

Barriers to the Provision of Speech & Language Therapy in Bangladesh: A Qualitative Phenomenological Inquiry

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Abstract

Speech and Language Therapy (SLT) services are important for individuals with communication, voice, and swallowing difficulties. In Bangladesh, SLTs work across different service settings, but limited evidence is available regarding the challenges they experience while delivering services. This study aimed to explore the challenges faced by Speech and Language Therapists (SLTs) in delivering SLT services across Bangladesh. A qualitative phenomenological approach was used to explore participants' lived experiences. Eleven SLTs were selected purposively from different service settings and geographic contexts. Data were collected through semi-structured interviews using a questionnaire available in English and Bengali. Interviews lasted approximately 15–30 minutes and were audio-recorded with participants' consent. Bengali verbatim transcripts were translated into English, and thematic analysis was conducted following the six steps described by Braun and Clarke. Seven primary themes emerged: (1) Professional Challenges, (2) Challenges in Engaging Clients and Families, (3) Training and Professional Development Challenges, (4) Cultural and Linguistic Barriers, (5) Financial and Emotional Barriers, (6) Institutional Challenges, and (7) Awareness and Advocacy. Participants described shortages of resources, limitations in advanced training, unrealistic expectations and poor family involvement, regional language and cultural barriers, financial and emotional burdens, limited institutional recognition and interdisciplinary collaboration, ethical concerns, and insufficient public awareness and institutional advocacy. The findings indicate that challenges occur at professional, family, cultural, financial, institutional, and system levels. The study identifies the need for improved resource allocation, accessible professional development, family and community engagement, financial support mechanisms, cultural sensitivity, public awareness, and institutional advocacy.

I. INTRODUCTION

Speech and Language Therapy (SLT) is concerned with the assessment and management of communication, voice, and swallowing difficulties. SLTs may provide individualized services in hospitals, rehabilitation centres, clinics, schools, community settings, and other service environments. Communication disability can affect participation and quality of life, while access to appropriate rehabilitation depends on available professionals, resources, referral systems, and public understanding. (Law et al., 2000; Alam et al., 2023).

The literature reviewed in the thesis describes a range of barriers to SLT service delivery internationally, including resource limitations, practitioner inexperience, technological and geographic barriers, financial constraints, awareness gaps, challenges in evidence-based practice, and the need for culturally and linguistically appropriate services. In Bangladesh, communication disability and SLT service development have received comparatively limited research attention. The thesis notes barriers related to public awareness, availability of qualified therapists, rural–urban differences, funding, and system-level support. (Alam et al., 2023; Law et al., 2000).

The Bangladeshi context is also linguistically and culturally diverse. Regional dialects and cultural beliefs may influence communication between therapists, clients, and caregivers. The thesis further identifies the importance of caregiver participation, professional development, institutional recognition, interdisciplinary collaboration, and advocacy for the development of SLT services. (Betancourt et al., 2003; Bloder et al., 2021; Serry & Liamputtong, 2017; Verdon et al., 2014).

Therefore, this study explored the challenges experienced by SLTs while delivering SLT services across Bangladesh. The research question was: “What are the challenges faced by Speech and Language Therapists (SLTs) in delivering Speech and Language Therapy (SLT) services across Bangladesh?”

II. OBJECTIVES

The general objective was to explore the challenges faced by SLTs in delivering SLT services across Bangladesh.

The specific objectives were to: (1) explore professional challenges during service provision; (2) identify challenges in engaging clients and families; (3) identify administrative challenges; and (4) identify cultural challenges.

III. LITERATURE SURVEY

The thesis literature review describes SLTs as members of healthcare and rehabilitation teams who work with individuals experiencing communication and swallowing difficulties. Service delivery may require collaboration with other professionals and active involvement of families and caregivers. The literature also indicates that SLT practice can be affected by resource availability, professional training, technology, geography, awareness, referral pathways, and access to finances. (Law et al., 2000; Alam et al., 2023).

Evidence reviewed in the thesis indicates that cultural and linguistic diversity can create barriers when therapists and service users do not share the same language, dialect, or cultural understanding. Culturally responsive practice and appropriate communication resources are therefore relevant to effective service delivery. The thesis also identifies family engagement and public awareness as important factors because misconceptions about therapy and unrealistic expectations may influence participation and continuation of services. (Betancourt et al., 2003; Bloder et al., 2021; Serry & Liamputtong, 2017; Verdon et al., 2014).

Within Bangladesh, the thesis identifies a need for greater public awareness, increased access to qualified SLTs, improved service distribution, appropriate resources, continuing professional development, and stronger institutional and policy support. These issues provided the background for examining SLTs’ lived experiences in the present qualitative study. (Alam et al., 2023).

IV. METHODOLOGY

A. Study Design

A qualitative phenomenological approach was used to explore the lived experiences of SLTs. The methodology was designed to examine participants’ experiences in their natural professional contexts. The study used semi-structured interviews and included demographic information, field notes, reflective observations, and interview data. (Liamputtong, 2019).

B. Sampling and Participants

Purposive sampling was used to select participants who met the study criteria. Eleven SLTs participated. Participants were selected to represent variation in professional experience, affiliation, and geographic/service context. Participants were aged 25–34 years; nine were female, and two were male. Professional experience ranged from 2 to 12 years. Participants worked in settings including rehabilitation centres, schools, colleges/centres, and NGOs. Educational backgrounds included Bachelor’s and Master’s-level qualifications, including ongoing postgraduate study. (Palinkas et al., 2015; Patton, 2015).

Characteristic	Category/Range	n	%
Participants	Total	11	100
Age	25–34 years	11	100
Gender	Female	9	81.8
Gender	Male	2	18.2
Experience	2–12 years	11	100

C. Study Place and Population

The study population was SLTs working in Bangladesh. Data were collected from SLTs associated with CRP and other therapy-related settings, including therapy centers, colleges, and NGOs.

D. Inclusion and Exclusion Criteria

Participants were included according to the study criteria based on completion of a four-year B.Sc. in Speech and Language Therapy and the compulsory one-year internship at an authorized institution, as described with reference to the Bangladesh Rehabilitation Council (BRC, 2018). Non-practitioners and individuals unwilling to participate were excluded.

E. Data Collection

A semi-structured interview questionnaire was developed in English and translated into Bengali. A field test was conducted with one participant; the field-test data were not included in the analysis, and the questionnaire was revised accordingly. Participants were informed about the study aims and procedures, confidentiality, and their right to withdraw. Interviews were conducted in a quiet setting, lasted

approximately 15–30 minutes, and were audio-recorded using a mobile device with consent. Notes were also taken during data collection.

F. Data Analysis

Thematic analysis was used. The analysis followed six stages: familiarization with the data, generation of initial codes, development of tentative themes, review of themes, definition and naming of themes, and production of the report. Bengali verbatim transcripts were translated into English. Participant quotations were used to support the themes. The thesis reports repeated review of translated material, comparison with Bengali transcripts, and supervisor review of coding and accuracy. (Braun & Clarke, 2021; Byrne, 2022).

G. Ethical Considerations and Rigor

Ethical clearance was obtained from the BHPI Institutional Review Board before data collection. Informed consent was obtained from participants. Confidentiality and anonymity were maintained, and participants could decline to answer questions or withdraw from the study. The study addressed autonomy, beneficence, justice, and privacy. Rigour was supported through supervisor guidance, neutral and non-leading questions, review of translations by additional persons, repeated checking against Bengali transcripts, and supervisor review of coding and interpretation.

V. RESULTS

Seven primary themes and related subthemes emerged from the thematic analysis.

A. Theme 1: Professional Challenges

Participants described limited resources and training limitations as major professional challenges. They reported shortages of therapy tools, materials, infrastructure, and diagnostic resources. Some participants described creating materials themselves because of limited budgets. Physical limitations of therapy rooms, including insufficient space and ventilation, were also reported. Participants additionally described limited access to advanced training and certification opportunities, with cost and limited institutional support affecting participation and application of new knowledge.

One participant stated: “We often have to create our materials because there is no budget for proper tools.” Another participant described the therapy environment as lacking “proper ventilation and space.” These accounts indicate that resource and training constraints were experienced directly within day-to-day practice.

B. Theme 2: Challenges in Engaging Clients and Families

Participants reported unrealistic expectations regarding therapy outcomes, poor family involvement, and financial and emotional difficulties. Some caregivers expected rapid improvement, including clear

speech within a short period, and therapists had to spend time explaining that therapy progress may be gradual. Participants also described insufficient participation in home exercises and lower involvement from some caregivers. Financial difficulty was reported as a reason for irregular attendance or discontinuation, while caregivers could experience emotional exhaustion when expected improvements were not achieved quickly.

A participant reported that parents sometimes expected clear speech within one or two months. Another participant stated that lack of home exercise slowed progress. These experiences indicate that engagement was influenced by expectations, caregiver participation, financial capacity, and emotional burden.

C. Theme 3: Training and Professional Development Challenges

Participants identified limited access to advanced training and difficulty applying training knowledge in practice. Specialized training opportunities were described as costly and sometimes available mainly outside the country. Even when therapists attended workshops or training, lack of equipment and institutional support could prevent application of newly acquired techniques. Thus, participants described a gap between obtaining knowledge and implementing it in clinical practice.

D. Theme 4: Cultural and Linguistic Barriers

Regional dialect differences, language variation, cultural beliefs, and misconceptions were reported as barriers. Participants described situations in which caregivers' language or dialect differences could complicate communication and interpretation. Cultural misconceptions and stigma surrounding communication difficulties were also reported to delay or complicate intervention. Participants mentioned the use of traditional healers or home remedies in some situations. Region-specific resources, culturally sensitive counselling, and awareness activities were identified in the thesis as relevant responses.

E. Theme 5: Financial and Emotional Barriers

Participants described financial constraints affecting the ability of clients and families to continue therapy. The cost of regular sessions and therapy-related needs could contribute to discontinuation. Participants also described emotional challenges affecting both caregivers and therapists. Therapists reported emotional exhaustion associated with long working hours, high caseloads, and limited support, while caregivers could experience stress when therapy was prolonged or financially difficult.

F. Theme 6: Institutional Challenges

Institutional challenges included limited recognition of the SLT profession, lack of team collaboration, and ethical challenges. Participants reported that some healthcare professionals did not fully understand the role and importance of SLT, which could affect referrals and professional visibility. One

participant stated: “We work in isolation most of the time, with minimal interaction or support from other healthcare professionals.” (Birch et al., 2023).

Poor communication between disciplines and the absence of structured interdisciplinary protocols were reported as barriers to integrated care. Ethical concerns included confidentiality problems in shared therapy spaces, misuse of therapy materials, and non-adherence to professional codes of conduct. Participants identified clearer institutional guidelines, ethics training, and improved infrastructure as potential responses. (Birch et al., 2023).

G. Theme 7: Awareness and Advocacy

Participants described limited public awareness campaigns and inadequate institutional advocacy. They reported that many people, particularly in rural or underserved areas, may have limited knowledge about what speech therapy is and how it can help. One participant stated: “Most people in rural areas have no idea what speech therapy is or how it can help their child.” Participants also described limited advocacy at institutional and policy-making levels, including difficulty securing funding and creating SLT positions. They identified awareness campaigns, community workshops, social media outreach, professional advocacy, and collaboration with healthcare policymakers as possible areas for action.

VI. DISCUSSION

The study identified seven interconnected areas of challenge in SLT service delivery in Bangladesh. Professional challenges were primarily related to resources and training. The thesis literature review and discussion indicate that similar resource and professional-development barriers have been described in other low-resource contexts. The findings therefore place resource availability and continuing professional development within the broader context of SLT service capacity.

Challenges in engaging clients and families were related to expectations, participation, and financial and emotional burden. The thesis discussion connects these findings with caregiver misconceptions and the emotional demands of long-term therapy. Family involvement is particularly relevant because therapy may require activities and practice beyond the therapy session.

Training and professional development challenges were characterized by limited access to advanced training and difficulty applying knowledge without appropriate equipment or institutional support. The thesis discusses experiential and adult learning perspectives, emphasizing that professional development requires opportunities for active application and context-relevant learning.

Cultural and linguistic barriers were identified through regional dialect differences and cultural misconceptions. The thesis literature survey similarly emphasizes the importance of culturally and linguistically appropriate SLT practice. In the Bangladeshi context, these barriers may be especially relevant because service users may speak different regional varieties and may hold different beliefs

about communication disorders and therapy. (Betancourt et al., 2003; Bloder et al., 2021; Serry & Liamputtong, 2017; Verdon et al., 2014).

Financial and emotional barriers affected therapy continuity and professional experience. The findings indicate that access is not determined only by the existence of a therapist or service; the ability of families to sustain attendance and manage associated costs is also relevant. Participants also described emotional burdens among caregivers and therapists.

Institutional challenges concerned recognition, collaboration, and ethics. Participants' reports indicate that SLTs may experience difficulty working as integrated members of multidisciplinary teams when communication, referral, and institutional structures are weak. Ethical concerns were also linked to physical and organizational environments. (Birch et al., 2023).

Finally, awareness and advocacy were identified as system-level challenges. Participants described limited public understanding and weak institutional advocacy. Taken together, the seven themes indicate that the challenges reported by SLTs operate across individual professional practice, family participation, culture and language, financial circumstances, institutions, and wider awareness and advocacy systems.

VII. IMPLICATIONS FOR PRACTICE

The thesis identifies several practice implications: improved resource allocation and institutional support; family and community engagement programs that explain therapy expectations and participation; financial support mechanisms for therapy services; cultural-sensitivity training for SLTs; and public awareness campaigns about communication disorders and the role of SLTs.

VIII. STRENGTHS AND LIMITATIONS

The study's stated strengths include its comprehensive exploration of SLTs' challenges in Bangladesh, the in-depth understanding provided by the qualitative approach, and the practical implications for policy and practice. The stated limitations are that selected geographic regions were represented and the findings may not fully represent challenges in other areas of Bangladesh. The thesis also notes that some cultural and linguistic nuances may have been lost during translation or analysis.

IX. RECOMMENDATIONS FOR FUTURE RESEARCH

The thesis recommends broader geographic representation in future studies, quantitative research to measure specific challenges, longitudinal research to examine changes over time and the effectiveness of interventions, and research involving clients, caregivers, and institutional representatives to provide multiple perspectives on SLT service delivery.

X. CONCLUSION

This qualitative study explored challenges faced by Speech and Language Therapists in delivering SLT services across Bangladesh. Seven themes emerged: Professional Challenges; Challenges in Engaging Clients and Families; Training and Professional Development Challenges; Cultural and Linguistic Barriers; Financial and Emotional Barriers; Institutional Challenges; and Awareness and Advocacy. The findings show that barriers to SLT service delivery are multidimensional and extend from resources and professional development to family engagement, culture, finances, institutional structures, and public awareness. The study highlights the need for coordinated attention to resources, training, family and community engagement, financial accessibility, cultural responsiveness, institutional collaboration, ethical practice, public awareness, and professional advocacy.

Human Ethics and Consent to Participate declarations

Ethics Approval:

Ethical clearance was obtained from the BHPI Institutional Review Board before data collection. Informed consent was obtained from all participants. Confidentiality and anonymity were maintained, and participants could decline to answer questions or withdraw from the study.

Declarations

Consent to Participate:

Informed consent was obtained from all participants before participation in the study and audio recording of interviews.

Funding:

No funding was received for this study.

Author Contribution

Md. Jubair Ahmmed Ifty: Conceptualization, Methodology, Investigation, Formal Analysis, Data Curation, Writing – Original Draft, Writing – Review & Editing, and Project Administration. Md. Sazzad Hossain: Investigation, Data Curation, Formal Analysis, Writing – Review & Editing, and Validation. Rafia Tasnim: Investigation, Data Curation, Writing – Review & Editing, and Validation. Riyad Mahmud: Investigation, Literature Review, Writing – Review & Editing, and Validation. Rakib Hossen: Investigation, Literature Review, Writing – Review & Editing, and Validation. Md. Monir Hossain: Investigation, Data Curation, Writing – Review & Editing, and Validation. All authors: approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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to my parents, who are no more in the earth

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