

Awareness, Knowledge, and Attitude of Primary School Teachers on Students with Stuttering in Kerala

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Abstract

Purpose: The aim of the study was to assess the awareness, knowledge and attitude of primary school teachers on SWS and to compare the correlation among the objectives.

Method: A total of 40 schoolteachers who are currently working with primary school children were chosen randomly from Thrissur district of Kerala. The chosen participants were within the age range of 30 to 55. 18 closed end questions which was separated into 3 sections that focused on the teacher's awareness and knowledge of stuttering, their attitude and viewpoint of how people interact to SWS were performed and analysed among the participants.

Result: The result was obtained based on the analysis of the questionnaire responded by the participants. The average response rate for inquiries about teacher's awareness was 72.8%. A score of 73.67% on knowledge and a score of 68.01% on attitude was obtained respectively on stuttering.

Conclusion: Based on the findings of the current study it can be inferred that primary school teachers had approximately moderate level of awareness, knowledge and positive attitude on stuttering in school going children.

Introduction

Stuttering is a disorder in which the rhythm or fluency of speech is impaired by interruptions or blockages (Bloodstein,2007). It is a fluency disorder that affects the natural, forward flow of speech which is characterised by primary and secondary behaviours. Stuttering is a problem with the timing of speech. People who stutter have difficulty moving from one sound to the next in a word or have difficulty getting sound started after it has stopped. Van Riper (1982) defined stuttering as "when the forward flow of speech is interrupted by a motorically disrupted sound, syllable, word, or by the speaker's reaction.

Stuttering that has its onset in childhood is then sometimes called ‘developmental stuttering’. Early childhood stuttering is common, according to the American Speech-Language-Hearing Association (ASHA). Developmental stuttering is a stage that occurs in about 5% of children between the ages of 2 and 4 years old. This happens as kids acquire a lot of language and sort through different word pronunciations. While roughly 75% of children with developmental stuttering recover from it within the first year, others may require further therapy as they get older.

According to a national survey on the incidence and prevalence of various impairments for the year 2002, 387 people per 100,000 people (or around 0.4 percent) in the urban sector were reported to stutter nationwide (Government of India, 2003). According to an epidemiological study (Srinath, Girimaji, Gururaj and Seshadri, 2005) that included stuttering in a survey of child and adolescent psychiatric disorders, the prevalence of stuttering in Bangalore (Karnataka state, southern India) was 1.5 percent in the 4 to 16 age group across urban middle-class areas, urban slum areas, and rural areas. As result, there is documented evidence that stuttering exists in India, albeit at a stated prevalence that is lower than what may be predicted based on the results of western research.

People in the child's environment have a documented impact on the child's experiences with their stuttering, communication capacity, and therapeutic development (Bennett, 2003; Blood and Blood, 2004; Murphy, Yaruss and Quesal, 2007). Because the responses of peers, teachers, and family members might affect the child's fluency, the environment in which the children with stuttering (CWS) interacts must be taken into account (Yaruss and Reardon, 2002). The way parents react to the first signs of stuttering—whether they seek professional help right away, take a "wait and see approach" or just ignore the problem—may depend on their understanding and views about stuttering. Understanding how parents view the disorder can help researchers and speech language pathologists (SLPs) better cater education and therapy to the requirements of CWS. Parents are vital to the delivery of stuttering treatment.

Knowing and believing what causes stuttering can have an impact on a parent's decision about whether or not their child needs to get therapy (Al-Khaledi, Lincoln, McCabe, Packman and Alshatti (2009). When children start learning how to communicate effectively in elementary school, stuttering typically stops. A school-age child who still stammers is probably aware of the issue and may feel self-conscious about it. It might be brought up by classmates and friends, and they might even tease the child.

Teachers play an important role in the lives of their students and for those kids who are at a higher risk of developing social, emotional, and mental health issues, having a supportive and understanding relationship with their teachers can act as protection (Murray and Pianta, 2007). Understanding teacher's attitudes will help in formulating and planning the best interventions because they play a key role in the management of stuttering. Finding knowledge gaps in instructors could perhaps help foster more optimistic attitudes.

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As we know the preschool children spend majority of their time in school, it is predominant for the preschool teachers to gain knowledge on stuttering. To this extend, the teachers can suggest the preschool children in case of any medical condition. A study done by Kumar and Varghese (2018) on assessing awareness and attitude of teachers towards primary school children with stuttering in Dakshina Kannada inferred that teachers have moderate awareness about the development of speech and language patterns.

There is evidence that teachers are figures of authority who can have a substantial impact on a child's early years who spend a lot of time in school. When a child stutters in their class, teachers reported that they felt helpless or anxious (Plexico, Plumb and Beacham,2013). Unfavourable attitudes, preconceptions and lack of awareness regarding stuttering can harm a child especially during puberty, when a person seeks out their own identity (Hearne, Packman, Onslow and Quine, 2008). However, there is proof that teachers are eager to learn more about stuttering (Jenkins, 2010).

The studies also determined that providing teachers with education opportunities in the area of stuttering should increase the teacher's knowledge of stuttering, improving their perceptions towards student with stuttering (SWS). The research also shown that offering teacher's stuttering education chances should improve the teacher's perceptions of SWS and boost their knowledge of stuttering. SLPs should lead in-service trainings for teachers within the school system in order to educate them about stuttering (Ebert and Prelock,1994). It is interesting that, despite the need for such in-service training being recommended by the research that has been done little follow-up studies have been carried out. According to Lass, Ruscello, Schmitt and Pannbacker (1992), pre-service training and continuing education courses should address the stigmatising stereotypes of stuttering-related behaviour. The in-goal service's is to educate teachers about common misconceptions regarding stutterers and the reasons behind them. Crowe and Walton (1981) reported that a programme which paired teacher's education with assessment of their attitudes regarding stuttering could lay the groundwork for productive communicative relationships in the classroom.

It can be detrimental to teacher's perceptions of interactions with stuttering children if they have unsupported beliefs about the condition (Abdalla and St. Louis, 2012). Additionally, the empathy and conduct of teachers towards SWS can affect how peers perceive and treat these children (Boberg and Calder, 2012; Jenkins, 2010).

In terms of aetiology, statistics, facts and advice on how to engage with the SWS, including dos and don'ts, the SLPs can offer sufficient knowledge about stuttering. The SLP would be able to give specific information regarding stuttering such as causes, characteristics, types, methods of intervention etc. The current study aims to further explore the primary school teacher's awareness, knowledge and attitudes on stutterers. In particular, to find out if educating instructors on stuttering improves their understanding of the condition and results in more favourable attitudes toward the SWS.

Review of Literature

Stuttering was viewed as a disorder that develops gradually, with awareness occurring apparent only after overt speech and physical symptoms had been present for a considerable length of time. Although educating a student is a teacher's primary responsibility, it is possible that they are unaware of how their views or ideas regarding stuttering can dramatically affect or influence student performance and classroom management. (British Stammering Association, 2006; Pachigar, Stansfield and Goldbart, 2011; Lass, Ruscello, Schmitt and Pannbacker, (1992); Stewart and Turnbull, 2007).

Stuttering typically begins between the ages of 2 and 5 years. Some children show signs of stuttering as young as 18 months or show no signs until the age of 12 or 13 years. Many children go through a stage of development during which they repeat words and phrases, draw out sounds, or have other dysfluencies. In most cases, this "stuttering" is considered normal dysfluency. For some children however, seemingly normal dysfluencies are actually signs of early stuttering. In the other half of cases, the stuttering begins suddenly within about two weeks. Early stuttering may not progress smoothly, rather it comes and goes in cycle. SWS frequently struggle with a variety of issues, including poor communication with peers and teachers, anxiety during oral presentations, a lack of initiative in class discussions and a lack of a supportive peer group. A SWS may be compelled to engage in avoidance and/or non-adaptive behaviours, which may inhibit participation in day-to-day activities, interaction with peers, speaking up in class and ultimately academic achievement (O'Brian, Jones, Packman, Menzies, and Onslow, 2011; Williams, Melrose, and Woods, 1969).

Guitar (1998) offers a model of how stuttering develops and explains its requirement of various approaches depending on where it is in the process. There are five stages in the hierarchical model, with typical disfluency at the bottom. The following four levels are borderline stuttering, beginning stuttering, intermediate stuttering, and advanced stuttering which reflect the disorder's progression through its many phases of development.

Stuttering that begins during a child's intensive language-learning years and disappears naturally before puberty is referred to as "normal disfluency." It is considered to be a standard phase of language development. About 75 out of 100 kids who stutter improve on their own. In borderline stuttering there are more than two disfluencies per 100 words. At this level, part-word repetitions and whole-word repetitions with a single syllable are common. The disfluencies at this level are still loose and unstructured, but there may be more than two repetitions in a row. Beginning level stuttering is distinguished by the existence of stress and a sense of urgency in the stuttering as well as the development of prolongations.

During repetitions and prolongations, loudness and pitch climbs may be audible and the repetitions themselves may be swift and abrupt. The child may have stiff facial muscles and difficulty in breathing or speaking. Early on, the child will show signs of awareness of

the stuttering and may even grow highly frustrated by it. The young person may begin using escape mechanisms by nodding their head or with a blink of eye in an effort to stop stuttering. The child's rising negative response to being aware of their stuttering is a factor in the disorder's continual progression. All of the aforementioned characteristics, as well as avoidance behaviours are present in children who have intermediate stuttering. Stuttering experience conditioning starts to take effect at this point, and stuttering intolerance and situational avoidance start to emerge. Shame and anxiety also start to emerge at this point.

Children with advanced stuttering are typically older than 14 years old and their needs necessitate treatment strategies that are commonly geared toward adults. Especially to untrained listeners, it's important to keep in mind that a child may progress through these stages without it always being clear that their stuttering is getting worse.

Over the past several decades, there has been a gradual but definite shift in recognizing stuttering not only as a physiological disorder, but also as social disability (Yaruss and Quesal, 2004). The assessment, instruction, and educational development of students who stutter (SWS) in their classrooms may suffer as a result of classroom teacher's negative impressions of these students (Lass, Ruscello, Schmitt and Bradshaw, 1992). The educational progress of their students depends on teacher's perceptions because they play such a significant part in the educational process.

Stuttering is thought to have a hereditary component (Drayna and Kang, 2011; Felsenfeld, 1997; Kang, 2015; Packman and Attanasio, 2004) which may have a significant impact on a person's vulnerability to stuttering. In the same manner, twin and family studies (Suresh, Ambrose, Roe and Cox, 2006) seem to support the notion that there is a strong genetic component to stuttering, as evidenced by the finding that first-degree relatives are more likely to stutter. Stuttering in children may occur due to certain changes in the behaviour of parents particularly mothers and their action (such as stress, insecurity, self-centeredness, extreme cruelty, and high expectations) (Voulgari, 2012). In some conditions, brain damage, a syndrome that may be brought on by a stroke, severe brain injury, or other neurologic events in early life may be the root cause of stuttering susceptibility.

Teachers are in a unique position because the causes of anxiety are likely to begin throughout the school years (Hearne, Miles, Douglas and Nicholls ,2021). By fostering a supportive atmosphere for the child at school, they have the opportunity to influence the trajectory of that child's attitudes and beliefs about their own stuttering. But for teachers to have this beneficial impact, it is critical that they are knowledgeable about stuttering and have the necessary abilities to support a stuttering child. Crowe & Cooper (1977) found that having knowledge about specific communication disorders positively influences an individual's attitude toward that disorder. There are some encouraging accounts in the literature of adults who stammer reflecting on the benefits of teachers who had been supportive and sympathetic of them while they were in school (Rustin, Cook and Spence, 1995). Several participants

shared favourable experiences, saying that the teachers were fairly understanding about the whole matter and that the students "was treated as a normal person in class." (Klompas and Ross, 2004).

For a number of reasons, teacher's assessments of impact are particularly relevant and crucial to evaluate. First, teachers learn a great deal about how children communicate by seeing them interact with other kids over the course of several school days. Secondly a child's behaviour and functioning may be very situational. Teacher's reports can show whether stuttering has a varied effect in various contexts. Third, instructors may be more objective than parents because of their experience in comparison to a wider range of children (Eiser and Morse, 2001). Fourth, given the potential complicating element that parents themselves may be negatively impacted by their children's stuttering, it is crucial to evaluate the perspectives of this caregiver group (Langevin, Packman and Onslow, 2010; Millard and Davis, 2016; Wheeler, Fenton, and Millard, 2011).

A number of effects of stuttering in young children have been studied, including behavioural and emotional responses to stuttering (Clark, Conture, Frankel and Walden, 2012; Vanryckeghem, De Niels, and Vanrobaeys, 2015) and adverse communication attitudes on the part of the affected children (Boey, Heyning and Wuyts, 2009). Stuttering has a negative impact on self-confidence for certain kids (Langevin, Packman and Onslow, 2010).

According to studies, boys are more likely than girls to stutter (Drayna, Kilshaw and Kelly, 1999), but other research (Nippold and Rudzinski, 1995) tends to indicate that parental communication styles are another possible contributing factor to stuttering.

Research suggests people have varying perceptions towards stuttering across different countries (Louis, Sønsterud, Junuzović-Žunić and Tomaioli, 2016). A child's perception of their stuttering can be affected if people in their environment react badly to it (Blood and Blood, 2004). If teachers have inaccurate opinions about stuttering, it may negatively affect how they view CWS (Abdalla and St. Louis, 2012). Stuttering-related bad experiences might delay a child's therapeutic progress in addition to negatively affecting their ability to communicate (Murphy, Yaruss, and Quesal, 2007). Negative impressions can affect the dynamics of the school setting, putting the CWS at a disadvantage and possibly limiting the child's potential if they persist (Bennett, 2003).

To ensure a child's success in communicating in a variety of contexts, SLPs must comprehend the value of engaging closely with those in the child's surroundings, especially teachers (Yaruss and Reardon, 2002). SLP can assist teachers by working cooperatively with them to develop effective, well-organized teacher training in order to maximise the effectiveness for CWS in the classroom and in therapy (Bennett, 2003). Teachers may also help CWS have less communicative stress and more pleasant speaking experiences by

working with SLPs and parents to do so (Boberg, 2012). SLP must first comprehend the attitudes and beliefs teachers hold in order to develop treatments and resource materials that address concerns with stuttering and CWS. Little is known regarding teacher's attitudes or awareness about stuttering in the Indian context.

Western Studies

Crowe & Walton (1981) attempted to determine the attitudes of 100 teachers in Mississippi's elementary schools toward stuttering and to investigate the attitudes and knowledge of stuttering as a child or parent. The Alabama Stuttering Understanding Test (ASK) was used to gauge teacher's knowledge about stuttering in the classroom, while the TATS was used to gauge their attitudes. The findings revealed that teachers with wholesome attitude knew more about stuttering. Yeakle & Cooper (1986) conducted a study to assess teacher's perceptions of stuttering by creating a survey known as the Teacher's Perceptions of Stuttering Inventory (TPSI) to distribute to teachers in order to analyse their perceptions. The results suggested that the majority of the teachers hold unsubstantial beliefs concerning the aetiology of stuttering and personality traits who stutters.

According to Hearne, Packman, Onslow & Quine, (2008), teachers and parents don't understand stuttering, which has an impact on stuttering kids' self-perceptions and willingness to seek help. These studies showed that teacher's judgments of SWS in their classes are generally impacted by their lack of understanding about stuttering.

Irani, Abdalla & Gabel (2012) did a comparative study on Arab and American teacher's attitudes towards People Who Stutter (PWS). The comparison of the American and Arab teachers results indicated generally positive attitudes toward PWS; however, the American teachers reported significantly more positive attitudes on 11 of the 14 items in the scale.

In order to find out how instructors felt about stuttering both before and after receiving in-service training, Hobbs (2012) performed a study. Twenty-three educators from Wolfe County, Kentucky, who currently teach SWS, including elementary and high school teachers, participated. Before and after intervention, knowledge and attitudes towards stuttering were gauged using the Teacher Attitudes Toward Stuttering Survey (TATS) and the Alabama Stuttering Knowledge test (ASK) respectively. According to the study's findings, after receiving training, teacher's evaluations of their stuttering students and their general awareness of the condition were significantly different. It was concluded that there was a correlation between teacher's attitudes toward SWS in the classroom and their knowledge of the subject.

Abdalla & Louis (2012) conducted a study on Arab school teacher's knowledge, beliefs and reactions regarding stuttering. Major findings of this study suggest that many were misinformed about the causes of stuttering and held stereotypical views about PWS. Few

differences were noted between opinions of teachers who were still in training and those who were practicing for an average of 11 years.

Plexico, Plumb & Beacham (2013) investigated teachers knowledge and perceptions of stuttering and bullying in school-age children. The results from this investigation were mixed in that teachers demonstrated insight into some areas of stuttering and bullying, but decreased awareness or misperceptions in others. The findings highlighted the critical role of the SLP in the continued need for in-services and information provision on the nature and management of childhood stuttering as well as bullying.

Li & Arnold (2015) studied the reactions of teachers versus non-teachers toward PWS. Findings indicated that teachers use a greater number and variety of information sources about PWS than the general public and that male teachers do so even more than female teachers. Teacher's responses were not significantly different from their non-teaching counterparts.

Abrahams, Harty, Kathard & Thabane (2016) did a survey to examine primary school teachers' opinions and attitudes towards stuttering in two South African urban education districts. Overall positive attitudes towards stuttering were found, specifically related to the potential of PWS, although the result should be interpreted with caution as the sample was not homogenously positive. Teachers still had misconceptions about personality stereotypes and the cause of stuttering. The attitudes of the South African sample were slightly more positive compared with the samples in the current Public Opinion Survey of Human Attributes-Stuttering (POSHA-S) database.

Adriaensens (2016) studied secondary school teachers' beliefs, attitudes, and reactions to stuttering and their results suggest, teachers reported that they feel confident in how to deal with stuttering and although it is possible that SWS do not feel the need to talk about their stuttering, teachers could consult their students on this matter. This way, they would acknowledge the stuttering and likely encourage the students to approach them when they feel the need.

Most recently, utilising the newly modified Overall Assessment of the Speaker's Experience of Stuttering - Caregivers (OASES-C) for parents and teachers of young children, Guttormsen, Yaruss and Naess (2020) evaluated parents' views of overall impact in young children (aged 2.7-6.0 years). The OASES instruments are made to evaluate a number of elements that have been shown to reflect the various ways that stuttering may affect a person's life such as knowledge about stuttering and awareness of various aspects of the experience of stuttering; affective, behavioural, and cognitive reactions to stuttering; functional communication challenges in important contexts; and the negative impact of stuttering on overall quality of life (QoL). According to Guttormsen, Yaruss & Næss (2020), who used the OASES-C, parents believed that stuttering led to a range of emotions and communication

issues. Additionally, parents felt that stuttering had a minimal impact on the children's quality of life.

Katebe (2020) checked the attitudes of pre-service and in-service teachers towards SWS in selected Zambian schools. The study suggested significant differences in attitude toward stuttering and SWS were noted between practicing teachers and student teachers and between special education teachers and regular education teachers. However, no significant differences were observed in attitude of teachers based on gender and geographic location except for educational level.

Hearne, Miles, Douglas & Carr, (2021) investigated teachers attitudes, knowledge and classroom strategies for children who stutter in New Zealand. This study had positive attitudes but showed lack in knowledge. Their requirements of appropriate classroom strategies were limited. A short online education package can enable teachers to make a positive shift in attitudes, knowledge and reflect on new strategies to use in their current classrooms

Aghaz, Kashani & Shahriyari (2021) evaluated teachers' attitudes towards stuttering using the persian version of the teacher's attitudes towards stuttering inventory (TATS-Inventory). Their result suggested that the Persian version of the TATS inventory is a valid and simple tool for evaluating teachers' attitudes toward stuttering.

Khodair, Bataineh, Khawaldeh & Muhaidat (2022) performed an exploratory study of Jordanian resource-room teachers' knowledge about stuttering. The findings revealed that the extent of the participants knowledge about stuttering is low, and that there are statistically significant differences in the extent of the participants' knowledge which can be attributed to academic qualification and years of experience, in favour of holders of graduate degrees and participants with over five years of experience. The findings have given rise to several recommendations and pedagogical implications.

Indian Studies

Chandrabose, Louis, Pushpavathi & Raoof (2010) conducted a study on awareness of stuttering among prospective teachers of Mysore. Their study indicated that there is a need for SLPs to provide teachers with more information about stuttering. Hence, this study also helps SLP to understand the environment of PWS which play a significant role in the onset and maintenance of stuttering.

Pachigar, Stansfield & Goldbart (2011) studied on the attitudes of 58 Indian teachers in Mumbai about children with stuttering (CWS.) They reported that many teachers had had no formal information about stuttering and that they had little to no experience with CWS. The results of the survey revealed generally favourable sentiments regarding CWS.

Kumar & Varghese (2018) conducted a study to Assess Awareness and Attitudes of Teachers towards Primary School Children with Stuttering in Dakshina Kannada District, India. Their results inferred that teachers are aware about the development of speech and language patterns, the common errors that can occur during the developmental period which in turn helps them to differentiate stuttering from normal non-fluency. Therefore, understanding teacher's attitudes resolve them in mounting special consideration and making appropriate referral for intervention of the children.

Need for the Study

In summary, previous literature indicate that school experiences are important for SWS. However, it remains unknown whether teachers, who are central figures in the school experience have more accurate awareness and knowledge about stuttering in children than the general public. Therefore, the aim of the current study was to evaluate their awareness and knowledge about stuttering. In order to explain and anticipate behaviour their attitudes are crucial. Teachers' views affect how they see and judge situations, which has an effect on how they behave in the classroom. To improve teaching methods, it is essential to comprehend the teachers' beliefs and misconception towards SWS. There are only few or limited studies done regarding the same in Kerala. Therefore, we believe that our findings provide new and important information that will help design interventions for improving the degree to which the external environment encourages SWS to fully participate in the society. The aim of the present study is to assess the awareness, knowledge and attitude of the primary school teachers on SWS and to compare the correlation among the objectives.

Method

Aim:

- The aim of the study is to assess the awareness, knowledge, and attitude of primary school teachers on SWS.
- To compare the correlation among the objectives.
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Participants: A total of 40 schoolteachers who are currently working with primary school children were chosen randomly from Thrissur district of Kerala. The chosen participants were within the age range of 30 to 55.

Inclusion Criteria

- Only native teachers were included in the study.
- Participants were included irrespective of their gender.

Exclusion Criteria

- Teachers who had working experience less than 3 years were excluded.
- Teachers above the age of 55 years have been excluded from the study.

The study was carried out in 2 phases.

Phase 1: PREPARATION OF QUESTIONNAIRE

A questionnaire was created with 18 closed end questions which was separated into 3 sections that focused on the teacher's awareness and knowledge of stuttering, their attitude and viewpoint of how people interact to SWS. The developed questionnaire was validated by 10 SLPs with more than 5 years of experience in the field of speech and hearing.

Phase 2: ADMINISTRATION OF QUESTIONNAIRE

The questionnaire was administered to primary school teachers. Participants were asked to read and understand the questions by providing appropriate responses.

Analysis

A yes / no response was recorded for each item and a credit point of one was given for each correct response and zero for each wrong response. Further data was statistically analysed for frequency and percentage.

Statistical Analysis

The collected data were summarised by using the descriptive statistics: frequency, percentage, mean and SD. To find the relation between awareness, knowledge and attitude Pearson correlation coefficient was used. Data were analysed by using SPSS software.

Result

The present study aims to assess the awareness, knowledge, and attitude of primary school teachers on stuttering. The result obtained are discussed below.

Awareness

Table 4.1

Awareness	Correct response		Wrong response	
	Frequency	%	Frequency	%
1) Do you think hereditary is a factor for stuttering?	25	62.5	15	37.5
2) Do you think stuttering can be caused due to imitation?	22	55	18	45
3) Do you believe a forceful change in right/ left handedness can cause stuttering?	14	35	26	65

4) Do you consider early diagnosis will prevent further complication?	36	90	4	10
5) Do children with stuttering shows behavioural issues?	27	67.5	13	32.5
6) Do you think stuttering can affect children's academic performance?	36	90	4	10

Showing the frequency and percentage regarding awareness in primary school teachers on stuttering

Figure 4.1

Showing the frequency and percentage of teacher's responses regarding awareness of stuttering.

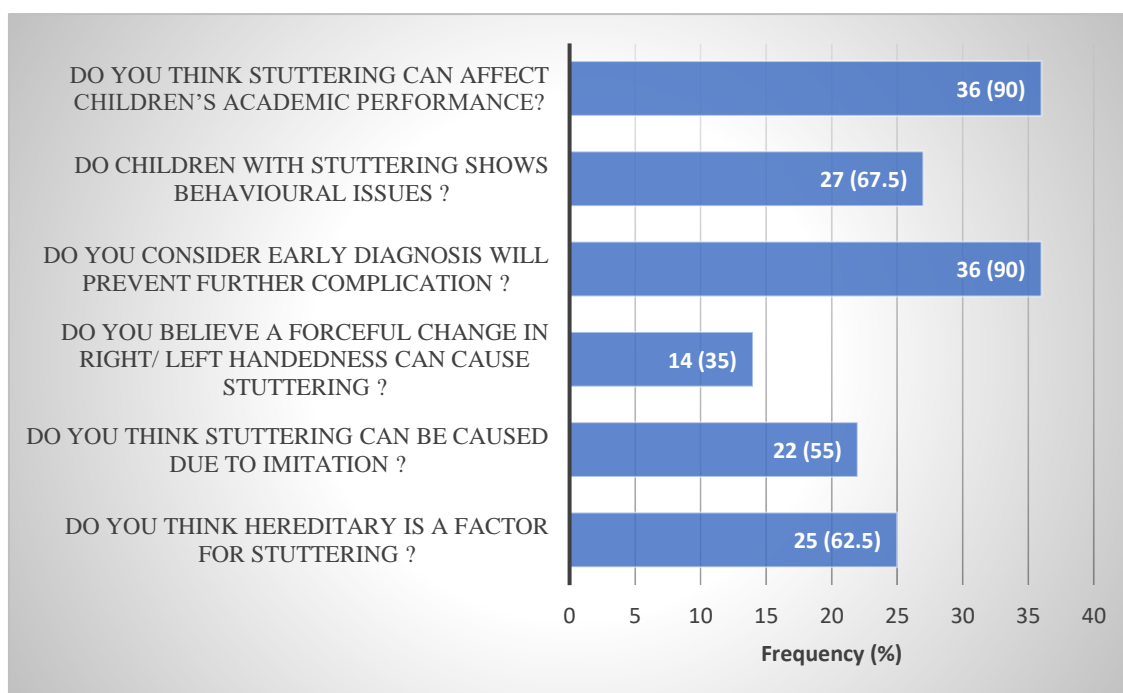


Table 4.1 and figure 4.1 indicate the responses and percentage score yielded for each question in the section of awareness. It shows 62.5% of teachers were aware regarding the hereditary factor of stuttering whereas 55% of the respondents were aware about stuttering that can be caused due to imitation. Similarly, a few teachers (35%) believed in forceful change with right/ left handedness that can cause stuttering. Almost 90% of responders consider early diagnosis as prevention measure to avoid further complication of stuttering. An average 67.5% of teachers believed that SWS shows behavioural issues. There is a strong assumption among teachers (90%) that stuttering can affect children's academic performance.

Knowledge

Table 4.2

Showing the frequency and percentage regarding knowledge in primary school teachers on stuttering

Figure 4.2

Knowledge	Correct response		Wrong response	
	Frequency	%	Frequency	%
7) Can babies be born with stuttering?	20	50	20	50
8) Can stress/excitement/fear cause stuttering?	36	90	4	10
9) Can brain damage cause stuttering?	35	87.5	5	12.5
10) Does medication help in resolving stuttering?	14	35	26	65
11) If you find a child with stuttering to which professional you will refer?	35	87.5	5	12.5
12) Do you consider boys are more prone to stuttering than girls?	14	35	26	65

Showing the frequency and percentage of teacher's responses regarding knowledge of stuttering.

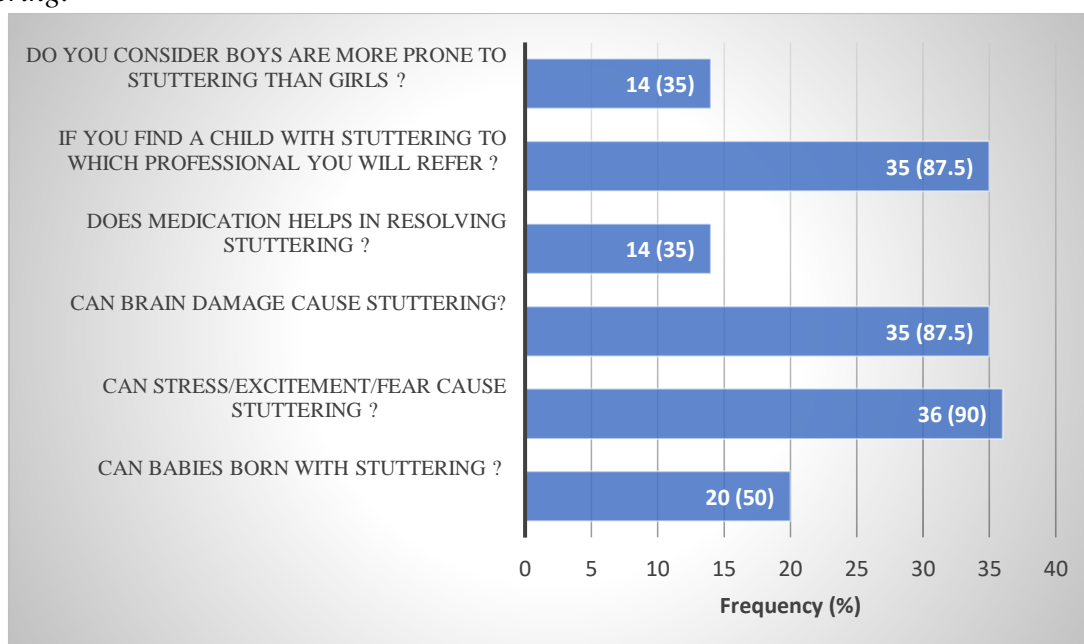


Table 4.2 and figure 4.2 indicate the responses and percentage score yielded for each question regarding section: knowledge. The result suggests that only half of the respondents had knowledge on question no 7. Majority (90%) of the respondents knew about the stress and excitement that can cause stuttering. 87.5% of them have the knowledge that brain damage can cause stuttering. It was shown that a large number of respondents (65%) were unlearnt that medication can't resolve stuttering. Greater number (87.5%) of respondents have the knowledge about the professional to refer for a SWS. Regarding the question whether boys are more prone to stuttering than girls, only 35% of them had knowledge about it.

Attitude

Table 4.3

Showing the frequency and percentage regarding attitude in primary school teachers on stuttering

Attitude	Correct response		Wrong response	
	Frequency	%	Frequency	%
13) Do you think stuttering will increase when correcting child's speech errors?	25	62.5	15	37.5
14) Do children with stuttering should go to special school?	27	67.5	13	32.5
15) Do you think children with stuttering feel isolated from other children of their age group?	28	70	12	30
16) Is stuttering completely curable?	9	22.5	31	77.5
17) Do you provide a special care for children with stuttering in the class?	36	90	4	10
18) Do you think children with stuttering are introverts and less socially interactive?	22	55	18	45

Figure 4.3

Showing the frequency and percentage of teacher's responses regarding attitude towards stuttering.

ATTITUDE

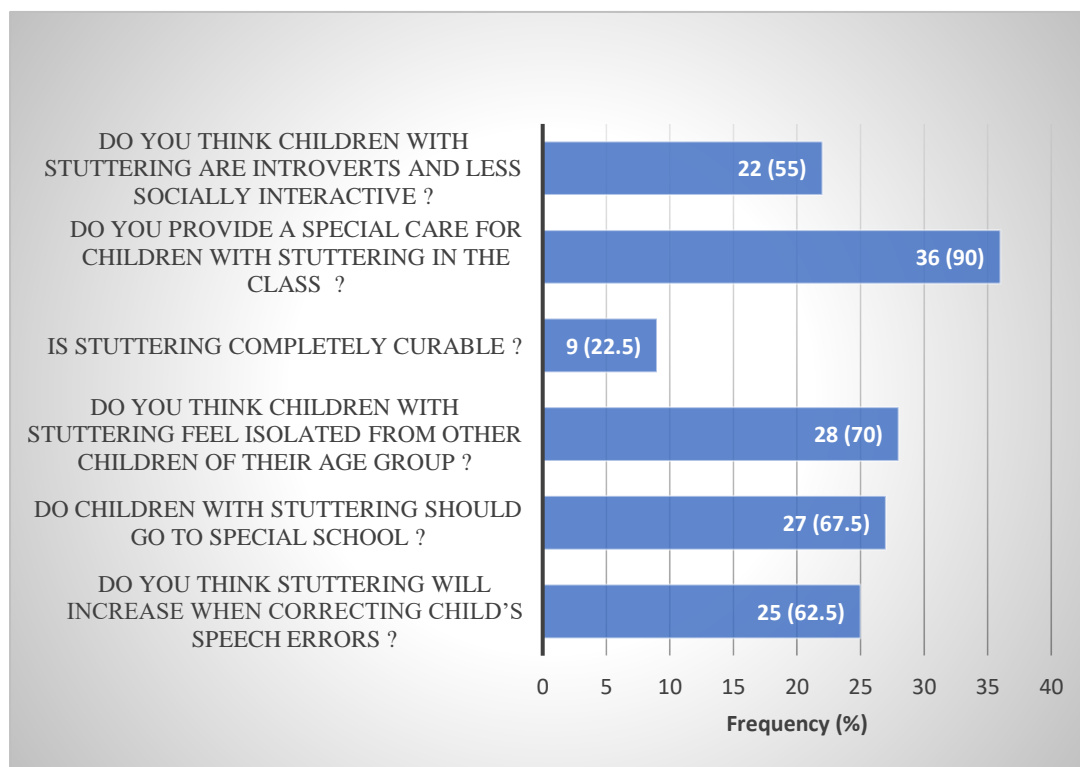


Table 4.3 and figure 4.3 reveal the responses and percentage for each question of the section: attitude. It is found that 62.5% of the respondents are aware that stuttering can increase by correcting child's speech errors. 67.5% of them had a positive attitude towards question no. 14. 70% of the respondents are aware that SWS feel isolated from other children of their age group. Only 22.5% of the teachers are aware that stuttering is not curable. 90% of them were supporting on providing special care. 55% of the teachers realises that SWS are introverts and less socially interactive

Correlation Between Awareness, Knowledge, and Attitude

Table 4.4

Showing the correlation between awareness, knowledge and attitude of teachers on SWS

	Mean	S.D.	P value	%	Significance
Awareness	4	1.40	0.062	72.28	NS
Knowledge	3.85	0.86	0.093	73.67	NS
Attitude	3.68	1.23	0.071	68.01	NS

- NS – Nonsignificant

Figure 4.4

Showing overall awareness, knowledge, and attitude of primary school teachers on stuttering.

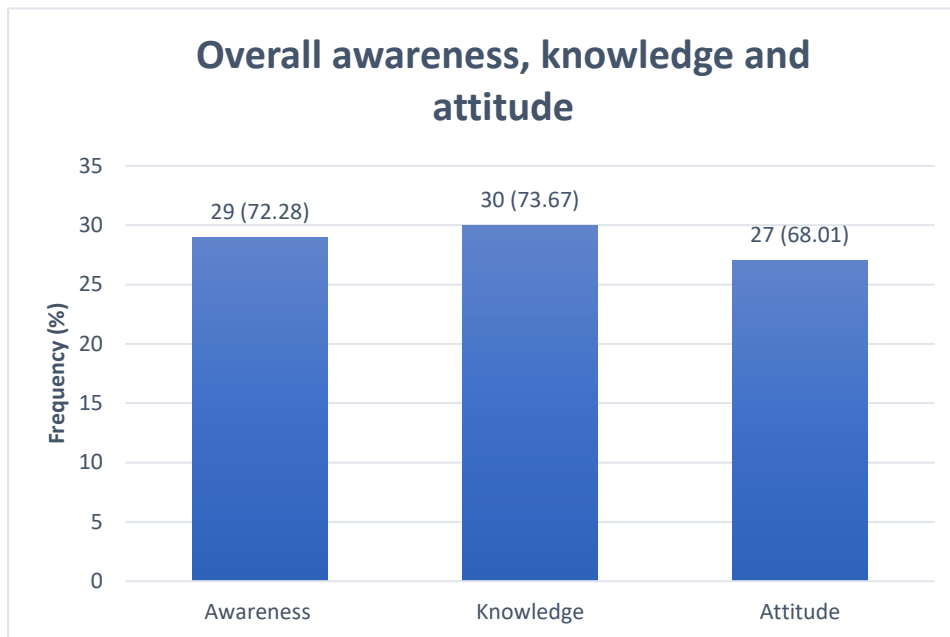


Table 4.4 and figure 4.4 reveal that teachers had an overall awareness (72.8%), knowledge (73.67%) and positive attitude (68.01%) respectively on stuttering. No significant statistical difference was noticed among them.

Discussion

Stuttering is the interruption to the forward flow of speech (Van Riper,1982). Teachers play an important role in the lives of their students and for those kids who are at a higher risk of developing social, emotional, and mental health issues. Understanding teachers' attitudes will help in formulating and planning the best interventions.

Based on the findings of the current study it can be inferred that primary school teachers have approximately moderate level of awareness, knowledge, and positive attitude on stuttering in school going children. It was found that the level of awareness was about 73.67% and the knowledge was about 72.28% among the teachers. Similar findings were reported by Kumar and Varghese (2018) on teachers' awareness about the development of speech and language patterns in Dakshina Kannada District. The attitude of teachers about stuttering were positive with a response of 68.01% which is in accordance with the study by Abraham (2016) which reported that overall positive attitude was found by the preschool teachers towards stutterers in South Africa.

Government of Kerala has initiated different awareness programmes in hospitals and institutions about stuttering for teachers in state and district levels. Significantly more programmes such as campaigns, documentaries/ short films, advertisements, poster cards/pamphlets etc are being conducted to increase common people's knowledge on stuttering. The idea of adding up national stuttering awareness week in institutions also helped in obtaining awareness on stuttering.

Communication is important between SLPs and teachers. SLPs works efficiently to reduce the severity of stuttering. The interaction between them will help the teachers to be highly aware on SWS.

Summary and Conclusion

Stuttering is a fluency disorder that affects the natural, forward flow of speech which is characterised by primary and secondary behaviours. People in the child's environment have a documented impact on the child's experiences with their stutter, communication capacity, and therapeutic development (Bennett, 2003; Blood and Blood, 2004). (Murphy, Yaruss and Quesal, 2007). There is evidence that teachers are figures of authority who can have a substantial impact on a child's early years who spend a lot of time in school. Understanding teachers' awareness, knowledge and attitudes will help in formulating and planning the best interventions because they play a key role in the management of stuttering.

The current investigation aimed to assess the awareness, knowledge, and attitude of the primary school teachers on SWS and to compare the correlation among the objectives. The chosen participants were 40 primary school teachers, who were randomly selected from government/private schools and were provided with a questionnaire of 18 closed end questions that were developed and verified by SLPs in phase 1 and demonstrated on teachers in phase 2. Based on the questionnaire response, it appears that most of the teachers hold a moderate awareness, knowledge, and a positive attitude towards SWS in Kerala.

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