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Perception of Fluency Therapy of Stutterers by their Parents in Rural Area-comparative Study Based on Group and Severity

Meenakshi Sukumar, Mital Bar

Abstract

Stuttering is a speech disorders which intermittent interruptions of fluent articulation. Stuttering is an impairment of "Speech that is characterized by frequent repetition or prolongation of sounds or syllables or words that disrupt the rhythmic flow of speech". This study aims to know the perception of parents toward speech/fluency therapy for PWS in rural areas in Gujarat. A closed-ended questionnaire (yes/no) consisting of 20 questions which were develop helps in gathering information in aspects of the perception of client problem, fluency therapy, and availability of therapist, the duration of therapy session, and their comfortability toward therapist, technique effectiveness, and the improvement in the therapy and implementation in daily life. Thirty parents/caregivers of stuttering clients in that the subjects are divided into two groups, that is, Group-A age range of (10–20 years) and Group-B age range of (20–30 years). These two groups are subdivided into three categories with five subjects in each category, that is, mild, moderate, and sever stuttering. The study was conducted to see the level of perception of stuttering and its therapy. Hence, the results suggested that comparison between Group-A and Group-B. In Group-A, responses were better for (mild, moderate, and severe) as compared to the Group-B (mild, moderate, and severe) responses, because as the person grows older the parents involvement that will be less due to that reason younger subjects responses were better as compared to the older subject responses.

Keywords: Fluency disorder, Stuttering, Stammering, Parents opinion, Fluency Therapy, Severity of stuttering

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Introduction

Stuttering is a speech disorder with intermittent interruptions of fluent articulation. It occurs without known origin between 3 and 8 years of age and often disappears before puberty. When it persists after puberty, it becomes a chronic adult speech disorder through the lifespan (Andrews *et al*., 1983).

Stuttering is an impairment of "Speech that is characterized by frequent repetition or prolongation of sounds or syllables or words, or by frequent hesitations or pauses that disrupt the rhythmic flow of speech". It should be classified as a disorder only if its severity is such as "to markedly disturb the fluency" ("international classification of functioning, disability and health"ICd-10F98.5 A; the World Health Organization, 2007a).

Stuttering has probably received more attention than any other speech disorder (Van Riper, 1982), but its etiology remains mysterious. It is now clear that stuttering is a developmental disorder, that it has a genetic basis, and that it affects more males than females (Ratner and Silverman, 2008).

Stuttering is a disorder of fluency, which can be acquired at any age due to various reasons. However, in most of the cases, stuttering is acquired during early childhood between the ages of 2 and 5 years.[1]

The Nature of Stuttering

According to Guiter (2006), stuttering is characterized by abnormally high frequency and/or duration of stoppages in the forward flow of speech. These stoppages could be in the form of repetitions of sounds, syllabus, single-syllable words, prolongations of sounds, and blocks of airflow or voicing in speech.

Stuttering is also known as stammering. It is a speech disorder, in which the flow of speech is disrupted by involuntary repetitions and prolongations of sounds, syllables, words or phrases, as well[2] as involuntary silent pauses or blocks, in which the person who stutter is unable to produce sounds.

Stuttering is a developmental speech disorder, beginning in the early childhood. In about half of all cases, it begins gradually over the course of many months. In the other half of cases, the stuttering begins suddenly within 2 weeks. Early stuttering may not progress in nature. Rather than, it is a cyclic. The left untreated stuttering may become more severe overtime.[3]

Although stuttering is common in children rather than adulthood. Stuttering is disorder which effects the fluency of speech. The primary symptoms of stuttering can be difficult to differentiate from those of normal developmental dysfluency.[4]

The secondary symptoms are often a response to the negative feedback a child receives from family and friends.[5]

Almost 80% of children who stutter recover fluency spontaneously or with speech therapy by the age of 16 years. Even for children with more severe stuttering, the prognosis is favorable provided that treatment is started early. The outcome is less favorable for individuals who continue to stutter in to adulthood.[6]

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Childs fluency varies. Stuttering is highly variable, sometimes a child will stutter a lot and sometimes the child will be very fluent.[7-9]

Factors influencing the likelihood that stuttering will occur differ from one child to the next, but might include:

- Who the child is talking to
- Who the child is talking about
- Where the child is when talking
- The child emotional or physical state (e.g., Excitement, fatigue, illness) while talking
- The length and complexity of the message the child wishes to convey.

Many times, children experience fear or embarrassment due to their stuttering. As a result, they may learn to hide their stuttering so it does not show.[10] They can do this by avoiding speaking in certain situations or to certain people. They might also avoid saying words, they think, and they might stutter on or refrain from talking altogether.[11,12] If a child begins to avoid speaking to avoid stuttering, the disorder can have a marked impact on his or her social, emotional, and educational development.[13]

Sometimes, older children and adolescents become so adept at hiding their stuttering that other people may not even know that they stutter. Hiding stuttering takes a lot of emotional and cognitive effort and results in significant shame for the person who stutters. This, in turn, often limits the child's ability to participate in life activities at school or in social settings. The best way to deal with stuttering is not to try to hide it, or to hide from it, but rather to face it directly. The intelligence of stutterers is in no way inferior to that of non-stutterers. Emotional problems do not cause stuttering; however, stuttering may cause emotional problems.[14,15]

Assessment of stuttering concentrates on both overt (repetitions, prolongation, blocks, etc.) and convert (feelings, reactions, and attitudes) characteristics.[16] Assessment primarily includes a case history which gives an overview of the person. Later, it is important to find out the type and amount of dysfluencies. This is done by gathering the representative speech sample of the client first.

Aim of the Study

The aim of the present study is to know the perception of parents toward speech therapy for PWS in rural areas in Gujarat.

Need for the Study

In general, there are various studies which state the importance of parental stimulation and care which contributes to the improvement in the persons with stuttering.[17]

There are many studies which have shown that lack of enough perception among parents of children with stuttering is also major factor which can affect the stuttering treatment for a child.

Hence, the present study had been intended to check the level of perception of fluency therapy among parents of children with stuttering.

Review of Literature

The act of speaking is the process of communication and has its rate and style dictated by culture. Each sound and syllable in a word must be continued almost immediately by the next and each word in a phrase or sentence.[18] Speech requires greater coordination than any other activity. Thus, when a speaker breaks in the automatically of the act, it is revealed by disruptions in fluency (Robinson, 1964).

Speech process and speech act are the two major aspect of oral communication. Speech process includes the speaker's concepts, his language system, his intent, and complex inter-relationship between the speaker and the listener.[19-20] Speech act refers to the mechanical production of words including basic systems involved in words production and the various sensory feedback systems essential for monitoring speech.[21]

The stuttering problem has challenged men of many land and times to find solution. For centuries, these breaks or disruptions in fluency have been proposed to explain its nature, cause, and treatment for over 2000 years, and yet, it remains a mystery.[22]

Variability in frequency and severity and puzzling inconsistencies characterizes stuttering in each individual (Van Riper, 1971).

Stuttering is considered to be an age old problem. As long as people have been talking some have been afflicted with this disorder. Stuttering does not seem to have interfered with the accomplishments of these individuals. There are more than 15 million stutterers in the world today, and the majority are children.

The stuttering problem has challenged men of many land and times to find its solution. For centuries, these breaks or disruption in fluency have been attracting interest from varied disciplines. Many different ideas have been proposed to explain its nature, cause, and treatment for over 2000 years, and yet, it remains a mystery.

Stuttering can be viewed as a developmental problem that often begins during the early years of speech and language development (2–7 years.). Onset that is often subtle and most stutterers are first identified during their's preschool or primary school years.

Johnson (1961) reported that the rate of speech and reading was generally higher for adult females compared to males. Contrary to this, Lutz and Mallard (1986) reported that the rate of reading and talking was faster in adult males compared to females.

Speech rate is considered as a measure to determine the treatment outcome in stuttering (Ingham and Cordes, 1997). A reduction in the rate of speech of adult PWS results in an increase in fluency as reported by many authors (Adams *et al*., 1973; Onslow and Ingham, 1987; Van Riper, 1973; Zebrowski and Kelly, 2002). Different researchers (Kalinowski *et al*., 1995; Ramig, 1984; Sparks *et al*., 2002) have studied the effects of changed speaking rate on the disfluencies of PWS. No difference was found between adult PWS and without stuttering in their rate of articulation when compared for speech and oral reading. The author reported that it is not necessary that the rate of speaking analysis requires a natural speaking context (Gronhovd, 1977).

All stutterers can speak fluently some of the time. Most can also whisper smoothly, speak in harmony, and sing with no hesitation. Most stutterers can also speak easily when they are prevented from hearing their own voices, when talking to pets or small children, and when addressing themselves in front of a mirror. All these instances of fluency suggest that nothing is basically wrong with the stutterer's speech machinery.

Stutterers generally experience their worst moments under conditions of stress or emotional tension. Situations that are generally associated with increased stuttering which includes speaking in front of a group, answering questions in class, and speaking on the telephone.[23]

Stuttering does not occur equally among the sexes. Boys are 4 times as likely as girls to be stutterers. The reason for this is unknown.

Hereditary factors play some role in stuttering even though genetic transmission from one generation to another that has not been proven. Stuttering has been found to run in families and children with a first-degree relative who is either an active or recovered stutterer have a slightly greater likelihood of stuttering than the normal population. However, environmental influences also play an important role in some, if not all onsets of stuttering.

A child who stutters should be assessed by a registered speech-language pathologist either at school, in a local hospital or health center, or at a private practitioner's office. These professionals are qualified to be managed with stuttering in children and adults.[24]

They can help the child deal with his stuttering and assist teachers, parents, and all those involved with the child to understand and deal most effectively with the problem.[25]

Parents can do a great deal to help the child who stutters. Unfortunately, they can also contribute to the problem if they do not learn about the nature of stuttering and effective management techniques. Before trying to help your child, it is important to learn as much as possible about stuttering – to be cautioned about common superstitions, to learn how speech develops normally, and to learn about how true stuttering develops. You should become aware of the types of conditions in the home, school, and/or neighborhood that promote stuttering and understand the types of conditions in your child's environment that encourages fluent speech. With this kind of information in hand, parents and care-givers can make a more informed decision about the kind of corrective measures, they should use and most importantly, the kind of attitude, they should develop toward their child and his speech problem.

The appearance of stuttering in a young child challenges parents and speech-language pathologists with a difficult decision. On the other hand, the child's stuttering may disappear without formal treatment, which could make one motivated to wait and see phenomenon of natural recovery (Andrews and Harris, 1964).

On the other hand, the outcomes of treatment at some point of time may be less favorable than those of treatment in early childhood. In later years, longer treatment may be required for success, the speech that which results from treatment may sound less natural, and the probability of relapse may be greater (Lincoln and Onslow *et al*., 1997).

These less favorable outcomes that have been used as arguments in favor of early intervention in stuttering that exhibited by preschool age children. Many treatment procedures that have been developed for the early childhood stuttering (Martin *et al*., 1972).

Methodology

The parents are concerned about the development of stuttering they often consult their pediatrician or family physician. Referral to a speech therapist should be considered when any of the following is noted:

Excessive repetition of first syllable of words, tremor of muscle of mouth or jaw, and increase in pitch or loudness. Evidence of fear or emotion as the child struggles with a word and evidence that the child avoids situations and excessive concern of parents/teachers or the dysfluent individual.[26]

Therapy programs are available in most large Indian cities and are usually associated with hospitals, university training centers or health clinics, and rehabilitation centers.

The speech therapists likely to initiate a program of fluency therapy where therapist and the parent working together for stress and communicative pressure in clients environment and then develop a program to provide the child with positive speaking experience.[27]

It is necessary to work directly with the client as well as the parents which lead an insight toward parent's perception on speech therapy.

Aims

The aim of the present study is to know the perception of parents toward speech therapy for PWS in rural areas in Gujarat.

Objectives

The study was conducted in following steps:

1. Preparation of list of questions
2. Validation of questions
3. Selection of the subjects
4. Pilot study
5. Development of questionnaire
6. Administration of developed questionnaire
7. Response analysis and scoring.

Preparation of List of Questions

A set of 25 questions were framed, in which the aspects considered were perception of child's problem, fluency therapy, and availability of therapist, the duration of therapy session, technique effectiveness, and their comfortability toward therapist, the improvement in therapy, and implementation in daily life.

Validation

A questionnaire consisting of 25 questions which were framed and given to two SLPs with an experience of 10 years in their respective field of teaching and research for validation and their valuable suggestions was considered and a pilot study was conducted.

Subjects

Ten parents/caregivers of stuttering patients have participated in this pilot study.

Selection criteria are as follows:

a. Inclusive criteria
    1. Parents of stuttering patients
    2. Subjects with age range of 10–30 years
    3. Parents education
    4. Type of stuttering
    5. Severity of stuttering
    6. Subjects with no other medical history
    7. Should have undergone 2 months of therapy (fluency therapy).
b. Exclusive criteria
    1. Clients who are not attending therapy
    2. Clients with normal non-fluency and neurogenic stuttering

3. Clients with any other associated problems or disorders such as magnetic resonance and HI.

Test Materials

- Supplemental security income (SSI)
- Developed questionnaire-perception of parents/caregivers about speech therapy for stutters.

Pilot Study

In pilot study, ten subjects were taken from various health clinics, rehabilitation centers, and speech therapy clinics in rural areas in Gujarat.

The researcher explained about the present study to the subjects and their concern was considered. The parents/caregivers signed a consent form before participating in the research and were duly explained about the purpose of research.

The researcher collected the demographic data from parents/caregiver and the client. Researcher directly approached the clients with stuttering and SSI-3 was administered [Appendix-B] which was followed by administration of a questionnaire which consisted 25 questions regarding stuttering and therapy. The researcher explained about the questionnaire to the parents and instructed the parents to read the questions carefully, understand it, and clarify with the researcher if doubtful regarding any of the questions and then make a self-opinion regarding the questions and answer it appropriately with the Yes or No response.

The responses elicited through questionnaire were collected from parents and responses were analyzed [Appendix-A].

To analyze the data collected, the response put into excel sheet, and based on this data, two questions were modified and two questions were eliminated as one question was vague and other question was repetitive and one question was reframed as most of the parent needed clarification for it from researcher.

All aspects were considered and a final questionnaire consisting of 20 questions was developed.

Questionarie

A closed-ended questionnaire (yes/no) consisting of 20 questions which were develop helps in gathering information in aspects of the perception of client problem, fluency therapy, and availability of therapist, the duration of therapy session, and their comfortability toward therapist, technique effectiveness, and the improvement in the therapy and implementation in daily life [Appendix-D].

Adminstrtation of Developed Questionary

Thirty parents/caregivers of stuttering clients in that the subjects are divided into two groups, that is, Group-A age range of (10–20 years) and Group-B age range of (20–30 years). These two groups are subdivided into three categories with five subjects in each category, that is, mild, moderate, and sever stuttering. The subjects were taken from speech therapy clinics, speech and hearing clinics, and rehabilitation centers.

The researcher explained about the present study to the parents and their concern and opinion were considered. The parents/caregivers signed consent form before participating in the research and were duly explained about the purpose of research [Appendix-C].

The researcher collected the demographic data from the parents/caregive and the client. Researcher initially administered (stuttering severity index III) and diagnosed for the client with the stuttering then the researcher concerned the parents of the stutter and handed a questionnaire which consists of 20 questions regarding stuttering and its therapy. The researcher explained about the questionnaire to the parents. The researcher instructed the parents to read the questions carefully and understand it and clarify with the researcher if doubtful regarding any of the questions and answer it appropriately with a Yes or No. The subjects were also instructed to be truthful and give correct responses [Appendix-A].

The responses elicited through questionnaire were collected from parents and responses were analyzed. To analyze the data collected, the responses were put into Excel Sheet.

Statistical Analysis

Graphs were drawn according to the severity based on the response elicited from the stuttering parents. Initially, mean and standard deviation was calculated for both groups. Statistical analysis was done to all the parents/guardian of person with stuttering using (the Statistical Package for the Social Sciences) software 16.0 version.

To statistically analyze, the data *t*-test was used. A *t*-test is an analysis of two groups of population means through the use of statistical examination, a *t*-test with two samples is commonly used with small sample size, testing the difference between the samples when the variances of two normal distributions are not known.

A null hypothesis framed was the urban dwelling parents of persons with stuttering that will be aware of the rehabilitative services provided for the stuttering. The results of this study explain and discussed in the following chapter.

Results and Discussion

The present study is aimed to known the perception of fluency therapy among parents of persons with stuttering and to compare difference between groups. A total number of 30 parents/guardians of clients with stuttering were participated in the study and the age group of subjects was 10 to 30 years. The answered questionnaire was collected back and those findings were analyzed to compare perception levels.

The developed questionnaire distributed among the parents/guardians. Among 20 questions, the positive responses considered as "Yes," negative responses as considered as "No." The mean and standard deviation were calculated for both groups. For statistical analysis, "t"-test was done to known for comparison between the groups and to know the significance level.

The above Table 2 shows the mean and SD values for Group-A subject responses, categorically, that is, according to the results, number of "Yes" (indicates the positive concern of the parents of person with stuttering about fluency therapy and further prognosis) are more compared to number of "No" responses

Table 1: The subject selection criteria of the present study

Categories	*Group-A (n=15)*	*Group-B (n=15)*
Mild	05	05
Moderate	05	05
Severe	05	05

for the questionnaire given, from the parents of mild stuttering subjects. The results number of "Yes" are more compared to number of "No" responses for the questionnaire given, from the parents of moderate stuttering subjects. The number of "Yes" are more compared to number of "No" responses for the questionnaire given, from the parents of severe stuttering subjects.

The above Table 3 shows the mean and SD values for Group-B subject responses, categorically, that is, according to the results, number of "Yes" (indicates the positive concern of the parents of person with stuttering and fluency therapy and further prognosis) are more compared to number of "No" responses for the questionnaire given, from the parents of mild stuttering subjects. The results number of "Yes" are more compared to number of "No" responses for the questionnaire given, from the parents of Moderate stuttering subjects. The number of "Yes" are more compared to number of "No" responses for the questionnaire given, from the parents of severe stuttering subjects.

Result Obtained from the Statistical Analysis are Mentioned in Following Comparisons

- Group-A versus Group-B
- Group-A mild versus Group-B mild
- Group-A moderate versus Group-B moderate
- Group-A severe versus Group-B severe
- Group-A
  1. Mild versus moderate
  2. Moderate versus severe
  3. Mild versus severe
- Group-B
  1. Mild versus moderate
  2. Moderate versus severe
  3. Mild versus severe.

Group-A versus Group-B

In this two groups were considered, that is, Group-A (10–20 years) and Group-B (20–30 years), where Group-A responses were better compared to Group-B responses. Group-A subjects parents awareness, concern, and perception were good compare to the Group-B subjects, because as the person grows older the parent's involvement that will be less due to that reason younger subjects responses were better as compared to the other subject responses.

Table 2: That mean and SD deviation values in "Yes" and "No" of Group-A based on mild, moderate, and severe

	Group-A					
	Mild		*Moderate*		*Severe*	
	Yes	*No*	*Yes*	*No*	*Yes*	*No*
Mean	74	26	88	12	65	33
SD	6.519	6.519	9.082	9.354	7.905	11.510

Table 3: That mean and SD deviation values in "Yes" and "No' of Group-B based on mild, moderate, and severe

	Group-B					
	Mild		*Moderate*		*Severe*	
	Yes	*No*	*Yes*	*No*	*Yes*	*No*
Mean	74	26	66	34	55	45
SD	5.830	5.830	5.773	5.773	7.071	7.071

Group-A (Mild vs. Moderate)

The above figure shows that comparison of the mean value within the Group-A.

t-test values is (t [8] = 0.872 [*P* = 0.16]). Hence, in Group-A, mild-moderate shows no significant difference.

Group-A (Moderate vs. Severe)

The above figure shows that comparison of the mean value within the Group-A. *t*-test values are (t [8] = 4.611 [*P* = 0.02]). Hence, in Group-A, moderate versus severe shows a significant difference.

Group-A (Mild vs. Severe)

The above figure shows that comparison of the mean value within the Group-A. T-test values are (T [8] = 12.171 [*P* = 0.0007]). Hence,

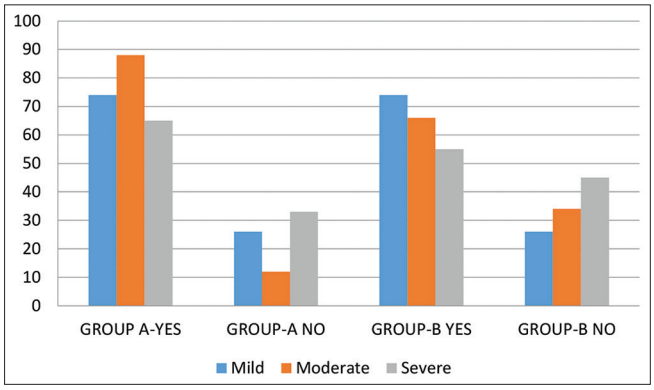

Figure 1: The overall comparison between the groups

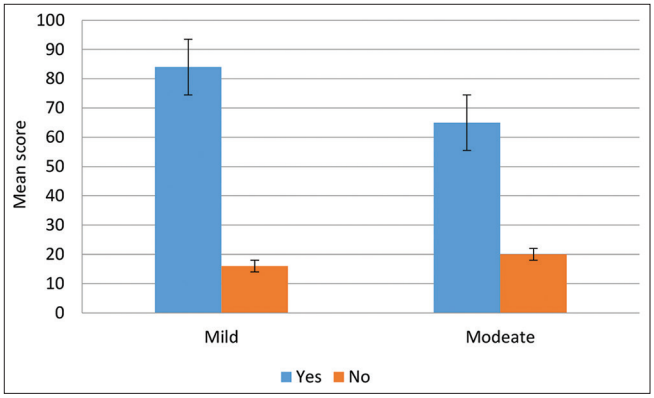

Figure 2: That comparison within the Group-A (mild vs. moderate)

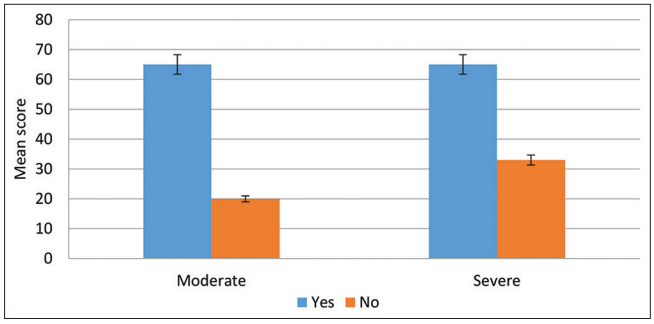

Figure 3: That comparison within the Group-A (moderate vs. severe)

in Group-A, mild versus severe shows a significant difference.

From Figures 2-4 shows, the perception of parents based on severity of stuttering mild group parents got high mean values (84) compared to moderate and severe, whereas moderate (78) and severe (65) groups got approximately equal mean values which mean that there is no noticeable difference between moderate and severe group.

Group-B (Mild vs. Moderate)

The above figure shows that comparison of the mean value within the Group-B. *t*-test values are (t [8] = 5.121 [*P* = 0.017]). Hence, in Group-B, mmild versus moderate shows a significant difference.

Group-B (Moderate vs. Severe)

The above figure shows that comparison of the mean value within the Group-B. T-test values are (t [8] = 2.119 [*P* = 0.042]). Hence, in Group-B, moderate versus severe shows a significant difference.

Group-B (Mild vs. Severe)

The above figure shows that comparison of the mean value within the Group-B. T-test values are (t [8] = 8.961 [*P* = 0.015]). Hence, in Group-B, mild versus severe shows a significant difference.

From Figures 5-7 shows, the perception of parents based on severity of stuttering mild group parents got high mean values (74) compared to moderate (66) and severe (55), whereas moderate and severe groups got approximately equal mean values which mean that there is no noticeable difference between moderate and severe group.

Group-A versus Group-B (Mild)

The above Figure 8 shows that comparison of the mean value between Group-A versus Group-B in mild condition t-test values is (t [8] = 3.614 [*P* = 0.023]). Hence, there is a significant difference between groups.

Group-A versus Group-B (Moderate)

The above Figure 9 shows that comparison of the mean value between Group-A versus Group-B in moderate condition t-test values is (t [8] = 1.014 [*P* = 0.040]). Hence, there is a significant difference between the Groups.

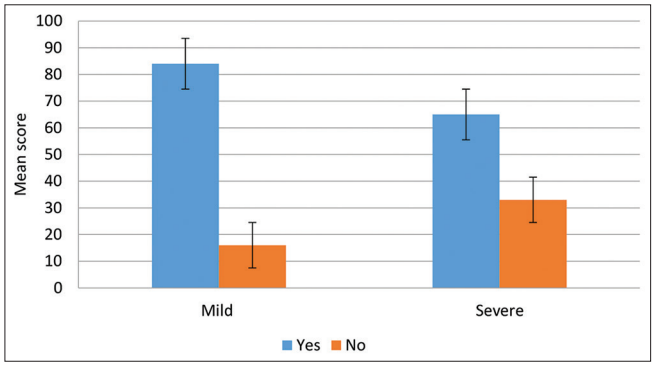

Figure 4: That comparison within the Group-A (mild vs. severe)

Group-A versus Group-B (Severe)

The above Figure 10 shows that comparison of the mean value between Group-A versus Group-B in moderate condition T-test

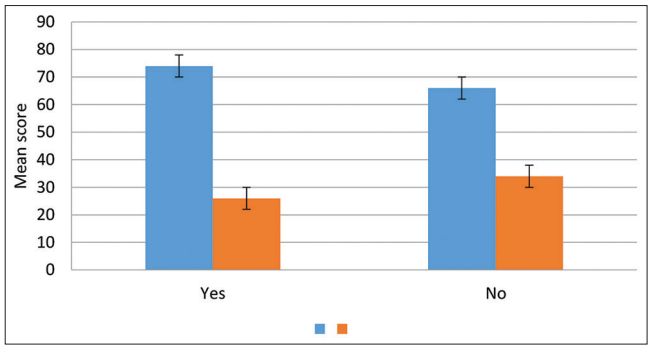

Figure 5: That comparison within the Group-B (mild vs. moderate)

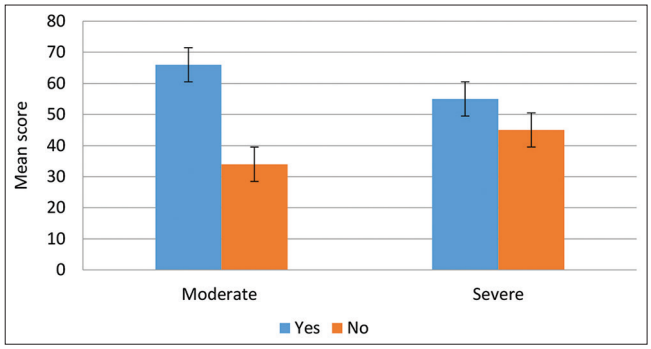

Figure 6: That comparison within the Group-B (moderate vs. severe)

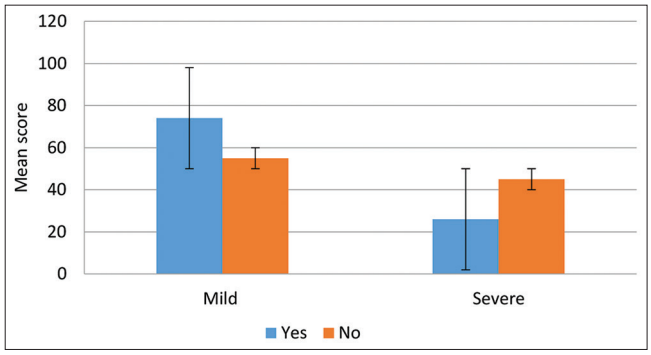

Figure 7: That comparison within the Group-B (mild vs. severe)

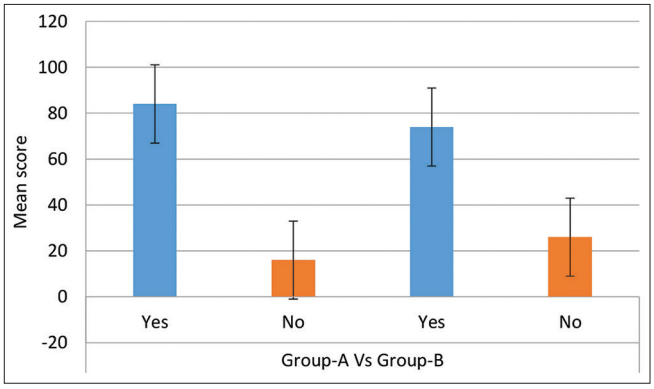

Figure 8: Comparison between Groups-A versus Group-B (mild)

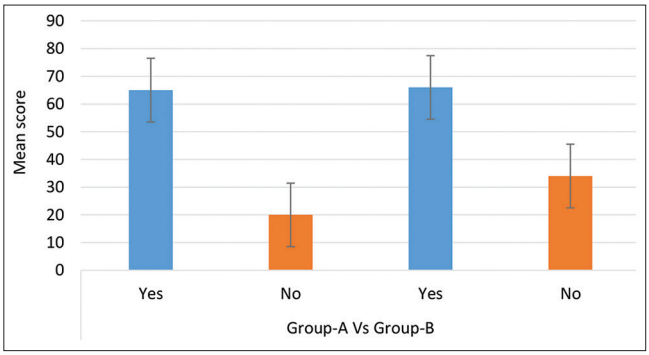

Figure 9: Comparison between Groups-A versus Group-B (moderate)

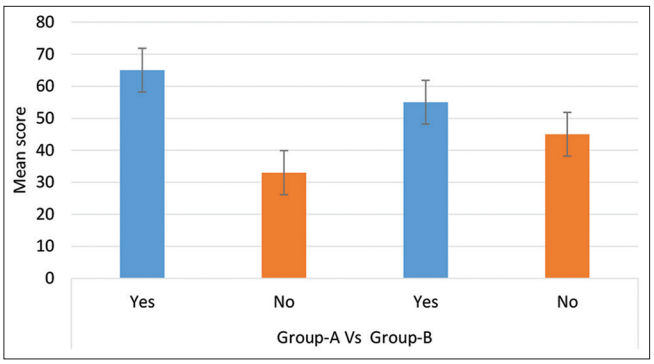

Figure 10: Comparison between Groups-A versus Group-B (severe)

values is (t [8] = 5.116 [*P* = 0.023]). Hence, there is a significant difference between groups.

Discussion

The present study was conducted to examine to know the perception of fluency therapy among parents of persons with stuttering and to compare difference between groups. This was done using test material (SSI–3 and Developed Questionnaire) to assess perception of the parents about fluency therapy in urban areas.

Discussion is Further Grouped under Following Headings

1. Compare the perception level of the Group-A and Group-B
2. Compare the perception level within the groups, respectively Group-A and Group-B.

Compare the Perception level of the Group-A and Group-B

Overall results of study showed a significant difference in perception, concern, and awareness level for Group-A Group-B. As there are only few studies that are focused on the perception of parents of stuttering children. Thus, the present study reveals that in age range. Group-A of 10–20 as the above article is correlating with the hypothesis-I, that is have given better response of the parents in-terms of Yes or NO based on severity of the children. Hence, the children younger age group that is (10–20 years) was completely dependent on parents in their education and social career therefore the parents of the children who stutter of more worried and concern about their feature (carrier). Hence, the parents are opting for the speech therapy for the children with age range of (10–20 years), that is, Group-A. Hence, there hypothesis stands verified and proved.

The adult Group-B (20–30 years) as there are as an adult age they will try to settle down without any involvement of their parents in their carrier. Hence, the parents of the adult stutters were primarily concern about their carrier rather less concern on their stuttering problem. Hence, the parents are less concern about speech therapy in this group.

Therefore, from the overall study, the perception of the parents toward stuttering is positive and more concern in younger group, that is, 10–20 years then compared with the elder group, that is, 20–30 years.

Summary and Conclusion

Stuttering is a speech disorder with intermittent interruptions of fluent articulation. It occurs without known origin between 3 and 8 years of age and often disappears before puberty. When it persists after puberty, it becomes a chronic adult speech disorder through the lifespan (Andrews *et al*., 1983).

The present study is to know the perception of parents toward speech therapy for PWS in rural areas.

This study was conducted to investigate the perception of fluency therapy among parents of stuttering persons and to compare difference between groups in this study, 30 subjects of parents/guardians of person with stuttering in the age range of 10–30 years were participated, that is, Group-A (10–20 years) and Group-B (20–30 years).

A questionnaire was administered for the parents/guardians of persons with stuttering to investigate the perception of fluency therapy. The questionnaire consisted of questions regarding demographic, awareness of the client's problem, fluency therapy, and availability of therapist, the duration of therapy session, technique effectiveness, and their comfortability toward therapist, the improvement in therapy, and implementation in daily life.

The response of all Participate were collected. The positive response indicated (yes), the negative response indicated (no). SSI was administered to all the subjects. It is divided into subgroups based on the severity (Mild, Moderate and Severe).

The Mean and SD for subgroups (Mild, Moderate, Severe) of Group-A and Group-B have been evaluated and tabulated. Thus based on the statistical analysis the perception of Parents/ Guardians of person with stuttering were analyzed.

For all thirty subjects of Parents/guardians of person with stuttering mean and SD were compared between the Group-A (10–20 years) and Group-B (20–30 years). Where Group-A condition is better than Group-B condition.

This study focus on perception of the parents/guardians of person with stuttering in urban areas. Awareness plays a major role. Perception of stuttering has been an important factor in theoretical and clinical consideration. The study was conducted to see the level of perception of stuttering and its therapy.

Hence, the results suggested that comparison between Group-A and Group-B. In Group-A responses were better for (mild, moderate, and severe) as compared to the Group-B (mild, moderate, and severe) responses, because as the person grows

older the parents involvement that will be less due to that reason younger subjects responses were better as compared to the older subject responses.

Conclusion

Through the study it can be concluded that the parental concern regarding the therapeutic interaction among the younger age groups parents (Group-A) was better when compared to the other group.

The possible reasons could be due to the greater level of expectations of the parents to bring down this child's disfluency level to match the fluency level of the typically developing or the normal children.

Parent concern and motivation is an important part for the early and better intervention of the subjects.

The parents drive to get their child intervened form the base for getting the most of out a therapy.

Since every parent is the primary therapist with whom the child or subject spends majority of the time, it forms a major part that the parents attitude toward their child's problem remains positive and good. This can help the parents get the best for their kids.

When parents are positive and stay motivated, a combination of the parent's efforts and the effort of the therapist can bring a greater change in the clients fluency.

Parents of young children can help by

- Providing a model of an easier, more fluent way of speaking
- Reducing demands on the child to speak particularly demands to speak fluently.

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Appendix

Perception of parents/guardians on stuttering in rural areas about speech therapy

Name: Date:

Age/Gender:

Parent/Guardian name: Age/Gender:

Occupation: Ph.no.-

Address:

	Questionnaires for parents about fluency therapy	
1.	Are you aware of your son/daughter problem?	Yes/No
2.	Are you aware of the services available for such persons?	Yes/No
3.	Are you aware that such conditions can be treated only through rehabilitative or therapeutic measure and not through medical treatment?	Yes/No
4.	Are you aware that these problems can be resolved?	Yes/No
5.	Have you heard of speech therapy?	Yes/No
6.	Have you met any persons who have been for speech therapy?	Yes/No
7.	Have you heard of success stories of persons with stuttering post therapy?	Yes/No
8.	Has your son/daughter ever had speech therapy?	Yes/No
9.	Do you know the processes involved/methods/Steps involved in speech therapy?	Yes/No
10.	Do you think therapy can effectively control the problem of children and adults?	Yes/No
11.	Do you give advice to your son/daughter to stop stuttering?	Yes/No
12.	Do you feel that speech therapy can improve your Son/Daughter communication?	Yes/No
13.	Do you think tapping technique is effective for your Son/Daughter?	Yes/No
14.	Does breathing exercise reduce stress while speaking as observed by you?	Yes/No
15.	Do you find any difference in reduction of secondary behavior's after therapy?	Yes/No
16.	Is there any improvement in reading in academic after therapy?	Yes/No
17.	Does your son/daughter stutter, when in contact with stutter even after therapy?	Yes/No
18.	Does your son/daughter facing the same problem with strangers even after therapy?	Yes/No
19.	Are you aware that therapeutic duration for each person varies based on type and level of problem?	Yes/No
20.	Are you aware that there are chances of recurrence, through rarely, even post therapy in persons who stutter?	Yes/No
21.	Does your son/daughter comfortable for a female therapist	Yes/No
22.	Does your son/daughter comfortable for a Male therapist?	Yes/No
23.	Does your son/daughter feels difficult to implement techniques in his/her daily life?	Yes/No
24.	Are you concerned or anxious about your Son/daughters speech?	Yes/No
25.	Do you feel embarrassed by yours son/daughters speech?	Yes/No

Signature of parent/guardian

SSI-3

Stuttering Severity Instrument–3

TEST RECORD AND FREQUENCY COMPUTATION FORM

Identifying Information

Name _____

Sex M F Grade _____ Age _____

Date _____ Date of Birth _____

School _____

Examiner _____

Preschool ___ School Age ___ Adult ___ Reader ___ Nonreader

FREQUENCY Use Readers Table or Nonreaders Table, not both.

READERS TABLE

1. Speaking Task		2. Reading Task	
Percentage	Task Score	Percentage	Task Score
1	2	1	2
2	3		
3	4	2	4
4–5	5	3–4	5
6–7	6	5–7	6
8–11	7	8–12	7
12–21	8	13–20	8
22 & up	9	21 & up	9

NONREADERS TABLE

3. Speaking Task	
Percentage	Task Score
1	4
2	6
3	8
4–5	10
6–7	12
8–11	14
12–21	16
22 & up	18

Frequency Score (use 1 + 2 or 3) ___

DURATION

Average length of three longest stuttering events timed to the nearest 1/10th second		Scale Score
Fleeting	(.5 sec or less)	2
Half-second	(.6– .9 sec)	4
1 full second	(1.0– 1.9 secs)	6
2 seconds	(2.0– 2.9 secs)	8
3 seconds	(3.0– 4.9 secs)	10
5 seconds	(5.0– 9.9 secs)	12
10 seconds	(10.0– 29.9 secs)	14
30 seconds	(30.0– 59.9 secs)	16
1 minute	(60 secs or more)	18

Duration Score (2 – 18) ___

PHYSICAL CONCOMITANTS

Evaluating Scale
0 = none
1 = not noticeable unless looking for it
2 = barely noticeable to casual observer
3 = distracting
4 = very distracting
5 = severe and painful-looking

DISTRACTING SOUNDS	Noisy breathing, whistling, sniffing, blowing, clicking sounds	0 1 2 3 4 5
FACIAL GRIMACES	Jaw jerking, tongue protruding, lip pressing, jaw muscles tense	0 1 2 3 4 5
HEAD MOVEMENTS	Back, forward, turning away, poor eye contact, constant looking around	0 1 2 3 4 5
MOVEMENTS OF THE EXTREMITIES	Arm and hand movement, hands about face, torso movement, leg movements, foot-tapping or swinging	0 1 2 3 4 5

Physical Concomitants Score ___

TOTAL OVERALL SCORE

Frequency ___ + Duration ___ + Physical Concomitants ___ = ___

Percentile ___

Severity ___

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