PUBLIC PERCEPTION OF STIGMATIZATION AND DISCRIMINATION AGAINST PEOPLE LIVING WITH STAMMERING IN UNIVERSITY OF NIGERIA, NSUKKA

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ABSTRACT
The importance of effective communication skills cannot be overemphasized in various aspects of life. However, stammering, a condition marked by speech disruptions, makes it difficult and sometimes impossible, for those who suffer it to efficiently communicate. The influence of the speech condition for stammers extends far beyond words, thus deeply impacting their quality of life and social connections. Worse still, is the unfortunate reality that stammering individuals often bear the weight of societal stigmatization and discrimination, owing to their plight. Hence, this paper focuses on public perception of stigmatization and discrimination against people living with stammering at the University of Nigeria, Nsukka. Employing a cross-sectional survey research design, 200 respondents aged 16 and above, for the structured questionnaire, were selected using a simple random sampling technique. Findings reveal a significant link between respondents' educational background and their propensity to stigmatization and discrimination (p=0.038). Age and gender were also found to show no statistically significant difference in the perception of the respondents, on stigmatization and discrimination against stutters, as both have a p-value of 0.051 and 0.551 respectively. In the light of the above results, the study advocates for the creation of an enabling environment, which affords stutters equal opportunities with their fluent-speaking peers.
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JEL CLASSIFICATION: I1, I2, I3, J7, J71, J78

1. INTRODUCTION

Communication is a fundamental aspect of human interaction, thus serving as the cornerstone of conveying thoughts, emotions, and information. Speech as a rapid motor control task, involves intricate movements occurring within milliseconds to enhance effective communication (Ludlow, 2003). However, disruptions in speech quality can lead to speech disorders wherein individuals struggle to form necessary speech sounds for communication (Kartika, 2014). Among speech disorders, stammering stands out, often characterized by repetition, protraction of sounds and words, and interruptions known as blocks during speech (National Institute on Deafness and Other Communication Disorders [NIDCD], 2016). While the terms "stammering" and "stuttering" are used interchangeably, the former is more commonly used in the United Kingdom and Ireland, while the latter is used in the United States and many other countries across the globe (SpeechEasy, 2023). Individuals who stammer possess the ideas and feelings they wish to express, but face challenges in achieving a fluent

speech flow. This speech disorder can lead to struggles such as rapid eye blinks, trembling lips, and so on, hence, making communication difficult and affecting the individual's quality of life and social interactions (National Institutes of Health [NIH], 2016). It is estimated that around 1% of the global population stammers, and approximately 5% of children experience a period of stuttering (Parenting Special Needs, 2022). For National Bureau of Statistics (n.d.) and Michael Palin Centre for stammering (n.d.), it is 8% of all children and 1% of all adults across the globe who are affected by stammering. Everard (2020) maintains that it is 3% and 8% of adult and children populations respectively, who are facing the challenge of stammering. He claimed that 1% of the adult population and 5% of children as stutters were actually the old data. However, the fact remains that both children and adults irrespective of sex, are prone to stammering and its attendant stigma. Stammering often emerges during early childhood between the ages of 2 and 6, with boys being 2 to 3 times more likely to stammer than girls. While most children outgrow stuttering, around 25% continue to experience it throughout their lifetime (NIDCD, 2016).

Despite advancements in understanding stammering, its causes, and cure, individuals who stammer often encounter significant challenges and stigma in various aspects of life. Similar to other marginalized groups, stammers face higher unemployment rates and underemployment despite their comparable skills and abilities (Gerlach, Totty, Subramanian & Zebrowski, 2018; Opp, Hayden & Cottrell, 1997). Social stigmatization, the process of devaluing individuals based on perceived differences, contributes to the unfair treatment and discrimination faced by people who stammer (Baffoe, 2013). Such stigmatization leads to societal exclusion and discrimination, thus further marginalizing those affected by stuttering (Baffoe, 2013).

The impact of stammering extends beyond speech difficulties to permeating workplaces and academic environments. The way an individual speaks holds significant social weight because social capital plays a crucial role in employment and career success (Seibert, Kraimer & Liden, 2001). People who stammer often encounter negative emotions like fear, embarrassment, and avoidance due to stigma and discrimination associated with their challenge, hence, affecting their relationships and life experiences (Onwuka, 2021). Their representation in politics and higher-paying jobs is limited, resulting in lower career aspirations and self-esteem, and compounded by the additional responsibilities of family and childcare (Bafoe, 2013). Research conducted by Alqhazo, Blomgren, Roy, and Awwad (2017) stressed on the internalized feelings experienced by people who stammer and compounded by their other concerns with regards to leadership positions, classroom participation, employment, marriage, and housing.

In educational settings, learners who stammer often face restricted opportunities, decreased participation, and other similar challenges in delivering presentations or participating in discussions (Larson & Kuwabara, 2010; Panico, Daniels, Hughes, Smith & Zelenak, 2018). Socially, they are prone to bullying and teasing from peers which causes social harm and rejection (Langevin, Packman & Onslow, 2009 & 2010). Beyond academia, stammering influences career choices, inhibits social interactions, and perpetuates negative evaluations (Bricker-Katz, Lincoln & Cumming, 2013; Meredith & Packman, 2015; Klein & Hood 2004).

Amidst this backdrop of discrimination and stigmatization against people living with stammering, this study aims to ascertain the views of the public on the issue especially in the University of Nigeria, Nsukka. Equally, it aims to proffer far reaching recommendations towards ameliorating or abating the scourge of stigma following stutters. Following the introduction, the rest of the paper is organized as follows: Section 2 presents a review of the related literature. Section 3 presents the theoretical framework and methodology. Section 4 discusses empirical results, while section 5 concludes with policy implications.

2. LITERATURE REVIEW
2.1 Conceptual Review
Conceptualization of Stammering

Stammering, as defined by the National Health Service [NHS] (n.d.), is characterized by the repetition of sounds or syllables, prolonged sounds, or word blockages. This speech disorder encompasses two primary types: developmental stammering, occurring in early childhood during speech and language development, and acquired or late-onset stammering, which is relatively rare and can result from factors like head injuries, strokes, neurological conditions, specific drugs, medications, or psychological trauma. The NHS further suggests that while the exact causes of stammering remain elusive, developmental and hereditary factors coupled with variations in speech-related brain functions, may contribute to its manifestation, given the intricate processes involved in speech development within the brain. Stammering is also associated with disruptions and interruptions in the smooth flow and timing of speech, as stated by Patient.info (n.d.), and can manifest as repetitions, prolonged sounds, or silent blocks in speech. It varies in severity and may be temporary for some individuals. Although people who stammer are sometimes wrongly perceived as anxious or insecure, there is no factual basis for this stereotype. Treatment options are available, particularly for preschool children, and early intervention is recommended employing approaches such as parental involvement, stuttering modification, psychological therapies, and feedback devices. Despite these interventions, individuals with stammering may still encounter difficulties, particularly in stressful or public speaking situations.

The medical model of disability often categorizes individuals with stammering as 'deviant' and in need of treatment, as noted by Boyle (2013). This perception is perpetuated by widespread negative portrayals, stereotypes, and societal notions surrounding stammering, which individuals with stammering may internalize. Due to societal prejudice and the stigmatization process, they may develop a belief in their own inferiority and anticipate negative judgments for their stammer. Embracing the social model of disability, however, presents a transformative perspective. This model attributes the 'problem' of stammering to societal norms and structures, rather than viewing it as an individual deficiency. It challenges previously unquestioned assumptions, including the pathology of stammering as a condition necessitating 'treatment' and 'correction.' Equally, the potential role of speech and language therapists in perpetuating conventional communication norms and self-repression within a society and the culture that continues to stigmatize stammering and struggles to accommodate differences are questioned. This shift in perspective underscores the need for more inclusive and supportive approaches to addressing stammering and at the same time, challeng the prevailing medical model's approach to stammering as a 'problem' residing within the individual.

Prevalence of Stigmatization

The prevalence of stigmatization surrounding stammering is a multifaceted issue with profound social and psychological implications (Major & O'Brien, 2005; Roney, 2023). Drawing from Erving Goffman's seminal works (1971; 1968), it becomes evident that stammering-related stigma is constructed through social interactions and can be understood through concepts like virtual and actual social identity. This framework sheds light on the stark contrast between assumed "normal" speech and the lived experiences of individuals with stammering, often resulting in stigma. Stuttering, as a complex speech disorder, encompasses various dimensions beyond observable speech symptoms, including physical manifestations, heightened autonomic activity, negative emotional reactions, speech-related avoidance behaviors, and shifts in social dynamics (Özer, 2019; Roney, 2023). Negative attitudes and experiences are frequently encountered early in life, leading to peer bullying, criticism, ridicule, and stigmatization, contributing to avoidance behaviors, social isolation, diminished

self-esteem, and affecting communication competence and overall social development throughout individuals' lives. The cumulative impact may lead to the development of social anxiety, potentially resulting in educational and professional challenges, avoidance of social situations, and a reduced quality of life in adulthood.

The stigmatization experienced by individuals living with stammering manifests in two distinct forms: enacted stigma and felt stigma. Enacted stigma encompasses the discrimination and social devaluation directly experienced by those with stigmatized conditions, encompassing both overt and subtle forms of mistreatment. Studies reveal instances of job discrimination and bullying among people who stutter, illustrating the presence of enacted stigma (Scambler, 2009; Boyle, 2018; Quin & Earnshaw, 2013). Bullying, spanning physical, verbal, relational, and cyberbullying, is particularly prevalent among individuals who stutter, leading to higher rates compared to fluent individuals. These experiences of enacted stigma, coupled with workplace discrimination, leave lasting scars and contribute to negative treatment. Conversely, felt stigma involves the anticipation of enacted stigma and the fear of social rejection among individuals who stutter (Herek, Gillis, & Cogan, 2009; Boyle, 2018). Qualitative studies by Boyle (2018) indicate that individuals who stutter often anticipate negative perceptions and fear, being seen as mentally defective or socially inferior, due to their stuttering, thus leading to avoidance of speaking or social situations, in an attempt to conceal or minimize stuttering to reduce listener discomfort.

Furthermore, self-stigma is a prevalent facet of stigmatization, encompassing the internalization of negative societal beliefs among individuals with stigmatized conditions (Boyle, 2013; Goffman, 1963). It involves the internal effects of societal stigma on an individual's thoughts and feelings about themselves, leading them to adopt negative societal stereotypes about their condition. The Self-Stigma of Stuttering Scale (4S) developed by Boyle (2013), measures specific components of self-stigma relevant to people who stutter, which includes stigma awareness, stereotype agreement, and stigma application. The 4S exhibits robust psychometric properties and construct validity, showing associations with anxiety, depression measures, self-esteem, self-efficacy, life satisfaction, hope, quality of life, empowerment, and social support. Although the self-stigma model proposed by Corrigan et al. (2011) hasn't been fully supported in the context of individuals who stutter, the 4S has provided valuable insights. Stigma awareness is typically high among individuals who stutter, but stigma application is lower on average, indicating that awareness doesn't necessarily translate into self-application of stigma. Stereotype agreement, while a predictor of well-being, is weaker compared to stigma awareness. The validation of the 4S is an ongoing process, necessitating further exploration of its associations with other variables, physical health inclusive (Boyle, 2018).

2.2 Theoretical Literature

Social Learning Theory: Albert Bandura's Social Learning Theory (1977) emphasizes observational learning, social norms, and cognitive processes as factors influencing behavior. It suggests that stigmatization and discrimination against stammering can occur through the internalization of negative attitudes and social norms. However, this theory has been critiqued for not accounting for individual learning differences and neglecting other forms of learning (Ormrod, 2014; Sternberg & Kolligian, 1990).

Sociocultural Theory: Lev Vygotsky's Sociocultural Theory (1987) focuses on the role of social interactions, cultural context, and sociocultural factors in human development and learning. It explains stigmatization and discrimination against stammering by highlighting the influence of social interactions, cultural norms, and the broader sociocultural context. Critics argue that this theory doesn't fully address individual differences and personal experiences (Karpova, 2014).

Symbolic Interactionism: Attributed to George Herbert Mead, Charles Horton Cooley, and Herbert Blumer, it examines the impact of social interactions and labeling on individuals' self-concept and identity. It also explains stigmatization and discrimination against people with stammering by emphasizing the role of social interactions, labeling processes, and the assignment of meanings. However, critics argue that it may overly focus on the individual and neglect broader social and cultural contexts (Hall, 2007; Blumer, 1969).

2.3 Empirical Literature

There is a plethora of empirical literature addressing discrimination and stigmatization against individuals living with stammering. Among them is a study by Craig and Tran (2014) that assessed school teachers' awareness and perception of stuttering. The findings reveal that a majority of teachers had observed stuttering in males and held positive attitude towards them, with greater number of the teachers offering support to students who stutter. Iimura and Miyamoto (2021) explored public attitudes toward individuals who stutter in the workplace and the outcome of the study indicate that knowing a person who stutters in the workplace was associated with more positive attitudes.

Additionally, Boyle (2013) who developed and validated the Self-Stigma of Stuttering Scale (4S) to measure self-stigma among adults who stutter highlighted its negative impact on well-being. Beilby (2013) studied the impact of stuttering on fluent spouses and the results underscore the importance of support in therapy. McHorney and Tarlov (1995) demonstrated that stuttering significantly affects quality of life, particularly in cases of severe stuttering. Swartz (2011) emphasized successful therapy, knowledge, and acceptance as key factors for individuals who stutter to cope effectively. Lastly, Türkili, Türkili and Aydın (2022) found that unhelpful thoughts about stuttering negatively affected psychological well-being, while perceived social support had a protective effect. The findings further emphasized the importance of support and addressing cognitive processes in stuttering interventions. These studies mentioned above collectively contribute to our understanding of various aspects of stammering, from perception and attitudes to its impact and coping mechanisms.

3. METHODOLOGY
3.1 Theoretical Framework

The theoretical framework of this study is hinged on social-cultural theory propounded by a renowned psychologist, by name, Lev Vygotsky (1987) and symbolic interactionism which has its roots primarily attributed to the work of George Herbert Mead, Charles Horton Cooley, and Herbert Blumer (O'Brien, 2014). In examining the stigmatization and discrimination against individuals living with stammering through a sociocultural lens, we consider how societal norms, beliefs, and interactions shape this phenomenon. Stigmatization arises as cultural norms contribute to the negative portrayal of stammering and labeling as a communication flaw or deficiency. These societal norms influence how individuals with stammering are perceived and treated, hence reinforcing discrimination and exclusion. Moreover, within the socio-cultural context, the concept of the "Zone of Proximal Development" is crucial. Discriminatory feedback and lack of support can hinder the development of effective communication skills among individuals with stammering and further perpetuates their stigmatization and discrimination.

Symbolic interactionism, on the other hand, provides insight into how stigmatization and discrimination are constructed and maintained through interactions, labels, and identity negotiation (Little & McGivern, 2016). Negative stereotypes surrounding stammering can lead to a self-fulfilling prophecy, where individuals with stammering internalize and conform to these expectations. Moreover, the theory emphasizes the role of social interactions in the negotiation of identity. Individuals with stammering may employ various strategies to manage

their condition, which is influenced by the perceived reactions and judgment of others. Power dynamics are also at play, as those without stammering often hold social power and may use it to marginalize or exclude individuals who stammer, therefore contributing significantly to the ongoing discrimination against them. By applying these theoretical framework, we gain a deeper understanding of the multifaceted factors at play in the stigmatization and discrimination faced by people living with stammering.

3.2 Study Area and Population

The area of study for this research is the University of Nigeria, Nsukka (UNN), situated in the Nsukka local government area of Enugu state, Nigeria. Established in 1955 by the Nigerian government, UNN is the country's first indigenous university, following the American educational model and marked as the first self-governing university in Nigeria. It operates across four campuses (Nsukka, Enugu Campus, University of Nigeria Teaching Hospital, and Aba Campus) and offers a diverse range of academic programs. There is also a UNN Business School. The main campus, nestled on 871 hectares of hilly savannah in Nsukka, boasts a pleasant climate and convenient access via road transport. Nsukka Local Government Area where the university is located, consists of sixteen communities with a semi-temperate climate and a population engaged in subsistence farming and trading. The study's population encompasses both students and staff of UNN, with a total count of 27,917 as provided by the university's academic unit.

3.3 Sample Size and Sampling Procedure

The target population for this study consists of both students and staff of the University of Nigeria, Nsukka from the age 16 years and above. The focus on these age segment of the population is justified by the fact that it is the age requirement to gain admission into a federal university in Nigeria. The sample size (394) for this study was determined using the Taro Yamane Formula with a 5% error margin, based on the total population of 27,917. However, practical constraints led to the adoption of a smaller sample size of 200. To select this sample, a multistage sampling technique was employed. The University of Nigeria, Nsukka's campus includes several faculties, such as Agriculture, Arts, Biological Sciences, Education, Engineering, Pharmaceutical Sciences, Physical Sciences, Social Sciences, and Veterinary Medicine (University of Nigeria, n.d.). These faculties, along with their non-student population were divided into four groups, namely Sciences, Social Sciences, Education and Arts, and Non-students. From each of the four groups, 50 respondents were randomly selected, thus making a total of 200 respondents.

3.4 Data collection

The primary instrument for data collection in this study is the questionnaire. Questionnaire containing pre-set questions were distributed to respondents in the selected faculties, thus gathering information about their demographic characteristics and their views on stigmatization and discrimination against individuals with stammering. To facilitate this data collection, two (2) field assistants comprising both a male and a female assisted the authors in administering the questionnaire to the respondents.

3.5 Data Analysis

This study utilized a quantitative approach for data analysis. The questionnaire underwent meticulous editing and coding following a well-structured Code Book Data Entry, and the analysis was conducted employing the Statistical Package for Social Sciences (SPSS) version 22. Descriptive statistics such as percentages, etc. were employed for the statistical analysis. Additionally, hypotheses were tested using the Chi-Square (X^2) method. Correlation analysis was also performed to illustrate the connection between specific socio-demographic

variables and the public's perception of stigmatization and discrimination against individuals living with stammering.

4. RESULTS AND DISCUSSION OF FINDINGS

4.1 Results

Table 1 below represents the socio-demographic characteristic information of the respondents who fielded the questionnaire, the data collection instrument for this research. The responses from the 200 questionnaires successfully retrieved indicated that males were 41.5% of the respondents, while females also constituted 58.5% of the sample. This is suggestive that females are slightly higher than males in the population of UNN. This fact is corroborated by the population distribution of UNN with regards to sex, that females has a total population of 15,324, while males are 12,593 in number (Academic Planning Unit, UNN). The highest number of respondents were aged between 16 and 25 years (68.5%), followed by respondents aged 26-35 years (17.5%) and those aged 46-55 (6.5%). Respondents aged 36-45 were 4%, while the least age group was those aged 56 years and above (3.5%).

On the respondents' marital status, single people were more in number as they represent 82% of the entire sample. Married respondents constituted 14% of the sample, while divorced and widowed respondents constituted 2% each. On respondents' highest educational attainment, B.Sc. and above constituted the highest proportion with a 52% lead, followed by those (39.5%) who attended secondary school. Respondents who have Diploma education were 4.5%, while those with primary school education and others with no formal education had 2%

Table 1: Socio-demographics of Respondents

Gender	Frequency	Percent
Male	83	41.5
Female	117	58.5
Total	200	100
Age		
16-25	137	68.5
26-35	35	17.5
36-45	8	4
46-55	13	6.5
56 and above	7	3.5
Total	200	100
Marital status		
Single	164	82
Married	28	14
Divorced	4	2
Widowed	4	2
Total	200	100
Highest educational attainment		
No formal education	4	2
Primary school	4	2
Secondary school	79	39.5
Diploma	9	4.5
B.Sc. and above	104	52
Total	200	100

Source: Field survey, 2023

respectively. Three hypotheses formulated to guide this study were tested at 0. 05 level of significance. That is if the level of significance is less than or equal to (≤) 0.05, then there is a significant relationship.

Table 2 below reveals that educational attainment of respondents affects their perception of discrimination and stigmatization against people living with stammering. For instance, 75% of those with no formal education and those with primary school education respectively said they have stigmatized or discriminated against people living with stammering. 24.1%, 44.4%, and 48% of respondents with secondary school, diploma, and B.Sc. and above respectively also share the same view. On the other hand, respondents with no formal education primary school, secondary school, diploma, and B.Sc. and above constituted 25%, 25%, 67.1%, 44.4% and 75% respectively also said they have never discriminated against people living with stammering. However, 7% of those who acquired secondary education, 1% of respondents with diploma education, and 7% of those who possess B.Sc. and above were uncertain if they have ever discriminated or stigmatized against people living with stammering. When the data was subjected to a statistical test, the chi-square value of 16.329 was significant at 0.038 levels.

Table 2: Educational Attainment and Views on stigmatization and discrimination against people living with stammering.

			Have you ever personally stigmatized or discriminated against someone who stammers			Total
			Yes	no	not sure	
Highest educational attainment	No formal education		3	1	0	4
			75.0%	25.0%	0.0%	100.0%
	Primary school		3	1	0	4
			75.0%	25.0%	0.0%	100.0%
	Secondary school		19	53	7	79
			24.1%	67.1%	8.9%	100.0%
	Diploma		4	4	1	9
			44.4%	44.4%	11.1%	100.0%
	B.Sc. and above		19	78	7	104
			18.3%	75.0%	6.7%	100.0%
Total			48	137	15	200
			24.0%	68.5%	7.5%	100.0%

Source: *Field survey, 2023*
X^2 = 16.329; df = 8; p = .038

This implied that there is a statistically significant relationship between education and the level of stigmatization and discrimination against people living with stammering. Therefore, hypothesis one which states that non-educated people are more likely to discriminate against people living with stammering than their educated counterparts is upheld.

Table 3 below indicates that there is no difference between the attitude of older people and younger people towards people affected with stammering. For instance, 20.4% of respondents aged 16-25 years said they would make a stutter a group leader. The same applies to 31.4%, 37.5%, 61.5%, and 42.9% of those aged 26-35, 36-45, 46-55, 56 and above

Table 3: Age of respondents and views on positive attitude towards people living with stammering

			Would you ever make a person living with stammering a group leader during your presentation in your office or class?			Total
			Yes	No	not sure	
Age	16-25		28	78	31	137
			20.4%	56.9%	22.6%	100.0%
	26-35		11	16	8	35
			31.4%	45.7%	22.9%	100.0%
	36-45		3	4	1	8
			37.5%	50.0%	12.5%	100.0%
	46-55		8	5	0	13
			61.5%	38.5%	0.0%	100.0%
	56 and above		3	4	0	7
			42.9%	57.1%	0.0%	100.0%
Total			53	107	40	200
			26.5%	53.5%	20.0%	100.0%

Source: *Field survey, 2023*
X^2 = 15.440; df = 8; p = .051

Table 4: Gender and perception of the stigmatization and discrimination against people living with stammering

		Have you ever laughed at a person stammering before			Total
		Yes	No	not sure	
Gender	Male	27	49	7	83
		32.5%	59.0%	8.4%	100.0%
	Female	46	64	7	117
		39.3%	54.7%	6.0%	100.0%
Total		73	113	14	200
		36.5%	56.5%	7.0%	100.0%

Source: *Field survey, 2023*
X^2 = 1.191; df = 2; P = .551

respectively. On the other hand, 56.9%, 45.7%, 50%, 38.5%, and 57.1% of respondents aged 16-25, 26-35, 36-45, 46-55, and 56 and above respectively said they would not. However, 22.6%, 22.9, and 12.5% of people aged 16-25, 26-35, and 36-45 said they are not sure. The chi-square value indicated that the level of ≤ significance was at .051. Thus, it shows that there is no significant difference between the attitude of older people and their younger counterparts toward people living with stammering.

Table 4 above presents findings indicating that there is no discernible difference between the perception of males and females regarding stigmatization and discrimination against individuals with stammering. Both genders exhibited similar behavior, with a comparable percentage of males (32.5%) and females (39.3%) admitting to having laughed at someone who stammers, while a majority of both males (59%) and females (54.7%) reported not doing so. The statistical analysis, with a chi-square value of .551 confirms that there is no statistically significant distinction between gender (male or female) and their perception of stigmatization and discrimination against people living with stammering. Therefore, the null hypothesis suggesting that there is no significant difference in the opinions of males and their

female colleagues regarding the level of stigmatization and discrimination experienced by individuals with stammering stands.

Table 5: Belief in unconscious stigmatization and discrimination against people living with stammering and Knowledge about stammering

			Have you ever laughed at a person stammering before			Total
			yes	No	not sure	
Have you ever come across any information or educational materials about stammering	Yes		19	50	1	70
			27.1%	71.4%	1.4%	100.0%
	No		43	50	10	103
			41.7%	48.5%	9.7%	100.0%
	not sure		11	13	3	27
			40.7%	48.1%	11.1%	100.0%
Total			73	113	14	200
			36.5%	56.5%	7.0%	100.0%

Source: *Field survey, 2023*

$X^2 = 11.673$; df = 4; P = .020

Table 5 above shows that there is a significant relationship between knowledge about stammering and unconscious stigmatization and discrimination against people living stammering as it presents a comprehensive breakdown of responses which reveal that than less than thirty percent (27.1%) of respondents who had encountered information about stammering tended to express a belief in unconscious stigmatization and discrimination against individuals with stammering, while a significant majority (71.4%) of those without such knowledge did not share this belief. The Chi-squared test conducted on this data produced a statistically significant result ($X2 = 11.673$; df = 4; P = .020), suggesting an association between the two variables. Thus, the substantive hypothesis which states that respondents are more likely to stigmatize and discriminate against people living with stammering unconsciously, when they have no knowledge or education about stammering is established.

4.2 Discussion of Findings

The study sampled the opinion of two hundred respondents in investigating stigmatization and discrimination against people living with stammering at the University of Nigeria, Nsukka. It found that the educational attainment of the respondents is a defining factor in whether they discriminate against people who stammer or not. In other words, educated people are less likely to stigmatize and discriminate against stammers than non-educated persons. This finding aligns with the study by Driscoll et al. (2014), who conducted a qualitative study on 'the experiences of discrimination among people who stutter.' They found that people with stuttering experience discrimination in multiple domains, including education, employment, and social interactions. They also found that these experiences were often related to a lack of understanding and knowledge about stuttering, as well as negative stereotypes about stutters. Another study on education level and attitudes towards people who stutter found that education positively impacts attitudes towards people who are affected with stammering (Karakurt et al., 2020). Yet another study examining the relationship between education and attitudes towards people who stutter found that educational attainment was not the most important factor in determining how an individual relates to a stammer (Hammad, 2019).

The present study also found that age does not have an influence on the level of stigmatization and discrimination meted out to stammering individuals. This finding is consistent with the results of a study by Udeozor and Ibe (2016), which showed that there was no significant difference in attitudes toward people who stutter based on the age of the participants. In other words, older people were not more likely to have positive attitudes toward people who stutter than younger people. Another study of public attitudes toward people who stutter also found that age was not the most important factor in determining treatment to those affected with stammering (Leenders, 2016). Also, another study on social stigma found that age was not the most important factor, but that other factors such as stuttering severity and gender were more important (Yamada et al., 2017).

The findings of this study also suggest that gender has no influence on the perception of respondents on stigmatization and discrimination against people living with stammering. This finding aligns with the study titled 'Gender and Beliefs about Stuttering: A Study of Undergraduates in Nigeria' by Olawale et al. (2022). The results of the study showed that there was no significant difference between the beliefs of males and females regarding stuttering. Both male and female participants in the study tended to believe that stuttering was caused by physical or mental problems rather than moral character. Additionally, both males and females who took part in that study indicated feeling uncomfortable working with people who stutter. Still another study on the quality of life of people who stutter found that gender did not have a significant effect on quality of life (Harrington et al., 2015). Contrary to the above, results of a study on gender differences in perceived stigma, found that female participants had a more positive perception of people who stutter (Celeste & Yazdi, 2018). A study of people who stutter also found no significant difference in self-esteem between genders (van Riper et al., 2017), thus corroborating the stance of the study by Celeste and Yazdi (2018).

Finally, the present study also found that there is a significant relationship between knowledge about stammering and the stigmatization and discrimination against people living with stammering. This finding is in conjunction with the results of the study conducted in Nigeria which found that lack of knowledge about stuttering was associated with negative attitudes toward people who stutter (Onyeji et al., 2020). Another study with university students in Nigeria found that negative attitudes towards people who stutter were associated with a lack of knowledge about stuttering (Ojo, Adebayo & Onabamiro, 2021).

5. CONCLUSION AND RECOMMENDATIONS

The stigmatization and discrimination against people living with stammering represent a deeply ingrained societal issue that demands urgent attention and a fundamental shift in our collective mindset. Stammering is a speech disorder that affects millions of individuals worldwide, and those living with it often face unjust prejudice and exclusion. Throughout this research, we have explored the emotional and psychological toll that stigmatization and discrimination can take on individuals with stammering. We've also considered the far-reaching consequences, such as limited educational and employment opportunities, reduced self-esteem, and social isolation on the affected persons. It is abundantly clear that fostering greater awareness and understanding of the phenomenon of stammering is crucial. By dispelling myths and misconceptions about stuttering, we can replace ignorance with empathy and compassion. Education and awareness campaigns should be promoted in schools, workplaces, and communities to enhance inclusivity and acceptance of people living with stammering. To actualize this, a few recommendations have been made which include but are not limited to the following: First, educating the public, schools, and other workplaces on the nature of stammering, its causes and effects, and the need for positive attitude towards those battling with it. Awareness campaigns by the National Commission for Persons with Disabilities (NCPWD) and National Orientation Agency (NOA) can be of great help in this

regard, to dispel myths about the issue and foster collective understanding on it. Secondly, create safe spaces for open discussions about stammering with a view to encouraging individuals to empathize with stutters instead of isolating them. Thirdly, the government at various levels should ensure that individuals who stammer have access to affordable and effective speech therapy. This is because early intervention can significantly improve speech fluency and confidence.

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