







ORIGINAL

Public opinion towards stuttering: the differentiated beliefs and reactions between Chilean men and women

Opinión pública hacia la tartamudez: las creencias y reacciones diferenciadas entre hombres y mujeres chilenos

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Cite as: Sandoval Y, Roman-Zubeldia J, Sacheri S. Public opinion towards stuttering: The differentiated beliefs and reactions between Chilean men and women. Data and Metadata. 2025; 4:744. <https://doi.org/10.56294/dm2025744>

Submitted: 09-04-2024

Revised: 08-09-2024

Accepted: 25-03-2025

Published: 26-03-2025

Editor: Dr. Adrián Alejandro Vitón Castillo 

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ABSTRACT

Introduction: stuttering is a disorder that affects fluency and is associated with social stigma and negative beliefs. Public opinion about stuttering is fundamental to understanding the social and psychological dynamics faced by people who stutter. Beliefs and reactions to stuttering have been documented to vary across cultures, gender and age, which may influence understanding of the condition.

Method: quantitative, descriptive, exploratory study. The culturally adapted survey ‘the public opinion survey on human attributes-stuttering’ was administered to 400 Chileans.

Results: a high percentage of men (92,7 %) and women (96,0 %) believe that people with stuttering should hide their condition. Both sexes also share stigmatizing beliefs, although they recognize that people with stuttering can lead normal lives. In terms of reactions, both women and men expressed concern when someone stuttered, but also showed a willingness to behave normally in conversation.

Conclusions: beliefs and reactions to stuttering in Chile reflect a persistent stigma. Differences in perceptions may be influenced by socio-demographic factors such as gender, suggesting the need for educational interventions to promote better understanding of the condition.

Keywords: Stuttering; Beliefs; Reactions; Public; Gender.

RESUMEN

Introducción: la tartamudez es una condición que afecta la fluidez del habla y está asociado a estigmas sociales y creencias negativas. La opinión pública sobre la tartamudez es fundamental para entender las dinámicas sociales y psicológicas que enfrentan quienes la presentan. Se ha documentado que las creencias y reacciones hacia la tartamudez varían entre culturas, sexo y edad, lo que puede influir en la comprensión hacia esta condición.

Método: estudio cuantitativo, descriptivo de tipo exploratorio. Se aplicó la encuesta adaptada culturalmente “the public opinion survey on human attributes-stuttering” a 400 personas chilenas.

Resultados: un alto porcentaje de hombres (92,7 %) y mujeres (96,0 %) creen que las personas con tartamudez deberían ocultar su condición. Ambos sexos también comparten creencias estigmatizantes, aunque reconocen que estas personas pueden llevar vidas normales. En cuanto a reacciones, mujeres y hombres expresaron preocupación si alguien presentara tartamudez, pero también mostraron disposición a actuar con normalidad en conversaciones.

Conclusión: las creencias y reacciones hacia la tartamudez en Chile reflejan un estigma persistente. Las

diferencias en las percepciones pueden estar influenciadas por factores sociodemográficos como el sexo, lo que sugiere la necesidad de intervenciones educativas que promuevan mayor comprensión hacia esta condición.

Palabras clave: Tartamudez; Creencias; Reacciones; Público; Sexo.

INTRODUCTION

Stuttering is a speech fluency disorder characterized by the involuntary interruption of verbal flow. People with stuttering may experience blocks, repetition of syllables and words, and prolongation of sounds. In addition, it can be accompanied by cognitive, social, and affective components, most of which can negatively impact the person's quality of life. Stuttering is often associated with stigma linked to unfavorable social identities and stereotypes.⁽¹⁾ The stigma and prejudice associated with stuttering have been shown to have a significant impact, as with other conditions.⁽²⁾

On the other hand, the concept of "public opinion" refers to the set of beliefs (cognitive component of an attitude) and reactions (affective and behavioral component of an attitude) that predominate in a society on specific issues.⁽³⁾ Furthermore, public opinion reflects the collective judgment of a group of people regarding issues of common interest, such as political, social, and economic issues, as well as specific personal conditions, such as stuttering.

Understanding public opinion towards stuttering is fundamental to understanding the social dynamics and psychological implications faced by people who stutter. Research consistently indicates that negative stereotypes and stigmatization are prevalent in various cultures, impacting the mental well-being of those who stutter.^(4,6) Some studies show that beliefs about stuttering associate the condition with traits of insecurity, nervousness, and introversion^(5,6), which can lead to significant social stigma and generate adverse reactions such as bullying and exclusion, especially during early childhood. This can have lasting effects on a person's self-esteem and identity.^(6,7)

Cultural studies reveal that public opinion towards stuttering can vary significantly between cultures.^(7,9) Studies in Europe and Asia showed notable differences in the level of acceptance and understanding of the condition, where the Asian population, unlike the European, shows a more negative and stereotyped perception of people with stuttering, which shows that the sociocultural context plays a crucial role in shaping public opinion towards these people.^(2,7,8)

Furthermore, beliefs and reactions towards stuttering are influenced by cultural factors and other sociodemographic variables, such as the person's level of education, age, and gender. Regarding this last variable, Nang et al.⁽¹⁰⁾ indicate that public opinion towards stuttering can vary significantly between men and women according to their perceptions, beliefs, culture, and family values. These variations can affect the treatment and understanding that the person with stuttering receives from their immediate environment, which hurts their socio-emotional development, self-esteem, and self-identity.⁽¹⁰⁾

In this sense, some English-language studies show that men exhibit more negative or less sensitive beliefs and reactions to stuttering than women.⁽¹¹⁾ This variability could be explained by the sociocultural stereotypes associated with gender, i.e., men are less sensitive to complex issues, and women are more sensitive and careful about the same issues.⁽²⁾ However, St. Louis⁽¹²⁾ showed that men and women had very similar beliefs and reactions to stuttering. The women proved to be more patient and believed that people who stutter should have jobs where they must understand and make good decisions on important issues. In contrast, the men showed more excellent knowledge about the etiology of stuttering; that is, they believed it was of genetic origin. This study considered speech and language specialists (men and women), so familiarity with the subject could have affected the ratings obtained. Finally, Hughes⁽¹³⁾ mentions that the impact of gender on public opinion towards stuttering is not fully defined. However, there could still be differences with this factor, given the cultural implications and stereotypes associated with gender.

Considering this dilemma, the following questions guide the present investigation: What are the beliefs and reactions of men and women towards stuttering in Latin America and Chile? Does the sex of the person determine public opinion toward stuttering? Answering these questions is key to discovering the nuances of how men and women perceive people with stutters and understanding the social dynamics in which they operate and the sociocultural implications they face.

METHOD

The present study was quantitative, with a descriptive and exploratory approach. This research aimed to explore public opinion towards stuttering, differentiating between Chilean men and women. To this end, the beliefs and reactions of men and women were evaluated through a series of questions established in the

“attitudes towards stuttering” section of the survey “The Public Opinion Survey on Human Attributes-Stuttering (POSHA-S)⁽¹⁴⁾ transcultural adapted to Chilean Spanish.⁽¹⁵⁾ The hypothesis is that given the sociocultural context of the study (Latin America, Chile), women would exhibit less negative beliefs and reactions towards stuttering than men. The target population corresponded to Chilean adults from the Bío-Bío region of Chile (an area with the highest sociodemographic and economic representation according to the Chilean National Statistics Institute INE, 2023). Considering the population universe, a sample of 385 participants was estimated, which was increased to 400 for greater statistical power. The sample was randomly selected and consisted of 250 women and 150 men.

All participants signed an informed consent form approved by the ethics committee of the University of Bío-Bío N°001. The inclusion criteria were being of legal age (>18 years), having completed primary education (>8 years of schooling), and being a resident of the provinces of the Bío-Bío region, Chile. The exclusion criteria were being a speech therapist or student of that career, having a diagnosis of stuttering, intellectual disability, or any severe visual or hearing impairment.

Instrument

POSHA-S has been translated and culturally adapted into Chilean Spanish for use by Sandoval *et al.*⁽¹⁵⁾ The instrument allows for measuring public attitudes towards stuttering.^(14,16,17) It consists of 3 sections: a) a demographic section, b) a general section on stuttering related to attributes, and c) a section on attitudes towards stuttering (beliefs and reactions). The demographic section covers personal details such as sex, age, education, languages spoken, occupation, and marital status. The attributes section compares stuttering to other human attributes (i.e., mental illness, left-handedness, intelligence, obesity, and stuttering). Finally, POSHA-S has a detailed section on attitudes toward stuttering that combines belief and reaction components. The belief and reaction sections are segmented by response level: 1 (no), 2 (not sure), and 3 (yes).

Procedure

The survey was administered on the street in paper format. The researchers explained the objectives and scope of the study to each participant. Those willing to participate were invited to a covered stand specially adapted for conducting interviews. The survey was administered orally by a speech therapist. Before starting, doubts, queries, and concerns were clarified. The interview lasted 10 minutes, during which participants could ask questions or request clarification of items they did not understand, but responses were never encouraged. Once the survey was completed, each participant was given an informative leaflet about stuttering, its characteristics, and related prejudices.

Ethical aspects

Before completing the survey, participants who met the eligibility criteria were given an informed consent form approved by the University of Bío-Bío, Chile’s ethics committee. Participants read the consent form, clarified any doubts, and confirmed the voluntary and confidential nature of their participation. In addition, the confidentiality of the survey was explained. The answer sheets were only labeled with a pre-established order code, without a name or other information to identify who responded.

RESULTS

The sample had an average age of 33,43 years and an average education level of 13,87 years. The age range covered in the present sample fluctuated between 18 and 70 years; the majority of the sample was under 30 years old (51,25 %), they were women (62,50 %), married (74,50 %), they indicated that they were not parents (63 %), they had more than 12 years of education (51,25 %), and they were Catholic (40,25 %). This shows that most of the study participants were young adults with a medium or higher level of education.

| Table 1. Sociodemographic characteristics of the study sample (age and education) | | | |
|---|----------------------|------------------------|-------------------------------|
| | Man n = 150 X; DS | Woman n = 250 X; DS | Total sample n = 400 X; DS |
| Age | 35,09; 15,12 | 32,43; 14,43 | 33,43; 14,73 |
| Education | 13,64; 2,32 | 14,00; 2,44 | 13,87; 2,40 |

Among the most relevant results, table 2 shows that a high percentage of men (92,7 %) and women (96,0 %) maintained that people who stutter should hide their condition from society. In addition, both sexes consider that people who stutter should have jobs that require them to understand their environment and make the right decisions about important things. The belief that people who stutter are nervous or easily upset is similar among men (47,3 %) and women (47,2 %), indicating that both sexes associate stuttering with fear and anxiety.

On a social level, a high percentage of men (95,3 %) and women (94,0 %) believe that people who stutter can

make friends, lead normal lives, and do any job they want. As for treatment, the majority of men (91,3 %) and women (94,8 %) considered speech therapists the most suitable people to help those who stutter.

Table 2. Beliefs about stuttering by response level (no, not sure, yes) according to men (%) and women (%)

| Beliefs about stuttering (POSHA-S adapted by Sandoval et al., 2024) | Level 1 (%) | Level 2 (%) | Level 3 (%) |
|---|-----------------|---------------------------|------------------|
| | No Man/Woman | I'm not Sure Man/Woman | Yes Man/Woman |
| People who stutter should try to hide it | 92,7 / 96,0 | 3,3 / 0,8 | 4,0 / 3,2 |
| People who stutter should have jobs where they have to understand and make the right decisions about important things | 17,3 / 16,4 | 10,7 / 14,4 | 72,0 / 69,2 |
| People who stutter are nervous or easily upset | 24,0 / 20,0 | 28,7 / 32,8 | 47,3 / 47,2 |
| People who stutter are shy or fearful | 19,3 / 16,8 | 34,0 / 29,6 | 46,7 / 53,6 |
| People who stutter are to blame for having a stutter | 89,3 / 91,2 | 8,0 / 4,4 | 2,7 / 4,4 |
| People who stutter can make friends | 2,7 / 4,4 | 2,0 / 1,6 | 95,3 / 94,0 |
| People who stutter can lead normal lives | 3,3 / 4,0 | 2,7 / 6,0 | 94,0 / 96,0 |
| People who stutter can do any job they want | 12,7 / 9,6 | 5,3 / 9,6 | 82,0 / 80,8 |
| I believe that stuttering is caused by genetic inheritance | 30,0 / 37,2 | 28,7 / 27,2 | 41,3 / 35,6 |
| I believe that stuttering is caused by ghosts, demons or spirits | 91,3 / 91,6 | 8,0 / 5,2 | 0,7 / 3,2 |
| I believe that stuttering is caused by a traumatic event | 23,3 / 14,8 | 23,3 / 19,2 | 53,3 / 66,0 |
| I believe that stuttering is caused by an act of God | 86,7 / 87,6 | 11,3 / 7,2 | 2,0 / 5,2 |
| I believe that stuttering is caused by learning or habit | 56,0 / 60,4 | 19,3 / 16,0 | 24,7 / 23,6 |
| I believe that stuttering is caused by a virus or disease | 70,7 / 68,8 | 18,0 / 14,0 | 11,3 / 17,2 |
| I believe that stuttering should be helped by other people who stutter | 38,7 / 48,0 | 21,3 / 21,6 | 40,0 / 30,4 |
| I believe that stuttering should be helped by speech therapists | 4,0 / 0,8 | 4,7 / 4,4 | 91,3 / 94,8 |
| I think stuttering should be helped by people like me | 70,0 / 65,2 | 10,7 / 12,4 | 19,3 / 22,4 |
| I think stuttering should be helped by a doctor | 28,0 / 17,2 | 14,0 / 13,6 | 58,0 / 69,2 |

Regarding reactions to stuttering, a high percentage of men (83,3 %) and women (81,6 %) expressed concern that their doctor might have a stutter. In addition, both sexes showed concern about whether the person with a stutter was their brother or sister, although the percentage was slightly higher among men (66,7 %) than women (60,0 %).

On a social level, if they were talking to someone who stutters, most men (82,7 %) and women (90,0 %) would try to act normally. On the other hand, both men and women indicated that they would make jokes about stuttering (79,3 % and 84 %, respectively). Also, 61,3 % of men and 67,6 % of women would feel impatient when listening to someone who stutters.

On the other hand, both sexes showed a tendency to feel pity for this condition, with 82,7 % of men and 80,8 % of women. 32,7 % of men and 49,2 % of women indicated that their knowledge comes from personal experiences, specifically from the internet (54,0 % of men and 58,0 % of women)

Table 3. Reactions to stuttering by response level (no, I'm not sure, yes) according to men (%) and women (%)

| Reactions to stuttering (POSHA-S adapted by Sandoval et al., 2024) | Level 1 (%) | Level 2 (%) | Level 3 (%) |
|--|--------------------|-------------------------------|----------------------|
| | No Male/ Female | I'm not sure Male / Female | Yes Male / Female |
| I would be worried if the following person stuttered ... "my doctor" | 83,3 / 81,6 | 3,3 / 4,0 | 13,3 / 14,4 |
| I would be worried if the following person stuttered ... 'my neighbor" | 94,0 / 90,4 | 1,3 / 2,0 | 4,7 / 7,6 |
| I would be worried if the following person stuttered ... 'my brother/ sister" | 66,7 / 60,0 | 3,3 / 2,4 | 30,0 / 37,6 |
| I would be worried if the following person stuttered ... "me" | 37,3 / 33,2 | 4,0 / 6,8 | 58,7 / 60,0 |
| If I were talking to a person who stutters, I would try to act as if the person were talking normally. | 11,3 / 4,8 | 6,0 / 5,2 | 82,7 / 90,0 |
| If I were talking to a person who stutters, I would make a joke about stuttering. | 79,3 / 84,0 | 7,3 / 3,6 | 13,3 / 12,4 |
| If I were talking to a person who stutters, I would complete the person's words | 53,3 / 66,0 | 8,0 / 6,8 | 38,7 / 27,2 |
| If I were talking to a person who stutters, I would feel impatient | 61,3 / 67,6 | 12,0 / 6,0 | 26,7 / 26,4 |

| | | | |
|--|-------------|-------------|-------------|
| If I were talking to a person who stutters, I would feel relaxed or comfortable | 24,7 / 27,6 | 21,3 / 17,6 | 54,0 / 54,8 |
| If I were talking to a person who stutters, I would feel sorry for that person | 82,7 / 80,8 | 5,3 / 5,6 | 12,0 / 13,6 |
| If I were talking to a person who stutters, I would tell the person to "slow down" or "relax". | 42,0 / 46,4 | 13,3 / 10,0 | 44,7 / 43,6 |
| My knowledge of stuttering comes from... my personal experience (myself, my family, friends). | 32,7 / 49,2 | 4,7 / 6,4 | 62,7 / 44,4 |
| My knowledge of stuttering comes from television, radio or movies. | 57,3 / 50,4 | 2,7 / 4,8 | 40,0 / 44,8 |
| My knowledge of stuttering comes from magazines, newspapers or books. | 66,0 / 58,8 | 2,0 / 4,8 | 32,0 / 36,4 |
| My knowledge of stuttering comes from the internet | 42,7 / 38,4 | 3,3 / 3,6 | 54,0 / 58,0 |
| My knowledge of stuttering comes from my education (school, academic) | 55,3 / 52,8 | 2,0 / 4,0 | 42,7 / 43,2 |
| My knowledge of stuttering comes from doctors, nurses and other specialists | 74,0 / 66,0 | 6,0 / 7,2 | 20,0 / 26,8 |

DISCUSSION

Stuttering is a complex condition surrounded by diverse beliefs and social reactions. Analyzing the beliefs and responses towards stuttering, differentiated between Chilean men and women, would allow for a better understanding of how these perceptions could influence the lives of those who stutter.⁽¹⁸⁾

The study sample included 150 men and 250 women, with an average age of 35,09 years for men and 32,43 years for women and an average level of education of 13,64 years for men and 14,00 years for women. These sociodemographic characteristics are relevant, as age and education could influence beliefs and reactions toward stuttering. The difference in average age could suggest that the women in this sample have greater empathy or understanding towards people who stutter. In addition, the educational level could be related to exposure to more accurate information about stuttering, which could influence the formation of more positive beliefs.⁽¹⁴⁾

The data show that both men and women have stigmatizing beliefs about stuttering. A high percentage of both sexes believe that people who stutter should hide their condition. This belief reflects significant social pressure to conform to communication norms that do not accept diversity in speech fluency.⁽¹⁹⁾ Furthermore, both men and women would believe that people who stutter are responsible for their condition, which suggests a lack of understanding about the multifactorial causes of stuttering. On the other hand, despite negative beliefs, there is a recognition of the ability of people who stutter to lead everyday lives and make friends. This could indicate that, although there is stigma, there is also a perception that stuttering does not entirely define a person.⁽²⁰⁾

On the other hand, reactions to stuttering indicate that both men and women express concern in different contexts. For example, both sexes would be worried if their doctor stutters. This suggests that stuttering is associated with a lack of professional competence, which can affect confidence in the ability of health professionals who suffer from this condition.⁽²¹⁾ Furthermore, men and women would be concerned if their neighbors stuttered, which could indicate that this condition is seen as a barrier to social interaction. However, both sexes would also indicate a willingness to act generally during conversations with someone who stutters. This suggests a desire to be respectful and empathetic, although it could also reflect an underlying discomfort with stuttering.⁽²²⁾

Based on the findings presented, different lines of research on stuttering are suggested. One of them is to investigate the impact of emotional education on the perception of stuttering, as it effectively promotes an environment of respect and empathy. In addition, it is suggested to explore how gender differences affect the perception and treatment of this condition in clinical and educational contexts, which could lead to more specific and compelling intervention programs. From a clinical perspective, it is essential to develop interventions that address the stigma associated with stuttering and not just focus on speech fluency. Research indicates that stigmatizing beliefs can lead to social exclusion and a lack of confidence in people who stutter. Therefore, interventions should include elements that challenge these beliefs and promote a deeper understanding of this condition. This could consist of awareness workshops for health and education professionals and public awareness campaigns that address the myths and realities about stuttering.

CONCLUSIONS

The analysis of the beliefs and reactions of Chilean men and women reveals the results of the first approaches to investigating public attitudes towards stuttering in Chile. In this study, in which more women than men participated, it was concluded that women, in addition to being more likely to collaborate in this type of research, have more positive attitudes towards stuttering than men, who show more negative or neutral beliefs and reactions. This research demonstrated differences in attitudes towards stuttering according to sex. Also,

they demonstrated the influence of sociodemographic factors (sex) on the tendency of responses. The present study's findings and existing knowledge about attitudes toward stuttering can provide the basis for creating effective interventions to reduce or eradicate erroneous beliefs about this condition and improve adverse social outcomes toward stuttering. The relationship between attitudes and expected behaviors toward people who stutter suggests that instilling more positive attitudes and accurate beliefs can be a practical first step in reducing harmful behaviors towards people who stutter, such as social rejection, bullying, and discrimination.⁽²³⁾

BIBLIOGRAPHICAL REFERENCES

1. Boyle, M. P. (2017). Personal perceptions and perceived public opinion about stuttering in the United States: Implications for anti-stigma campaigns. *American Journal of Speech-Language Pathology*, 26(3), 921-938. https://doi.org/10.1044/2017_ajslp-16-0191
2. Louis, K., Sønsterud, H., Junuzović-Žunić, L., Tomaiuolo, D., Gado, F., Caparelli, E., ... & Wesierska, M. (2016). Public attitudes toward stuttering in europe: within-country and between-country comparisons. *Journal of Communication Disorders*, 62, 115-130. <https://doi.org/10.1016/j.jcomdis.2016.05.010>
3. Eagly, A. & Chaiken, S. (1993). *The impact of attitudes*. Harcourt, Brace & Jovanovich College Publishers.
4. Haryani, H., S.Y, C., Yaruss, J., McConnell, G., & Ali, M. (2020). Public attitudes in asia toward stuttering: a scoping review. *The Open Public Health Journal*, 13(1), 503-511. <https://doi.org/10.2174/1874944502013010503>
5. Türkili, S., Türkili, S., & Aydın, Z. F. (2022). Mental well-being and related factors in individuals with stuttering. *Heliyon*, 8(9), e10446. <https://doi.org/10.1016/j.heliyon.2022.e10446>
6. Evans, J., & Williams, R. (2015). Stuttering in film media - investigation of a stereotype. *Procedia, Social and Behavioral Sciences*, 193, 337. <https://doi.org/10.1016/j.sbspro.2015.03.310>
7. Iverach, L., Jones, M., O'Brian, S., Block, S., Lincoln, M., Harrison, E., ... & Onslow, M. (2009). The relationship between mental health disorders and treatment outcomes among adults who stutter. *Journal of Fluency Disorders*, 34(1), 29-43. <https://doi.org/10.1016/j.jfludis.2009.02.002>
8. Ip, M., Louis, K., Myers, F., & Xue, S. (2012). Stuttering attitudes in hong kong and adjacent mainland china. *International Journal of Speech-Language Pathology*, 14(6), 543-556. <https://doi.org/10.3109/17549507.2012.712158>
9. Üstün-Yavuz, M., Warmington, M., Gerlach, H., & Louis, K. (2021). Cultural difference in attitudes towards stuttering among british, arab and chinese students: considering home and host cultures. *International Journal of Language & Communication Disorders*, 56(3), 609-619. <https://doi.org/10.1111/1460-6984.12617>
10. Nang, C., Hersh, D., Milton, K., & Lau, S. (2018). The impact of stuttering on development of self-identity, relationships, and quality of life in women who stutter. *American Journal of Speech-Language Pathology*, 27(35), 1244-1258. https://doi.org/10.1044/2018_ajslp-odc11-17-0201
11. Weisel, Amatzia, & Spektor, G. (1998). Original articles. *Journal of Fluency Disorders*, 23(3), 157-172. [https://doi.org/10.1016/s0094-730x\(98\)00007-2](https://doi.org/10.1016/s0094-730x(98)00007-2)
12. St. Louis, Kenneth O., Filatova, Y., Coşkun, M., Topbaş, S., Özdemir, S., Georgieva, D., McCaffrey, E., & George, R. D. (2010). Identification of cluttering and stuttering by the public in four countries. *International Journal of Speech-Language Pathology*, 12(6), 508-519. <https://doi.org/10.3109/17549507.2011.487544>
13. Hughes, S. (2023). Mothers' and fathers' attitudes toward stuttering in the middle east compared to europe and north america. *International Journal of Language & Communication Disorders*, 59(1), 354-368. <https://doi.org/10.1111/1460-6984.12952>
14. St. Louis, Kenneth O. (2011). The Public Opinion Survey of Human Attributes-Stuttering (POSHA-S): Summary framework and empirical comparisons. *Journal of Fluency Disorders*, 36(4), 256-261. <https://doi.org/10.1016/j.jfludis.2011.02.003>
15. Sandoval-Fox, Y., Román-Zubeldia, J., & Vázquez-Fernández, P. (2024). Methodological process of cross-

cultural adaptation of the survey «The Public Opinion Survey on Human Attributes-Stuttering (POSHA-S) » to spanish-chilean. *Salud Ciencia y Tecnología*, 4. <https://doi.org/10.56294/saludcyt2024.989>

16. St Louis, Kenneth O., Reichel, I. K., Yaruss, J. S., & Lubker, B. B. (2009). Construct and concurrent validity of a prototype questionnaire to survey public attitudes toward stuttering. *Journal of Fluency Disorders*, 34(1), 11-28. <https://doi.org/10.1016/j.jfludis.2009.02.001>

17. St. Louis, Kenneth O. (2005). A global project to measure public attitudes about stuttering. *ASHA Leader*, 10(14), 12-23. <https://doi.org/10.1044/leader.wb10.10142005.12>

18. Sandoval-Fox, Y., García-Flores, V., & Sanhueza-Garrido, M. (2022). Percepción de personas con tartamudez en cuanto a sus experiencias de tratamiento basado en el modelo multidimensional CALMS. *Revista chilena de fonoaudiología*, 21(1), 1-9. <https://doi.org/10.5354/0719-4692.2022.63727>

19. Arafa, A., Senosy, S., Sheerah, H., & Louis, K. (2021). Public attitudes towards people who stutter in south egypt. *Plos One*, 16(2), e0245673. <https://doi.org/10.1371/journal.pone.0245673>

20. Imura, D. (2023). Comparing the beliefs regarding biological or psychological causalities toward stereotyped perception of people who stutter. *Frontiers in Psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1279169>

21. Pathak, G. and Kelkar, P. (2023). The effect of self-disclosure about stuttering on listener perceptions. *Communication Disorders Quarterly*, 45(2), 97-106. <https://doi.org/10.1177/15257401231160452>

22. Mahesh, S., Pushpavathi, M., Seth, D., Saravanan, S., & Yaruss, J. (2023). Adaptation and validation of overall assessment of the speaker's experience of stuttering for adults in kannada (oases-a-k). *Folia Phoniatrica Et Logopaedica*, 76(1), 30-38. <https://doi.org/10.1159/000531048>

23. Arnold, H. S., Li, J., & Goltl, K. (2015). Beliefs of teachers versus non-teachers about people who stutter. *Journal of Fluency Disorders*, 43, 28-39. <https://doi.org/10.1016/j.jfludis.2014.12.001>

FINANCING

The authors did not receive any funding for the development of this research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORS' CONTRIBUTIONS

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Funding acquisition: Yasna Sandoval.

Investigation: Yasna Sandoval.

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