 respondents found that attitudes toward employing people who stutter were generally somewhat positive, while workplace contact with a person who stutters was associated with more positive attitudes (Kobayashi et al., 2021). This finding suggests that actual interpersonal experience may be relevant to workplace perceptions, although it should not be interpreted as proving that contact always changes attitudes.

At the organizational level, Klompas and colleagues' recent theoretical work on stuttering stigma in organizational communication describes how stigma can develop through interpersonal and cultural processes and can influence speaker evaluations, communication strategies, and workplace behavior (St. Louis et al., 2022). More direct evidence comes from Boyle and Cheyne (2024), who studied 303 adults who stutter and found that 56% reported at least one major discrimination experience. Common experiences included not being hired and being discouraged from particular careers or jobs. Greater exposure to major discrimination was associated with lower quality of life.

These findings provide a useful context for the present community responses. Respondents strongly supported equal employment opportunities and workplace accommodations and generally rejected avoiding teamwork with people with communication difficulties. However, responses were more divided concerning public-facing employment and being taught by a person with a speech or language difficulty. This difference is consistent with the possibility that acceptance becomes more complicated when communication differences are associated with authority, public performance, or professional competence.

Leadership is especially important because it involves decision-making, visibility, authority, and social expectations. A communication difficulty does not by itself establish whether a person can lead,

teach, manage, or make decisions effectively. The literature reviewed here therefore supports distinguishing the communication demands of a particular role from assumptions that fluent speech is equivalent to intelligence or competence.

Bullying and exclusion are particularly relevant to speech and language difficulties because communication differences are often visible during interaction. Recent research on DLD indicates that peer relationships can be a vulnerable area, while also emphasizing strengths and individual variation (Blaskova & Gibson, 2021; Lloyd-Esenkaya et al., 2020). Singer et al. (2023) further demonstrated that contextual factors can either restrict or support communicative participation.

The social consequences of stigma are also evident in adult stuttering research. Boyle et al. (2023) found that self-stigma variables predicted communicative participation and mental health among 344 adults who stutter. Boyle and Cheyne (2024) further linked major discrimination with lower quality of life. These findings suggest that exclusion is not merely a social inconvenience; repeated negative experiences may be associated with broader participation and well-being outcomes.

The present caregiver findings are consistent with this concern. Caregivers described concerns about negative judgments, impatience, bullying or exclusion, avoidance of participation, and reduced confidence. At the same time, they identified family and peer relationships as important sources of support. This supports an interpretation in which social relationships can operate as both risk and protective factors.

Caregivers provide a perspective that can complement community attitudes because they observe communication difficulties across everyday settings. Recent research emphasizes the importance of considering multiple perspectives when evaluating the consequences of language and communication difficulties. Van Barreveld et al. (2025) found variation in social-emotional functioning and quality of life across development, indicating that outcomes cannot be inferred from language performance alone. Haukedal et al. (2023) similarly showed that quality of life is an important outcome associated with DLD.

Recent work on communicative participation also emphasizes consultation with families and children. Singer et al. (2023) concluded that, where evidence-based assessment of contextual factors is limited, professionals should consult parents and children about the factors that they perceive as important. This principle directly supports the inclusion of caregivers' perspectives in the present study.

The present caregivers emphasized support from families, peers, schools, and workplaces. They also described concerns about confidence, patience, participation, and negative social judgments. These findings suggest that support systems should not be viewed only as clinical services. They also include everyday interactional support, opportunities to participate, and social environments that recognize abilities beyond communication difficulties.

In the Arab Middle Eastern context, service availability is an additional consideration. Ghali et al. (2023) identified growing demand for audiology and speech-language services in Arabic-speaking Middle Eastern countries alongside challenges involving awareness of professional roles, regulation,

shortages of clinicians, and access to evidence-based resources. These regional service challenges provide context for caregivers' emphasis on awareness and support, while also underscoring the need for country-specific evidence for countries.

Awareness is a recurring theme in contemporary research on communication-related stigma. St. Louis (2024) demonstrated that attitudes toward stuttering vary across regions and that predictors of attitudes are not necessarily uniform. Alqhazo and Blomgren (2026) similarly identified areas of limited knowledge and negative attitudes in Jordan and recommended culturally tailored awareness campaigns.

Recent intervention evidence also suggests that attitudes can be addressed through structured educational activities. St. Louis et al. (2026) analyzed international intervention samples using the Public Opinion Survey of Human Attributes–Stuttering and compared intervention and control groups. The study found that attitude change was not uniform across all items and emphasized the importance of individual and contextual factors. This is relevant to the present study because it indicates that awareness should not be treated as a simple process in which information automatically produces positive attitudes. Effective awareness work should be culturally appropriate, repeated, and directed at specific misconceptions.

The community survey produced mixed perceptions concerning negative media representation. Recent literature supports treating representation as part of the wider social environment because repeated portrayals can shape expectations about communication and competence. However, the present survey does not establish a causal effect of media exposure, so the finding should be interpreted as respondents' perceptions rather than evidence that media representation caused particular attitudes.

The Arab context requires careful interpretation because Arabic-speaking countries differ in education systems, disability policy, service availability, professional training, cultural practices, and social conditions. Khochen-Bagshaw (2020) explicitly emphasized contextual variation in inclusive education across the Middle East and North Africa. Recent work on speech-language services likewise identifies substantial regional diversity and continuing challenges in service delivery (Ghali et al., 2023).

Recent empirical evidence from Jordan provides a particularly relevant comparison for the present study. Alqhazo and Blomgren (2026) examined community attitudes toward stuttering in Jordan and found persistent knowledge gaps and negative attitudes in some areas. Their study also illustrates the value of culturally informed questionnaire development. Research from the broader Arab context similarly indicates that attitudes toward communication disabilities cannot be assumed to be identical across populations (Üstün-Yavuz et al., 2021).

Evidence from Saudi Arabia and the UAE shows that attitudes toward disability inclusion can vary according to training, experience, and knowledge (Aldosari, 2022; Alhumaid et al., 2022; Alshammari et al., 2021). These findings provide a regional context for interpreting the present study's combination

of general support for inclusion and continuing concerns about competence, participation, and support.

3. Methodology

3.1 Research Design:

The study employed a **descriptive qualitative content-analysis design** to explore societal attitudes toward people with speech and language difficulties and caregivers' perceptions of their experiences. The study focused on identifying recurring patterns, areas of agreement and disagreement, and perceptions reflected in participants' responses. Rather than relying on inferential statistical procedures, the responses were interpreted descriptively according to the main themes and research questions.

Two related surveys were used. The first survey (see appendix 1) examined **community perceptions and societal attitudes toward people with speech and language difficulties**, particularly perceptions of their intelligence, social competence, participation, and equal opportunities. The second survey (see appendix 2) examined **caregivers' perceptions of the effects of societal attitudes, inclusion practices, and available support on the well-being and everyday experiences of individuals with speech and language difficulties**.

3.2 Participants:

The study involved two participant groups. The first group consisted of **195 community participants** who completed the social-attitudes survey. Participants were recruited randomly from respondents residing in a number of **North African and Middle Eastern countries**. The inclusion of participants from several countries was intended to obtain a broader regional perspective on societal attitudes toward people with speech and language difficulties.

The second group consisted of **12 caregivers** of individuals with speech and language difficulties. The caregiver sample was smaller because the researchers were unable to obtain more than 12 completed responses despite efforts to recruit additional participants. Consequently, the caregiver findings are treated as **descriptive accounts of the experiences and perceptions represented by these respondents rather than as statistically generalizable findings for all caregivers**.

The two samples were analyzed separately because they addressed different research questions and represented different perspectives. The community sample primarily addressed the question concerning societal perceptions, whereas the caregiver sample addressed the question concerning the impact of societal attitudes, inclusion, and support on individuals' experiences.

3.3 Data Collection Procedure:

Data were collected electronically using **Google Forms**. The online format enabled the researchers to distribute the questionnaires to participants in different geographical locations across North Africa and the Middle East. Participants accessed the questionnaire through an online link and completed

the survey independently.

The surveys were administered in **Arabic** to facilitate participants' understanding of the statements and to enable them to express their views in their most appropriate language. Using Arabic was particularly appropriate given the regional population targeted by the study and reduced the possibility that participants' responses would be affected by difficulties in understanding an English-language questionnaire.

Participation was voluntary. Participants were asked to respond to each statement according to the extent to which they agreed with it. The social and caregiver attitudes questionnaire employed a **five-point Likert response format**, ranging from *Strongly Disagree* to *Strongly Agree*. The survey document specifies the response categories as 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree.

3.4 Research Instrument:

The study used structured questionnaire statements addressing perceptions of speech and language difficulties, societal attitudes, social participation, inclusion, and support. The statements were **adapted from items and concepts used in previous research on stuttering, self-perception, societal attitudes, communication, and the experiences of people who stammer, Al Awaji et al. (2023), St. Louis (2020), Üstün-Yavuz et al. (2021)**. The uploaded survey, for example, contains statements concerning anxiety when speaking, avoidance of speaking situations, perceived communication competence, career or academic effects, expectations of negative judgment, perceived links between stammering and intelligence, employers' perceptions, media representation, interruption by listeners, and social judgment.

The adaptation of previously used statements was intended to ensure that the questionnaire addressed dimensions that had already been examined in research on communication difficulties while allowing the items to be presented in a form appropriate to the objectives and context of the present study.

The instrument was administered in Arabic. Because the statements were adapted for the purposes of the present study rather than reproduced as a single standardized instrument, the questionnaire was treated as a **researcher-adapted survey instrument** rather than as a direct administration of an established standardized scale.

Recent research supports the use of structured attitude measures in research on stuttering and communication-related attitudes. For example, contemporary studies have used Likert-type measures to examine social and communication experiences among people who stutter (Tran et al., 2021), while international research has continued to examine public attitudes toward stuttering using structured attitude instruments.

3.5 Organization of the Survey:

The survey statements were organized around the principal dimensions investigated in the study. Both surveys' statements focused primarily on the following three themes:

1. **Social attitudes, stereotypes, and stigma**, including perceptions of intelligence, personality, social interaction, tolerance, and negative representation.
2. **Social inclusion, participation, and equal opportunities**, including educational inclusion, employment, teamwork, workplace accommodations, professional roles, and participation in society.
3. **Awareness and support**, including awareness of bullying, discrimination, and the need for greater understanding of speech and language difficulties.

The caregiver survey focused on perceptions of individuals' experiences in relation to:

1. Social competence and communication confidence;
2. Social inclusion and participation;
3. Perceived societal judgment and discrimination;
4. Educational and occupational participation;
5. Leadership and decision-making opportunities;
6. Family, peer, school, and workplace support; and
7. Confidence, self-perception, and well-being.

This organization allowed the responses to be examined in relation to the two research questions.

3.6 Sampling and Recruitment:

Participants were recruited online from a number of North African and Middle Eastern countries. The community participants were selected randomly from the available population reached through the online survey distribution process. The final community sample consisted of 195 completed responses.

Caregivers were recruited using the same general online approach; however, recruitment of caregivers proved considerably more difficult. Only 12 completed caregiver responses were obtained. The researchers attempted to obtain additional responses but were unable to increase the caregiver sample beyond 12 participants. This limitation is acknowledged when interpreting the caregiver findings.

Because the recruitment was conducted online and across multiple countries, the sample should not be interpreted as a probability sample representative of all North African or Middle Eastern populations. Instead, it provides a regional descriptive perspective on attitudes and caregiver perceptions.

3.7 Data Analysis:

The survey responses were analyzed using **descriptive qualitative content analysis**. The purpose of the analysis was to identify meaningful patterns within the responses rather than to calculate inferential statistical relationships.

First, the responses were reviewed according to the individual questionnaire statements. Similar responses and recurring patterns were identified. The statements were then grouped according to the three major thematic areas: **Social Attitudes, Stereotypes, and Stigma; Social Inclusion, Participation, and Equal Opportunities; and Support Systems, Awareness, and Personal Well-Being**.

For the community survey, particular attention was given to areas of agreement, disagreement, and ambivalence concerning intelligence, personality, social interaction, educational inclusion, employment, teamwork, workplace accommodations, professional roles, and societal awareness.

For the caregiver survey, the analysis focused on perceived confidence, communication avoidance, social relationships, educational and occupational participation, social exclusion, leadership opportunities, bullying, patience, family support, and well-being.

The responses were subsequently interpreted descriptively to identify the dominant patterns within each theme. Where useful, response frequencies were presented in tables and graphs to provide a visual representation of the findings. These graphs were used as **descriptive illustrations of the survey responses rather than as inferential statistical analyses**.

3.8 Trustworthiness of the Analysis:

Several procedures were used to strengthen the credibility of the descriptive analysis. First, the responses were organized according to predetermined themes derived from the research questions and questionnaire content. Second, both agreement and disagreement were considered rather than selecting only responses that supported the researchers' expectations. Third, the community and caregiver responses were analyzed separately before being compared to identify similarities and differences between general societal perceptions and caregivers' reported experiences.

The caregiver sample size was explicitly considered when interpreting the findings. Since only 12 caregivers participated, their responses were treated as contextual and descriptive rather than representative of all caregivers of people with speech and language difficulties.

3.9 Ethical Considerations:

Participation in the study was voluntary. The questionnaires were distributed electronically, and participants were informed that the survey concerned perceptions of speech and language difficulties. Participants were free to decide whether to complete the questionnaire. Responses were collected for research purposes and were treated as survey data rather than as individual clinical assessments.

Because the survey was administered online and involved participants from different countries, the

researchers did not require participants to provide detailed identifying information in the survey responses. The study also avoided interpreting individual responses as clinical diagnoses or assessments of communication ability.

4. Descriptive Qualitative Content Analysis of the Survey Findings

The survey data were analyzed using a descriptive qualitative content-analysis approach. Rather than applying inferential statistical procedures, the analysis focused on identifying recurring response patterns, areas of agreement and disagreement, and the meanings reflected in participants' responses. The questionnaire items were organized according to three predetermined themes: **(1) Social Attitudes, Stereotypes, and Stigma; (2) Social Inclusion, Participation, and Equal Opportunities; and (3) Support Systems, Awareness, and Personal Well-Being**.

The community survey was used primarily to address Research Question 1, whereas the caregiver survey was used primarily to address Research Question 2. The analysis also considers the relationship between the themes conceptually by examining how perceptions of societal attitudes, inclusion, support, and well-being appear together in the responses.

4.1 Community Perceptions of Individuals with Speech and Language Difficulties:

Research Question 1: How does the community perceive individuals with speech and language difficulties in terms of intelligence, social competence, and participation in society?

The responses of the community participants revealed a **mixed but generally supportive pattern of attitudes**. Although some stereotypes and negative social perceptions were evident, participants also expressed considerable support for inclusion, equal opportunities, and greater awareness.

Theme 1: Social Attitudes, Stereotypes, and Stigma:

The first theme examined perceptions concerning intelligence, personality, social comfort, tolerance, and negative stereotypes.

4.1.1 Perceptions of Intelligence:

Responses regarding the belief that individuals with speech and language difficulties are less intelligent revealed mixed perceptions. While many respondents rejected this association, others agreed with the stereotype, and a considerable proportion expressed a moderate level of agreement.

This pattern suggests that although a substantial segment of the community does not associate communication difficulties with lower intelligence, the stereotype persists to some extent. The varied responses also indicate uncertainty among community members and suggest that such misconceptions may continue to influence societal perceptions of individuals with speech and language difficulties.

This finding is important because it indicates that communication difficulties may continue to influence judgments about intellectual ability, even when the respondents themselves do not

necessarily endorse the stereotype strongly.

4.1.2 Perceptions of Personality and Psychological Characteristics:

A similar pattern was observed in relation to the belief that stuttering or other speech and language difficulties cause anxiety or indicate weak personality. Agreement with this statement was relatively common, while a smaller proportion rejected it.

This suggests that some community members may still interpret observable communication difficulties in psychological or personality-related terms. Such perceptions may contribute to misconceptions about the individual rather than recognizing the difficulty primarily as a communication-related condition.

4.1.3 Social Discomfort:

In contrast, responses concerning personal discomfort when interacting with individuals with speech and language difficulties were predominantly negative. Most participants disagreed or strongly disagreed that such individuals made them uncomfortable.

This is an important positive finding because it indicates that **personal discomfort does not appear to be a dominant attitude among the respondents**. The responses suggest a relatively high degree of social acceptance at the interpersonal level.

4.1.4 Tolerance and Patience:

At the same time, participants expressed considerable concern about the attitudes of other members of society. Most respondents agreed or strongly agreed that people are not sufficiently tolerant or patient toward individuals experiencing communication difficulties.

This creates an interesting contrast within the findings: respondents generally reported that **they themselves were comfortable interacting with people with communication difficulties**, while simultaneously recognizing that intolerance and impatience may exist in the wider community.

This distinction suggests a possible gap between individual attitudes and perceptions of broader societal attitudes.

4.1.5 Media Representation:

Responses concerning negative media representation were mixed. Many respondents agreed that people with speech and language difficulties are often represented negatively, while a substantial number selected the intermediate response.

This indicates that respondents perceive the media as a possible source of negative stereotypes, although awareness of this issue does not appear to be equally strong among all participants.

4.1.6 Overall Interpretation of Theme 1:

Overall, the findings under Theme 1 indicate that community attitudes cannot be characterized as

either entirely positive or entirely negative. Rather, they demonstrate a **combination of acceptance and continuing stereotypes**.

On the positive side, respondents generally rejected personal discomfort toward people with speech and language difficulties. However, concerns remained regarding assumptions about intelligence, personality, societal impatience, and negative representation.

Thus, the findings suggest that **overt rejection may be relatively limited, while more subtle misconceptions and stereotypes may continue to influence social perceptions**.

Theme 2: Social Inclusion, Participation, and Equal Opportunities:

The second theme examined whether individuals with speech and language difficulties are perceived as deserving and capable of participating equally in education, employment, teamwork, and community life.

4.1.7 Inclusion:

There was strong support for including children with speech and language difficulties in mainstream classrooms when appropriate support is provided. Most respondents agreed or strongly agreed with this position.

This indicates that the community generally supports **inclusive education rather than educational segregation**. The emphasis on providing support is particularly important because it suggests that inclusion is viewed not simply as physical placement in mainstream classrooms but as participation accompanied by appropriate assistance.

4.1.8 Equal Employment Opportunities:

The responses also demonstrated strong support for equal employment and promotion opportunities. Most participants agreed or strongly agreed that individuals with speech and language difficulties should have equal opportunities in employment and career advancement.

This indicates that communication difficulties were not generally perceived as sufficient justification for restricting access to employment or promotion.

4.1.9 Workplace Accommodations:

There was similarly strong support for employers providing reasonable accommodations for employees with communication difficulties.

This finding reinforces the perception that respondents generally favor **equality through appropriate support and accommodation**, rather than expecting individuals with communication difficulties to adapt without institutional assistance.

4.1.10 Teamwork:

The responses concerning working in a team with someone who has a speech or language difficulty

were particularly positive. Most participants disagreed or strongly disagreed with the statement that they would prefer not to work in a team with such an individual.

This suggests a relatively high level of acceptance of individuals with communication difficulties in collaborative environments.

4.1.11 Teaching by Individuals with Communication Difficulties:

Responses were more mixed when participants were asked whether they would feel comfortable being taught by a teacher or lecturer with a speech or language difficulty. Although a considerable number disagreed with the statement that they would be comfortable, others agreed or partially agreed.

This represents an important area of ambivalence. Participants appeared to support inclusion generally, but **acceptance became less consistent when the individual with the communication difficulty occupied a professional or authoritative role**.

4.1.12 Employment Involving Public Communication:

Responses were also divided concerning whether individuals with speech and language difficulties should avoid jobs requiring communication with the public. Although disagreement was more common, a considerable number of respondents agreed or selected the intermediate response.

This may indicate that some respondents continue to associate communication difficulties with limitations in professional roles involving extensive public interaction.

4.1.13 Awareness of Bullying and Discrimination:

There was very strong agreement that communities should increase awareness of bullying and ridicule toward individuals with speech and language difficulties. Almost all respondents agreed or strongly agreed with this statement.

This finding demonstrates a strong recognition of the need for **community awareness and anti-bullying initiatives**.

4.1.14 Overall Interpretation of Theme 2:

The findings suggest that community participants generally support **social inclusion, educational inclusion, equal employment opportunities, teamwork, and workplace accommodations**.

However, some reservations remain concerning professional roles involving communication, particularly teaching and occupations requiring extensive public interaction. These responses suggest that while respondents may support the principle of equality, **traditional assumptions about communication ability and professional competence may still influence perceptions in particular contexts**.

4.2 Answer to Research Question 1:

Taken together, Themes 1 and 2 suggest that community perceptions of individuals with speech and language difficulties are **predominantly supportive but not completely free from stigma and misconceptions**.

The findings indicate three main patterns.

First, respondents generally demonstrated **social acceptance**. They tended to reject personal discomfort and were generally willing to work in teams with individuals who have communication difficulties.

Second, respondents strongly supported **equal participation and opportunities**, particularly in education and employment. There was clear support for mainstream educational inclusion, equal employment opportunities, workplace accommodations, and increased community awareness.

Third, **negative stereotypes remain present**. Some respondents associated communication difficulties with lower intelligence, anxiety, or weak personality, and some believed that individuals with such difficulties may be less suitable for occupations requiring public communication.

Therefore, the community's perception can best be described as **generally inclusive at the level of principle and interpersonal interaction, but with continuing misconceptions regarding competence, intelligence, and professional capability**.

Table (1): Summary of Community Perceptions (Research Question 1)

THEME	AREA EXAMINED	MAIN FINDING
SOCIAL ATTITUDES AND STIGMA	Intelligence	Mixed perceptions; stereotypes about intelligence persist.
	Personality and anxiety	Some respondents associate communication difficulties with anxiety or weak personality.
	Social discomfort	Most respondents reported feeling comfortable interacting with individuals with communication difficulties.
	Patience and tolerance	Respondents expressed concern about insufficient patience and tolerance in society.
	Media representation	Perceptions were mixed regarding negative media portrayals.
SOCIAL INCLUSION AND EQUAL OPPORTUNITIES	Education	Strong support for inclusion in mainstream classrooms with appropriate support.
	Employment	Strong support for equal employment and promotion opportunities.
	Workplace accommodations	Strong support for reasonable accommodations.
	Teamwork	Generally positive attitudes toward working with individuals with communication difficulties.
	Professional roles	More mixed attitudes toward teaching and jobs requiring extensive public communication.
	Bullying and discrimination	Strong recognition of the need for greater awareness and anti-bullying initiatives.

4.3 Caregivers' Perceptions of the Experiences of Individuals with Speech and Language Difficulties:

Research Question 2: How do caregivers perceive the impact of societal attitudes, inclusion practices, and support systems on the well-being and daily experiences of individuals with speech and language difficulties?

The caregiver responses provide a different perspective because caregivers were asked to report on the experiences and behaviors of individuals with speech and language difficulties. The responses indicate that caregivers perceive a **complex interaction between communication confidence, social attitudes, inclusion, discrimination, and support**.

Because only 12 caregivers participated, the findings are presented descriptively and should be understood as reflecting the experiences and perceptions represented within this group rather than generalized to all caregivers.

Theme 2: Social Inclusion, Participation, and Equal Opportunities

4.3.1 Perceptions of Social Competence:

Caregivers' responses suggested that individuals with communication difficulties do not consistently demonstrate confidence in everyday communication. Responses were distributed between agreement, partial agreement, and disagreement regarding whether the individuals appeared confident in daily communication situations.

This suggests that **communication confidence varies considerably between individuals**.

Similarly, caregivers were divided regarding whether the individuals believed they could overcome communication challenges through effort. The responses leaned toward disagreement or partial agreement, suggesting that some individuals may experience limited confidence in their ability to manage communication difficulties.

4.3.2 Avoidance of Communication:

The responses suggested that avoidance of speaking or participating because of anticipated failure is a recognizable experience among some individuals. Many caregivers selected the intermediate response, while others agreed that such avoidance occurs.

This finding indicates that communication difficulties may influence not only actual communication performance but also **willingness to participate**.

4.3.3 Academic and Occupational Participation:

Caregivers' responses regarding whether individuals viewed themselves as capable in academic or work-related tasks requiring speech were similarly mixed. This suggests that communication difficulties may affect perceptions of competence in situations where speaking is an important component of performance.

4.3.4 Social Relationships:

The findings concerning satisfaction with communication with family and friends were comparatively positive. Most caregivers agreed that the individuals appeared satisfied with their ability to communicate with family and friends.

This suggests that **close interpersonal relationships may represent an area of relative strength**, even when communication difficulties create challenges in wider social or professional environments.

4.3.5 Perceptions of Social Exclusion:

Caregivers reported substantial concerns regarding how individuals are perceived by others. Most respondents agreed to some extent that people in the community assume that individuals with communication difficulties are less intelligent.

Caregivers also commonly indicated that teachers, employers, or classmates may treat these individuals as less intelligent because of the way they speak.

These findings provide an important complement to the community survey. While many community respondents expressed support for equality, caregivers' responses suggest that **negative assumptions may still be experienced in everyday environments**.

4.3.6 Leadership and Decision-Making:

A particularly strong pattern emerged regarding leadership and decision-making. Most caregivers agreed that people do not expect or allow individuals with communication difficulties to take leadership roles or participate in decision-making.

This suggests that caregivers perceive a significant barrier beyond simple social interaction: communication difficulties may influence how others judge an individual's **authority, competence, and suitability for leadership**.

4.3.7 Bullying, Exclusion, and Judgment:

Caregivers' responses concerning bullying, exclusion, and judgment were mixed but indicated that these experiences do occur.

Several caregivers agreed that individuals experience bullying, exclusion, or negative judgment, while others disagreed or gave an intermediate response. This suggests that such experiences may vary according to the individual's environment and the nature or severity of their communication difficulty.

4.3.8 Participation in Daily Activities:

Responses concerning whether communication difficulties restrict participation in important daily activities were also mixed. Some caregivers perceived communication difficulties as a significant restriction, whereas others did not.

This indicates that the impact of communication difficulties on participation is **not uniform** and may depend on contextual factors such as social support, environmental expectations, and the individual's confidence.

Theme 3: Support Systems, Awareness, and Personal Well-Being

4.3.9 Communication Confidence and Self-Perception:

The caregiver responses suggest that communication difficulties may have psychological consequences. Responses concerning negative feelings toward oneself were divided, with several caregivers indicating that such feelings occur to some extent or occur clearly.

This suggests that difficulties with speech and language may influence **self-perception and emotional well-being**, although the experience differs among individuals.

4.3.10 Family and Social Support:

The strongest positive pattern in the caregiver survey concerned the value of support from peers, family, school, and workplace environments.

All caregivers expressed agreement to some degree that support helps others recognize the individual's strengths beyond communication difficulties, with most selecting the strongest agreement category.

This finding strongly emphasizes the importance of **supportive environments in counteracting negative judgments based solely on communication ability**.

4.3.11 Patience and Understanding:

Caregivers' responses suggested that patience from other people is not consistently experienced. Most selected the intermediate response, while others disagreed that people demonstrate sufficient patience and give individuals adequate time to express themselves.

This suggests that **lack of patience may remain an important social barrier**, particularly because individuals with communication difficulties may require additional time to formulate and express their thoughts.

4.3.12 Overall Interpretation of Theme 3

The findings indicate that caregivers perceive support as an important protective factor. Family, peers, schools, and workplaces can help individuals demonstrate abilities that may otherwise be overlooked because of their communication difficulties.

At the same time, caregivers identified concerns involving self-confidence, negative self-perceptions, impatience from others, and societal assumptions about intelligence.

4.4 Answer to Research Question 2:

The caregiver responses suggest that societal attitudes and inclusion practices can influence the **social**

participation, confidence, and everyday experiences of individuals with speech and language difficulties.

Three interconnected patterns emerged.

First, caregivers perceived that **negative societal assumptions remain present**, particularly assumptions that individuals with communication difficulties are less intelligent or less capable of social interaction.

Second, these perceptions appear to have consequences for **participation and opportunities**. Caregivers reported concerns about exclusion from group activities, restricted access to leadership and decision-making roles, and judgment in educational and occupational environments.

Third, caregivers strongly emphasized the importance of **supportive relationships and environments**. Support from family, peers, schools, and workplaces was perceived as helping others recognize the individual's strengths beyond their communication difficulties.

Overall, the caregiver findings suggest that the difficulties experienced by individuals with speech and language disorders are not attributable solely to the communication difficulty itself. Rather, their experiences are also shaped by **how other people respond to the difficulty, whether opportunities for participation are provided, and whether appropriate social and institutional support is available**.

Table (2): Summary of Caregiver Perceptions (Research Question 2)

THEME	AREA EXAMINED	MAIN FINDING
SOCIAL INCLUSION AND PARTICIPATION	Communication confidence	Confidence varies among individuals.
	Avoidance of communication	Some individuals may avoid speaking or participating because of anticipated difficulties.
	Academic and occupational competence	Perceptions of competence in speaking-related tasks were mixed.
	Family and social relationships	Communication with family and friends was perceived relatively positively.
	Social exclusion and stereotypes	Caregivers expressed concern about negative assumptions regarding intelligence and ability.
	Leadership and decision-making	Caregivers perceived barriers to leadership and decision-making opportunities.
	Bullying and exclusion	Experiences were mixed but indicate that bullying, exclusion, and judgment may occur.
	Daily participation	The perceived impact of communication difficulties on daily activities varied.
SUPPORT SYSTEMS AND WELL-BEING	Self-perception	Some individuals may experience negative self-perceptions.
	Family, school, peer, and workplace support	Support was widely recognized as important for highlighting individuals' strengths.
	Patience and understanding	Caregivers expressed concerns about insufficient patience from others.

Table (3): Comparison of Community and Caregiver Perspectives

DIMENSION	COMMUNITY PERSPECTIVE	CAREGIVER PERSPECTIVE
INTELLIGENCE	Some stereotypes persist.	Concern that others perceive individuals as less intelligent.
SOCIAL ACCEPTANCE	Generally supportive attitudes.	Concerns about actual social experiences.
EDUCATION	Strong support for inclusion.	Concerns about treatment in educational settings.
EMPLOYMENT	Strong support for equal opportunities.	Concerns about competence judgments and career opportunities.
TEAMWORK AND PARTICIPATION	Generally positive attitudes toward teamwork.	Communication confidence may affect participation.
LEADERSHIP	Not directly explored in depth.	Concerns about restricted leadership opportunities.
BULLYING AND EXCLUSION	Recognized as social concerns.	Perceived to occur in some individuals' experiences.
PATIENCE	Concern about insufficient societal patience.	Patience and adequate time to communicate may be lacking.
SUPPORT	Support for accommodations and awareness.	Strong emphasis on family, peer, school, and workplace support.
WELL-BEING	Less directly explored.	Concerns about confidence and negative self-perceptions.

The comparison reveals a potentially important **attitude–experience gap**. Community participants generally expressed support for inclusion and equality, whereas caregivers provided more evidence of the difficulties individuals may encounter in actual social, educational, and occupational settings.

This does not necessarily mean that community respondents were inconsistent. Rather, it may indicate that **supporting inclusion as a principle is different from eliminating the subtle stereotypes and barriers that individuals encounter in everyday life**.

4.6 Overall Findings:

The descriptive qualitative analysis produced four major findings.

Finding 1: General Acceptance coexists with Persistent Stereotypes:

The community survey suggests that individuals with speech and language difficulties are generally accepted in interpersonal and social situations. However, misconceptions concerning intelligence, personality, and professional competence remain.

Finding 2: There is Strong Support for Formal Inclusion:

Community participants strongly supported mainstream education, equal employment opportunities, workplace accommodations, teamwork, and increased awareness of bullying and communication disorders.

Finding 3: Caregivers Perceive Greater Difficulties in Lived Experience:

Although the community responses were generally supportive, caregivers reported that individuals may still experience negative judgments, exclusion, restricted leadership opportunities, impatience, and difficulties participating confidently.

Finding 4: Support is Perceived as a Major Protective Factor:

The caregiver responses particularly emphasize the importance of family, peers, schools, and workplaces in helping individuals overcome negative perceptions and demonstrate abilities beyond their communication difficulties.

5. Discussion

The present study examined community and caregiver perceptions of individuals with speech and language difficulties through three interconnected areas: social attitudes, stereotypes, and stigma; social inclusion, participation, and equal opportunities; and support systems, awareness, and well-being. The findings showed a complex pattern. Community participants generally expressed support for inclusion, equal educational and employment opportunities, teamwork, workplace accommodations, and greater awareness of bullying and discrimination. At the same time, responses revealed continuing uncertainty or concern concerning intelligence, personality, patience, professional roles, and communication-intensive employment. Caregivers provided a more experience-based perspective, emphasizing negative judgments, communication confidence, avoidance, participation, leadership, patience, and support (St. Louis, 2024; Boyle et al., 2023; Singer et al., 2023).

This pattern should not be interpreted as evidence that community respondents were simply inconsistent. Rather, it may indicate a distinction between general principles and specific social judgments. Recent research on stigma and inclusion similarly shows that people may endorse equality while negative assumptions continue to influence interaction and participation (St. Louis, 2024; Boyle et al., 2023).

One important finding was the coexistence of interpersonal acceptance and persistent stereotypes. Most community respondents did not indicate that they personally felt uncomfortable interacting with people with speech and language difficulties. However, responses concerning intelligence, anxiety, personality, and social competence were more mixed. This distinction is important because stigma does not necessarily appear as direct rejection. It may also occur when communication differences lead others to underestimate a person's ability or make assumptions about personality.

The finding is consistent with recent international evidence. St. Louis (2024), using data from more than 22,000 respondents across 44 countries, demonstrated substantial cross-cultural variation in attitudes toward stuttering. Alqhazo and Blomgren (2026) found that Jordanian respondents continued to show areas of limited knowledge and negative attitudes despite the broader need for public acceptance. These findings support the interpretation that attitudes should be examined at the level of

specific beliefs rather than summarized as simply positive or negative.

The present findings concerning intelligence deserve particular attention. Some respondents rejected the idea that communication difficulties indicate lower intelligence, while others selected intermediate or agreement responses. Caregivers also reported concern that individuals may be judged by the way they speak rather than by their actual abilities. Recent research supports the importance of this issue. Stigma-related beliefs can influence participation and well-being among people who stutter (Boyle et al., 2023), while research on DLD shows that social and quality-of-life outcomes cannot be reduced to language performance alone (Haukedal et al., 2023; van Barreveld et al., 2025).

Accordingly, awareness programs should explicitly separate communication characteristics from assumptions about intelligence, personality, leadership, or professional competence. The objective is not simply to encourage sympathy but to improve the accuracy of public understanding (Alqhazo & Blomgren, 2026; St. Louis et al., 2026).

The strong support for educational inclusion and equal employment opportunities is an important finding. However, recent Arab research indicates that favorable attitudes toward inclusion coexist with implementation challenges. Aldosari (2022) found that training was associated with teachers' attitudes toward inclusion in Saudi Arabia. Alhumaid et al. (2022) also identified experience-related factors in Saudi physical-education teachers' attitudes. The broader Arab Gulf literature emphasizes a continuing difference between formal commitments and practical implementation.

The present findings therefore suggest that inclusion should be interpreted as supported participation rather than placement alone. For people with speech and language difficulties, meaningful inclusion may involve additional time to respond, accessible communication practices, supportive peers and teachers, appropriate accommodations, and opportunities to demonstrate competence. This interpretation is consistent with Singer et al. (2023), who identified environmental and personal contextual factors associated with communicative participation (Singer et al., 2023; Aldosari, 2022; Alhumaid et al., 2022).

The community survey showed strong support for equal employment opportunities and workplace accommodations, but greater ambivalence concerning public-facing employment and teaching by people with speech or language difficulties. This pattern is significant because it suggests that attitudes may become less consistently supportive when communication is associated with authority, visibility, or professional expertise.

Recent workplace research provides a useful comparison. Kobayashi et al. (2021) found that workplace contact with people who stutter was associated with more positive attitudes among Japanese respondents. Boyle and Cheyne (2024), meanwhile, documented substantial experiences of major discrimination among adults who stutter, including employment-related experiences, and found an association between discrimination and lower quality of life. These findings demonstrate why formal support for equal employment should be accompanied by attention to recruitment, promotion, workplace interaction, and assumptions about professional competence.

The caregiver findings concerning restricted leadership opportunities should therefore be taken seriously as a perception requiring further investigation. The present sample does not establish how widespread such restrictions are in Arab countries, but it identifies leadership and decision-making as areas where communication-related assumptions may deserve further attention (Boyle & Cheyne, 2024; Singer et al., 2023).

The contrast between community and caregiver responses represents a central finding. Community participants generally expressed support for inclusion, whereas caregivers described more concrete concerns about everyday experiences. This may be understood as an attitude–experience gap: people can endorse equality as a principle while individuals and families continue to encounter barriers in actual settings.

Recent participation research supports this interpretation. Singer et al. (2023) showed that communicative participation is shaped by contextual factors, while Blaskova and Gibson (2021) emphasized the importance of peer relationships and individuals' own perspectives. The caregiver perspective is therefore not simply supplementary; it can reveal barriers that are less visible in general-attitude surveys.

Because the caregiver sample in the present study is small, these responses should be treated as reported perceptions and experiences rather than representative evidence about all caregivers. Nevertheless, the consistency of concerns involving patience, participation, confidence, support, and negative judgment identify areas that merit further research (Singer et al., 2023).

Support emerged as a protective factor in the caregiver responses. Family, peers, educational institutions, and workplaces were perceived as important in helping individuals demonstrate abilities beyond communication difficulties. This is consistent with recent evidence that communicative participation depends partly on environmental conditions and social relationships (Singer et al., 2023).

The emphasis on well-being is also supported by contemporary research. Boyle et al. (2023) linked self-stigma to communicative participation and mental health among adults who stutter, while Boyle and Cheyne (2024) found that major discrimination was associated with reduced quality of life. Haukedal et al. (2023) and van Barreveld et al. (2025) similarly show that language disorders can be associated with broader quality-of-life and social-emotional outcomes.

Support should therefore be understood broadly. It includes access to professional services, but also patient communication, inclusive teaching, supportive peer relationships, workplace accommodations, and opportunities for individuals with communication difficulties to participate in decisions affecting their lives (Singer et al., 2023; Ghali et al., 2023).

Arab and Middle Eastern Implications:

The findings have particular relevance to Arab countries because recent evidence demonstrates both common regional concerns and substantial country-level variation. Üstün-Yavuz et al. (2021)

demonstrated cultural variation in attitudes toward stuttering, while Alqhazo and Blomgren (2026) provided current community evidence from Jordan. Recent studies from Saudi Arabia and the UAE also show that knowledge, training, and experience are relevant to attitudes toward disability inclusion (Aldosari, 2022; Alhumaid et al., 2022; Alshammari et al., 2021).

At the service level, Ghali et al. (2023) identified challenges in Arabic-speaking Middle Eastern countries involving service demand, awareness of speech-language professional roles, regulation, clinician shortages, and evidence-based resources. These conditions may affect the ability of families and individuals to obtain appropriate support.

Overall, the present findings are consistent with recent literature showing that social attitudes toward communication difficulties can contain both acceptance and continuing stereotypes. Community participants largely supported equality and inclusion, while caregiver responses highlighted more specific concerns about confidence, participation, patience, leadership, and everyday social barriers. Recent international and Arab research provides a plausible context for understanding this contrast. (St. Louis, 2024; Boyle et al., 2023; Singer et al., 2023).

The principal contribution of the present study is therefore its combined examination of community perceptions and caregiver experiences in a Arab context. The findings suggest that meaningful inclusion requires more than favorable general attitudes. It also requires accurate knowledge, respectful interaction, practical support, communication access, equal opportunities, and genuine participation in education, employment, leadership, and community life (Singer et al., 2023; Üstün-Yavuz et al., 2021; Ghali et al., 2023).

6. Conclusion

The present study explored societal attitudes toward individuals with speech and language difficulties and examined caregivers' perceptions of how societal attitudes, inclusion, and support influence their everyday experiences. The findings provide a descriptive picture of attitudes within the participating North African and Middle Eastern communities and highlight both positive perceptions and continuing areas of concern (WHO, 2022; United Nations Department of Economic and Social Affairs, 2024).

Overall, the findings indicate that participants generally expressed support for the social inclusion and equal participation of individuals with speech and language difficulties. Community respondents tended to support equal educational and employment opportunities, participation in teamwork, workplace accommodations, and greater public awareness. These responses suggest recognition that communication difficulties should not prevent individuals from participating in education, employment, or wider society (Singer et al., 2023; Aldosari, 2022; Alhumaid et al., 2022).

At the same time, the findings revealed that some stereotypes and uncertainties remain. Responses concerning intelligence, personality, social competence, patience, public-facing employment, and professional roles were more mixed. This suggests that although general support for inclusion exists, some participants may still associate communication difficulties with broader assumptions about an

individual's abilities or characteristics. Such perceptions are important because they may influence how individuals are treated in educational, occupational, and social environments (Boyle et al., 2023; St. Louis, 2024; Alqhazo & Blomgren, 2026).

The caregiver responses provided an additional perspective on these issues. Caregivers identified concerns related to negative social judgments, communication confidence, participation, avoidance, bullying or exclusion, and opportunities for leadership and decision-making. They also emphasized the importance of support from families, peers, educational institutions, and workplaces. These responses indicate that the social experience of communication difficulties extends beyond the communication difficulty itself and may be influenced by the reactions and expectations of people and institutions around the individual (Singer et al., 2023; Haukedal et al., 2023; van Barreveld et al., 2025).

The findings therefore suggest a distinction between general acceptance of inclusion and the experience of meaningful inclusion. Supporting equal opportunities in principle does not necessarily eliminate stereotypes, negative judgments, or practical barriers in everyday situations. Meaningful inclusion requires not only positive attitudes but also understanding, patience, appropriate accommodations, supportive relationships, and opportunities for individuals with speech and language difficulties to demonstrate their abilities (Singer et al., 2023; Boyle & Cheyne, 2024).

The study also contributes to the limited body of research examining these issues within North African and Middle Eastern contexts. However, the findings should be understood as descriptive evidence from the participants who responded to the surveys rather than as a representation of all communities or caregivers in the region. Further research is needed to develop a more comprehensive understanding of these experiences (Üstün-Yavuz et al., 2021; Ghali et al., 2023; Alqhazo & Blomgren, 2026).

6.1 Recommendations:

Recommendations Based on the findings of the study, the following recommendations are proposed:

1. Increase public awareness Awareness initiatives should be developed to improve public understanding of speech and language difficulties. Such initiatives should specifically address misconceptions that communication difficulties indicate low intelligence, weak personality, limited social competence, or reduced professional ability.
2. Promote respectful communication public awareness programs should encourage people to communicate patiently with individuals who have speech and language difficulties. Listeners should be encouraged to allow sufficient time for responses and avoid unnecessary interruption, completing sentences, or making assumptions about what a person can or cannot do.
3. Strengthen inclusive educational practices Schools, universities, and other educational institutions should promote inclusive practices that enable students with speech and language difficulties to participate fully. Teachers and educational staff should receive appropriate

awareness and training concerning communication difficulties and reasonable classroom accommodations.

4. Promote equal employment opportunities Employers should ensure that speech and language difficulties are not automatically interpreted as evidence of reduced competence. Recruitment, promotion, teamwork, and leadership opportunities should be based on relevant qualifications and job performance rather than assumptions about communication differences.
5. Improve workplace accommodations Workplaces should consider reasonable communication accommodations when required. These may include allowing additional response time, providing alternative ways of presenting information, and creating an environment in which employees can participate without unnecessary communication-related pressure.
6. Address bullying and social exclusion Educational institutions, workplaces, families, and community organizations should take measures to prevent bullying, discrimination, and social exclusion. Awareness activities should emphasize respect for communication differences and the importance of treating individuals according to their abilities rather than their speech or language characteristics.
7. Support families and caregivers Caregivers should be provided with accessible information about speech and language difficulties and available support services. Families can play an important role in encouraging confidence, participation, communication practice, and social involvement.
8. Strengthen speech and language services Greater attention should be given to the availability and accessibility of qualified speech and language professionals. Collaboration among educational institutions, healthcare providers, families, and speech-language professionals could improve the continuity of support available to individuals with communication difficulties.
9. Include people with speech and language difficulties in future research Future studies should give individuals with speech and language difficulties a direct opportunity to describe their own experiences. Their perspectives can complement those of community members and caregivers and provide a more comprehensive understanding of stigma, inclusion, support, and participation.

6.2 Implications and Significance for Speech and Language Therapists:

The findings of the present study have important implications for speech and language therapists (SLTs), particularly because they indicate that the consequences of speech and language difficulties extend beyond communication performance to include social participation, confidence, interpersonal relationships, and access to opportunities. The reported attitudes concerning intelligence, competence, patience, leadership, bullying, exclusion, and social support suggest that communication difficulties should be considered within the broader social and environmental contexts in which individuals communicate. This perspective is consistent with the World Health Organization's rehabilitation framework, which emphasizes functioning and participation rather than focusing exclusively on

impairment. Accordingly, SLTs may need to incorporate participation-oriented outcomes into assessment and intervention, such as the ability to contribute in classrooms, interact effectively in workplaces, maintain peer relationships, and participate confidently in community activities, alongside traditional measures of speech and language accuracy or fluency (World Health Organization, 2022; Singer et al., 2023).

The findings also suggest that stigma and the misinterpretation of communication difficulties should be considered as part of clinical practice. Although community members may express support for inclusion, this does not necessarily eliminate stereotypes or assumptions concerning intelligence, personality, competence, anxiety, or social ability. The caregiver responses further indicate that negative reactions from others may affect confidence, encourage avoidance, and restrict participation. Consequently, SLT intervention may benefit from addressing not only the individual's communication skills but also the responses of communication partners and the wider social environment. This can include family and communication-partner education, strategies for promoting appropriate waiting time and turn -taking, preparation for disclosure and self-advocacy, and support for individuals in managing potentially challenging communication situations. Research on communicative participation similarly indicates that participation is influenced by interacting personal and environmental factors rather than by communication impairment alone (Boyle et al., 2023; Singer et al., 2023).

The findings further highlight the importance of considering contextual and environmental factors during assessment and intervention planning. SLTs may therefore need to examine factors such as listener behavior, interruptions, available response time, classroom and workplace routines, peer relationships, and access to appropriate accommodations. Such an approach is particularly relevant to the caregiver findings concerning impatience from others, reduced confidence, avoidance, and barriers to everyday participation. In educational settings, this also reinforces the importance of collaboration between SLTs and teachers. Rather than viewing intervention as occurring solely within clinical sessions, SLTs can work with educators to establish communication-supportive classroom practices, develop appropriate participation goals, provide guidance on waiting time and interruption, support peer interaction, and contribute to staff awareness and training. Recent research on school-based speech-language pathology collaboration similarly emphasizes the importance of effective interprofessional cooperation in supporting communication and inclusion (Singer et al., 2023; Aldosari, 2022).

Another important implication concerns the role of support systems, including families, peers, schools, and workplaces. The caregiver findings suggest that supportive relationships can influence confidence, well-being, participation, and the recognition of individuals' abilities beyond their communication difficulties. SLTs can therefore incorporate family- and communication-partner-focused components into intervention, including guidance on responding to communication difficulties without rushing, interrupting, or attempting to speak for the individual. Such approaches can help create communication environments in which individuals are given sufficient time and

opportunities to express themselves and participate independently. This reflects a person-centred and participation-oriented approach to rehabilitation in which intervention considers the contextual factors that influence functioning in everyday life (Singer et al., 2023; World Health Organization, 2022).

The findings also point to a potential gap between favourable attitudes and actual inclusive practices. General support for inclusion may not necessarily translate into appropriate accommodations, sufficient staff awareness, or effective communication support within schools, workplaces, healthcare settings, and communities. SLTs may therefore have a broader role in advocacy and service development, including promoting communication-partner training, accessible accommodations, appropriate referral pathways, and collaboration with other professionals when communication difficulties are accompanied by significant social or emotional consequences. Such responsibilities are consistent with broader rehabilitation approaches that recognize the importance of accessible, coordinated, and context-sensitive services (Ghali et al., 2023; World Health Organization, 2022).

Finally, the study highlights the importance of evaluating outcomes that are meaningful in individuals' everyday lives. In addition to measuring changes in speech and language performance, SLTs may consider outcomes such as confidence in communication, reduced avoidance, increased participation, improved social interaction, and experiences of inclusion. Qualitative information from individuals, caregivers, teachers, and other communication partners can complement standardized measures by showing how communication changes are experienced across real-world contexts. Overall, the implications of this study support a broader role for SLTs in which clinical intervention is connected with participation, environmental support, collaboration, and advocacy. Such an approach recognizes that successful communication intervention involves not only helping individuals develop or manage communication skills but also helping create social environments in which their abilities can be recognized and their participation supported (Singer et al., 2023; Boyle et al., 2024)

6.3 Limitations of the Study:

Several limitations should be considered when interpreting the findings:

First, the study used an online Google Forms questionnaire. Although online data collection allowed participants from different North African and Middle Eastern countries to participate, it may have excluded individuals with limited internet access or limited familiarity with online questionnaires. Therefore, the participants may not represent all members of the populations from which responses were obtained.

Second, the community survey included 195 participants, while the caregiver survey included only 12 participants. The caregiver sample was small because the researchers were unable to obtain more than 12 responses despite attempts to recruit additional caregivers. Consequently, the caregiver findings should be interpreted as descriptive accounts of the perceptions represented by these respondents rather than as findings that can be generalized to all caregivers.

Third, participants were recruited from a number of North African and Middle Eastern countries.

Although this provided a broader regional perspective, the countries represented in the sample may differ considerably in terms of culture, education, healthcare provision, disability services, and public awareness. Therefore, the findings should not be assumed to represent all North African or Middle Eastern communities equally.

Fourth, the survey was administered in Arabic. This was appropriate for the target participants and was intended to facilitate comprehension; however, differences in interpretation of particular statements may still have occurred because participants may have different linguistic, educational, and cultural backgrounds.

Fifth, the questionnaire statements were adapted from previous studies rather than being taken unchanged from one standardized instrument. Although adaptation allowed the questionnaire to address the specific objectives of the present study, differences in wording and context may affect how participants interpreted individual statements. The findings should therefore be understood as responses to the adapted questionnaire used in this research.

Sixth, the study relied on self-reported responses. Participants reported their own perceptions and experiences, which may be influenced by personal experiences, social expectations, or a desire to provide socially acceptable responses. The study therefore describes participants' reported perceptions rather than directly measuring actual behavior toward people with speech and language difficulties.

6.4 Methodological Limitations:

Several methodological limitations should be considered when interpreting the findings. First, the online distribution of the questionnaire may have excluded individuals with limited internet access or limited familiarity with online surveys. Second, although participants were recruited from several North African and Middle Eastern countries, the sample cannot be assumed to represent the populations of all countries in the region.

Third, the caregiver sample was limited to **12 respondents** because additional responses could not be obtained. This substantially limits the extent to which the caregiver findings can be generalized. The caregiver responses should therefore be interpreted as an exploratory description of the experiences represented in the sample.

Finally, the questionnaire statements were adapted from previous studies rather than being administered as one unchanged standardized instrument. Consequently, the findings describe participants' responses to the **adapted Arabic questionnaire used in this study** and should not be interpreted as directly equivalent to scores obtained from a standardized instrument such as the POSHA-S.

Finally, the analysis was descriptive and qualitative in nature. The study was designed to identify patterns and themes in the responses rather than establish statistical relationships or causal effects. The findings can therefore identify important areas of concern and support further investigation, but

they cannot establish that particular societal attitudes directly cause particular outcomes for individuals with speech and language difficulties.

Despite these limitations, the study provides useful descriptive evidence concerning perceptions of speech and language difficulties and highlights areas requiring greater awareness, inclusion, and support. The combination of community and caregiver perspectives provides a broader view of the issue and establishes a basis for future research.

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Appendix 1 Community Attitudes toward People with Speech and Language Disorders

Purpose of the questionnaire:

The purpose of this questionnaire is to assess community attitudes, perceptions, and levels of acceptance toward people with speech and language disorders, including societal stigma, social incl usion, and equal opportunities in education and employment.

Section 1: Demographic Information:

1. Date of birth
2. Age
3. Gender
4. City
5. Country

Section 2: Survey Statements:

Please indicate how much you agree or disagree with each statement.

- Strongly agree
- Agree
- Somewhat agree
- Disagree
- Strongly disagree

1. Society views people with speech or language disorders as being less intelligent than others.
2. I would feel comfortable having a close friend who has a speech or language disorder.
3. People are intolerant and impatient toward those who have communication difficulties.
4. Teachers should receive training on how to support students with speech and language difficulties.
5. People with speech and language difficulties should have equal opportunities for employment and promotion.
6. People with speech or language difficulties make me feel uncomfortable.
7. Communication disorders can affect anyone, regardless of the cause or upbringing.
8. Children with speech and language difficulties should be included in general education classrooms with appropriate support.
9. Employers should provide reasonable accommodations to support employees with communication difficulties.
10. Stuttering or other speech and language difficulties cause anxiety or indicate a weak personality.
11. I would prefer not to work on a team with someone who has a speech or language difficulty.
12. The media often portray people with speech and language difficulties in a negative way.
13. I would feel comfortable being taught by a teacher or lecturer who has a speech or language difficulty.
14. People with speech and language difficulties should avoid jobs that require communication with the public.
15. Communities should raise awareness of how widespread bullying and mockery of people with speech or language difficulties are.

Appendix 2 Caregiver Perceptions Survey:

Title: Caregivers' Perceptions of Societal Attitudes toward Individuals with Speech and Language Difficulties

Purpose of the Questionnaire:

This questionnaire aims to explore caregivers' perceptions of the experiences of individuals with speech and language difficulties, particularly their communication confidence, social participation, societal treatment, inclusion, and support systems.

Section A: Demographic and Background Information:

1. Date of birth: _____
2. Age: _____
3. Gender: _____
4. City: _____
5. Country: _____
6. What type of speech or language difficulty does the individual have? _____
7. What is your relationship to the individual? _____

Section B: Caregivers' Perceptions:

Please indicate the extent to which you agree or disagree with each statement based on your observations of the individual with speech or language difficulties.

Response options: Strongly Disagree – Disagree – Partially Agree – Agree – Strongly Agree.

No.	Questionnaire statement
1	They appear confident when communicating in everyday situations.
2	They believe they can manage communication challenges if they try.
3	They avoid speaking or participating because they expect to fail.
4	They describe themselves as capable of performing academic or work-related tasks that require speaking.
5	They appear satisfied with their ability to communicate with family and friends.
6	They express negative feelings about themselves because of their speech or language difficulties.
7	People in our community assume that they are less intelligent.
8	Teachers, employers, or classmates treat them as less intelligent because of the way they speak.
9	Other people perceive them as incapable of social interaction.
10	They are not included in group activities at school, work, or in the community.
11	People do not expect or allow them to take leadership roles or make decisions.
12	People demonstrate patience and give them sufficient time to express themselves.
13	They experience bullying, exclusion, or negative judgment because of their communication difficulties.
14	Their communication difficulties limit their participation in important everyday activities.
15	Support from peers, family, schools, or workplaces helps others recognize their strengths beyond their communication difficulties.