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COPING STRATEGIES FOR QUALITY INCLUSION OF ADOLESCENTS WHO STUTTER IN REGUAR PRIMARY SCHOOLS IN WESTERN KENYA: A CRITICAL REVIEW

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ABSTRACT

Stuttering is a speech disorder characterized by repetitions, prolongations, interjections, hesitations and blocks. The prevalence rate of persons who stutter (PWS) in the World is 1%. Kenya with an estimated 440,000 PWS, of which 16,606 live in Kakamega County. Results from a baseline survey carried in Western Kenya counties between 2010 and 2013 found that Kakamega had 138 Learners Who Stutter (LWS), Vihiga 84, Bungoma 33, and Busia 10. In Kakamega, learners were enrolled in 20 schools. The survey showed most LWS got below 250 marks out of 500 marks. For example, 59 (70.24%) LWS, compared to 785 (34.12%) regular learners who got below 250 marks in classes 6, 7 and 8. Research studies showed that low performance was due to stuttering effects such as anxiety, self-stigma, fear, frustrations and embarrassment to the LWS. Further recent research indicates LWS face challenges in educational achievement in terms of social interaction, class participation, vocational aspirations and academic performance. The purpose of this paper is to analyze the characteristics, effects, challenges associated with stuttering and coping strategies employed by stakeholders in ensuring quality education and training for learners who stutter in schools in Kenya.

Keywords: stuttering, quality inclusion, stuttering effects, challenges, coping strategies

1.0 BACKGROUND

Stuttering is a speech disorder characterized by repetitions, prolongations, interjections, hesitations and blocks (Mckinnon, Sharynne and Reilly, 2007). The prevalence rate of persons who stutter (PWS) in the World is 1%. Stuttering consist of primary characteristics such as prolongation, repetition, interjections, hesitations, and total blockage.

The causes of stuttering are unknown. However, other researchers argue it is caused through genetic inheritance because it runs in families; while others attribute to be as a result of brain injury. Nall (2012) noted that there are three types of stuttering; developmental, neurologic, and psychogenic stuttering. Developmental stuttering occurs in children as they develop their speech and language capabilities when the need to express themselves is greater than their verbal ability. This type of stuttering is usually outgrown. Approximately 20.0 % of children, however, do not outgrow this type of stuttering. Neurogenic stuttering, occurs when the brain is unable to coordinate the different components of the speech mechanism, including the nerves and muscles. Neurogenic stuttering occurs following a stroke or brain injury. Psychogenic

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stuttering originates in the region of the brain that directs thought and reasoning. This rare type of stuttering may affect people with mental illness or those who experience extreme psychological stress or anguish (Nall, 2012).

These primary characteristics lead to secondary characteristics commonly referred to as stuttering effects such as anxiety, fear, embarrassment, self-stigma, and frustrations among LWS in activities which require the learner to speak. Stuttering makes LWS to have negative stereotype towards themselves, and negative attitude from peers and teachers towards LWS. It is as result of these secondary characteristics that results to challenges the learners faces in school (Okutoyi, 2016).

2.0 INCIDENCE AND PREVALENCE OF STUTTERING

According to Zhang, Saltukaroglu, Hough, and Kalinowski ((2009), the prevalence rate of stuttering is one percent (74 million people) of the total population in the world. Kenya with approximate population of 44,000,000 is estimated to have 440,000 persons who stutter.

3.0 CHARACTERISTICS, EFFECTS AND CHALLENGES ASSOCIATED WITH STUTTERING

Onslow (2011) observes that stuttering can have a devastating impact on an individual's academic, emotional, social and occupational potential and development.

According to Mckinnon, Sharynne and Reilly (2007), stuttering is the most serious speech disorder compared to voice and articulation disorders. This is a result of the negative traumatic consequences an individual goes through in all aspects of life. Stuttering is characterized by repetitions, prolongations, interjections, hesitations and blocks (Ogutu, 2005). This results in involuntary disruption of a person's capacity to speak (Craig, Hancock & Tran, 2003). These affect an individual's physical behaviour, emotions, perceptions, beliefs, attitudes, intentions and physiological responses (Ammon, 2010). Stuttering is a multifaceted disorder that can have a significant impact on people who stutter, one that extends beyond the actual communication difficulties these individuals encounter. Social, emotional, and psychological issues can accompany stuttering, due to society's depictions of and reactions to those who stutter (Onslow, 2011).

Hughes et al. (2010) carried out a study in the USA to establish students' perceptions of the life effects of stuttering. An open-ended, written survey was administered to 146 university students who did not stutter to obtain their impressions of the effects of stuttering on the lives of people who stutter (PWS). Participants first wrote about the general stuttering effects and then considered how their lives would be different if they stuttered. Both types of responses, while not qualitatively different, indicated that participants were more likely to focus on negative listener reactions and barriers to social, academic, and occupational success when they imagined themselves as PWS. In addition, Spillers (2011) noted that Persons Who Stutter (PWS) experience dysfluency which leads to fearful, and anxiety-filled experience. Among PWS, anxiety about speaking was as a result of anticipating difficulty in speaking. He further noted that anxiety was as a result of anticipating a negative reaction from a listener, and wanting to avoid the pain of embarrassment.

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Kraaimaat, Martine, and Rien (2002) sought to establish the presence of social anxiety in adults who stutter. This was done by administering the Inventory of Interpersonal Situations (IIS) test, a social anxiety inventory to a group of 89 people who stuttered and 131 people who did not stutter. Two components of social anxiety were measured by the ISS: the extent to which emotional tension or discomfort was perceived in social situations and frequency with which social responses were executed. Persons who stutter displayed significantly higher levels of emotional tension or discomfort in social situations. They also reported a significant lower frequency of social responses compared to non-stuttering peers. Nevertheless, 50.0% of the scores of PWS fell within the range of a group of highly socially anxious psychiatric patients. It was concluded, that adults who stutter differ from adults who do not stutter as far as negative emotional experience of social situations such as discomfort and frequency of responses to them are concerned. Such differences were not related to positive self-esteem. The differences in social anxiety of adults who do and do not stutter might be the result of an inherent link between stuttering and social anxiety. Secondly, it was concluded that there was a subgroup of adults who stuttered with relatively high social anxiety levels (Kraaimaat et al., 2002). There was also evidence that PWS were more likely to suffer from anxiety (Craig et al., 2003; Blood et al., 2007).

According to Aslam (2013) stuttering led the individual to feel a range of negative effects such as frustrations after blockage and repetitions, embarrassment, self-stigma as a result of negative attitude from other people, making the person to withdraw from others. In addition, Aslam (2013) found out that those persons who stutter reported higher anxiety and feared to speak in a family set up. Long term stuttering may leave the person more vulnerable to become socially anxious as the person anticipates to stutter in any speaking situation.

Okutoyi (2016) carried out a study on influence of stuttering on educational achievement. Results showed that stuttering and its effects negatively influenced educational achievement in terms of social, class participation, vocational aspirations and academic performance. Earners who stutter performed poorly compared to regular learners. There is need therefore, to come up with coping strategies on how to deal with stuttering, its effects and challenges.

4.0 WAY FORWARD: COPING STRATEGIES

To achieve quality education and learners who stutter to be included in school and class activities, the paper proposes the following coping strategies to be employed by schools in Kenya in dealing with the effects and challenges associated with stuttering;

Sensitization of school stakeholders on stuttering: teachers need to carrying out sensitization in schools about LWS, self-disclosure be encouraged among learners who stutter, Stuttering effects such as anxiety, fear, frustrations, self-stigma and embarrassment need to be minimized for the learner to achieve good academic results at school. Such effects can be minimized through the sensitization of learners and teachers to accept the way LWS speaks. LWS need to be encouraged to speak.

Teachers and regular learners should not bully, or tease LWS as a result of their dysfluency. Learners who stutter need to be involved in social interaction activities in school through reducing stuttering effects on LWS. This can be achieved by means of creating awareness to the general school community about stuttering, involving LWS in social activities both in and

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outside the class, and sensitizing other learners on the need to include the LWS in various social activities in school. Regular learners need to be advised not to tease nor bully LWS because of their condition.

Encouraging learners who stutter to participate in class: The negative influence of stuttering effects on class participation need to be minimized to enable participation in class. Teachers need to involve the LWS in class activities during the lesson and give the learner enough time to participate in class activities. Teachers need to guide LWS in the choice of vocation.

Vocational guidance and counseling: LWS need to be advised to pursue vocational aspirations that require less talking. This is in order to reduce the stuttering effects at work place in future. LWS need to be taken through guidance and counseling sessions on vocational aspirations.

Negative influence of stuttering effects on academic performance need to be reduced by involving the learner in academic activities so that the learner can achieve good results. Teachers need to give the learner more time to ask and answer questions and consult generally.

Fluency strategies: learners who stutter can be enabled to speak with easy by; don't tell the learner to slow down or just relax, don't complete words/sentences for the child, speak with the learner in unhurried way, pausing frequently, have one-to-one accommodations in the classroom for learners who stutter, and advice other learners not to tease a learner who stutters (Scott, 2010).

Self-therapy strategies- a learner who stutters should breathe and exhale slowly, and slow down her rate of speech without being reminded. Pausing on difficulty words to pronounce,

Avoiding the learner to participate in high-anxiety environment/situations- teachers should cushion the learner from participating in situations that will make stuttering to be severe as result of anxiety such as self-introduction before others, public speaking, making class presentations and places the child feels insecure to speak. Avoid strict verbal interviews with the child as this may increase tenseness, fear and anxiety leading stuttering to be severe; but be friendly when questioning the learner.

Teachers need to be patient, tolerant and persevere with learners who stutter while talking in class. Teacher should not think the child is wasting time nor should the teacher complete words and sentences for the child.

Teachers need be advised on various ways of involving the child in class apart from verbal means. The child can be invited to write on the chalk board the answer, the child can use sign language if teacher understand sign language, the teacher can move near the child and the gives an answer at class range or write behind the book and the teacher reads the answer, LWS can write down the question or answer and the desk mate reads on his behalf.

Teachers need to reduce a lot of verbal demands from LWS. Let the learner volunteer to answer or ask questions.

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Monitor the social environment in the environment and regulate it accordingly. This reduces stress on the part of learners who stutter to speak.

Turn a stuttering situation into a learning situation in class. For example, if a learner who stutters in your class stutters severely and is mocked, teased and frustrated turn it into a sensitization lesson. Teach what is stuttering and what other peers should do to positively accommodate learners who stutter in class.

Listen attentively. Pay attention to what the student says, not how it is said. Find ways to reassure the student that you are interested in the message. If the student is experiencing substantial difficulty, say that you have plenty of time to listen.

Create an unhurried environment for communication. Avoid interruptions, finishing statements, competition for speaking time, and direct advice to slow down or relax. Slow the interactions, not the student. Pausing before responding is an effective and natural way to create an unhurried environment.

Inhibit your visible physical reactions to stuttering. Maintain normal gaze and facial expression. The more you are able to emotionally neutralize your reactions to stuttering, the more effective you will be.

Prevent negative reactions from other students. Enlist the district counselor and the speech-language pathologist to help resolve teasing and negative comments.

Do not draw attention to speech disruptions in a group. It is fine to discuss the disruption with older children in private. Let them know you are accepting and understanding and ask how you can help.

Be willing to temporarily modify oral assignments to reduce the communicative pressure. Some assignments may be beyond a student's capacities and will only result in increased stuttering.

Learners who stutter should be referred to a speech and language therapist for speech training once or twice a week. Speech therapist is found at EARC or nearby county hospitals.

5.0 CONCLUSIONS

Stuttering is a traumatic condition that inhibits normal verbal learning among learners who stutter. Stuttering results into secondary effects such as anxiety, fear, frustrations, embarrassment and stigma. These effects poses serious challenges to the learner at school and home, such as challenges in socialization, classroom participation, career choice and poor academic performance. Teachers need to come up with coping strategies to enable the learner to socialize, participate in class and pursue careers of their choice.

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