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Beliefs and Attitudes of Primary School Teachers in Mumbai, India Towards Children Who Stutter

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Beliefs and attitudes of teachers in Mumbai, India, towards children who stutter were investigated using questionnaires and semi-structured interviews. Questionnaires were completed by 58 teachers, four of whom were subsequently interviewed. Results from the questionnaires showed that teachers believed that a child’s environment influenced stuttering and that children who stuttered had the potential to overcome the condition. They did not agree that children who stuttered were quiet and shy. Two global themes emerged from the interviews. These were teachers’ philosophies about stuttering, and their perceived roles in supporting children who stutter. All teachers reported limited experience of children who stutter, but their responses indicated a desire to do their best to support such children in the classroom. Stuttering was, however, considered to be less important to teachers’ working lives than dyslexia.

Keywords: attitudes; classroom; beliefs; dyslexia; India; stuttering; stammering; teachers

Introduction

Stuttering is a condition that is believed to affect every ethnic group, and is said to exist in every culture (Ward, 2006). Estimated rates of prevalence vary, with the most robust figure for the United States being 0.8% (St Louis, Ruscello, & Lunden, 1992), for Australia being 0.72% (Craig, Hancock, Tran, Craig, & Peters, 2002), and for the United Kingdom being 1.1% (Andrews & Harris, 1964). These studies relate to differing populations, but overall the prevalence in the developed world has consistently been reported to be around 0.8–1% of the total population, with a higher proportion in the early childhood years (Guitar, 2006).

A national survey, conducted by the Indian government on incidence and prevalence of various disabilities for the year 2002 (Government of India, 2003), suggested that across the country approximately 387 persons per 100,000 (around 0.4%) within the urban sector (cities and towns) were reported to stutter. An epidemiological study (Srinath et al., 2005), which included stuttering in a survey of child and adolescent psychiatric disorders, reported a prevalence of stuttering at 1.5% in the four to 16 age group across urban middle-class areas, urban slum areas and rural areas of Bangalore (Karnataka state, southern India). Thus, there is published evidence that stuttering occurs in India, although with a reported prevalence that is lower than might be expected from the findings of western research.

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Education in India

India is a vast country, with diversity in aspects of law, religion, culture and language. Sen and Blatchford (2001, p. 190) report over 1600 “mother tongues” and 18 major modern languages. The national language is Hindi, but English is also prevalent as a result of the country’s colonial past, and these two languages continue to be official languages within the country. In school, all children are required to learn their regional language, plus Hindi and English. The education system in India comprises schools where the language of instruction is the local regional language, with English taught as a subject in the curriculum. Some privately run and some government-aided schools have English as the language of instruction, with Hindi and the regional language taught as subjects (Sen & Blatchford, 2001). Class sizes are typically around 50 or more children to a single teacher (Sen & Blatchford, 2001). In addition, while universal primary education is stated as a right in the Indian constitution, it has yet to be achieved for 50 million of the nation’s children (Planning Commission, 2006).

Mumbai, in the west of India, is the capital of Maharashtra, one of the largest states in India, and is the industrial capital of the country. The Education Board of Maharashtra state runs its own systems of primary and secondary education. Schools in Mumbai are classified into three categories on the basis of funding, namely: private, government-aided, and municipal schools. Children attending these schools vary in their socio-economic background, as private schools require high fees, while government-aided and municipal schools are free for citizens. Only private and government-aided schools use the English medium for teaching.

The reported low prevalence of stuttering in the national survey is particularly surprising in the light of the educational requirement for children to be multi-lingual. Howell, Davis, and Williams (2009) and van Borsel, Maes, and Foulon (2001) have suggested that stuttering is more prevalent in bilingual children, possibly due to the high linguistic demands that may trigger stuttering in some children.

Over the past 15 years there has been a policy in India to include children with special educational needs into mainstream education (National Council for Teacher Education, 2010; Persons with Disabilities Act, 1995; Singal, 2009), increasing the breadth of skills needed by teachers. Research on inclusive education in India (Singal & Rouse, 2003), however, suggested that teachers had not made any changes to their teaching practice to enable children with special needs to succeed, and had received little or no training on how to do so (Sharma, 2002). This is reiterated by the National Council for Teacher Education, which speaks of “an inadequate preparation of teachers to address diversity in the classroom” (2010, p. 12). Parasuram (2006), in a study of teachers’ attitudes towards disability, found teachers in Mumbai had a “neutral” response to disability in general, with more highly educated teachers having more positive attitudes. The only variable in their study that influenced a positive attitude to inclusive education for children with special needs was personal knowledge of a person with disabilities. Parasuram’s respondents also commented that the change in educational policy had not been matched by a change in the education and training of teachers.

The Indian school curriculum is prescribed. There is limited scope for individual attention in such large classes and, according to Sen and Blatchford (2001, p. 190), there is “practically no support for underachieving children”. Children with additional needs, including those who stutter, may not therefore have their needs addressed. If a teacher had negative attitudes towards, or expectations of, children who stutter, this could be an additional barrier for these children.
Speech and Language Therapy in India

Speech and language therapy in India is a young profession comprising speech pathologists who have been educated at the 10 institutions within the country that offer professional Bachelor of Science, Master of Science and Doctor of Philosophy degrees and those who have gained qualifications from outside the country (Indian Speech and Hearing Association, 2010). Speech pathologists, along with other health professionals, are required by law to register with the Rehabilitation Council of India. The State of Maharashtra, in which Mumbai is situated, has around 155 registered speech pathologists (Rehabilitation Council of India, 2008). The majority of speech pathologists have set up private clinics and have little involvement in schools (Karanth, 2002).

There is a growing interest in publicising the needs of people who stutter in India. This is indicated by the recent formation of a self-help organisation, the Indian Stammering Association (2010), which is affiliated to the International Fluency Association (2011). A recent report in the British Stammering Association publication, Speaking Out (Boss, 2010), also identifies the development of awareness raising initiatives of the condition in India.

Teachers’ Beliefs and Attitudes on Stuttering

It is recognised that teachers influence the performance of pupils (British Stammering Association, 2006). Yeakle and Cooper (1986) found that many teachers held unfounded beliefs concerning the aetiology of stuttering and the personality characteristics of people who stutter. Other studies of teachers reported that people who stutter were perceived as being shy, withdrawn, tense, anxious, and self-conscious (Ruscello, Lass, Schmitt, & Pannbacker, 1994; Rustin, Cook, Botteril, Hughes, & Kelman, 2001). Possibly as a result, bullying in school has been identified as a problem for some children who stutter. For example, Davis, Howell, and Cook (2002) found that children who stuttered were less likely to have high social status amongst their peers and were considered by other children to be more vulnerable to bullying. Hugh-Jones (1999) suggested that teacher attitudes to the stutter may influence how they manage bullying, and Turnbull (2006) has suggested the use of an anti-bullying approach specifically relating to stuttering.

With class sizes of around 50, and taking the estimate of 0.4% prevalence of stuttering in India (Government of India, 2003), it would be expected that most Indian teachers will encounter children who stutter in their classrooms. This study aims to explore Indian primary school teachers’ beliefs about and attitudes toward children who stutter. Currently there are no Indian measures of the attitudes of any professionals who may work with people who stutter; therefore, a measure was created for this purpose based on existing measures. The study also explores the ways in which the teachers report that they respond to these children in a classroom setting.

Method

This study was a small-scale exploratory study. Participants responded to a questionnaire, with follow-up in-depth semi-structured interviews undertaken with a subset of participants.

Participants

Schools were selected from those listed in the local directory. A request for involvement in the study was circulated to the principals of four English-medium primary schools (two
private, two government) in the suburbs of Mumbai. All school principals responded by expressing willingness for their staff to be involved in the study. The schools employed a total of 90 teachers, all of whom were invited to complete a questionnaire and to be interviewed if requested to do so. An information sheet giving details of the study was provided to each teacher. All participants gave written informed consent to be included in the study. A total of 58 teachers returned questionnaires and of these, four were interviewed.

**Instruments**

**Questionnaire**

A questionnaire was developed, based on the statements in the Teachers’ Perception of Stuttering Inventory (TPSI) (Yeakle & Cooper, 1986) and the Teachers’ Attitudes toward Stuttering Inventory (TATS) (Crowe & Walton, 1981). The draft questionnaire comprised all 46 questions from the TPSI and TATS, and was piloted with three teachers from Indian primary schools who were not involved in the full study. Each of these respondents was requested to identify the questions most suitable for use with Indian teachers and to comment on the wording of the questionnaire. They were also asked to comment on the length of the questionnaire. Using the responses to the pilot study, the number of questions in Part One of the questionnaire was reduced to 15 items, omitting questions that duplicated content and splitting one question that was considered by pilot respondents to be excessively long into two separate questions (Item 12 on the TATS). Some statements were rephrased from American English to Indian English. For example, the statement “Generally, stutterers should be excused from talking in front of a class” (Item 2 on the TPSI) was rephrased to “A teacher should exempt a child who stammers, from talking in front of a class”. This is because the word “exempt” is used more commonly within an Indian classroom context rather than “excuse”. Statements 7, 12, 13 were rephrased in a similar way to the example provided above. “Stuttering” was replaced by “stammering” throughout, as stammering is the term used to describe this disorder in Indian English.

It is acknowledged that these changes, and the use of the instruments outside the culture in which their psychometric properties were established, render existing reliability and validity data open to question. It was not possible to establish the reliability or validity of this adapted instrument within the scope of this small-scale exploratory study. Whilst this is a limitation of the study, the data were used descriptively rather than to evaluate change. Face validity was explored within the piloting process. The questionnaire appears in Appendix 1.

**Semi-structured Interview**

The semi-structured interview schedule was designed to enable the teachers to provide greater detail on topics contained within the questionnaire and to give them the opportunity to discuss their attitudes and beliefs in more depth. Questions were asked about their experience of people who stutter, their opinions on the characteristics of people who stutter, and classroom management strategies they use for the children who stutter (see topic guide, Appendix 2).

**Procedure**

Ethical approval was granted by the authors’ University Faculty Research Ethics Committee prior to commencing recruitment of the participants.
Ninety questionnaires were distributed among the four primary schools. The questionnaires were handed to the principal of each school, who then circulated them to the primary school teaching staff. Participation was voluntary. The participants were given approximately two weeks to fill in the questionnaires. Respondents were asked to complete the questionnaire individually and not to compare their responses with others in their school. They were asked to read each statement in Part One of the questionnaire and choose a response on a 5-point Likert scale (from strongly agree to strongly disagree). Part Two asked them to supply demographic data, including their teaching experience and reported experience of children who stutter.

Completed questionnaires were returned by 58 (67%) of the 90 teachers. One-half of the respondents were employed in private schools and the other half taught in government-aided schools.

In order to explore issues raised in the questionnaire component of the study, interviews with a small subgroup of respondents were planned. Each school was willing to release only one teacher for interview. It is recognised that this compromises both design and sampling criteria for rigorous research. However, strong claims for transferability are not being made (Lincoln & Guba, 1985). Each teacher was interviewed individually for approximately an hour. Three of the interviews were conducted on school premises during free periods and one was conducted, at the participant’s request, in her home. Each of the interviews conducted in the school setting took approximately 45 minutes. The interview that took place in the home environment took almost 60 minutes.

The interviews were tape-recorded and transcribed. Each respondent was assigned an identifier letter and each line of each response was numbered; thus, for example, B23 refers to the 23rd line of the response from Participant B. Transcripts were anonymised; that is, any identification of teachers, schools and children was removed.

Data Analysis

Questionnaire Analysis

The teachers’ responses to the attitude statements in Part One of the Questionnaire were tabulated and a mean and standard deviation were calculated for each statement using SPSS (2006). The responses to Part Two were analysed descriptively. Spearman’s rho ($r_s$) was used to identify any correlations between demographic details and overall teacher attitudes as identified by the questionnaire.

Interview Analysis

The interview responses were analysed thematically in order to reveal and explore any commonalities in the views of the respondents, following the procedure outlined by Attride-Stirling (2001). The transcripts were read several times by one of the authors, and coded according to words or topics re-occurring in the text. The development of a thematic network first involved the identification of basic themes from the coded text; these are “the lowest order premises evident in the text” (Attride-Stirling, 2001, p. 388). Basic themes were then grouped into organising themes that brought together the assumptions underlying the basic themes. Organising themes tend to be more abstract. Finally, the organising themes were grouped into global themes that encapsulate the central ideas in the text. Integrity of the themes was checked by the second author reading all the transcripts and codes. Differences of interpretation were discussed and
resolved, and the thematic diagrams (Figures 1 and 2) reflect the final agreed-upon themes.

Results
All of the teachers who completed questionnaires were female and all taught children in Standards 1–5 (children aged between five and 10 years). Teachers varied in the number of years they had been teaching, from fewer than four years to over 20 years. Of the 58 participants, 20 (34.5%) held a Bachelor in Education, 10 (17.2%) held a Diploma in Education, 22 (37.9%) held a Teacher Training Certificate, and six (10.3%) held other qualifications (e.g., BSc).

Forty-two of the 58 (72.4%) teachers reported knowingly having taught one or more children who stuttered, over their teaching career. Of these, only two (3.5%) reported teaching four children or more, while 16 (27.5%) reported never having taught a child with a stutter.

Only three teachers reported having any formal training on stuttering. Seven had received advice from a speech and language therapist and nine had read information about stuttering, usually reporting a single source such as a magazine article.

Of the four teachers who were subsequently interviewed, three had taught for 11 or more years and one had taught for five years. The three more experienced teachers reported having taught children who stuttered and also having a family member or neighbour who stuttered. Where quotes from transcripts are used below, the four teachers are identified as Respondents A, B, J, and P.

Questionnaire Responses
Teachers’ responses to the questions were highly diverse. Relatively few questions elicited uniform responses (see Table 1). Spearman’s rho showed no significant correlation between the teachers’ years of teaching ($r_s = 0.017$, $N = 58$, $p = 0.899$), or the number of stutterers taught ($r_s = -0.152$, $N = 58$, $p = 0.253$) and their overall attitude towards stutterers as identified through the questionnaire.

Beliefs about Children who Stutter
Five questions (Items 1, 3, 10, 13, and 14) addressed teachers’ beliefs about children who stutter. There was strong consensus that environmental factors were influential in affecting a stutter. All teachers agreed or strongly agreed with the statement. There was quite strong agreement that punishment would not increase fluent speech, although 10% of the teachers believed that punishing stuttering would reduce the dysfluency. Answers to Item 13 indicated that most teachers believed that children who stuttered had the potential to overcome the condition. The distribution of responses to the question about the relationship between stuttering and intelligence indicated that teachers’ beliefs were polarised. The majority of teachers did not hold the view that children who stutter were quiet and shy.

Teachers’ Reported Responses to Stuttering
Nine statements (Items 2–9, and 12) addressed beliefs about the impact of a teacher’s responses to stuttering. Responses indicated that the majority of teachers claimed that
Table 1. Teachers’ responses to belief and attitude statements.

<table>
<thead>
<tr>
<th>Item</th>
<th>Desirable</th>
<th>Neutral</th>
<th>Undesirable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1. Stuttering not IQ</td>
<td>14</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>4. No calling attention to speech</td>
<td>18</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>7. Putting child at ease</td>
<td>32</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>14. Environment as a factor</td>
<td>27</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>2. Exemption from talking</td>
<td>18</td>
<td>33</td>
<td>2</td>
</tr>
<tr>
<td>3. Children “shy” and “quiet”</td>
<td>11</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>5. Make children repeat words</td>
<td>9</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>6. Make aware they are different</td>
<td>32</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>8. Teach to accept and expect “ridicule”</td>
<td>15</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>9. Teachers little influence on development of stutter</td>
<td>2</td>
<td>35</td>
<td>10</td>
</tr>
<tr>
<td>10. Punishing stuttering</td>
<td>37</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>11. Teachers little influence on child’s perception of stutter</td>
<td>0</td>
<td>31</td>
<td>14</td>
</tr>
<tr>
<td>12. Leniency in grading written work</td>
<td>8</td>
<td>34</td>
<td>3</td>
</tr>
<tr>
<td>13. Stuttering cannot be “cured”</td>
<td>9</td>
<td>39</td>
<td>5</td>
</tr>
<tr>
<td>15. Ridicule is common reaction to stutter</td>
<td>2</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Overall mean (to 2 d.p.)</td>
<td>2.26</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
they would treat children who stutter like other children, in terms of talking in front of a class and when marking academic work. Answers to Item 6 indicated that, with one exception, there was consensus that children should not be made aware they were different from others. Most teachers also believed they should not call attention to stuttering, although there were several (27.6%) who believed that this should take place, and just over one-half of respondents (51.7%) believed that it was appropriate to make children repeat words in order to become fluent. In response to Item 7, all but one of the teachers believed that putting a child at ease increased the likelihood of fluency.

Responses to items on teachers’ influence on a child’s stuttering demonstrated a range of views. Almost two-thirds (66.0%) of the respondents believed that teachers could influence a child’s development of stuttering, although responses were around the mid-point of the scale. In response to Item 11 (teachers’ influence on a child’s self-perception) there was weak agreement, but no clear consensus.

Finally two items mentioned “ridicule”. Over two-thirds of the teachers (69.0%) indicated they believed that ridicule was a common response to stuttering, although the majority (62.1%) did not believe that children should be taught to expect or accept this.

**Interview Responses**

Two global themes emerged from the analysis of the four interview transcripts. These were teachers’ philosophies of stuttering, and teachers’ perceived roles in supporting children who stutter. Thematic networks for each of these themes can be seen in Figures 1 and 2 respectively.

**Global Theme 1: Teachers’ Philosophies of Stuttering**

Global Theme 1 (see Figure 1) comprises two organising themes; personal knowledge of people who stutter and the relative importance of stuttering to specific learning difficulties (especially dyslexia). Each comprised a small number of basic themes, which will be described below.

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**Figure 1.** Global Theme 1: Teachers’ philosophies of stuttering. Organisational and basic themes.
Interviewees’ attitudes towards stuttering appeared to be grounded exclusively in their personal experiences rather than any formal information to which they had been exposed. Each interviewee reported knowing very few people who stuttered either as pupils or in other aspects of their lives. Their beliefs about stuttering in general appeared to be coloured by their limited personal contact. In terms of the causes of stuttering, three of the four respondents reported a belief that parents could cause or perpetuate stuttering, in each case derived from personal knowledge of parents of a person who stuttered. For example:

I just feel that it’s sometimes the family, the background. She had a father who was very strict with her. (P34–35)

All interviewees identified fear and self-consciousness as likely key characteristics of individuals who stutter. Fear was seen as a precipitating factor. Self-consciousness was believed to be a result of stuttering and also a perpetuating factor. For one of the teachers, this might have been related to her own reactions to the speech of a person who stutters:

... I think that stammerers become more self conscious and quiet as they grow older. Maybe not when they are very small. Which could be because as children they have been made fun of. (A138–140)

One other area where teachers were in agreement was the academic ability of people who stutter. None considered stuttering to be an influence on children’s ability to learn, and again, possibly as a result of their personal experiences, three of the four believed that people who stutter were likely to be intellectually gifted.

Interviewees believed that, despite class sizes ranging from 48 to 55, they would be able to identify children who stuttered, but they recognised that the large class sizes could make supporting such children individually difficult. In addition, all of the interviewees raised the topic of dyslexia, despite this not being a focus of the interview. They stated that stuttering was much less of a concern to them than dyslexia. This seems likely to be a result of the increased focus on dyslexia in the schools. It was clear that dyslexia was seen to be an area that affected children’s ability to achieve in school and therefore reflected upon teachers’ working practice.

All of the interviewees also introduced the topic of the government agenda to include children with special needs into mainstream schools, and general issues about teacher education, believing that the training at university failed to equip teachers to deal with the government’s current policy. On the whole, the impression was that there was little formal support or training available to teachers on identifying or supporting children with additional educational needs (and specifically stuttering), either in initial teacher education or after graduation. Participant P said that her university education had helped her understand children’s various difficulties. After graduation, this same teacher was the only one of the four who reported attending lectures and seminars out of personal interest, in order to learn more about additional educational needs. This suggests that personal motivation was a major influencing factor in developing her knowledge base.

Overall, these teachers’ philosophical approaches to stuttering appeared to be influenced substantially by limited personal experience of the condition and by the relatively greater significance of other conditions, especially dyslexia, in their working lives. Inter-
viewees’ responses largely reflected and expanded upon the areas of consensus in the questionnaire data.

Global Theme 2: Teachers’ Roles in Supporting Children who Stutter

This global theme (see Figure 2) comprised three organising themes: confidence-building, managing demands for verbal performance, and managing other children’s behaviour. Again each comprised a small number of basic themes.

As noted above, all four teachers expressed a confident belief that they would be able to identify any child who had a stutter. When considering their professional roles, interviewees focused on classroom management skills that were a major element of their approach to educating all their pupils, as well as particular strategies that they might use with children who stutter. With regard to children who stutter, all of the inter-

![Figure 2. Global Theme 2: Teachers’ perceived roles in supporting children who stutter. Organisational and basic themes.](image-url)
viewees discussed their efforts to build a child’s confidence within the classroom and suggested this was a key to reducing the “fear” or “nervousness” that they believed caused a child to stutter in particular situations. For example, one teacher said:

... So I took the girl in confidence and spoke to her alone and explained that there is nothing to get frightened of in class. At that time I was also new so I told her some of my fears as well. And somehow she managed to get over that fear. (J9–13)

Another approach teachers reported using to support children who stuttered was to advise parents that their children needed support in building up their confidence and to seek their cooperation. There was a belief that if the home and school worked together, stuttering could be reduced.

With regard to speaking tasks, the four teachers were keen to ensure that children were not identified as different. Some of these responses were couched in terms of aiming to build confidence, and reflected a belief that students should be confronting their speech problem. Once this viewpoint was explored in more detail, however, it became clear that teachers modified their demands for children who stuttered, at least a little. Such modifications included, for example, exempting a child from some oral work in class, although it was not considered appropriate by any of the interviewees to excuse a child from talking in class completely. This was in part because of the oral nature of the curriculum, and in part because of teachers’ reported perceptions that exempting a child would make them more conspicuous.

Interviewees noted that they were aware that bullying could take place and that a child who stuttered was likely to be at risk of being bullied, but they were confident they would know about this if it happened. For example, when Respondent J was asked if a child was being bullied in school, she responded:

She isn’t. Because if she was then she would come up and tell me. (J22)

Interviewees all stated that it was their role as a teacher to prevent bullying and be supportive of the child; for example:

... children sometimes are insensitive. So if the child is stammering, they will make fun. So you have to make them understand, “No, you’re not supposed to make fun of this child... Would you like to be ridiculed? No. So then instead of ridiculing this child, it is better that you help him. Because he’s your friend.” (B34–45)

The interview reports of teachers’ roles in supporting children who stutter complemented the questionnaire data. All of the interviewees reported that they recognised that children who had additional needs in the classroom needed extra support. Developing confidence through individual approaches with a child, in addition to managing the oral demands on the child and managing other children’s behaviour to offer children the best learning opportunities, were all seen as teachers’ roles.

Discussion

The discussion of the views and attitudes of the teachers who participated in the current study must be taken in the context of the Indian teachers’ day-to-day working environments. All participants taught classes of around 50 children and all worked in a school system that was being expected to respond to the government policy of
including children with a range of disabilities and special educational needs into mainstream classrooms (National Council for Teacher Education, 2010). However, all identified high academic achievement to be the focus of their teaching. It is therefore unsurprising that the responses from the four teachers who were interviewed indicated that stuttering was not a particularly high priority in their day-to-day work. Nor is it surprising that only nine of the 58 teachers responding to the questionnaire reported having had any information on the topic of stuttering. Some teachers were not aware of ever teaching a child who stuttered, while most reported having experience of very few such children. Even with the reported Indian incidence and prevalence figures (Government of India, 2003; Srinath et al., 2005), which themselves are likely to be underestimates, if compared with global data, it is likely that teachers will have had children who stutter in their classes, whom they have not identified. It appears likely, from the interview data, in line with Parasuram’s (2006) findings on disability in general, that teachers who have a personal knowledge of someone who stutters will be more sensitised and therefore are possibly more likely to identify and support a pupil who stutters. All of the teachers interviewed reportedly believed that they would recognise a child in class who had a stutter. However, lack of awareness of children who stutter has been reported elsewhere (e.g., Rustin et al., 2001). With such large class sizes and the demands of disabilities that are more easily recognised by teachers, such as dyslexia, it is likely that children who stutter could be missed. The numbers reported by both the questionnaire respondents and interviewees were below what would be expected from global prevalence data and this is an area that could be further investigated.

The questionnaire analysis suggests that strategies employed by the teachers were grounded in concern and care for the children. There was a consensus among the teachers that they would not exempt a child from speaking in front of a class, while at the same time they would not call attention to their speech. Such views suggest that the teachers were keen to provide similar opportunities for all the children, which is important for their personal and academic development. Where teachers reported that ridicule was an issue, it is possible that the statements used were misleading. Two items had been generated from a single item in the original TATS questionnaire. In retrospect, it may have been better presented as the single original wording that draws the two concepts together; that is, “Ridicule is a common human reaction to stuttering and may not significantly affect a stutterer’s speech. Therefore the stuttering child should learn to accept and expect it” (Crowe & Walton, 1981, pp. 170–171).

Questionnaire responses appeared to indicate broadly positive attitudes in principle towards people who stutter. These findings suggest greater optimism than Parasuram’s (2006) findings on teacher attitudes toward disabilities and inclusion of children in mainstream classes. The definition of views as undesirable or desirable purely from the questionnaire responses needs to be treated with caution and can be misleading. As noted by Crowe and Walton (1981), the issue is complex.

Interview data enabled a deeper exploration of the factors influencing the questionnaire responses. In the interviews, all four teachers justified their approach to oral work by suggesting that, while some allowances would be made for children who stuttered, this was in the context of the need to ensure a child was not identified as being different. They stated that such identification could lead to bullying and a lack of self-confidence. The teachers appeared to have a positive approach, relating to reducing the pressure put on the child and consequently the stress and anxiety. As the interviewer and research team were
external to the Indian education system, there was no advantage to be gained from providing responses that might put the respondents in a positive light. Furthermore, the diversity of responses and their link to personal experience suggest that they were accurate representations of respondents’ views. As noted above, with such a small interview sample, no claims are made for generalisability of these views. From their responses it was clear that the wider inclusive education debate in terms of concepts of equality and equivalence of academic and educational demand for children with specific needs was yet to be resolved. Beyond this, the interviews appeared to reflect Parasuram’s (2006) findings that personal contact influenced respondents’ views and attitudes. Deriving knowledge from personal experience can restrict understanding of a condition and may lead to biased conclusions; however, these interviewees displayed understanding and empathy that are important in making children feel comfortable in the school environment.

Overall, then, the teachers reported relatively constructive attitudes to children who stutter, both in the questionnaire and interviews. In view of the impact stuttering can have on children in school (Davis et al., 2002) this is a positive finding. The fact that stuttering is seen as relatively unimportant by teachers who were interviewed, however, while understandable within the Indian educational context, does not lead to confidence that children will be identified or supported in a way designed to enable them to achieve to their optimum potential.

It would be unrealistic, in view of the fact that India is still struggling to achieve universal primary education, to expect rapid and substantial change in provision for all children in India who stutter. Neither is it sufficient to accept the status quo. Teacher education in India already appears to be facing a challenge to include information on inclusion (Singal, 2009), and this could be an area where existing good practice (as described by Respondent P) of introducing a brief overview of difficulties a child may experience could be extended to other initial teacher education courses. Through such pre-qualifying education, culturally appropriate sources of information, such as that provided by the All India Institute of Speech and Hearing, the Indian Speech and Hearing Association, and the recently established self-help organisation the Indian Stammering Association, could be accessed as and when required. Mumbai, as indicated by Parasuram (2006), is a rapidly developing city that has experienced a rise in information sources through information technology including the Internet, and this could be a major provider through which to disseminate such resources in India.

The speech and language therapy profession also has roles to play. Although numerically small (Karanth, 2002), developing a higher profile for the profession in order to demonstrate the value of specific interventions with children who stutter, working with teachers to enable them to support these children in school and, last but not least, researching the real prevalence of, and specific issues relating to, stuttering within the Indian context are all important and should help a gradual move toward better provision for children who stutter in India.

Acknowledgements
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References


Appendix 1. Questionnaire on Stammering

Part One

Please read the following statements and tick one response which best indicates your reaction to that statement:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stammering does not affect a child’s IQ levels.</td>
<td></td>
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<tr>
<td>2. A teacher should exempt a child who stammers, from talking in front of a class.</td>
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<td>3. Most children who stammer can be described as being “shy” and “quiet”.</td>
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<td>4. Teachers should avoid calling attention to a stammering child’s speech.</td>
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<td>5. Teachers should make children repeat words until they can speak them fluently</td>
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<tr>
<td>6. Children who stammer should be made aware that they are different from other children.</td>
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<tr>
<td>7. Children are more fluent when a teacher puts the child at ease before speaking.</td>
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<td>8. A child who stammers should be taught to accept and expect “ridicule”.</td>
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<td>9. Teachers have relatively little influence on the development of the child’s stammer.</td>
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<td>10. Punishing stammering behaviour will increase fluent speech.</td>
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<tr>
<td>11. Teachers have relatively little influence on how the child perceives his/her own stammer.</td>
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<tr>
<td>12. Teachers should be more lenient in grading a stammering child’s written academic performance.</td>
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<tr>
<td>13. Stammering is a condition that cannot be “cured”.</td>
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</tbody>
</table>

(Continued)
Appendix 1. (Continued).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. A child’s everyday environment is an important factor in reinforcing or reducing his/her stammer.</td>
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<tr>
<td>15. Ridicule is a common human reaction to stammering.</td>
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</tbody>
</table>

Part Two

Please circle as appropriate

1. Standard/year you currently teach:
   Std. 1  Std. 2  Std. 3  Std. 4  Std. 5
2. Number of stammerers you have taught:
   0  1–3  4–6  7 or more
3. Number of years of teaching:
   0–3  4–6  7–11  12–20  21 or more
4. Have you had formal training on stammering?
   Yes  No
5. Have you ever discussed or received advice on stammering by a speech and language therapist?
   Yes  No
6. Have you read any information leaflets/books/other literature on stammering?
   Yes  No
7. Your degree/post grad/certificate qualification?

Appendix 2. Interview Topic Guide

Have you ever taught anyone who stammers?
What do you think makes someone stammer? What makes it better or worse?
How much of a role do you think a teacher plays in a stammering child’s life?
How do you think teachers should respond to a child in their class who stammers? Why?