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ATTITUDES OF PARENTS TOWARD THEIR CHILDREN WITH SPEECH DISORDERS IN OYO STATE, NIGERIA

Ayo Osisanya

Department of Special Education

University of Ibadan, Nigeria

&

Samuel Olufemi Adeniyi

Department of Educational Psychology

Federal College of Education (Tech) Akoka, Yaba, Lagos, Nigeria

Abstract

Good speech is essential to both social and academic lives. However, when speech loss its quality, it attracts unnecessary reaction from the listeners which may eventually cause psychological trauma to the affected person. Reaction to speech disorders vary from place to place and culture to culture and this has been the major concern of special educators and speech specialists. It is on this note that this study investigates attitudes of parents towards their children with speech disorders in Oyo State, Nigeria.

The study employed survey research design. A total number of fifty (50) parents whose children have significant speech disorders were purposefully selected. A questionnaire tagged Parent Attitudinal Scale for Special Disorders with reliability coefficient of 0.71 was used for data collection.

The findings revealed that parents dispositions to speech disorders were negative as there was no significant difference between the attitudes of male and female parents toward speech disorders of their children. However, there was significant different between the reaction of elite and illustrates parents towards speech disorder. Based on these finding, it was recommended that there should be mass awareness about the implication of negative reaction and proper education about early intervention to stem the tide.

Keywords: Attitudes, Parents, Children, Speech disorders

Background to the Study

Communication is a unique, dynamic and complex way through which people express their thought and emotion and respond to and manage their environment, which greatly contributes to a person's quality of life (Duffy, 2005). Communication involves totality of man as it is necessary for learning developing and socialisation. This aspect of life is not only limited to man as all other living things aside of man communicate through whatever means convenient to convey messages to the recipients. The only distinction that makes man to be different from other living things is the development and possession of intelligible speech. It is upon which language properties are built. There

without speech, verbal communication may not be achieved effectively. Therefore, speech can be defined as such pattern of our behaviour that is helpful in the task of systematic verbal presentation of a language code by making use of appropriate vocal sound pattern (Mangal, 2007). The vocal sound patterns mentioned above form basis for language which is dependent of specific environment. However, the presentation may sometimes call attention, if it deviates from the acceptable characteristics of speech in a given environment. Mwhiki (2003) stated that the idea of normal speech is referred to as what is expected depending on the background, climate of usage and the age of the speakers. Therefore, any speech which deviates from the characteristics that are expected of the speaker's age and environment will be considered abnormal or disorder (Gill, 2009). Abnormalities in speech include partially or wholly unintelligible utterances which may call unnecessary attention, and embarrassment to the speaker, listener or both.

Speech that calls attention may receive different reactions from different cultural and societal background. With respect to African culture, Samela (2001) reported that the birth of a disabled child usually causes various types of conflicts in families, including guilt, regret, grief and anxiety. This was corroborated by Munyere (2004) who presented that traditional African society sees disabilities as bad omen to the society. The mindset presented above may elicit some adverse behaviours towards a child with speech disorders from their parents. For instance, Logan and Yaruss (1999) reported that there is considerable anecdotal evidence to suggest that childhood stuttering is simply not discussed in many families, a situation that may lead the affected to believe that such speech disorder is something to be ashamed of or hidden from others. Mwhiki (2003) also noted that many families in Africa consider speech and language disorders to be a curse or unbearable reflection on them, so they will hide the afflicted person somewhere or pretend he or she does not exist.

Research on parents' affective responses concerning speech disorders in form of stuttering varied (Logan and Yaruss, 1999). Logan and Yaruss (1999) reported that many parents express frustration over the fluctuation in their child's stuttering severity across situation and time, guilt for having waited several months to address the problem or because they feel that they might have done something to cause the problems, anxiety as they consider how stuttering might affect their child's academic or social development, panic as they watch their child struggle and strain to say simple words fluently and embarrassment or anger when strangers stare as their child stutters uncontrollably. The feelings such as those itemised above indicated reflections of the level of understanding and acceptability of problems of their children. However, a comparison of past and recent researches related to attitude toward and stereotyping of people with stuttering (PWS) in America indicates positive change of attitudes over the past several decades (Irani, Abdalla & Gabel, 2012). The positive attitudes recorded over decades could be attributed to level of development, awareness and education in the western world.

But in a study carried out by Safwat and Sheikhy (2014) on parental attitude and knowledge of stuttering revealed negative beliefs and attitudes toward stuttering and

people who stutters by some parents. This result is an indication of level of education among the participants. Also, related studies on stuttering and other speech disorders found that due to chronic nature of stuttering and other speech disorders (Guitar, 2006; Shappiro, 1999; Silverman, 1996), and the negative attitude of listeners (Ham, 1990; Ruscello, Lass, Schitt & Pannbacker, 1994). Stuttering could be a stigmatising condition. This condition may influence reaction of parents toward their children with speech disorders.

In another development, Irani, Abdala and Gabel (2012) did a comparative study on Arab and American teachers' attitudes toward people who stutter, the results revealed that most teachers from Kuwait reported neutral to positive attitude but the result revealed a general positive attitudes by Arab and American teachers. This level of mixed reaction could be associated with a number of reasons ranging from culture, level of education and social stratification. However, little or no research have separated gender opinions as regards speech disorders relative to child care and dispositions of the parents. Evidently, may researches have reported negative reaction to speech disorders of the affected persons which cut across culture and social background. It therefore becomes imperative for a study investigating the attitudes of parents toward speech disorders of their children in Nigeria as this could provide empirical basis for developing programmes for re-orientating parents as well as providing a starting point for speech pathologists and therapies to design programme for early identification and intervention.

Research Questions and Hypotheses

How do parents perceive speech disorders of their children?

There is no significant difference between elites and illiterate parents' attitudes toward speech disorder of their children.

There is no significant difference in the attitudes of male and female parents towards the speech disorders of their children.

Methodology

Population

The population of the study comprised some identified parents whose children exhibit different kinds of speech disorders in various schools they attended in Ibadan, Oyo State, Nigeria.

Sample and Sampling Technique

In this study, 50 parents were purposively sampled due to the attributes of the speech of their children. Each participant were located through the help of their child that has speech disorder. Twenty-seven (27) of the participants were illiterates while twenty-three (23) were found to be educated. This was made possible through face to face interaction with the respondents by the researcher. Ten (10) of the participants were males while forty (40) were female. Their age ranges between 45 and 55 years.

Instrument

The instrument for data collection was Parents Attitudinal Scale for Speech Disorder (PASSD). The instrument is divided into two sections (A & B). Section A is on biodata of the participants while Section B contained 15 items structured questions that probed into attitudes into speech disabilities. Content validity of the instrument was ensured by given the instrument to experts for scrutiny. And suggestions and corrections by experts were incorporated. The reliability of the instrument were obtained at 0.7 through a pilot test using cronbach alpha formula.

Method of Data Collection and Analysis

Attitudinal Scale for Speech Disorders was distributed among the participants. The contents of the scale were interpreted to the illiterate parents during visitation and their responses were detailed in questionnaire provided for them while elite parents were given opportunity to read and respond to the item of the questionnaire without any intervention. The data collected were collated and analysed using simple percentage and t-test.

Results

Research Question 1

How do parents perceive speech disorders of their children?

Table 1: Perception of Parents about Speech Disorders of their Children

	SA	A	D	SD
1 I can tolerate people with speech disorders.	10 20%	7 14%	15 30%	18 36%
2 Those with speech disorders could be my friends.	23 46%	15 30%	7 14%	5 10%
3 A person with speech disorders should not be made a leader.	13 26%	15 30%	14 28%	8 16%
4 Those with speech disorders should be taken to special school.	16 32%	13 26%	8 16%	13 26%
5 Those with speech disorders should not be made to speak in public.	17 34%	12 24%	9 18%	12 24%
6 I consider those with speech disorders as special people who need special care.	19 38%	13 26%	7 14%	11 22%
7 Speech disorder is as a result of God's punishment on the parent.	3 6%	5 10%	23 46%	19 38%
8 Parents should be blamed for the speech defect of their children.	7 14%	9 18%	15 30%	19 38%
9 It is a waste of time and fund to educate children with speech disorders.	16 32%	15 30%	14 28%	5 10%
10 Children with speech disorders should be given extra attention.	11 22%	9 18%	17 34%	13 26%

11	Children with speech disorders are too aggressive and always cause trouble among their siblings.	18 36%	19 38%	8 16%	5 10%
12	Children with speech disorders should not be allowed to answer questions in the class.	10 20%	18 36%	14 28%	8 16%
13	Those with speech disorders hardly interact with others.	15 30%	18 36%	8 16%	9 18%
14	A person with speech disorders should not be asked to lead congregation.	19 38%	10 20%	15 30%	6 12%
15	I sympathise with those with speech disorders.	8 16%	11 20%	16 32%	15 30%

Result of Research Question

Item 1 under research 1 question revealed that 34% displayed positive attitude towards speech disorder of their children while 66% demonstrated negative attitude. Responses to item 2 revealed that 76% of the respondents will not want to make friends with speech disordered person while 24% demonstrated positive interest. In Item 3, 56% respondents will not want speech disordered persons to hold responsible positions while 44% demonstrated positive disposition. Item 4 revealed that 58% want speech disordered children to be trained in special schools while 42% did not favour the idea. Item 5 indicated that 64% respondents preferred that speech disordered children should not be allowed to speak in the public while 36% supported that the affected person should be allowed to speak in the public. In item 6, 64% believed that people with speech disordered are special people to be treated with care while 36% did not support the opinion. Response to Item 7 revealed that 84% believed that speech disability is not a punishment to the parents however, 16% believed that it is as a result of punishment to the family. In Item 8, 68% are of the opinion that parents should not be blamed for such disability while 32% held contrary opinion. Item 9 revealed that 64% respondents perceived that it is a waste of time and fund to educate speech disordered children while 38% support their education. In item 10, 40% believed that they should be given extra attention while 60% believed not. Response to item 11 revealed that 74% of the respondents were of the opinion that children with speech disorders are aggressive while 26% held contrary opinion. Responses to item 12 and 14 were relatively the same with item 3 and 5 with negative perception towards speech disability. In item 13, 66% perceived speech disordered children as withdrawn and hardly interact with others while 34% held contrary notion. In item 15, 68% shared in the burden of children with speech disorder while 62% held contrary notion. Summarily, it can be deduced from the responses that there is negative attitudes toward speech disorders among sampled parents.

Hypothesis 1

There is no significant difference between elite and illiterate parents' attitudes toward children with speech disorders.

Table 2: t-test table showing the difference in the attitudes of elite and illiterate parents toward speech disorders

Variable	N	Df	\bar{x}	SD	t	P	Remark
Elite parents	27		35.90	1.92			
Illiterate parents	23	48	36.45	1.58	7.859	0.05	S*

The result from table 2 shows that t-value is 7.859 and $p < 0.05$. Since $p < 0.05$, it implies that there is significant difference in the attitude of elite and illiterate parents toward children with speech disorders.

Hypothesis 2

There is no significant difference between the attitude of male and female parents toward children with speech disorders.

Table 2: t-test table showing difference in attitude of male and female parents toward children with speech disorder

Variable	N	Df	\bar{x}	SD	t	P	Remark
Male	10		36.30	5.21			
Female	40	48	36.10	5.63	0.098	> 0.05	NS

The result from table 3 shows that $t = 0.098$, df is 48 and $p > 0.05$. Since $p > 0.05$, it implies that the null hypothesis is accepted. Therefore, it is concluded that there is no significant difference in the attitudes of male and female parents toward their children with speech disorders.

Discussion

The aim of this study is to investigate parents attitude toward speech disorders at a time like this when there is serious advocacy for total acceptance of special needs individuals to the mainstream of the society.

The result of responses to research question one revealed negative attitudes of the parents toward such disabling condition. The negative attitudes could be linked with the age long perception of Africans toward individuals that have one disability or the other. This view is in line with Samela (2001) that reported that in African culture, the birth of a disabled child usually causes various types conflicts in families. This is because according to Mwhaki (2003), many families in Africa consider speech and language disorders to be a curse or unbearable reflection on them. This attitude has made reaching and helping some special needs individuals unachievable in predominating rural communities where traditional culture is held in high esteem.

The result of hypothesis 1 revealed that there is significant difference in elite and illiterate parents' attitudes toward children with speech disorders. The difference in the attitudes can be adduced to the level of education. The high mean score of non-educated parents can be a judgmental factor of negative attitude which can be the outcome of cultured or religion background predominant among non-educated parents in Nigeria. The outcome correlated with the finding of Irani, Abdalla and Gabel (2012) who did a comparative study of Arabia and America Teachers' attitudes toward people who stutter revealing a level of positive attitudes among the elites (Teachers and Parents).

The result of hypothesis 2 revealed that there is no significant difference in attitudes of male and female parents toward children with speech disorders. The result reflects that both male and female parents respond to the issues special needs in similar way. The reaction of parents toward speech disorders can make them to shy away from their primary responsibility of care, love and concern towards disabling condition of their children. This what Logan and Yaruss (1999) reported that there was considerable anecdota evidence to suggest that childhood stuttering (speech disorders) is simply not discussed in many families, a situation that may lead the child to believe that stuttering is something to be ashamed of or hidden from others.

Conclusion

Speech disorders have been identified to be among major barriers to academic and social life of the affected individual. This is because the presence of such disabling condition attracts negative reactions from members of the society including parents. In this study, it was observed that the general attitude toward communication disorders was poor, no significant difference between male and female parents' attitudes toward speech disorders. However, there was significant difference between the attitudes of elite and illiterate parents. The implication of the results of this study is that all stakeholders must collaborate to increase awareness on different ways to address issue of speech disorders thereby mitigation psychosocial problems that the reactions of people would have caused in the lives of the affected speech disordered individuals.

Recommendation

In view of the results of this study, the following suggestions are put forward for immediate action.

- Awareness campaign must be initiated on the negative impact of people's reactions toward individuals with speech problem.
- Education should be given to parents in form of seminal on the gains of early intervention of such problem.
- Parents should be encouraged to create conducive atmosphere for speech disordered child at home. This will go a long way to reduce tension and psychological trauma face by such individuals.

- More personnel in the field of speech pathology and therapy should be trained so as to cater for growing population of people with speech problems.
- Awareness should be created for parents on how to access relevant help/intervention for their children.

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