



INVESTIGATING THE QUALITY OF LIFE SCALE AND ITS RELATIONSHIP WITH STUTTERING SEVERITY IN ADULTS

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ABSTRACT

The current study aimed to identify the level of quality of life among Individuals who Stutter in Jordan and its relationship to some demographic variables using the correlative descriptive approach. In order to achieve the objectives of the study, the researchers used the quality of life scale-BRIEF-WHOQOL, prepared by the World Health Organization (WHO), on a sample (N=32) males and females Stutters. The results of the study showed that the level of quality of life among individual who stutters in Jordan was low, as the physical health field ranked first with the lowest level in the quality of life followed by the field of social relations and then the mental health and finally the field of environment.

Keyword: - Quality of Life (QOL), Stutter, Communication, World Health Organization (WHO),

I. INTRODUCTION

Stuttering is one of the communication disorders affecting the fluency of speech that results in the disruption of speech. The onset of stuttering is mainly seen during the developmental period of a child's communication skills, most commonly between the ages of two to five years. This is called developmental stuttering.

World Health Organization (WHO) has explained "health" with emphasizing on its vast dimensions including complete physical, social and mental welfare in 1948. Base on this description, WHO explains health is not merely the lack of disease. It describes quality of life (QOL) as an individual comprehension from one's own life status, culture and system of values in where one lives and also in relation to objectives, expectations and one's own standards. In fact, QOL ideally assesses the health in physical, mental, environmental and social dimensions. On the other hand, American speech and hearing association (ASHA) believes that one of the speech and language pathologist's duty is to attempt to improve QOL of individuals by reducing functional and structural deficits to one's body, decreasing limitations in activities and communications.

Thus, survey of QOL is not merely to comprehend people's life experience but also plays an important role in treatment process in patients with speech and language disorders. Also, it is necessary to mention that most studies on QOL have been conducted on diseases, which deal with mortality or have deep



impressions on the society such as cancers, diabetes, drug abuse etc. However, it seems that no adequate studies have been performed on QOL in disorders and disabilities that do not lead to mortality.

STUTTERING

Since ancient times, stuttering has been known as a phenomenon found among all people at all cultural, social, and economic levels. Moreover, it is one of the most common disorders of fluency, and it is a complex and multidimensional problem that could be observed and heard easily. A Stutter person suffers from psychological adjustment problems and feelings of fear, anxiety, confusion, shame, and social isolation at school or in social situations which affects one's self-esteem.

II. QUALITY OF LIFE

QOL is defined as a person's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards, and concerns.¹³ QOL is a broad concept, which includes the person's independence level, psychological state, physical health, and social and family relationships.

Since we live in an era in which there are many political and economic changes that affect an individual's academic and social life, which increases hardship and pressure and raises the rates of psychological and physical disorders in order to prevent the proper individual compatibility, which affects one's personality, it is necessary to focus on one contemporary and influential aspect in the life of a Individuals who Stutter which is the quality of life.

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According to (Tashtoush& Al-Qashaar, 2017), the World Health Organization discussed the dimensions of the quality of life as follows:

- The physical dimension: It includes dealing with pain, discomfort, sleep and getting rid of fatigue.
- The psychological dimension: It consists of positive behaviors and feelings, the desire to learn, recalling and thinking, concentration, self-esteem, caring for one's appearance, and autonomy and negative feelings.
- The social dimension: It includes personal relationships, social support, successful marriage, and the special needs of the individual such as acceptance, interaction, and social loyalty.



- The environmental dimension: It includes exercising freedom, and the feeling of security and safety in the surrounding and home environment, income sources, and avoiding pollution and noise

Abdel-Mu'ty (2005) also argued that there are three dimensions of the quality of life:

- The objective quality of life, i.e. what material resources the society provides its individuals with as well as the individual's social life.
- The subjective quality of life, which means the extent of personal satisfaction with life and the individual's perception of the quality of life.
- The existential quality of life, which represents the ideal level to satisfy the needs of the individual and the ability to live in a spiritual and psychological compatibility with one's self and community

III. IMPACT OF STUTTERING

To measure the negative impact of stuttering on daily life, the survey also included the OASES (Yaruss&Quesal, 2006). This 100-item self-report instrument collects responses on a 1–5 Likert scale. Response options (e.g., agree–disagree, not at all difficult–extremely difficult) differ depending on the subsection. The higher the score between 1 and 5, the greater the negative impact of stuttering. Section I, General Information, contains 20 items that collect information regarding the participant's knowledge about stuttering, perceived speech fluency and naturalness, and perceptions of treatment and support groups. Section II, Reactions to Stuttering, contains 30 items that examine affective, behavioral, and cognitive consequences of stuttering. Section III, Communication in Daily Situations, contains 25 items that measure the degree to which stuttering interferes with communication across diverse situations, such as with friends, at school, at work, and at home. Section IV, Quality of Life, contains 25 items that evaluate the extent to which stuttering negatively impacts the participant's satisfaction across various domains, such as relationships, vocational opportunities, and overall outlook on life. The OASES has demonstrated high internal consistency (Cronbach's $\alpha = .90$), test–retest reliability ($r = .90-.97$; Yaruss&Quesal, 2006), ecological validity (Francic& Bothe, 2008), and clinical utility (Yaruss&Quesal, 2006, 2010).

IV. METHOD OF DATA ANALYSIS

Data were analyzed by SPSS16.0 software. To investigate data distribution, Kolmogorov-Smirnov was used and then Mann-whitney U test was utilized to compare the data between groups. To investigate the relationship between %SS and dimensions of QOL, the ANOVA test was used.



V. RESULTS

Results of this study showed that 23 (29.5%), 24 (30.8%) and 31 (39.7%) AWS had mild, moderate and severe stuttering (base on %SS), respectively. In this study, two groups of AWS and AWDNS were matched in age, sex, marital status, education level and the family’s income level (Table 1). The age range of cases was 18 to 32 years old in the study (Mean = 22.7 and SD = 3.29) and control (Mean = 22.9 and SD = 3.6) groups (Table 1).

Moreover, the results showed a significant difference between the groups ($P < 0.05$) in scores of total QOL in AWS and AWDNS (60.5 vs. 73), general health (59.9 vs. 71.35), emotional health (48.2 vs. 72), social function (56.1 vs. 72.9), vitality (49 vs. 70.2), physical function (84.9 vs. 80.4), limitations of role-playing due to physical problems (48.1 vs. 60.9) and the limitations of role-playing due to emotional problems (37.2 vs. 52.6). Therefore, the mean of obtained scores from AWS were less in domains of total QOL, general health, emotional health, vitality, limitations of role-playing due to physical problems, but higher in domains of physical function and limitations of role-playing due to emotional problems. In the domain of pain, no significant difference was seen between the groups (80.4 vs. 82.3), (Table 2). Moreover, there was no significant relation between frequency of stuttering and QOL dimensions in this study.

Table 1. Comparison of Demographic Variables in Adults who stutters and who do not stutter a, b

	AWS ^c	AWDNS ^c	P Value
Age			0.2
<20 y	20 (25.6)	28 (35.9)	
2-25 y	44 (56.4)	33 (42.3)	
>25 y	14 (17.9)	17 (21.8)	
Gender			1.00
Male	61 (78.2)	61 (78.2)	
Female	17 (21.8)	17 (21.8)	
Education level			0.057
Under diploma	7 (9)	16 (20.5)	
Diploma	18 (23.1)	22 (28.2)	
Above diploma	53 (67.9)	40 (51.3)	
Marital status			1.00
Single	54 (69.2)	53 (67.9)	
Married	24 (30.8)	25 (32.1)	
Income level			0.27
<10 million Rial	34 (43.6)	35 (44.9)	
10-15 million Rial	28 (35.9)	20 (25.6)	
>15 million Rial	16 (20.5)	23 (29.5)	

^a Abbreviations: AWDNS, adults who do not stutter; AWS, adults who stutter.

^b Data are presented as No. (%).

^c Data are presented for 78 subjects.



Table 2. Mean Scores and Standard Deviation of all Short Form-36 Questionnaire Dimensions in Adults who stutter and who do not stutter a, b

	AWDNS	AWS	PValue
Total QOL	60.5 (12)	73 (13.8)	0.0000
General health	59.9 (19.3)	71.3 (16.3)	0.0000
Emotional health	48.2 (15.9)	72 (15)	0.0000
Physical function	84.9 (16.8)	80.4 (16.3)	0.03
Social function	56.1 (18.8)	72.9 (21.5)	0.0000
Physical limitation	48.1 (28.7)	60.9 (33.6)	0.007
Emotional limitation	37.2 (33.9)	52.6 (37.8)	0.012
Vitality	49 (14.4)	70.2 (15.3)	0.000
Pain	80.4 (18.8)	82.3 (19.3)	0.37

^a Abbreviations: AWDNS, adults who do not stutter; AWS, adults who stutter; SF-36, short form questionnaire of quality of life; QOL, quality of life.

^b Data are presented as No. (%).

VI. DISCUSSION

This study indicates that stuttering has negative impacts on individual's QOL and recommends following instructions: 1) Health authorities and health care centers should allocate human resources, health care and financial facilities for stuttering therapy and prevent it to change into a complicated and expanded disease. 2) It is worthy SF-36 questionnaire to be used by health clinics and speech therapy centers to investigate different dimensions of QOL. If QOL aspects are affected by stuttering, speech therapists can design treatment plans or refer the cases. 3) To generalize the results of this study, further studies are necessary to be conducted with more cases in various places throughout the country. 5) Next studies need to be done on the effects of different kinds of stuttering therapy methods on QOL to identify the best methods. In fact, QOL questionnaire can be considered as a tool to measure the results of intervention and different methods of stuttering therapy.

VII. CONCLUSION

The aim of the present study was to explore the QOL of adults who stutter in an Indian region. The questionnaire developed in the present study for this purpose enabled exploring the multidimensionality of stuttering and its impact on the participants. Though there was variability across the multiple domains, a common observation across the data was that stuttering did not spare even one domain of life. With respect to the cultural aspects specific to India, the QOL data were not very distant from the QOL data obtained regarding adults who stutter in other cultural settings. The results also suggested an emerging trend of better acceptance by the society of AWS, marking a significant shift in the cultural aspects among the people there. Even though the AWS continue to anticipate a sense of discrimination and insecurity with respect to their social participation, their actual QOL in a social situation is not severely affected.



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