



Male versus female attitudes toward stuttering

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ABSTRACT

Purpose: The study investigated the extent to which differences existed between public attitudes of males versus females.

Method: One hundred adults, 50 males and 50 females, were chosen at random from each of 50 study samples comprising a total of 3371 respondents in a database archive who had completed the *Public Opinion Survey of Human Attribute-Stuttering (POSHA-S)*. None of the database samples included speech-language pathology students/practitioners or self-identified people who stutter.

Results: Public attitudes were very similar between male and female respondents. None of the standard *POSHA-S* comparisons were significantly different statistically, even though a few trends for differences were observed between the males and females.

Conclusions: Attitudes as toward stuttering of adult males and females, as measured by the *POSHA-S*, are very similar.

Learning outcomes: Readers of this article should be able to: describe the framework for reporting the results of the *Public Opinion Survey of Human Attributes-Stuttering (POSHA-S)*; describe similarities and differences between attitudes toward stuttering of adult males and females on the *POSHA-S*.

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1. Introduction and purpose

A burgeoning area of research has shown that nonstuttering members of the public hold negative or stigmatizing attitudes toward stuttering, especially when rating hypothetical people who stutter (e.g., Al-Khaledi, Lincoln, McCabe, Packman, & Alshatti, 2009; Betz, Blood, & Blood, 2007; Blood, Blood, Tellis, & Gabel, 2003; Boyle, Blood, & Blood, 2009; Craig, Tran, & Craig, 2003; Doody, Kalinowski, Armson, & Stuart, 1993; Dorsey & Guenther, 2000; Flynn & St. Louis, 2011; Gabel, Blood, Tellis, & Althouse, 2004; Ham, 1990; Hughes, Gabel, Irani, & Schlagheck, 2010; Hult & Wirtz, 1994; MacKinnon, Hall, & MacIntyre, 2007; Özdemir, St. Louis, & Topbaş, 2011b; St. Louis, Lubker, Yaruss, & Aliveto, 2009; St. Louis & Roberts, 2010; Van Borsel, Verniers, & Bouvry, 1999). In a comprehensive review, Hughes (2008) summarized research on attitudes toward stuttering for males versus females both from the perspective of the sex¹ of the respondent and the sex of the person who stutters (actual or hypothetical). The results are mixed. For example, in two similar studies, but the latter with a control group, Burley and Rinaldi (1986) and Patterson and Pring (1991) found no differences in attitudes toward males versus females who stuttered, regardless of the sex of the respondents. By contrast, Burley and Rinaldi (1986) reported more negative attitudes of their male respondents compared to their female respondents, but Patterson and Pring (1991) reported no differences. Weisel and Spektor (1998) also reported more negative attitudes for adult males than females. Among young

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¹ In many recent articles, the term “gender” is used to refer to whether a person is male or female (e.g., Hughes, 2008). The term “sex” is used in the paper rather than “gender” because, in epidemiology, there are important differences between the terms (Kreiger, 2003). The *POSHA-S* asks respondents to identify their “sex” either “male” or “female.”

children, Hartford and Leahy (2007) reported no differences for boys and girls. Similarly, Langevin (2009) reported no significant differences from school-aged children's attitudes toward stuttering with respect to their sex, but in another investigation, a few comparisons were more positive for girls than for boys (Langevin, Kleitman, Packman, & Onslow, 2009). Evans, Healey, Kawai, and Rowland (2008) found that the sex of middle school students did not make a difference in their stuttering attitudes.

Some authors who inspected individual questionnaire items, e.g., de Britto Pereira, Rossi, and Van Borsel (2008) and Xing Ming, Jing, Yi Wen, and Van Borsel (2001), found that males had more positive or accurate perceptions of those who stutter than females on some items, but for other items, the reverse was observed. Though not reported by Flynn and St. Louis (2011), Flynn and St. Louis (2007, 2009) also found mixed results in high school students' stuttering attitudes among items according to sex, but in these studies, sex was partly confounded with honors versus regular classes, i.e., more females in the honors classes. St. Louis (2010) reported that males and females selected equally from numerous samples in the POSHA-S archive held very similar attitudes. This study, however, drew respondents from a few studies of speech-language pathology students or practitioners (e.g., Board Recognized Specialists in Fluency Disorders) and two samples of people who stutter. Accordingly, it is possible that the familiarity of a small proportion of the groups with stuttering, atypical of the general public, could have affected the mean attitude ratings.

Clearly, as reported by Hughes (2008), the effects of sex of the respondents on stuttering attitudes are not clear. If there are differences, it is likely that they are not large. Still, important differences may exist. Why is this important? Circa October, 2011, more than 100 nations had signed the United Nations Convention on the Rights of Persons with Disabilities (CRDP) and, among many other commitments, recognized that attitudinal barriers hinder full participation of people with disabilities from "full and effective participation in society" (United Nations, 2006, CRDP, Preamble, [e]). The Convention further emphasized "the need to incorporate a gender perspective" into all efforts to ensure rights and freedoms of those with disabilities (United Nations, 2006, CRDP, Preamble [s]). If it can be shown that males hold different attitudes toward stuttering than females, then stakeholders attempting to improve attitudes might well target males and females separately rather than together. The purpose of this investigation was to determine the extent to which the attitudes of nonstuttering males and female adults from widely variant samples around the world, excluding entire sample groups with training or experience in speech-language pathology, were similar or different on a standard measure of stuttering attitudes, i.e., the *Public Opinion Survey of Human Attributes-Stuttering (POSHA-S)*.

2. Method

2.1. POSHA-S

The POSHA-S was developed as a standard measure of stuttering attitudes (St. Louis, 2005, 2011a,b,c; St. Louis, Lubker, Yaruss, Adkins, & Pill, 2008) with empirical documentation of its equivalence using 1–9 versus 1–5 and 1–3 (see below) rating scales (St. Louis, in press-b; St. Louis, Hancock, & Remley, 2010), reliability (St. Louis, in press-b; St. Louis, Reichel, Yaruss, & Lubker, 2009; St. Louis, Remley, & Hancock, 2010), construct and concurrent validity (Flynn & St. Louis, 2011; St. Louis, Reichel, et al., 2009), internal consistency (Al-Khaledi et al., 2009; St. Louis, in press-b), translatability to another language (St. Louis & Roberts, 2010), robustness in online versus paper-and-pencil administration (St. Louis, in press-a), and sensitivity to differences from probability versus convenience sampling (Özdemir, St. Louis, & Topbaş, 2011a). The instrument begins with a demographic section. Next, it contains a general section with four questionnaire items on stuttering plus four other "anchor" attributes, i.e., intelligent, left handed, mentally ill, and obese. Its purpose is to provide potential predictors of stuttering attitudes based on attitudes toward other positive, neutral, and negative human attributes (e.g., St. Louis & Rogers, 2011a). The POSHA-S concludes with a detailed section devoted to stuttering (e.g., St. Louis, 2005, 2011b,c; St. Louis et al., 2008). Rating scales in the demographic and general sections require a 1–5 rating. Items in the detailed stuttering section require a "yes," "no," or "not sure" choice; these choices are converted to a 1–3 scales as follows: "no" = 1, "not sure" = 2, and "yes" = 3. Moreover, all scale ratings are converted to a scale from –100 to +100 where 0 = neutral. The signs (either + or –) of the converted scores for some detailed stuttering items, e.g., "People who stutter are shy and fearful" are reversed so that, uniformly, lower scores reflect *less* sensitive or accurate attitudes and higher scores reflect *more* sensitive or accurate attitudes.

The POSHA-S is scored by averaging clusters of items that reflect various components. For example, the "Traits" component is the mean of three items, i.e., people who stutter (a) are to blame for their stuttering, (b) are nervous and excitable, and (c) are shy and fearful. The "Social Distance/Sympathy" component reflects means for (a) feeling comfortable, pity, or impatience while talking with a person who stutters; (b) being worried or concerned if one's doctor, neighbor, sibling, or oneself stuttered; and (c) evaluating one's overall impression of stuttering and wanting to stutter. Components are combined into three subscores, one for Obesity and mental illness and two for stuttering (i.e., beliefs about people who stutter and self reactions to people who stutter). The mean of the two stuttering subscores is the Overall Stuttering Score.

Users of the POSHA-S have been requested to contribute their data to a growing database archive that permits comparisons of individual samples with all that have been reported at any given date (St. Louis, 2011a,b). For each dimension scored on the POSHA-S, results are typically compared with the lowest, highest, and median sample mean from all those in the archive.

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