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A COMPARATIVE STUDY AMONG VARIOUS SOCIO-ECONOMIC GROUPS
OF THE DIFFERENCES IN THE ATTITUDES OF MOTHERS
TOWARD SPEECH DEFECTS AND SPEECH THERAPY

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TABLE OF CONTENTS

CHAPTER	PAGE
I. THE PROBLEM AND DEFINITION OF TERMS USED	1
The Problem	2
Purpose of the study	2
Statement of the problem	3
Importance of the study	3
Definition of Terms Used	5
Functional articulatory defect	5
Carry-over	5
Socio-economic status	5
Organization of the Thesis	6
II. REVIEW OF THE LITERATURE	7
III. PROCEDURES	12
Background Data Sheet	12
Speech Attitude Questionnaire	13
Justification for the Exclusive Consideration of Mothers in this Study	15
Justification for the Selection of the Five Areas	16
Scoring Scheme	18
Scoring of the Questionnaire	18
Selection of Pupils for Speech Therapy Classes	21
Pretest Questionnaire	22

CHAPTER

IV. RESULTS 24

 Results of total scores 25

 Results of sub-total scores 32

 Considerations and comparisons of extreme and
 medial responses 46

 "Strongly agree" responses 48

 "Undecided" responses 48

 "Strongly disagree" responses 50

V. SUMMARY AND CONCLUSIONS 54

 Summary 54

 Conclusions 57

 Suggestions for further study 58

BIBLIOGRAPHY 59

APPENDIX 62

LIST OF TABLES

TABLE	PAGE
I. Families and Related Individuals by Total Money	
Income for the United States: 1960	14
II. Sample Questionnaire Scoring Distribution	19
III. Grade and Sex of Pupils Included in the Study	23
IV. Socio-economic Classification, Frequency, and	
Percentage of Parents According to Annual Income	26
V. Means of Total Scores Obtained on the Speech Attitude	
Questionnaire	27
VI. Group Frequency Distribution of Total Scores Obtained by	
Fifty-eight Mothers on the Speech Attitude Questionnaire .	29
VII. Means of Total Scores Obtained on the Speech Attitude	
Questionnaire According to Socio-Economic Status	
and Race	30
VIII. Means of Total Scores Obtained on the Speech Attitude	
Questionnaire According to Sex	31
IX. Means of Total Scores Obtained on the Speech Attitude	
Questionnaire According to Educational Level	33
X. Means of Sub-total Scores Obtained on the Speech Attitude	
Questionnaire in Area I (The Extent to Which Mothers	
Expect Their Children to Improve in Speech Therapy	
Classes	35

XI.	Means of Sub-total Scores Obtained on the Speech Attitude Questionnaire in Area II (The Extent to Which Mothers Consider Speech Defects as a Handicap)	38
XII.	Means of Sub-total Scores Obtained on the Speech Attitude Questionnaire in Area III (The Importance Mothers Place on Speech Therapy as Compared to Other Subjects)	41
XIII.	Means of Sub-total Scores Obtained on the Speech Attitude Questionnaire in Area IV (The Extent to Which Mothers Provide Attention and Encouragement to Their Children's Speech Improvement)	44
XIV.	Means of Sub-total Scores Obtained on the Speech Attitude Questionnaire in Area V (The Extent to Which Mothers Assume the Responsibility for their Children's Defective Speech)	47

LIST OF FIGURES

FIGURE	PAGE
1. Percentage of "Strongly Agree" Responses Obtained by Fifty-eight Upper, Middle, and Lower Class Negroes and Whites on the Speech Attitude Questionnaire . .	49
2. Percentage of "Undecided" Responses Obtained by Fifty-eight Upper, Middle, and Lower Class Negroes and Whites on the Speech Attitude Questionnaire	51
3. Percentage of "Strongly Disagree" Responses Obtained by Fifty-eight Upper, Middle, and Lower Class Negroes and Whites on the Speech Attitude Questionnaire ,	52

CHAPTER I

THE PROBLEM AND DEFINITION OF TERMS USED

It is becoming increasingly apparent that the attitudes and interests of parents are vital factors in the public school speech therapy program, as well as the overall educational process. Chamberlain substantiates this observation by stating that:

Modern educators realize that the school cannot do its most effective work without the cooperation of parents. Because of their natural interest in child growth and development, they make excellent partners in the educational enterprise. They are without question the strongest single force available in the instructional process.¹

The current trend toward including parents in the child's educational growth and development has extended its boundaries into the field of public school speech therapy. Irwin recognizes that this present policy is applicable to speech therapy by supporting this point of view. She says, "Therapists are beginning to realize, within the last few years that parents play a most important part in the rehabilitation of speech and hearing handicapped children."²

¹Leo M. Chamberlain and Leslie W. Kindred, The Teacher and School Organization (Englewood Cliffs, New Jersey: Prentice-Hall, Incorporated, 1956), pp. 595-596.

²Ruth B. Irwin, Speech and Hearing Therapy (Englewood Cliffs, New Jersey: Prentice-Hall, Incorporated, 1956), p. 184.

Johnson states that:

Parents, teachers, and speech correctionists must work together in helping any child who has a speech difficulty. The importance of this cooperative effort cannot be over-emphasized. Lack of cooperation between these individuals accounts for a large number of failures in speech rehabilitation.³

We may conclude that the public school speech therapy program may be appreciably restricted without favorable and constructive parental attitudes. Parental attitudes, then, are worthy of study by speech therapists if a more effective program is to become a part of our educational process.

I. THE PROBLEM

Purpose of the study. It was the purpose of this study to determine if there were any differences, among various socio-economic groups, of mothers' attitudes toward the speech therapy program. The following areas of consideration were used in order to ascertain the degree of consistency of their attitudes: (1) the extent to which mothers expect their children to improve in speech therapy classes; (2) the extent to which mothers consider speech defects as a handicap; (3) the importance mothers place on speech therapy classes as compared to other subjects; (4) the extent to which mothers provide attention and encouragement to their children's speech improvement, and (5) the extent to which mothers assume the responsibility for their children's defective speech.

³Wendell Johnson, Speech Problems of Children (New York: Grune and Stratton, Incorporated, 1950), p. 31

Statement of the problem. This study was concerned with the attitudes of mothers toward the speech therapy program in the Lucas County School System. All of the mothers involved in this study had pupils in this writer's speech therapy classes.

The problem was to determine if there were any differences among various socio-economic groups in the attitudes of mothers toward the speech therapy program.

Importance of the Study. The effectiveness of the public school speech therapy program can be impeded markedly without the joint collaboration of the speech therapist, the classroom teacher, and the parents. The parents possess the real key to the formation of the proper speech patterns in children. Johnson acknowledges this observation by stating that:

As far as the child himself is concerned, speech develops from his ability to cry lustily, then to enlarge the variety of noises, or sounds, which he makes, and finally to select and apply these sounds in organized patterns (words) which have an established meaning for other human beings with whom he is in contact. But it is the parents who supply these patterns and who interpret them for the child. The ways in which they do these things determine, to a great extent, the eventual adequacy of the child's speech.⁴

Due to the large class enrollment, the classroom teacher cannot afford the individual attention that is needed for effective speech improvement. The regular classroom teacher can, however, prove invaluable in reinforcing the corrective program designed by the speech therapist. By working together, the regular classroom teacher and the speech therapist

⁴Ibid., p. 48

can increase the effectiveness of the program. Although the teacher and the therapist are important in the corrective process, supportive attention from the parents is essential in promoting a more positive direction to the child's speech improvement.

The speech therapist is limited in the assistance she can afford the child due to the brevity of the speech therapy session. Group speech therapy sessions usually last for twenty-five to thirty minutes, with two sessions conducted per week.⁵ The speech therapist has no guarantee that there will be any significant carry-over of speech therapy into conversational speech once the child has left the confines of the speech therapy class. There is usually a lapse of two or three days between the therapy sessions. Another source of speech emphasis is necessary during this interim.

The preceding considerations indicate that the influence of parents, especially mothers, is indispensable in the overall effectiveness of the public school speech therapy program.

Parents' motivation toward good speech differs among socio-economic groups. Gypraansen affirms this point by stating:

It is to be expected that children from superior socio-economic backgrounds will be superior in speech and language development. . . . Superiority may be related to the differences in education of the parents, differences in opportunities for learning, differences in mental ability, or other factors.⁶

⁵Irwin, p. 60

⁶Lucile Gypraansen, John H. Wiley, and Leroy T. Laase, Speech Development, Improvement, and Correction (New York: The Ronald Press Company, 1959), p. 20.

It is essential that the public school speech and hearing therapists recognize these differences in speech emphasis, if they exist. This study was aimed toward recognizing the extent to which parental attitudes toward speech problems varied among socio-economic groups. Therefore, this writer felt that a study of this nature was worthwhile if a more effective speech therapy program, especially in parent education, is to exist in the public school.

II. DEFINITION OF TERMS USED

The definitions included herein are to clarify the terminology as it applies to the context of this study.

Functional articulatory defect. A functional articulatory defect as described by Wood is:

Where there is no demonstrable structural constitutional deficiency involved, the articulatory difficulty is said to be functional. Such defects are manifested by arrest in speech development in which a large number of speech sounds have not been learned, or in which there is substitution or interpolation of accessory speech sounds.⁷

Carry-over. Carry-over is the ability to relate the corrected speech sounds to conversational speech.

Socio-economic status. Socio-economic status refers to the rank a family is given relative to standards established by society. In this study the socio-economic status was gauged by family income.

⁷Kenneth Scott Wood, "Parental Maladjustment and Functional Articulatory Defects in Children," The Journal of Speech and Hearing Disorders, XI (December, 1946), 255-257.

III. ORGANIZATION OF THE THESIS

This thesis is divided into five chapters with a bibliography and an appendix following the main body.

Chapter I introduces the problem, its importance; and gives a definition of some of the terms used.

Chapter II summarizes related studies and literature pertinent to this subject.

Chapter III deals with the procedures used to obtain the information necessary for the compilation of the data.

Chapter IV is concerned with the results of the data collected in this study.

Chapter V contains the conclusions and summary of the study based on the results discussed in Chapter IV.

The bibliography lists the related writing used in this study and the appendix includes the letters, the questionnaire, and other pertinent materials.

CHAPTER II

REVIEW OF THE LITERATURE

A child's development of meaningful and comprehensive sounds, which is commonly referred to as language, cannot be attained through individual efforts, no matter how favorable his intellectual capabilities may be. There is a definite need during early childhood for attention toward strengthening the speech processes. The immediate environment, namely the parents, play a paramount role in molding the intricate skills of speech.

The influence of the environment upon the development of speech was exemplified in a study conducted by Itard⁸ as early as 1800 when he experimented with the "wild boy" of Aveyron. In his description of the boy Itard stated that the boy's attitudes and behavior toward his environment were reflected in his inability to communicate with those around him. Itard's experimental objectives were: (1) to interest him in the social aspects of life; (2) to stimulate his nervous sensibility; (3) to extend the range of his ideas; (4) to lead him to the use of speech; and (5) to induce him to employ the simplest mental operations. The

⁸Jean Marc Gaspard Itard, The Wild Boy of Aveyron, translated by George and Murial Humphrey (New York: Appleton-Century Crofts, Incorporated, 1932), cited in Tommie Louise Rigden, "The Relationship of Personal and Social Adjustments, Mental Ability, and Parental Attitudes to Articulatory Problems of Pre-School Children" (Master's thesis, Mississippi Southern College, Hattiesburg, Mississippi, 1958), p. 2.

purpose of these aims was to motivate "the wild boy" toward satisfactory adjustment to his environment, and thus, encourage him to speak. The results of this study indicated that speech development is acquired more readily with the motivating influence of the environment. In this study Itard's influence on "the wild boy" could be considered comparable to that of the parents' influence on the child. The conclusions of this study indicate that "the wild boy" displayed an increased sensitivity to his environment after sustained stimulation. He also attempted to utter sounds, which were the beginning phases of oral communication.

Due to the intimate contact parents, especially mothers, have with their children, they have a direct influence on the development of their early speech patterns. Beasley⁹ suggests that a child may resort to faulty articulation or other speech defects as a means of coping with unfavorable attitudes and treatment from parents. McCarthy,¹⁰ in a study of some of the problems of language development between the sexes, summarized her results by suggesting that parental neglect and the lack of stimulation are likely to be contributing factors in speech defects. This point is illustrated by the significantly higher incidence of boys than girls having speech defects. She attributes this difference

⁹Jane Beasley, "Relationship of Parental Attitudes to Development of Speech Problems," Journal of Speech and Hearing Disorders, XII (September, 1956), 317-321.

¹⁰Dorothy McCarthy, "Some Possible Explanations of Sex Differences in Language Development and Disorders," Journal of Psychology, XXXV (January, 1953), 156-157.

to the fact that our society accepts girls more readily; consequently, they are not subject to as many unpleasant experiences as boys encounter. Another illustration of the Relationship between parental attitudes and speech defects was a study conducted by Rigdon¹¹ in 1958. This study was concerned with the relationship between parental attitudes and articulatory problems of pre-school children. A questionnaire was used to measure parental attitudes toward the physical, mental, emotional, and social growth of the child. Each parent of the children used in this study was asked to evaluate his child by selecting the appropriate response on the rating scale. The results of this evaluation indicated that:

the parents considered their children to be below average in the areas measured. This is assuming that parents of normal children would rate their children on the average at the middle of the scale.

Some studies indicate that the immediate environment, or parents, is not the determining factor in a child's speech development. Lerea¹² maintains that the child's personality is the keystone to the amount of progress the child accomplishes with speech. The results of this study indicated that the mothers' attitudes had no bearing on the effects of

¹¹Tommie Louise Rigdon, "The Relationship of Personal and Social Adjustment, Mental Ability and Parental Attitudes to Articulatory Problems of Pre-School Children" (Master's thesis, Mississippi Southern College, Hattiesburg, Mississippi, 1958), p. 36.

¹²Louis Lerea, "Progress in Speech Therapy in Relation to Personality," Journal of Speech and Hearing Disorders, XIII (June, 1957) 254-260.

the therapy program. Lerea stated in conclusion that:

When a client is having an inordinate amount of difficulty in carrying over a corrected sound into his conversational speech, the clinician may do well to consider that a possible personality factor is operating to deter progress.

This writer questioned whether both points of view are inseparable, since the child's personality traits, as well as his speech during its early stages, are directly influenced by the parents.

When speech development is considered in relationship to social stratification, the consensus indicates that the children of higher social echelons develop more adequate speech patterns than those at lower levels. In 1935 Smith¹³ conducted a study on the influencing factors of sentence development. He found speech defects more prevalent among lower occupational levels; whereas, children with normal speech were from parents of professional and managerial levels. Weaver and Furbee¹⁴ conducted a study which related similar results. On the basis of their study they concluded that: (1) speech maturation was superior in the upper occupational levels and (2) more children with speech impairments were from lower occupational groups. These studies indicate

¹³M. E. Smith, "A study of Some Factors Influencing the Development of the Sentence in the Pre-School Child," Journal of Genetic Psychology, XLVI (March, 1935), 182-212.

¹⁴Carl H. Weaver, Catherine Furbee, and Rodney Everhart, "Paternal Occupational Class and Articulatory Defects in Children," Journal of Speech and Hearing Disorders, XXV (May, 1960), 171-175

that the efficiency a child acquires in verbal skills is dependent upon the degree to which language is emphasized in the home.

Chapter III will discuss the procedures and methods used in this study.

CHAPTER III

PROCEDURES

A questionnaire was the primary source of information used in this study. This instrument was used to measure mothers' attitudes toward the speech therapy program and speech defects.

The questionnaire, along with an enclosed self-addressed envelope, was mailed to each of the mothers considered in this study. It consisted of four parts: (1) an introductory letter;¹⁵ (2) a background data sheet;¹⁶ (3) a speech attitude questionnaire;¹⁷ and (4) a comment sheet.¹⁸

Background data sheet. The following considerations were included on the background data sheet: (1) occupation; (2) family income; (3) religion; (4) education; and (5) race. The socio-economic status was based on family income. This criterion is considered a reliable index of social status levels.¹⁹ On the basis of income the families were

¹⁵See Appendix A.

¹⁶See Appendix B.

¹⁷See Appendix C.

¹⁸See Appendix D.

¹⁹United States Bureau of the Census, Current Population Reports, Consumer Income (Washington: Government Printing Office, September 9, 1957), Series P-60, Number 26.

classified into three categories: "upper," "middle," and "lower."

Recent statistics on United States family income indicate that 22 per cent of the population is categorized in the "lower" class; 64 per cent in the "middle" class; and 14 per cent in the "upper" class. The distribution and classification of United States' families according to income is shown in Table I, page 14.

Racial origin was considered to determine if there were any differences in the attitudes of Negro and White mothers included in this study. From the data derived from the questionnaire, intraracial as well as interracial comparisons were made.

Educational level, religion, and sex were included in this portion of the background data sheet in order to facilitate more refined and inclusive comparisons.

Speech attitude questionnaire. The speech attitude questionnaires, which were sent to the mothers of the pupils in this writer's speech classes, consisted of fifty questions. Each of the questions could be answered by selecting one of the following responses: "strongly agree," "agree," "undecided," "disagree," and "strongly disagree." The mothers were expected to respond to these questions by selecting the answer that was most appropriate to their individual interest and attitude toward the subject.

There were five distinct areas in which an attitude was measured. The five areas were: (1) the extent to which mothers expect their children to improve in speech therapy classes; (2) the extent to which mothers

TABLE I
 FAMILIES AND RELATED INDIVIDUALS BY TOTAL MONEY
 INCOME FOR THE UNITED STATES: 1960*

Total money income (1960 dollars)		1960
FAMILIES		
Number	thousands	45,435
Per cent		100
Under \$3,000		22) Lower
\$3,000 to \$4,999		20)
\$5,000 to \$6,999		24) Middle
\$7,000 to \$9,999		20)
\$10,000 to \$14,999		10) Upper
\$15,000 and over		4)
Median income	\$5,620	

*From United States Bureau of the Census, Current Population Reports, Consumer Income (Washington: Government Printing Office, January 17, 1962), Series P-60, Number 37, p. 4.

consider a speech defect as a handicap; (3) the importance mothers place on speech therapy classes as compared to other subjects; (4) the extent to which mothers afford attention and encouragement to their children's speech improvement; and (5) the extent to which parents assume the responsibility for their children's speech defect. Each of these five areas consisted of ten questions.

Justification for the exclusive consideration of mothers in this study. In this study only the mothers' attitudes were considered.

This writer justifies this procedure on the basis of previous studies and research in the area of parental influences upon children.

In 1942 Ninkoff²⁰ explained parental preferences in terms of restrictive discipline and companionship. He suggests that because fathers in our society are expected to administer more serious punishment and because they can offer less in companionship, the mothers secure a more complete and willing obedience from children of both sexes, they have a fuller confidence in their children, and they enjoy a more regular and frequent companionship with their children at recreational affairs.

In a study similar to that of Ninkoff, Simpson²¹ found that children between five and nine years of age showed overwhelming preference for their mothers. She also found that about eighty-seven percent of the

²⁰M. F. Ninkoff, "The Child Preference for Father or Mother," American Sociological Review, VII (August, 1942), 517-524.

²¹Margarette Simpson, Parent Preferences of Young Children (New York: Teachers College, Columbia University, 1935), pp. 24-26.

fathers included in her study go out to work and most of the mothers stay at home. This constant association between the mother and the children, according to Simpson, may be an important factor in building mother preference in the children.

This writer feels that mothers generally give their children more attention than do fathers from infancy through early childhood. It is during this period that the patterns of speech are being developed. This close relationship between mother and child is more likely to stimulate an attitude toward speech.

For the preceding reasons this writer feels that the mothers' attitudes toward speech defects and speech therapy would be more indicative of those prevailing in the home.

Justification for the selection of the five areas. Each of the five areas included in this study reflected the mothers' evaluations of the speech therapy program and the children's speech defects. By using all five of these areas for evaluative purposes a reliable indication of a mother's attitude was formulated.

(1) The extent to which mothers expect their children to improve in speech therapy classes. This area of consideration attempted to find out how much progress mothers expect their children to make while in speech therapy classes. Mothers who have a positive and optimistic outlook on the effectiveness of speech therapy for their children could provide a more stimulating atmosphere for progress than mothers who question the merits and effectiveness of the program.

(2) The extent to which mothers consider a speech defect as a handicap. Although the extent of a child's speech defect could affect a mother's attitude, the degree to which she considers this problem as a handicap or shortcoming could restrict the child's emotional and social development. The attitude that a speech defect is unfortunate, but can be overcome, is an important consideration in the amount of progress that can be obtained.

(3) The importance mothers place on the speech therapy classes as compared to other subjects in school. Speech therapy should be considered an integral part of a child's educational development. An effective speech therapy program should present an interwoven pattern of speech, social, and academic skills. The isolation of speech therapy from the conventional subjects in school can restrict and limit progress.

(4) The extent to which mothers afford attention and encouragement to their children's speech improvement. The amount of speech emphasis and stimulation present in the home is essential to the degree of speech improvement. Mothers should be interested in what their children say, as well as how they say it. A child needs encouragement and stimulation. He needs to be reminded of his progress because complimentary words from the parents can induce more improvement.

(5) The extent to which mothers assume the responsibility for their children's speech defect. This area of consideration is an important indication of mothers' attitudes toward their children's speech.

Mothers who ignore the possibility that their children might have acquired their speech defect by imitating their speech patterns may not provide an encouraging atmosphere for progress. Assuming total responsibility for their children's speech defect can be equally as injurious.

Scoring scheme. The questionnaires were separated into categories according to income, race, sex, education, and religion. A code number was given to each questionnaire for identification purposes. It was necessary to use a coding system to determine which questionnaires had not been returned.

The scores for each questionnaire were plotted so that comparisons within each area could be made more efficiently. A sample scoring distribution illustrates the method in which the scores were plotted for each questionnaire. This sample distribution indicates that the subtotal scores in each of the areas, except Area 4, could be categorized as "moderately agree." The total score, which was 106, indicates that the overall attitude would be considered "favorable." (Table II, page 19.)

Scoring of the questionnaire. In order to avoid responses that would be strongly slanted in one direction, half of the questions were stated positively, and the other half negatively. The questions were then randomized as they appeared on the speech attitude questionnaire.

Each of the responses to the questions stated positively was given a numerical value as follows:

TABLE II
 SAMPLE QUESTIONNAIRE SCORING DISTRIBUTION

Area 1	Area 2	Y - 27 (Code Number)		Area 5
		Area 3	Area 4	
1	2	1	4	1
2	2	2	3	2
2	3	2	3	2
1	1	2	2	3
3	2	2	4	1
2	1	2	2	2
2	2	3	2	1
2	2	2	3	1
2	2	3	2	4
2	3	3	2	1
19	20	22	27	18 - Total Score 106

1. strongly agree 1 point
2. agree 2 points
3. undecided 3 points
4. disagree 4 points
5. strongly disagree 5 points

A lower score to a question stated positively indicated a favorable attitude.

For those questions so stated that a negative reply would indicate a favorable attitude, the numerical values were inverted as follows:

1. strongly agree 5 points
2. agree 4 points
3. undecided 3 points
4. disagree 2 points
5. strongly disagree 1 point

The sub-total scores, which are the scores for each area, could range from 10 to 50. The range for the total scores could vary from 50 to 250. A lower score indicated a more favorable attitude.

The following scoring scheme was established to determine a further classification of the scores in a particular area:

- | | |
|----------------------|---------------------|
| 10 - 17 | strongly agree |
| 18 - 25 | moderately agree |
| 26 - 33 | undecided |
| 34 - 41 | moderately disagree |
| 42 or more | strongly disagree |

The size of the step intervals in these five areas was determined by dividing the difference between the highest possible score and the lowest possible score by the number of classifications or categories ($50 - 10 = 40$; $40 : 5 = 8$). Thus, the size of each step interval is 8.

A total score was compiled so that an overall evaluation of the mothers' attitudes could be determined. The total score represented the sub-total scores from all five areas. The following total score categories were derived on the basis of the sub-total scores obtained from the five areas:

50 - 89	highly favorable
90 - 129	favorable
130 - 169	undecided
170 - 209	unfavorable
210 or more	extremely unfavorable

The size of the step intervals for the total score classification was determined by multiplying the size of the step interval for sub-total scores by the number of classifications ($8 \times 5 = 40$). Thus, the size of the step interval for the total scores was 40.

Selection of pupils for speech therapy classes. The pupils enrolled in the writer's speech therapy class were selected on the basis of teacher referrals and screening conducted by the therapist from the previous year. None of the students considered in this study had a previous history of any psychological or emotional disturbances. The academic performance of these pupils was satisfactory in accordance with the standards recognized by the respective schools. Each of these pupils was administered an auditory screening test by this writer at the beginning of the school year 1961-62. No appreciable hearing loss was detected.

All of the pupils included in this study were diagnosed as having "functional articulation" speech defects by this writer. There was a total of seventy-one pupils included in this study. The boys outnumbered

the girls more than two to one (forty-nine to twenty-two). The largest frequency of cases occurred in the second and third grades. The lowest frequency for the boys was in the sixth grade, while the lowest for the girls occurred in the fourth grade. A summary of the distribution is noted in Table III, page 23.

Pretest questionnaire. In order to test the validity of this questionnaire, a pretest was administered.

Fifty pretest questionnaires were mailed to another Lucas County speech therapist's class roster. This was done so that the validity of its construction could be ascertained. This procedure was directed toward determining if any of the questions appeared vague, ambiguous, or improperly stated. The pretest group was similar to the writer's enrollment in regard to diversity of social classes.

On the basis of the return of twenty-five of the pretest questionnaires it was concluded that no marked alterations were necessary on the questionnaire. It was necessary to make one minor adjustment. The heading "Income" was changed to "Family Income" to denote joint financial resources. On the pretest group several mothers did not check "Income" because they considered themselves housewives, thus, unemployed.

The results of the data compiled in this study will be discussed in Chapter IV.

TABLE III

GRADE AND SEX OF PUPILS INCLUDED IN THE STUDY

Grade	1st	2nd	3rd	4th	5th	6th	Total	Per cent of total enrollment
Boys	9	17	9	7	6	1	49	69
Girls	5	5	3	1	6	2	22	31
Totals	14	22	12	8	12	3	71	100

CHAPTER IV

RESULTS

It was the purpose of this study to determine if there were among various socio-economic groups differences of parental attitudes toward the public school speech therapy program. The measurement of parental attitudes was based on the following areas of consideration: (1) the extent to which mothers expect their children to improve in speech therapy classes; (2) the extent to which mothers consider speech defects as a handicap; (3) the importance mothers place on speech therapy classes as compared to other subjects; (4) the extent to which mothers provide attention and encouragement to their children's speech improvement, and (5) the extent to which parents assume the responsibility for their children's defective speech.

A questionnaire comprised of fifty items was the principal source of the information obtained for this study. This questionnaire was mailed to seventy-one parents. Of this number fifty-eight were returned.

The socio-economic status of the families included in this study was based on their annual income. According to the statistics compiled by the United States Bureau of Census, 22 per cent of the families were classified as being "lower class," 64 per cent were considered "middle class," and 14 per cent were categorized as being in the "upper class" socio-economic group. These figures represent the national distribution of socio-economic levels. In this study the writer found that 21 per cent

of the families were classified as "lower class," approximately 43 per cent were considered "middle class," and 36 per cent were considered to be "upper class." The "lower class" group of parents on the national level, as well as those considered in this study were comparable in proportion. There was a difference of approximately 21 per cent in the "middle class" distribution and a 20 per cent distribution differential between the "upper class" groups. (See Table IV, page 26.)

Results of total scores. The range of the fifty-eight scores obtained in this study was from 73 to 133. A mean score of 106* was obtained from this distribution. The highest frequency of scores appeared between the 104 - 109 step interval. According to the scoring scheme set up for this study, five of the total scores were classified as "strongly agree," fifty-one were considered "agree," and two were labeled as "undecided." There were no scores high enough to warrant a classification of "disagree" or "strongly disagree." A mean score for the forty-five White mothers included in this study was 106, whereas the mean for thirteen Negroes was 108. Although the mean for both groups was considered in the "agree" classification, the Whites obtained slightly more favorable scores. A more detailed account of Negro and White total scores can be found in Table V, page 27.

There were not sufficient families of different religious backgrounds to warrant inter-religious comparisons. Two families were of

*All per cents for the mean sub-total and total scores have been rounded to the nearest whole number.

TABLE IV
SOCIO-ECONOMIC CLASSIFICATION, FREQUENCY, AND PERCENTAGE
OF PARENTS ACCORDING TO ANNUAL INCOME

Income	Frequency	Percentage of total	
(A) \$ 0 - \$ 1,999	7	12.11) Lower
(B) 2,000 - 3,999	5	8.63	
(C) 4,000 - 5,999	12	20.60) Middle
(D) 6,000 - 7,999	8	13.80	
(E) 8,000 - 9,999	5	8.63	
(F) 10,000 - 11,999	5	8.63) Upper
(G) 12,000 or more	16	27.60	
Totals	58	100.00	

TABLE V
MEANS OF TOTAL SCORES OBTAINED ON THE
SPEECH ATTITUDE QUESTIONNAIRE

Classification	Number of Mothers	Mean Total Score
Total Number of Negro Mothers	13	108
Total Number of White Mothers	45	106
Total Number of Mothers	58	106*

*All of the mean scores were computed by the following formula:

$$\text{Mean} = \frac{\sum X}{N}$$

Jewish faith, while there was just one Catholic. These three families were classified in the "upper class." The remaining fifty-five families were Protestant.

It was found that the total scores followed a pattern similar to that of a normal curve distribution. The highest frequency of scores was concentrated toward the middle of the range. Sixty-two per cent of the total number of the respondents' scores fell within the three intervals between total score 98 and total score 115. (Table VI, page 29)

When the total scores were compiled according to race and socio-economic levels, it was found that there were no Negroes in the "upper class." The mean score for the "upper class," predominantly Whites, was 106, while it was 104 for the "middle class" Whites. The "middle class" Negroes obtained a mean of 102. Negroes in the "lower class" received the highest mean score (118) of all of the classifications. The "lower class" Whites' mean score was 111. Although all three socio-economic levels and both races obtained a mean score, which was classified as "favorable," both races at the "lower class" level received the highest mean score. Table VII, page 30, presents an additional illustration of the distribution of these total scores.

Table VIII on page 31 illustrates that when comparisons were made between the mean total scores of boys and girls, the mean for boys was slightly higher than that for girls. The total score means for both groups, however, were classified as being "favorable."

It was found that when comparisons were made with total scores according to educational level the highest mean was obtained by those

TABLE VI

GROUP FREQUENCY DISTRIBUTION OF TOTAL SCORES OBTAINED BY
FIFTY-EIGHT MOTHERS ON THE SPEECH ATTITUDE QUESTIONNAIRE

Score	Frequency	Cumulative frequency
128 - 133	2	2
122 - 127	4	6
116 - 121	5	11
110 - 115	10	21
104 - 109	16	37
98 - 103	10	47
92 - 97	6	53
86 - 91	0	53
80 - 85	1	54
74 - 79	3	57
68 - 73	1	58

TABLE VII

MEANS OF TOTAL SCORES OBTAINED ON THE SPEECH ATTITUDE
QUESTIONNAIRE ACCORDING TO SOCIO-ECONOMIC STATUS AND RACE

Classification	Number of Mothers	Mean Total Score
Upper Class White	22	106
Middle Class Negroes	4	102
Middle Class Whites	20	104
Lower Class Negroes	9	118
Lower Class Whites	3	111

TABLE VIII

MEANS OF TOTAL SCORES OBTAINED ON THE SPEECH ATTITUDE
QUESTIONNAIRE ACCORDING TO SEX

Classification	Number of Mothers	Mean Total Scores
Girls	18	102
Boys	40	105

mothers who were in the grades 1 through 6. The lowest mean total score was obtained by those mothers whose educational level was college (4 years). A more detailed distribution of these findings can be found in Table IX on page 33.

Results of sub-total scores. The sub-total scores were computed in each of the five areas. Comparisons were made between "middle" and "lower" class Negroes and Whites. Since there were no "upper class" Negroes, only Whites were considered in this category.

The first area of consideration was The Extent to Which Mothers Expect Their Children to Improve in Speech Therapy Classes. The following ten questions were included in this area:

1. Speech therapy should be replaced by something that is worthwhile. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
2. If a child attends speech therapy classes he could do better in his regular classroom work. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
3. Speech therapy classes only make the problem worse. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
4. It would be better for a child to continue speech class even though he may not show signs of immediate progress. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
5. Attending speech classes should improve a child's speech. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
6. Most speech defects found among public school children can be corrected. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

TABLE IX
MEANS OF TOTAL SCORES OBTAINED ON THE SPEECH ATTITUDE
QUESTIONNAIRE ACCORDING TO EDUCATIONAL LEVEL

Educational Level	Frequency	Mean Total Scores
A. Grades 1 through 6	2	119
B. Grades 7 through 9	13	106
C. Grades 10 through 12	22	107
D. Collage (2 years)	6	104
E. College (4 years)	11	102
F. Graduate School	4	111

7. No matter how long a child is in speech classes he will always have a speech defect. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
8. Speech therapy classes only make new problems. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
9. A child should be more capable of talking to other people after he has attended speech classes. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
10. Speech therapy classes are a waste of time. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

The mean for the "upper class," predominantly Protestant group was 19, which was rated as "moderately agree." The range of scores in this area was from 12 to 23. Of the twenty-two mothers in this category six obtained a score classified as "strongly agree." The remaining sixteen were considered "moderately agree."

The mean score for the "middle class" Negroes in Area I was 17, while the mean for the same class of Whites was 18. The range for the Negroes was from 11 to 22. The range for the Whites was from 11 to 24. There were four Negroes and twenty-four Whites at the "middle class" level.

The mean for the "lower class" Negroes was 21, whereas, the mean for the same level of Whites was 19. The means for both races were considered "moderately agree;" however, these scores were slightly less favorable than the "upper" and "middle" classes in this area. There were nine Negroes and three Whites included in this stratum. For a more detailed illustration of the sub-total scores in Area I, consult Table I on page 35.

TABLE X

MEANS OF SUB-TOTAL SCORES OBTAINED ON THE SPEECH ATTITUDE QUESTIONNAIRE IN AREA I (THE EXTENT TO WHICH MOTHERS EXPECT THEIR CHILDREN TO IMPROVE IN SPEECH THERAPY CLASSES)

Classification	Number of Mothers	Mean Sub-Total Scores
Upper Class Whites	22	19
Middle Class Negroes	4	17
Middle Class Whites	20	18
Lower Class Negroes	9	21
Lower Class Whites	3	19

Area II measured The Extent to Which Mothers Consider Speech Defects as a Handicap. The following ten questions were included in this area:

1. A good way for a child with a speech defect to get attention is to be imitated by others. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
2. A child with a speech defect should be as popular as a child who hasn't. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
3. It is better to have polio than a speech defect. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
4. An advantage in hiding a speech defect is that if a child never says anything nobody will know what his speech sounds like. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
5. A child with a speech defect should be felt sorry for. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
6. A speech defect should not affect a person's being a success in life. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
7. A speech defect can affect a child's personality. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
8. A child with a speech defect should be encouraged to take part in as many school activities as he can. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
9. A child with a speech defect could never grow up to become President. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
10. The way a child talks should not determine his popularity in school. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

The mean score for the "upper class" was 19. The scores ranged

from 13 to 24. Of this number seven were classified as "strongly agree." The remaining seventeen were labeled as "moderately agree."

The mean for the "middle class" Negroes in this area was 22, and 19 for the Whites. The range for the four Negroes was from 16 to 25. Only one of the four scores for Negroes was classified as "strongly agree." The remaining three were "moderately agree." The range for the Whites was from 13 to 28. Eight obtained a sub-total score classified as "strongly agree;" eleven, "moderately agree;" and one, "undecided."

The "lower class" means for the Negroes were 23, and 25 for the Whites. The range for the Negroes was from 15 to 27. Only one Negro received a score rated as "strongly agree" in this area, four were rated as "moderately agree," and the remaining four obtained a sub-total score designated as "undecided." The range for the Whites in this area was from 22 to 31. None of these scores was in the "strongly agree" category, while two were considered "moderately agree" and one, "undecided."

Although the sub-total mean scores for all three socio-economic levels and both races were rated as "moderately agree," the "lower class" of both groups obtained a slightly less favorable score. The "lower class" Whites received the least favorable mean score in this area. (See Table XI on page 38.)

Area III was concerned with The Importance Mothers Place on Speech Therapy Classes as Compared to Other Subjects. The following ten questions were included in this area:

1. Speech Therapy is an important part of the educational program.
 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

TABLE XI

MEANS OF SUB-TOTAL SCORES OBTAINED ON THE SPEECH ATTITUDE
QUESTIONNAIRE IN AREA II (THE EXTENT TO WHICH MOTHERS
CONSIDER SPEECH DEFECTS AS A HANDICAP)

Classification	Number of Mothers	Mean Sub-total Scores
Upper Class Whites	22	19
Middle Class Negroes	4	22
Middle Class Whites	20	19
Lower Class Negroes	9	23
Lower Class Whites	3	25

2. The 3 R's (reading, writing, and arithmetic) are all we need in our schools today. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
3. The regular classroom teacher should help the speech therapist in correcting a child's speech defect. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
4. Speech therapy is an added burden of the public schools. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
5. A child should look forward to coming to speech class. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
6. Speech therapy is one of many interruptions a child has during the school day. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
7. There should be an educational value in speech therapy classes. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
8. It would be better to have speech therapy classes after regular school hours. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
9. Speech therapy classes cause a child to get behind in his other school work. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
10. A child should have homework assignments in speech therapy classes. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

The "upper class" obtained a mean score of 20. The range was from 11 to 27. Four were rated as "strongly agree;" seventeen, "moderately agree;" and one, "undecided."

The mean for the "middle class" Negroes in this area was 20, and 21 for the same level of Whites. The range of scores for the Negroes was from 16 to 29, and from 11 to 29 for the Whites. At this level one Negro

was rated a score classified as "strongly agree;" two, "moderately agree;" and one, "undecided." For the Whites there were five "strongly agree;" eleven were "moderately agree;" and four were rated as "undecided."

The "lower class" mean for the Negroes was 20, whereas it was 22 for the Whites. The scores in this area for the Negroes ranged from 16 to 26. Three of the Negroes' sub-total scores were considered "strongly agree," five were "moderately agree," and one was rated as being "undecided." On the three White sub-total mean scores in this area, two were "moderately agree" and one was "undecided." Although all of the sub-total mean scores for both races were in the "moderately agree" classification, the "lower class" Negro mothers obtained the slightly more favorable mean and the "lower class" Whites obtained the least favorable score. For further details see Table XII on page 41.

Area IV measured The Extent to Which Mothers Provide Attention and Encouragement to Their Children's Speech Improvement. The following ten questions were included in this area:

1. A child with a speech defect should be discouraged from participating in activities such as dramatics, chorus, debates, etc. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
2. A child's speech could be better if he wanted it to be. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
3. Parents should visit speech therapy classes. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

TABLE XII

MEANS OF SUB-TOTAL SCORES OBTAINED ON THE SPEECH ATTITUDE QUESTIONNAIRE IN AREA III (THE IMPORTANCE MOTHERS PLACE OF SPEECH THERAPY AS COMPARED TO OTHER SUBJECTS)

Classification	Number of Mothers	Mean Sub-total Scores
Upper Class Whites	22	20
Middle Class Negroes	4	21
Middle Class Whites	20	21
Lower Class Negroes	9	20
Lower Class Whites	3	22

4. Children whose parents help them with their speech defect improve more than others. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
5. It should be entirely up to the school to correct a child's speech defect. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
6. Parents should show more interest in the speech problems of their child. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
7. The dinner meal should not be the place for conversation. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
8. Mothers influence a child's speech development more than fathers. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
9. If you let a child alone he will outgrow his speech defect. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
10. Parents should never be too busy to listen to what their child has to say. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

The mean of the sub-total scores for the "upper class" was 23.

The range was from 19 to 27. There were no "upper class" mothers who obtained a sub-total score rated as "strongly agree." Sixteen were rated as "moderately agree," and six as "undecided."

In the "middle class" the mean for the Negroes was 21, and 22 for the comparable level of Whites. The range for the Negroes was from 14 to 24. For the Whites the range was from 14 to 27. Of the four sub-total scores for Negroes in this area, one was rated as "strongly agree" and the remaining three were "moderately agree." For the Whites, two were rated as "strongly agree," fourteen were considered "moderately agree," and two were classified as "undecided."

The mean scores in the "lower class" were 22 for the Negroes and 24 for the Whites. The range for the Negroes was from 17 to 26, and from 24 to 25 for the Whites. For the Negroes one score was classed as "strongly agree," seven were "moderately agree," and one was rated as "undecided." All three of the Whites at this level were classed as "moderately agree." All of the means for the sub-total scores in this area were considered as "moderately agree;" however, the slightly more favorable mean was attained by the "middle class" Negroes, while the slightly less favorable mean was that of the "lower class" Whites. (See Table XIII on page 44)

Area V was concerned with The Extent to Which Mothers Assume the Responsibility for Their Children's Defective Speech. The following ten questions were included in this area:

1. A child could acquire his speech defect from his parents.
1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
2. If a child has a speech defect he is probably born with it.
1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
3. Parents should be "key people" in correcting a child's speech.
1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
4. "A child should be seen, not heard" is still a good rule to follow.
1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
5. It is all right for parents to talk baby talk to their child.
1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
6. The number of children in speech classes would be less if parents

TABLE XIII

MEANS OF SUB-TOTAL SCORES OBTAINED ON THE SPEECH ATTITUDE QUESTIONNAIRE IN AREA IV (THE EXTENT TO WHICH MOTHERS PROVIDE ATTENTION AND ENCOURAGEMENT TO THEIR CHILDREN'S SPEECH IMPROVEMENT)

Classification	Number of Mothers	Sub-total Mean Scores
Upper Class Whites	22	23
Middle Class Negroes	4	21
Middle Class Whites	20	22
Lower Class Negroes	9	22
Lower Class Whites	3	24

- knew more about speech therapy. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
7. Parents who think they cause their child's speech defect have good reason to be upset. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
 8. The way a child talks depends upon what he hears at home. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
 9. If parents would set better speech examples the child's speech would improve. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
 10. There is no relationship between a child's speech defect and nervous parents. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

The mean for the "upper class" in this area was 24. The range extended from 17 to 33. Of the twenty-two mothers included at this level one obtained a score rated as "strongly agree" seventeen, "moderately agree;" and four, "undecided."

In the "middle class" the Negroes obtained a mean sub-total score of 23 and the Whites' mean was also 23. The range for the Negroes was from 20 to 28, and 17 to 29 for the Whites. Of the four Negroes' scores three were rated as "moderately agree" and one, "undecided." One of the Whites scored "strongly agree," eleven were "moderately agree," and eight were "undecided." The highest frequency of scores rated as "undecided" was found among the "middle class" Whites in Area V. The "middle class" Negroes and Whites received almost identical scores in this area.

Area V at the "lower class" level attained the highest of all mean scores. Both races received a mean of 26. The range for the "lower class" Negroes was from 22 to 29, while the range for the Whites was

from 24 to 31. There were no Negroes or Whites who attained a score in this area rated as "strongly agree." The Negroes had three in the "moderately agree" category and six rated as "undecided." Of the three Whites, two were "moderately agree" and one was "undecided." Both the "lower class" Negroes and Whites obtained a mean score which was rated as "undecided." The "middle class" groups in this area received the most favorable score. Further details can be found in Table XIV on page 47.

Considerations and comparisons of extreme and medial responses.

A response on a questionnaire toward either extreme generally indicates that a mother has a stronger conviction or opinion toward the subject in question. It also tends to reflect a contradiction to the tendency to "lean toward the middle" in the selection of a response.

Conversely, a response directed toward the middle generally reflects an attitude of non-commitment. It is also likely that this selection of response reflects a lesser degree of interest or knowledge of the subject.

It was for these reasons that this writer compared the number of extreme, as well as medial responses obtained among the various socio-economic levels and between Negroes and Whites.

These comparisons were made by totaling the frequency of the extreme ("strongly agree" or "strongly disagree"), and middle ("undecided") responses separately. The frequency of these responses was divided according to race and socio-economic level. The total frequency for each group of selections was then divided by the total number of

TABLE XIV

MEANS OF SUB-TOTAL SCORES OBTAINED ON THE SPEECH ATTITUDE QUESTIONNAIRE IN AREA V (THE EXTENT TO WHICH MOTHERS ASSUME THE RESPONSIBILITY FOR THEIR CHILDREN'S DEFECTIVE SPEECH)

Classification	Number of Mothers	Sub-total Mean Scores
Upper Class Whites	22	24
Middle Class Negroes	4	23
Middle Class Whites	20	23
Lower Class Negroes	9	26
Lower Class Whites	3	26

possible selections so that a percentage could be obtained.

"Strongly agree" responses. There were twenty-two "upper class" Whites, which made a total of 1100 possible responses. Of this number there were 270 "strongly agree" responses. This was 24.5* per cent of the total.

In the "middle class" there were four Negroes, which constituted the possibility of 200 responses. There were 61 of these 200 selections labeled "strongly agree." This was 30.5 per cent of the total. For the Whites there was a possibility of 1000 responses. Of this number 308 were "strongly agree." The "middle class" Whites obtained 30.8 per cent.

There was a total possibility of 450 responses for the "lower class" Negroes. Of this number there were 115 "strongly agree" responses, which was 25.5 per cent of the total. The Whites at this level had a total possibility of 150 responses. This group selected thirty-five "strongly agree" responses, which was 23.3 per cent of the total. (See Figure 1, page 49)

"Undecided" responses. The "upper class" Whites obtained 184 "undecided" responses from a possible total of 1100. This was 16.7 per cent of the total number of possible responses.

The "middle class" Negroes had 19 "undecided" responses from a total of 200. This proportion yielded 4.7 per cent of the total. For the same level of Whites there were 154 "undecided" responses from a

*All per cents measuring extreme and medial responses have been rounded to the nearest tenth of a number.

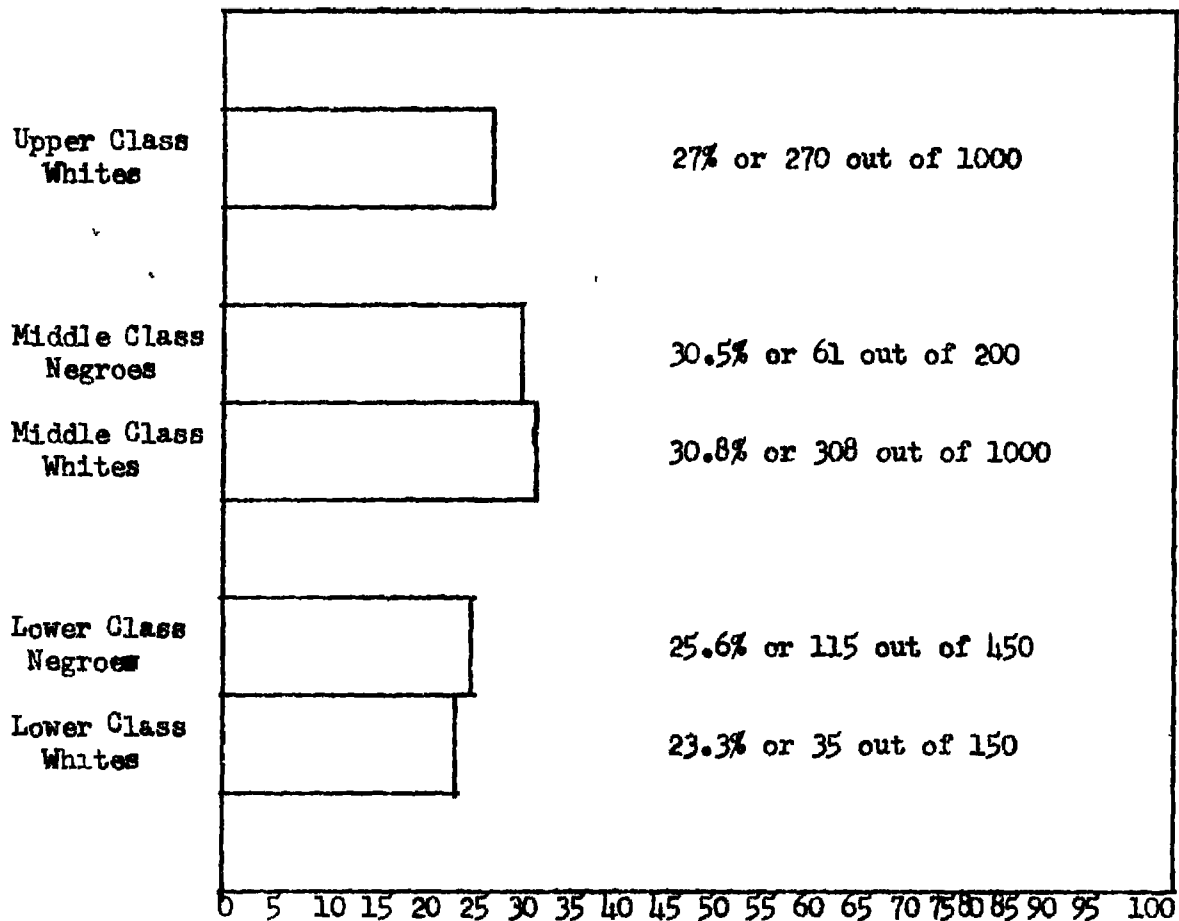


FIGURE I

PERCENTAGE OF "STRONGLY AGREE" RESPONSES OBTAINED BY FIFTY-EIGHT UPPER, MIDDLE, AND LOWER CLASS NEGROES AND WHITES ON THE SPEECH ATTITUDE QUESTIONNAIRE

possibility of 1000. This proportion was 15.4 per cent of the total.

At the "lower class" level the Negroes obtained 84 "undecided" responses from a possible total of 450 responses for 18.7 per cent. The "lower class" Whites had 23 "undecided" responses from a possible total of 150. This proportion was 14.7 per cent. For further illustration see Figure 2, page 51.

"Strongly disagree" responses. The "upper class" Whites obtained 22 "strongly disagree" responses from a total of 1100 for 2.2 per cent.

The "middle class" Negroes obtained 5 "strongly disagree" responses from a possible total of 200 for 2.5 per cent. A slightly higher percentage was recorded for the "middle class" Whites. They selected 31 "strongly disagree" responses from a possible total of 1000. This was 3.1 per cent.

There were 22 "strongly disagree" responses for the "lower class" Negroes from a possible total of 450. This ratio was 4.9 per cent. For the Whites at this level there were 12 "strongly disagree" responses from a possible total of 150. This was 8 per cent. (See Figure 3, page 52.)

On the basis of the per cent of "strongly agree" responses it was found that the "middle class" Negroes obtained the highest percentage, whereas, the "lower class" Whites received proportionately fewer "strongly agree" responses. When comparisons were made with the "undecided" responses it was found that "lower class" Negroes had the highest percentage, whereas, the "middle class" Negroes attained the lowest

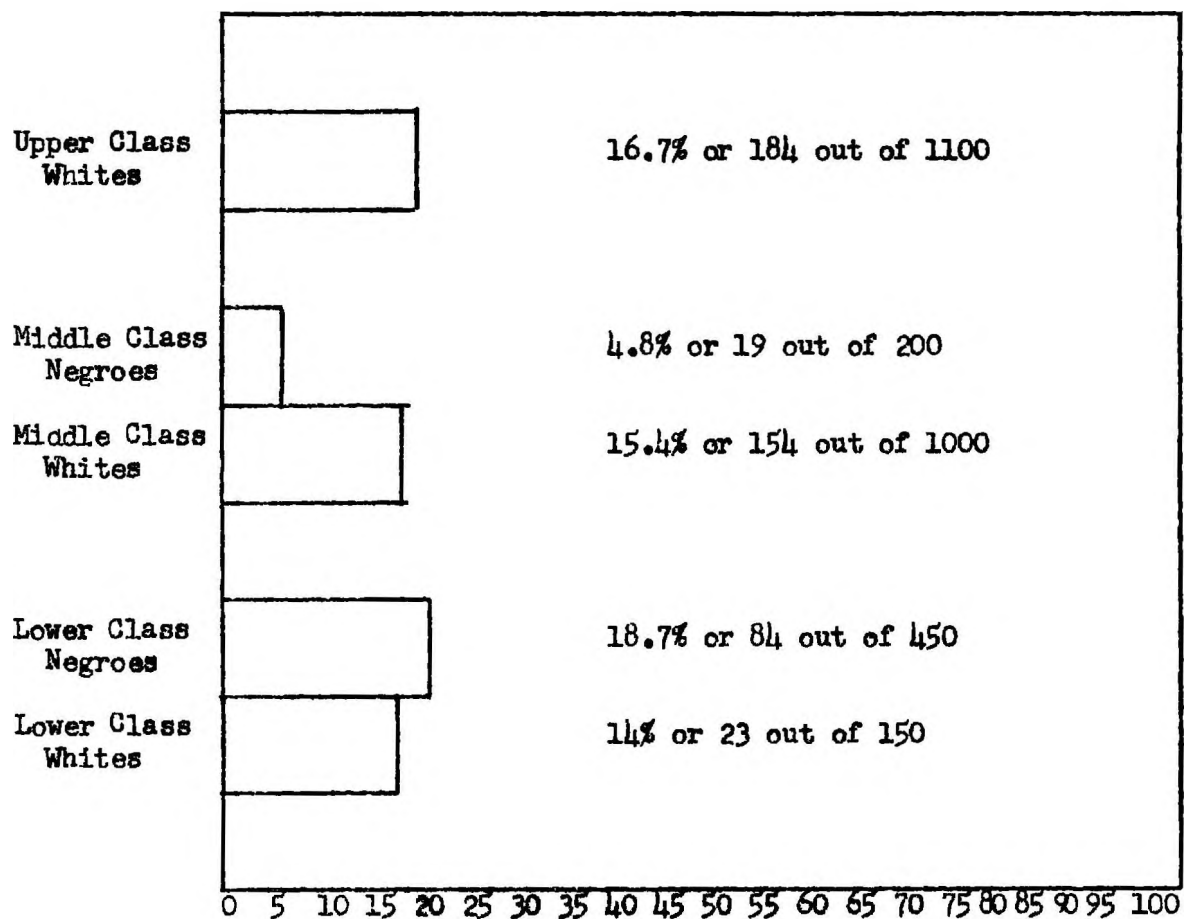


FIGURE 2

PERCENTAGE OF "UNDECIDED" RESPONSES OBTAINED BY
 FIFTY-EIGHT UPPER, MIDDLE, AND LOWER CLASS
 NEGROES AND WHITES ON THE SPEECH
 ATTITUDE QUESTIONNAIRE

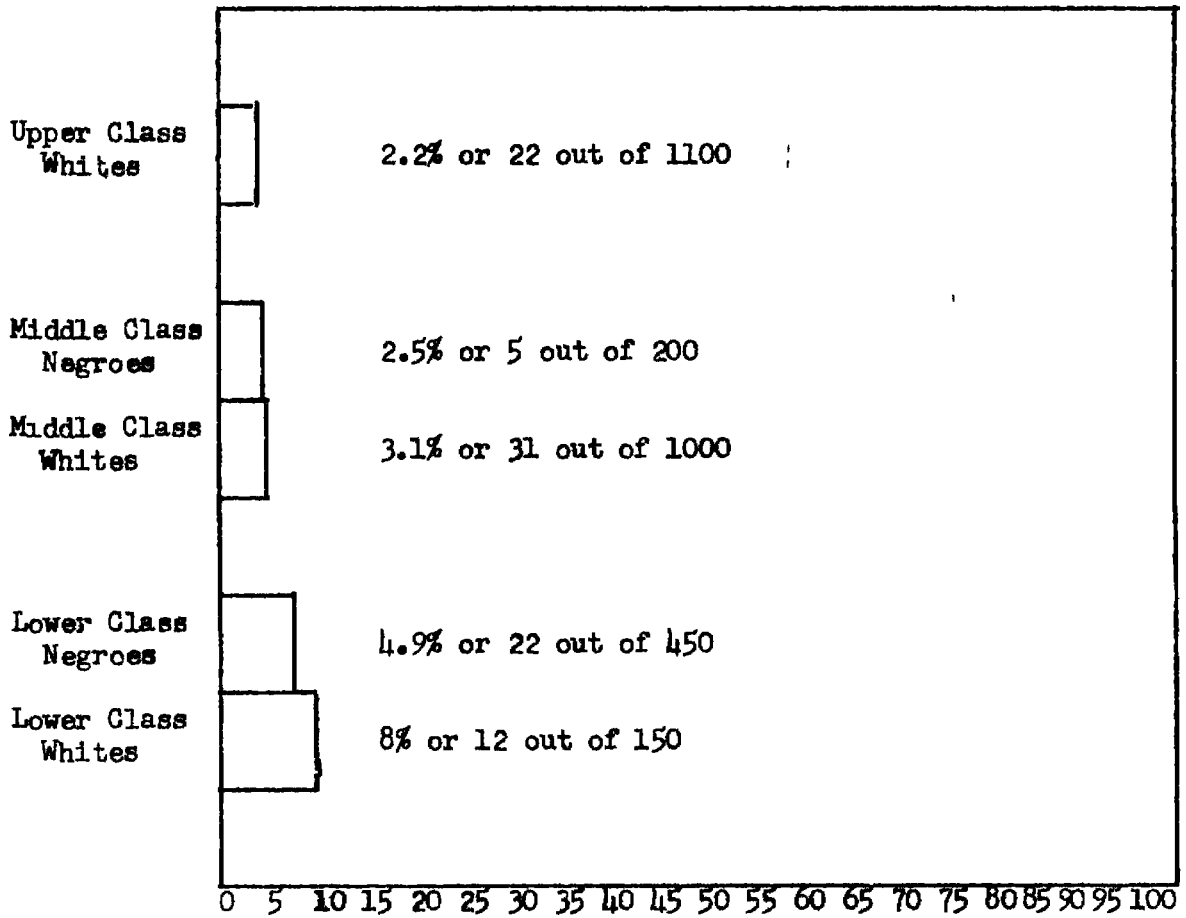


FIGURE 3

PERCENTAGE OF "STRONGLY DISAGREE" RESPONSES OBTAINED BY FIFTY-EIGHT UPPER, MIDDLE, AND LOWER CLASS NEGROES AND WHITES ON THE SPEECH ATTITUDE QUESTIONNAIRE

percentage. The highest proportion of "strongly disagree" responses was found among the "lower class" Whites and the lowest ratio was among the "upper class" Whites.

The preceding results were obtained from fifty-eight mothers of students who were attending this writer's speech therapy classes in the Lucas County School System.

The summary and conclusions of this study will be found in Chapter V.

CHAPTER V

SUMMARY AND CONCLUSIONS

I. SUMMARY

It was the purpose of this study to determine if there were among various socio-economic groups differences in mothers' attitudes toward the public school speech therapy program, as it exists in the Lucas County School System. A fifty item questionnaire was mailed to each of the mothers who had a child attending this writer's speech therapy classes. All of these pupils had speech defects diagnosed as "functional articulatory." There were five areas in which the mothers' attitudes were measured. They were as follows: (1) the extent to which mothers expect their children to improve in speech therapy classes; (2) the extent to which mothers consider speech defects as a handicap; (3) the importance mothers place on speech therapy as compared to other subjects; (4) the extent to which mothers provide attention and encouragement to their children's speech improvement; and (5) the extent to which mothers assume the responsibility for their children's defective speech.

Seventy-one questionnaires were mailed, of which fifty-eight were returned for an 82 per cent response. Each question could be answered by selecting one of the following responses: "strongly agree," "agree," "undecided," "disagree," or "strongly disagree." The responses were then given a weighted score depending upon whether it reflected a favorable or unfavorable attitude. A lower score indicated a more

favorable attitude.

The following summary was based on the data collected in this study:

1. The mean score for most of the mothers included in this study was "favorable." Only two of the mothers obtained a total score less than "favorable."
2. The distribution of total scores for these mothers generally followed the normal curve pattern.
3. The mean score for the Negro mothers, although within the "favorable" range was slightly less favorable than that obtained by the white mothers. The mean of the total scores for the White mothers was slightly more favorable than the overall mean.
4. Although the mean for both sexes was in the "favorable" range, the girls' mean was slightly more favorable than that of the boys.
5. The "middle class" obtained the most favorable total scores.
6. The "lower class" Negroes obtained the least favorable total scores. Both groups at the "lower class" level attained scores less favorable than the "upper" and "middle" classes.
7. The "middle class" mothers obtained the most favorable sub-total scores in regard to expectations for their children's improvement in speech therapy; however, there was only a slight difference in the mean scores of either group in this area.
8. The mean score for both "lower class" groups was less favorable in regard to the extent to which mothers consider speech defects

as a handicap. The "lower class" Whites obtained the least favorable score. There was virtually no difference in the mean scores for the "middle class" and "upper class" Whites.

9. There was only a slight difference in the mean scores obtained by all three socio-economic levels for both races when the amount of encouragement and attention to speech was considered; however, the Negroes, at both the "middle" and "lower" class levels obtained more favorable mean scores than did the Whites at these levels.

10. There was no appreciable difference in the mean scores for Negroes and Whites at either level when the importance of speech therapy classes was considered.

11. The mean scores for the consideration of the extent to which mothers assume the responsibility for their children's defective speech was found to be most favorable among the "middle class" for both races; whereas, the "lower class" attained the least favorable mean. There was only a slight difference in the mean scores of all three socio-economic levels. Negroes and Whites of comparable socio-economic levels obtained virtually the same mean scores in this area.

12. The "middle class" of both races selected proportionately higher percentage of extreme responses in the positive direction ("strongly agree") than the other two socio-economic levels, whereas, the "lower class" Whites selected the smallest proportion of "strongly agree" responses.

13. The "middle class" Negroes obtained the lowest percentage of

"undecided" responses, whereas, the "lower class" Negroes obtained the highest percentage of this selection. The percentages for the proportion of "undecided" selections was consistently lower than those for "strongly agree."

14. The "lower class" Whites obtained a higher percentage of "strongly disagree" responses, whereas, the "upper class" Whites obtained the lowest percentage.

15. The highest mean for the total scores was obtained by the lowest educational level; however, the next higher score was obtained by those mothers whose educational level was listed as "graduate school." The results of these educational comparisons indicate that there is relatively little consistency between educational level and mothers' attitudes.

II. CONCLUSIONS

On the basis of the results of this study the following conclusions were made:

1. The general attitude of mothers, both Negroes and Whites, as well as all three socio-economic levels, was favorable toward the speech program and speech defects.

2. Contrary to prevalent opinion, the "upper class" does not appear to have an appreciably more favorable attitude than the other socio-economic levels toward speech therapy and speech defects.

3. The mothers included in this study generally selected

responses toward positive extreme, whereas, they revealed more reservation toward the negative extreme.

Suggestions for further study. This writer feels that it would be worthwhile to conduct a comparable study to determine if there are any differences in the attitudes of mothers who have children in school, but not attending speech therapy class. Perhaps this would disclose (1) whether parents whose children have speech defects and attend speech therapy classes are more sensitive about this subject, and (2) whether it is the concensus of both groups of parents that speech therapy is an important part of the school system.

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BIBLIOGRAPHY

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APPENDIX

**The following page(s)
contain areas of light ink.
Refer to original thesis to
view materials.**

APPENDIX A

Dear Mrs. _____:

The Lucas County Board of Education, in cooperation with your local school district, is currently conducting a survey which will help us in our attempts to promote a more effective educational program. We recognize that without your support and interest your child's educational progress might be limited.

Enclosed you will find a questionnaire. Please answer each question as carefully as possible. If there are any additional questions or comments, insert them in the space so labeled.

All of the information will be held in confidence and will be treated as impersonally as possible.

Your prompt reply will be much appreciated.

Thank you.

Sincerely,

Clifton E. Davis
Speech Therapist

APPENDIX B

SPEECH ATTITUDE QUESTIONNAIRE

Speech therapy, like all other phases of your child's education, requires your support. This study is intended to find attitudes toward the speech program which your child attends. Please answer every question as accurately as possible. This information will be regarded as scientific data and will be treated as such.

Directions:

1. Read each question carefully, then answer to the best of your ability.
2. Place a check (✓) in the blank by your answer.
3. If you have additional comments, please include them on the back page as designated.
4. Remember, this is not a test; feel free to answer each question clearly.

PART I. BACKGROUND DATA

- | | |
|---|---|
| <p>1. <u>Occupation (Head of Family)</u></p> <p>A. Professionals and owners of large businesses ()</p> <p>B. Semi-professional and smaller officials of large businesses ()</p> <p>C. Skilled workers ()</p> <p>D. Owners of small business ()</p> <p>E. Semi-skilled workers ()</p> <p>F. Unskilled workers ()</p> | <p>2. <u>Family Income</u></p> <p>A. \$ 0 - \$ 1,999 ()</p> <p>B. 2,000 - 3,999 ()</p> <p>C. 4,000 - 5,999 ()</p> <p>D. 6,000 - 7,999 ()</p> <p>E. 8,000 - 9,999 ()</p> <p>F. 10,000 - 11,999 ()</p> <p>G. 12,000 or more ()</p> |
| <p>3. <u>Religion</u></p> <p>A. Catholic ()</p> <p>B. Jewish ()</p> <p>C. Protestant ()</p> <p>D. Other ()</p> | <p>4. <u>Marital Status</u></p> <p>A. Single (never married) ()</p> <p>B. Married ()</p> <p>C. Divorced ()</p> <p>D. Re-married ()</p> <p>E. Separated ()</p> |
| <p>5. <u>Education</u></p> <p>A. Grades 1 through 6 ()</p> <p>B. Junior High School (7 through 9) ()</p> <p>C. High School (10 through 12) ()</p> <p>D. College (2 yrs.) ()</p> <p>E. College (4 yrs.) ()</p> <p>F. Graduate School ()</p> | <p>6. <u>Race</u></p> <p>A. White ()</p> <p>B. Negro ()</p> <p>C. Indian, Chinese, Japanese, etc. ()</p> |

APPENDIX C

PART II. ATTITUDES TOWARD THE SPEECH PROGRAM

1. A child could acquire his speech defect from his parents.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
2. A child with a speech defect should be discouraged from participating in activities such as dramatics, chorus, debates, etc.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
3. Speech therapy should be replaced by something that is worthwhile.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
4. A good way for a child with a speech defect to get attention is to be imitated by others. 1. strongly agree (); 2. agree ();
3. undecided (); 4. disagree (); 5. strongly disagree ().
5. Speech therapy is an important part of the educational program.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
6. A child's speech could be better if he wanted it to be.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
7. If a child has a speech defect he is probably born with it.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
8. A child with a speech defect should be as popular as a child who hasn't.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
9. The 3 R's (reading, writing, and arithmetic) are all we need in our schools today. 1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
10. If a child attends speech therapy classes he could do better in his regular classroom work. 1. strongly agree (); 2. agree ();
3. undecided (); 4. disagree (); 5. strongly disagree ().
11. Parents should visit speech therapy classes. 1. strongly agree ();
2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
12. The regular classroom teacher should help the speech therapist in correcting a child's speech defect. 1. strongly agree ();
2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

13. It is better to have polio than a speech defect. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
14. Parents should be "key people" in correcting a child's speech. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
15. Speech therapy classes only make the problem worse. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
16. Speech therapy is an added burden on the public schools. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
17. Children whose parents help them with their speech defect improve more than others. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
18. "A child should be seen, not heard" is still a good rule to follow. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
19. An advantage in hiding a speech defect is that if a child never says anything nobody will know what his speech sounds like. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
20. It should be entirely up to the school to correct a child's speech defect. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
21. It would be better for a child to continue speech class even though he may not show signs of immediate progress. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
22. A child should look forward to coming to speech class. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
23. A child with a speech defect should be felt sorry for. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
24. Parents should show more interest in the speech problems of their child. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

25. It is all right for parents to talk baby talk to their child.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
26. Speech therapy is one of many interruptions a child has during the school day. 1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
27. The number of children in speech classes would be less if parents knew more about speech therapy. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
28. A speech defect should not affect a person's being a success in life. 1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
29. The dinner meal should not be the place for conversation.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
30. There should be an educational value in speech therapy classes.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
31. Mothers influence a child's speech development more than fathers.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
32. It would be better to have speech therapy classes after regular school hours. 1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
33. If you let a child alone he will outgrow his speech defect.
1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
34. Speech therapy classes cause a child to get behind in his other school work. 1. strongly agree (); 2. agree (); 3. undecided ();
4. disagree (); 5. strongly disagree ().
35. A speech defect can affect a child's personality. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree ();
5. strongly disagree ().
36. Attending speech classes should improve a child's speech.
1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree ();
5. strongly disagree ().

37. Parents who think they cause their child's speech defect have good reason to be upset. 1. strongly agree (); 2. agree (); 3. undecided (-); 4. disagree (); 5. strongly disagree ().
38. Most speech defects found among public school children can be corrected. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
39. A child with a speech defect should be encouraged to take part in as many school activities as he can. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
40. A child with a speech defect could never grow up to become President. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
41. No matter how long a child is in speech classes he will always have a speech defect. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
42. Speech therapy classes only make new problems. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
43. The way a child talks should not determine his popularity in school. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
44. A child would be more capable of talking to other people after he has attended speech classes. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
45. The way a child talks depends upon what he hears at home. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
46. If parents would set better speech examples the child's speech would improve. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
47. The relationship between a child's speech defect and nervousness is clear. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
48. Speech therapy classes are a waste of time. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().

49. Parents should never be too busy to listen to what their child has to say. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree ().
50. A child should have homework assignments in speech therapy classes. 1. strongly agree (); 2. agree (); 3. undecided (); 4. disagree (); 5. strongly disagree.

APPENDIX D

C O M M E N T S

Your additional comments will be much appreciated.

AN ABSTRACT OF
A COMPARATIVE STUDY AMONG AVRIOUS SOCIO-ECONOMIC GROUPS
OF THE DIFFERENCES IN THE ATTITUDES OF MOTHERS
TOWARD SPEECH DEFECTS AND SPEECH THERAPY

Clifton E. Davis

Submitted in partial fulfillment
of the requirements for the degree
of Master of Arts in Education

BOWLING GREEN STATE UNIVERSITY

BOWLING GREEN, OHIO

June 1962

DAVIS, STON E., M. A., June, 1962. Speech

A Comparative Study Among Various Socio-Economic Groups of the Differences in the Attitudes of Mothers Toward Speech Defects and Speech Therapy.

Faculty Adviser: Dr. Melvin Hyman

The purpose of this study was to determine if there were any differences in mothers' attitudes toward the speech therapy program among various socio-economic groups and between Negroes and Whites. The information was obtained from responses to a fifty item questionnaire.

The mothers included in this study were categorized according to: (1) race; (2) educational level; (3) income; (4) religion; and (5) occupation. Their socio-economic status was based exclusively on income.

The questionnaire was divided into five areas: (1) the extent to which mothers expect their children to improve in speech therapy classes; (2) the extent to which mothers consider speech defects as a handicap; (3) the importance mothers place on speech therapy as compared to other subjects; (4) the amount of encouragement and attention mothers afford children with speech defects; and (5) the extent to which mothers assume the responsibility for their children's defective speech. The responses to the questions, which ranged from "strongly agree" to strongly disagree," were given a numerical value. A lower score indicated a more favorable attitude toward speech therapy. A sub-total score was obtained for each of the five areas. A total was derived by adding the five sub-total scores. On the basis of these scores comparisons were made between the socio-economic levels, as well as between Negroes and Whites.

Contrary to some of the literature related to this subject, this study indicated that there were no appreciable differences in mothers' attitudes toward speech therapy and speech defects among the three socioeconomic levels and both sexes. No mother obtained a score high enough to warrant an unfavorable score.

In the analysis of the types of responses it was found that all of the mothers obtained a higher proportion of neutral responses than those at the extreme, which might indicate that they did not have sufficient knowledge, interest, or convictions toward the subject in question to respond in a more definite manner.