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Four Decades of Speech-Language Pathology in India: Changing Perspectives and Challenges of the Future

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KeyWords

Speech-language pathology · India · Clinical work · Training programs · Research

Abstract

The paper traces the evolution and current status of speech-language pathology in India in its clinical and training aspects.

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Speech-language pathology (SLP) in India had its beginnings in 1962 when two national medical institutions at Delhi and Bombay established speech and hearing clinics. During 1962-1963 a handful of Indians trained in speech therapy in the US, UK and Australia returned to India to work and thus began the history of SLP in India. Within a period of 5 years, the real impetus for SLP in India emerged with the beginning of two training programs at Bombay and Mysore.

The primary concern of SLP in these early years and well up into the last decade or so had been the rehabilitation of the hearing-impaired. This overwhelming preoccupation with the hearing-impaired was undoubtedly due to the fact that the first few clinics were established by ENT surgeons and several of the early trainers came from a background of deaf education. That this legacy still remains can be seen, in that the Rehabilitation Council of India, as recently as 1992, equated the speech-impaired with the hearing-impaired. For the first two decades of our existence in India, speech-language pathologists worked closely with ENT surgeons, the speech and hearing clinic often being an integral part of the ENT department. Over the years speech-language pathologists gradually built bridges to others such as neurologists, pediatricians and special educators. In the recent past there has been an increasing number of speech-language pathologists, particularly in urban areas, who have set up independent clinics and practice independently, albeit in close collabora-

oration with other professionals. Yet to happen in India is the advent of speech-language pathologists in school.

Despite this expansion, the bulk of the clinical work still goes on in training institutions because of the public awareness of these institutions and the captive manpower in terms of the trainee student population. However, the quality of clinical services offered in training institutions is necessarily constrained by the exigencies and priorities of the training program. Assessment, documentation and reporting have also been hitherto neglected areas, contributed to by the lack of assessment tools, a paucity of trained staff vis-à-vis demand for services and a general lack of emphasis on documentation. The number of languages spoken in India has compounded the shortage of assessment tools and norms. The lack of familiarity with the nature of therapeutic services such as speech-language therapy with its low 'face value', lack of instant results and long-term nature when compared to medical services and the low literacy levels in a substantial proportion of the caregivers have also posed problems. Consequently, the clinical aspect of SLP has not as yet made a sufficient impact on the general public at large.

Beginning in the mid 1960s and up until the mid 1980s there were only two 3-year BSc and one 2-year MSc training programs in the country. Training at the doctoral level began in the late 1970s. These programs produced about 50 graduates and 20 postgraduates per year for a country nearing a population figure of 1 billion by the turn of the century. The majority of the graduates who were qualified to work as clinicians have invariably gone on to pursue a Master's degree, either within the country or outside, resulting in a greater number of Master's degree holders aspiring for academic posts, with an insufficient base of clinicians. This lopsidedness in the field was

tutions, have had easy access to materials and equipment from abroad. Unfortunately they have set impractical and needlessly high standards of resources both for other training programs as well as to its own graduates, who graduate with similar expectations of their workplaces.

Research and publications on SLP in India, so far, have largely been the result of MSc and PhD theses and dissertations. Very little long-term sustained research in any of the areas of SLP has been carried out in India. The little that has been done is largely unavailable for want of publication. While much of the research currently carried out in India is not of much interest for the international scientific community either because it is dated or because of its parochial nature, publication in India is restricted to a couple of local journals published sporadically. Writing skills in English (a second or third language for most Indian speech-language pathologists) remain a major hurdle for those desirous of publishing their work – a factor not sufficiently heeded to in our training programs. Given that we do not perish if we do not publish, few have the motivation to go through the arduous task of honing writing skills in order to publish in peer-reviewed professional journals at an international level. Publication of clinical material and tools that are generated, on the other hand, is seldom attractive to local

publishers given the restricted market potential.

Yet, the potential for research in SLP, both theoretical and applied, is enormous given the easy access to a large number and variety of subjects and the unique features and challenges of the populations of the Indian subcontinent, including multilingualism and illiteracy. We have yet to clearly formulate our policy on issues such as those pertaining to the practice of SLP in India. The potential stemming from the combined knowledge base that Indian speech-language pathologists hold in audiology and SLP needs to be exploited for theoretical advancement. It is also regrettable that a discipline which is as heavily manpower-dependent as SLP is has not expanded vigorously in a country whose major resource is its human resources. With the opening up of the discipline at the turn of the century and more realistic planning and expectations, SLP in India ought to widen and strengthen itself for the vast numbers of people for whom it exists and in the process carve out for itself a unique identity within SLP in the global context.

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