

**SECONDARY SCHOOL TEACHER AND MADRASHA  
TEACHERS' KNOWLEDGE & ATTITUDE TOWARDS  
PUBERPHONIA: A SURVEY STUDY**

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**4<sup>th</sup> year, B.Sc. in Speech & Language Therapy Dept.**

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**CRP, Chapain, Savar, Dhaka-1343, Bangladesh**

**[February, 2019]**

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The research conducted in partial fulfillment of the requirements for the degree of B.Sc. in Speech and Language Therapy. Affiliated to the faculty of medicine under the University of Dhaka

**[February, 2019]**

**APPROVAL**

We the under signed certify that we have the carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled- **“Secondary School Teacher and Madrasha Teachers’ Knowledge And Attitude Towards puberphonia: A Survey Study”**

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## DECLARATION

I am Fatema Akter that the work presented here is my own. All sources used have been cited appropriately. Any mistake or inaccuracies are my own. I also want to make sure that any single discussion of the study will not be unsafe to any participants. Any mistake or inaccuracies are my own.

**Signature:**

.....

**Fatema Akter**

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Bangladesh Health Professions Institute (BHPI)

**DEDICATION**

**Dedicated to my .....**

**Beloved Parents and siblings**

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## List of Acronyms

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<b>Abbreviation</b>	<b>Elaboration</b>
BHPI	Bangladesh Health Professions Institute
FVD	Functional voice disorder
SLT	Speech and language therapy
SPSS	Social Package for the Social Science

## **Acknowledgement**

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## EXECUTIVE SUMMARY

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Puberphonia is a voice disorder defined as the persistence of a high-pitched voice beyond the age at which voice change is expected to have occurred. The aim of this study was to explore secondary school teacher and madrasa teachers' knowledge & attitude towards puberphonia. This is a quantitative type of cross sectional survey study where 196 samples were assigned purposively from different school and madrasa. A semi-structured questionnaire was used to determine knowledge and attitude of the teacher towards puberphonia. Researcher was used descriptive statistical analysis (SPSS= Statistics package for social science) for the study and scores etc. In this study, where 196 (53.60%) were male and 46.40%. Maximum participants had better knowledge about pubertal changes and 92% said physical change occur, 79.6% claimed mental change occurred at puberty. 88.30% respondents had knowledge about the changes of voice at puberty, 4.60% respondents had no knowledge about this change. Overall knowledge of the teacher about puberphonia was good and their attitude was also good. Maximum respondents 65.8% did not familiar with the name of puberphonia and it is a major finding of this study. Among all respondents maximum 62.2% claimed thin or sharp voice, 53.1% claimed broken voice of the symptoms of the puberphonia. 61.70% of the respondents stated person with puberphonia cannot cope with the changed voice during puberty and 30.60% said mental pressure can cause puberphonia.

So this study will help us to explore secondary school teacher and madrasa teacher's knowledge & attitude towards puberphonia. And thus SLT will create awareness and give information about puberphonia and play vital role. It could be an opportunity for the teacher to make their students aware about their voice problem, maintain vocal hygiene and take vocal care for the prevention.

**Keyword:** *Puberphonia, Knowledge, Attitude*

**1.1 Introduction**

Voice is considered as an auditory sound which is originated by the larynx and it follow such parameters as pitch, loudness, quality and variability. It works as an indicator of a speaker's physical health, emotional health, personality, identity, and aesthetic orientation (Mohite, 2016). A voice disorder is defined as "a deviant vocal behaviors related to perceptual properties such as pitch, loudness, and overall quality of voice, which are inappropriate for an individual's age or gender" (Aronson, 1990). Hoffman Ruddy & Sapienza (2004) cited in Zacharias (2010) has suggested pediatric voice disorders are more common and it is defined as up to age 21. The incidence of pediatric voice disorders, including adolescents, is about 6-40%. And voice disorder can arise negative impact on the educational, psychological, and social well-being of children through adolescence.

Puberphonia is an adolescence voice disorder and is diagnosed when there is a persistent use of a high pitched voice and has unknown cause at the time of puberty. In this condition boys are more commonly diagnosed but it may also manifest in females. It may involve psychosocial factors such as difficulty with male identification or acceptance of adulthood. Due to lack of control of the voice, males experience such significant laryngeal growth during this time, frequent pitch beaks are common falsetto-like voices with frequent downward pitch breaks are voice characteristics in puberphonia with also include hoarseness and/or breathiness (Colton & Casper, 1996). Pitch breaks, hoarseness, breathiness, difficulty in vocal projection, and visible laryngeal muscle tension are the most common symptoms of puberphonia (Mohite, 2016). In our country puberphonia patients are increasing day by day. There are very few documented studies on puberphonia. Prevalence of puberphonia is not well established. Prevalence is used to indicate the extent to which a disorder is widespread. The prevalence of puberphonia in Indian population is 1 in 9 00,000, which was deemed as accurat ( Banerjee, Eajlen, Meohurst, & GE, 1995) cited in Mohite, 2016). As the two countries Bangladesh and India are at the same continent and they share similar environment thus this statistics of India will be more or less accurate for our country too.

Adolescence is the most important time and a period of conflict. It is an age of transition between childhood and adulthood, and a stage of search for identity, the most critical in human life. It can cause changes in personality and also vocal and physical change. The voice changes in adolescence between 12 to 15 years of age and the larynx lies at higher level descends throughout life. At puberty there is rapid lowering of the larynx with sudden increase in size under the influence of testosterone. Adams apple becomes prominent indicating sexual maturation of larynx. This is the time when there is mutation of tonal range and voice quality from a 'light boy voice' to a 'heavy voice' (Mohite, 2016).

This study is undertaken to know the school teachers' knowledge and attitude towards puberphonia. As puberphonia onset at adolescence age between 12 to 15 years and that time teacher can play very crucial time by helping the students. By this study the investigator will find out school teachers' knowledge and attitude towards puberphonia and it will also help the teachers to know about puberphonia. And these way teachers will help the student and they will also know about SLT. Thus teachers will refer students for talking Speech & Language Therapy.

## **1.2 Literature Review**

It is said that, the boy's larynx gets adult dimension when they are in adolescence. The vocal folds become double in length and the voice breaks and also fall into male register. Though the growth is normal and the secondary sexual characteristics also developed but the adolescent retains his pre-pubertal voice. This problem is typically known as puberphonia (Andrews, 2006). In USA and Europe, it is referred to as failure in voice mutation or mutational falsetto. This condition is a psychogenic condition because here the boy's maturation and growth of the larynx is normal and also vocal folds movement is unimpaired. The problem is only in failure in voice mutation that's why it is in psychogenic condition (Andrews, 2006).

In a recent study, it is informed that the persistence of adolescent voice even after puberty in the absence of organic cause is known as Puberphonia. Puberphonia is classified under functional voice disorders and most of the time more specifically as a psychogenic voice disorder. This classification is based on the modified diagnostic classification systems. Functional voice disorder (FVD) refers to an aphonia or dysphonia but there is no organic pathology, if there is, it is either insufficient to

account for the nature and severity of the voice disorder, or considered secondary to the functional problem. Puberphonia is classified as Psychogenic Voice Disorder type 4. In infant the laryngotracheal complex which lies at a higher level gradually descends in position as age advances. Due to a sudden increase in testosterone levels, at the time of puberty this descent is rapid and there is a sudden laryngeal growth spurt. Because of this when the boy's voice "breaks", and it is called puberphonia (Kothandaraman&Thiagarajan, 2014).

Bhattarai, Shrestha, &Shah (2010) said that without known organic causepuberphonia is a disorder predominant on post-pubescent male, who exhibit higher register than other male of the same age group. The most commonly affected person is Adolescent males. This disorder has also been observed in females, where the manifestation is very less, as females generally have higher register voice. But in adolescent girl, this condition is not so prevalent. This condition in female is known as "Juvenile Resonance Disorder" or "Little Girl's Voice"

There are a number of possible factors that contribute to the disorder like puberphonia. The boy's voice breaks because of his excessive self-consciousness among the contemporaries during puberty (Green & Mathieson, 2010).

Puberphonia is a voice disorder and has impact on voice; it causes great impact on the psycho-social aspect on the patients. It was seen that as the patients were assessed using the tool VHI-30; in 120 scores each patient had a score of 40 in average. Puberphonic patient can easily produce deeper voice, but have lack confidence to use this in public knowing that it will cause comments and possible ridicule. Person to person, voice disorder's impact is different. Occupation, environment, family members and overall personality are all the variables that can affect the way voice disorder affects a specific person. In general, people with puberphonia tend to encounter problems that include psychological, emotional, social and professional related difficulty (Bhattarai, Shrestha, & Shah, 2010).

There are many reasons in the development of puberphonia, such as increased laryngeal muscle tension causing laryngeal elevation, embarrassment of the newly achieved vocal pitch, failure to accept the new voice, social immaturity, etc. There are different treatment approaches that are available for puberphonia. Speech Pathologist can help the patients with puberphonia following formal laryngological assessment

and diagnosis. Puberphonic patient seek for treatment from a Speech Pathologist. In this study, the aim is to study the efficacy of Voice Therapy in puberphonia patients. This study was carried out to evaluate the effect of voice therapy to treat puberphonia. All of the 30 patients who were in the age range of 14 to 18 years showed improvement. The pitch level lowered appropriately and the voice therapy could be stopped after three to four sessions after patient developed habituation of the newly achieved pitch level (Desai, & Mishra, 2012).

Teachers' perceptions and stereotypes are known to have an effect on students' academic achievement, quality of life, self perceptions, social interactions, and future occupation (Becker & Maiman; 1985; Overby, Carrell, Bernthall, 2007). Furthermore, teachers' perceptions of their students lead to certain expectations that can have positive or negative influences on a student's academic performance and achievement (Braun, 1976; Cherry, 1978).

Such findings highlight the important role that teachers play in identifying children who need additional support, making referrals for their assessment, and being able to manage them in the classroom. Teacher factors can have profound impacts on various outcome measures. For instance, gesture use by teachers can influence performance on certain academic puzzles by students with special needs, and teachers' opinions about specific treatment options can impact student behaviour and the types of interventions implemented in the classroom. Teachers who demonstrate patience, knowledge of intervention techniques, an ability to collaborate with an interdisciplinary team, and a positive attitude towards children with special needs can have a positive impact on student success. The ways in which these results relate to clinical practice, particularly considering the influential role of teachers in diagnosis and treatment efficacy, are discussed (Sherman, Rasmussen, & Baydala, 2008).

According to a study conducted by Youssef, Hutchinson, & Youssef, (2015) Teachers are often the first persons responsible for identifying children with attention deficit hyperactivity disorder (ADHD) and are increasingly being called on to help manage such children. Puberphonia onset at school age that's why school teachers can play an important role and by this study researcher will identify teachers' knowledge and attitude towards puberphonia.

### **1.3 Significance of the study**

The aim of this study will be to explore the level of teachers' knowledge and attitude towards puberphonia. It can help speech and language therapist to explore their field and get clear idea about their role, to add knowledge and in making speech and language therapist awareness about the level of teachers' knowledge and attitude towards puberphonia. Speech and language therapists can use this information for doing best practice by concerning this study. As a result this study may be helpful to create referral opportunities and develop a treatment protocol for puberphonia patients. Speech and language therapists are often involved with multi-professional team and in educational side. This study will present clear evidence about the level of teachers' knowledge and attitude. By this way Speech and language therapists will get the opportunity to work with teachers in mainstream school.

It would be very helpful for different professionals or organizations that are working or interested to work with puberphonia patients. It will also help the other professional to manage the treatment according to impact. Thus the study might create a future prospect of Speech & Language Therapy profession in Bangladesh.

To sum up, this study might create a new field for Speech and language therapist to work with puberphonia patient who suffered many communication and educational barrier in school. By knowing the level of teachers' knowledge and attitude about puberphonia then find out the difficulties among students lifestyle and impact on it. This will help to improve treatment procedure and patient can take treatment in different aspects which are really needed for develop patient condition.

#### **1.4 Research Question**

What are the secondary school teacher and madrasha teachers' knowledge and attitude towards peuberphonia?

#### **1.5 Objectives**

##### **1.5.1 General objective**

To know the secondary school teacher and madrasha teacher's knowledge and attitude towards peuberphonia.

##### **1.5.2 Specific objective**

- To determine the socio-demographic characteristics of the study respondents.
- To identify secondary school teacher and madrasha teachers' knowledge about peuberphonia.
- To find out secondary school teacher and madrasha teachers' attitude about peuberphonia.
- To explore teachers past experience and their initiative about peuberphonic students.

## **1.6 Operational definition**

### **Key words-**

Puberphonia, Teacher, Knowledge, Attitude,

### **1.6.1 Puberphonia**

Puberphonia is defined as the persistence of a high-pitched voice beyond the age at which voice change is expected to have occurred. These individuals present with a complaint of a high-pitched voice which is deemed inappropriate for their age and sex. (Desai,&Mishra,2012). In this study the investigator was used the term puberphonia to indicate unusual high pitch of male and female voice which is not normal for their age and sex.

### **1.6.2Teacher**

A teacher is defined as “an expert who is capable of imparting knowledge that will help learners to build, identify and to acquire skills that will be used to face the challenges in life. The teacher also provides to the learners knowledge, skills and values that enhance development. An educated person is capable of utilizing the available opportunities in both private and public sectors.”(Senge, Cambron-McCabe, Lucas, Smith, Dutton & Kleiner, 2000)

In this study the investigator was used the term Teacher as a person who teaches usually as a job at school or similar institution.

### **1.6.3 Knowledge**

Knowledge is defined as understanding of or information about a subject that you get by experience or study, either known by one person or by people generally (Cambridge English Dictionary 2018).

In this study the investigator was used the term Knowledge as possessed by individuals refers to their understanding of a topic that individual get by or study.

### **1.6.4 Attitude**

Attitude refers peoples' feelings as well as any preconceived ideas they may have. Attitude is defined as a settled way of thinking or feeling about something. In this study researcher will use this word for knowing teachers thinking.

### 2.1 Study Design

In this study the quantitative type of cross sectional survey design was used to identify teachers' knowledge and attitude towards puberphonia. The cross sectional survey provides information about large population from a smaller number of samples (Bailey, 1997). As cross sectional study is a survey design and this study requires collection of data from the sample within a time frame (Depoy&Gitlin, 1998). There was another reason for choosing the cross-sectional survey because cross-sectional survey is less expensive (Depoy&Gitlin, 1998).

### 2.2 Study Location

This study was conducted in the Secondary schools, Hafiziya Madrasa and Dakhil Madrasa at around Dhaka ( Keranigonj and Savar Upazila).

### 2.3 Study Population

In this study, both male and female teacher of secondary school, Hafiziya Madrasa and Dakhil Madrasa was the study population.

### 2.4 Sample Size

A sample is a smaller group taken from the population. Sometimes the sample size may be big and sometimes it may be small, depending on the population and the characteristics of the study (Bailey, 1997). According to Hicks (2000) usually a survey takes large number of sample. A large sample is more likely to be representative of the population than a smaller one. The equation of standard

$$n = \frac{z^2 pq}{d^2}$$

$$n = \frac{z^2 p(1 - p)}{d^2}$$

$$n = \frac{(1.96)^2 \times (0.15) \times (0.85)}{(0.05)^2}$$

$$n = 195.92$$

$$= 196$$

Where,

Percentage of population, P= 0.15

Prevalence, q= 1-0.15= 0.85

Confidence level, Z= 1.96 at 95%  
(Standard value)

Degree of accuracy, d= 0.05

Required sample size, n=?

## **2.5 Sampling Procedure**

Convenience sampling method was used in this study. Convenience sampling method is an easy way of getting sample. This method contains some inclusion criteria to select the participant as the investigator can find out the actual snap of the situation that they face in their everyday life (Depoy&Gitlin, 1998). Convenience sampling is the sampling procedure of this study as it allows choosing an interested group of participants illustrating some features of these groups.

### **2.6.1 Inclusion Criteria**

- Teachers of secondary school and equivalent Madrasa.
- Both male and female teachers.
- Currently practicing teachers with at least one year experience.

### **2.6.2 Exclusion Criteria**

- School teacher and Madrasha teacher who joined new at school or Madrasha.
- Teachers aged above 60 years or of service.

## **2.7 Data Collection Tools**

A self inventory semi-structured questionnaire was used as a data collection instrument. The questionnaire were pre-tested on two non-sample respondent from a secondary school with a draft bangla version of the instrument to get feedback on the suitability, appropriateness and sequencing of the questionnaire. And thus the final version of the questionnaire has developed. The English questionnaire was convert into Bangla to ask the participants during the interview. In that time some other necessary materials were also be used like pen, pencil, white paper and clipboard. The investigator took permission from each participants by using a written consent form.

## **2.8 Data Collection Procedure**

Investigator was collect data from the participants through face to face interview. Investigator was clarified to all participants about the aim of the study. Investigator was taken permission from each volunteer participant by using a written consent form.



## **2.9 Data analysis**

Investigator was used descriptive statistics for data analysis. Because descriptive statistics are commonly used to make sense of survey data (Hicks,2000). Bailey (1997) suggested thatdescriptive statistics are those that describe, organize, and summarize data. It includes suchthings as frequencies, percentages, description of central tendency and descriptions of relativeposition.

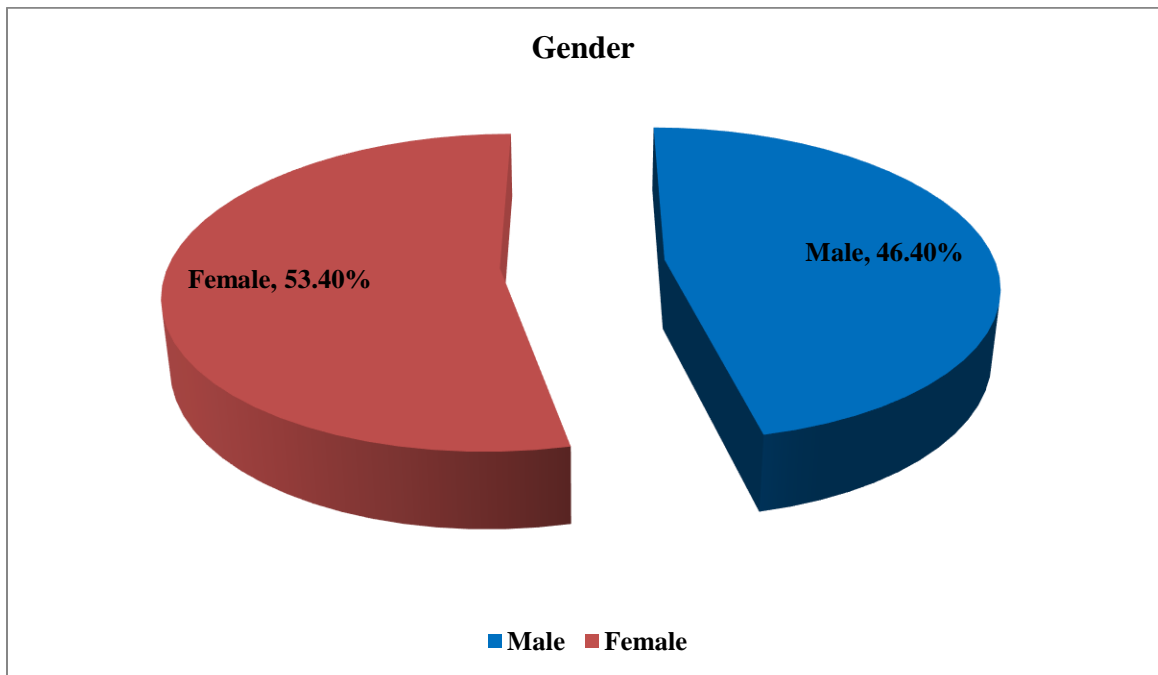
## **2.10 Ethical Consideration**

At first the investigator was taken permission from ethical committee of Bangladesh Health Professions Institute (BHPI). Permission was taken from mentioned study place. Investigators was informed all participants about the purpose of the study before data collection. Investigator was taken participants' consent by using consent form. Investigator was kept all the information and participants' personal identity in confidential.

Data were analyzed by descriptive statistics and calculated as percentage. Data's results were presented by using bar graph and pie charts tables.

### 3.1 Socio- demographics information of the participants

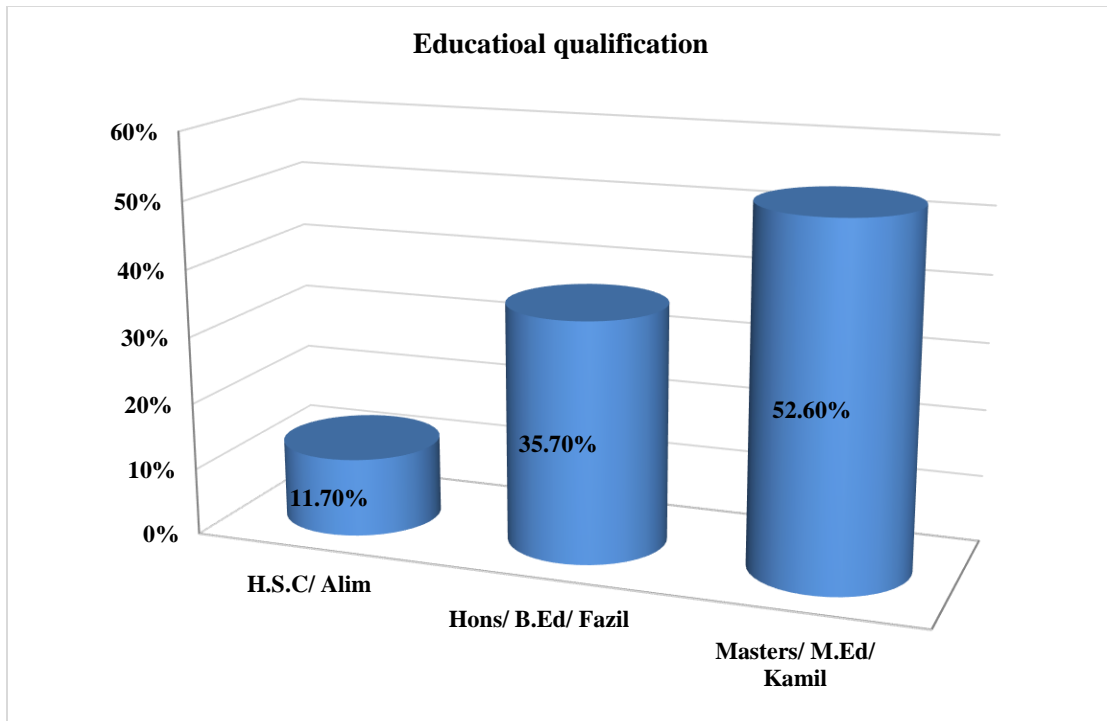
#### 3.1.1 Gender of the participants



**Fig 1: Gender of the participants**

The pie chart represents the total percentage of gender ratio where most of respondents from 196 participants 53.60% (105) were male and rest 46.40% (91) were female.

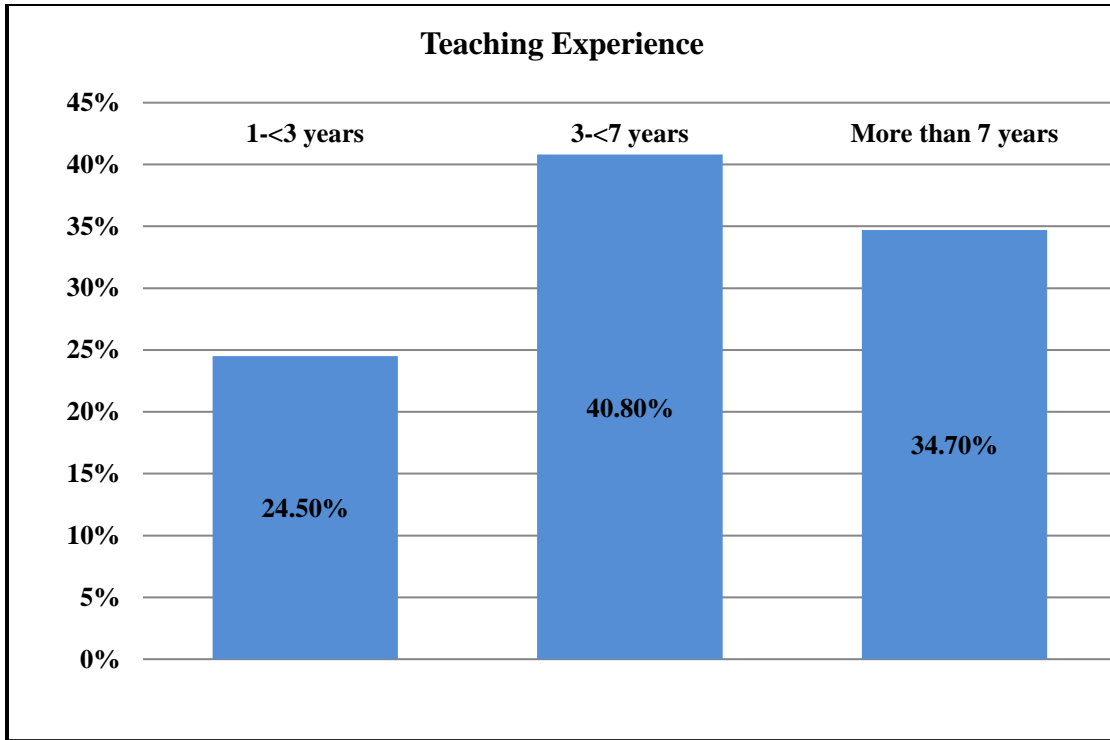
### 3.1.2 Educational qualification of the respondents



**Fig 2: Educational qualification**

Figure 2 represent educational qualification of the respondents where vertically showed percentage and horizontally showed level of qualification. There are three categorical parameter in this figure like- H.S.C/ Dakhil; Hons/B.Ed/ Fazil; Masters/M.Ed/ kamil. Among total number 11.70% (23) teachers educational status were H.S.C/ Alim, other 35.70% (70) were Hons/B.Ed/ Fazil pass and most of the teacher had completed 52.60% (103) Masters/M.Ed/ kamil pass.

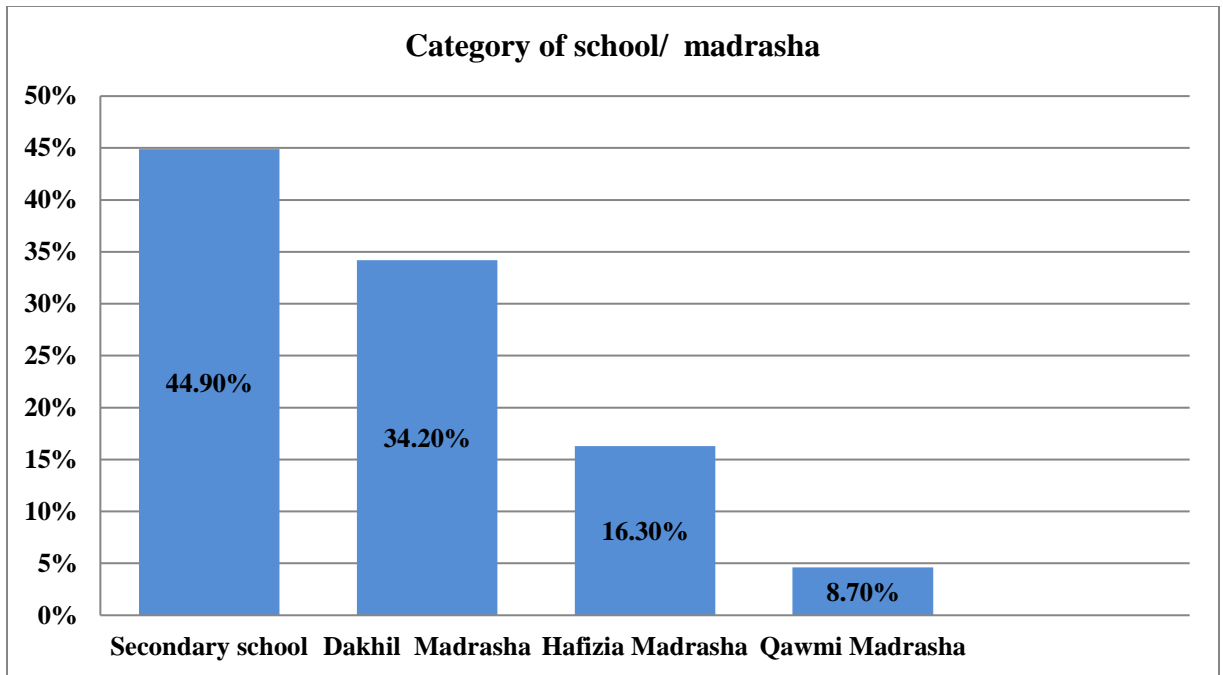
### 3.1.3 Teaching Experience



**Fig 3: Teaching Experience**

Figure3 represented teaching experience of the teacher where vertically showed percentage and horizontally showed response of experience. In this chart 24.50 (48) teachers experience were in 1-<3 years. Most of 40.80% (80) teachers teaching experience were between 3-< 7 years and rest of the teachers teaching experiences were more than 7 years and it was 34.70% (68).

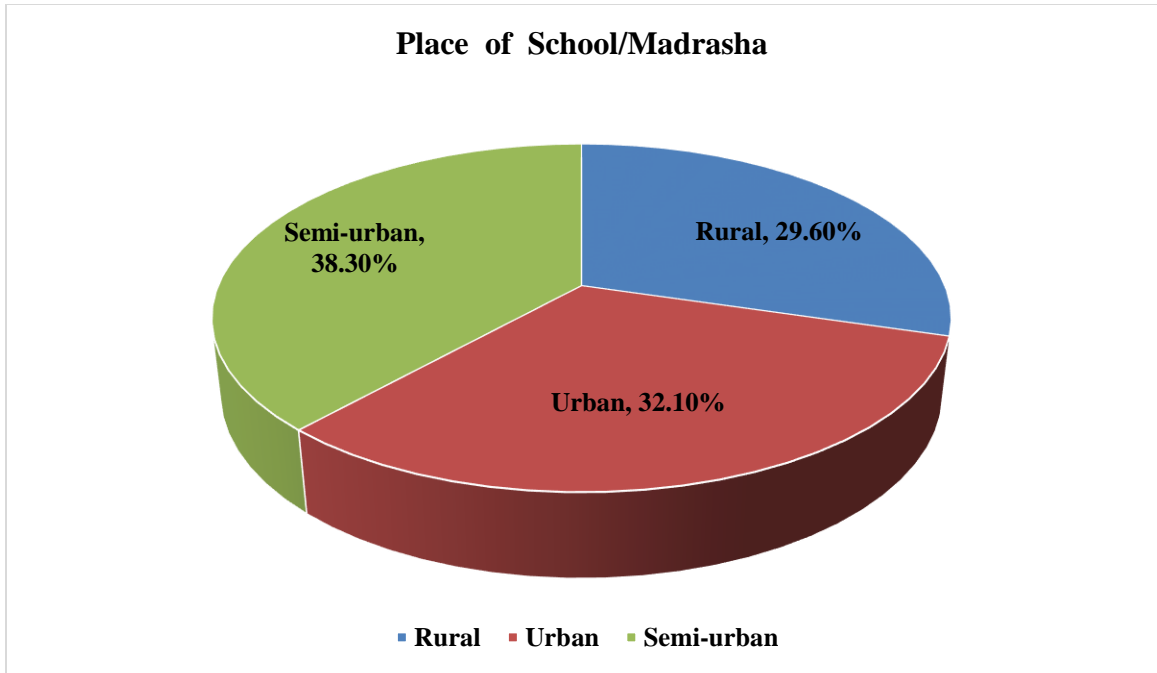
### 3.1.4 Types of teaching category



**Fig 4: Types of teaching category**

Figure 4 represents types of School or Madrasha. Among total number of institute 44.90% (88) were secondary school, 34.20% (50) were Dakhil Madrasha, 16.30% (32) were Hafizia Madrasha, and rest 4.60% (9) were Qawmi madrasha.

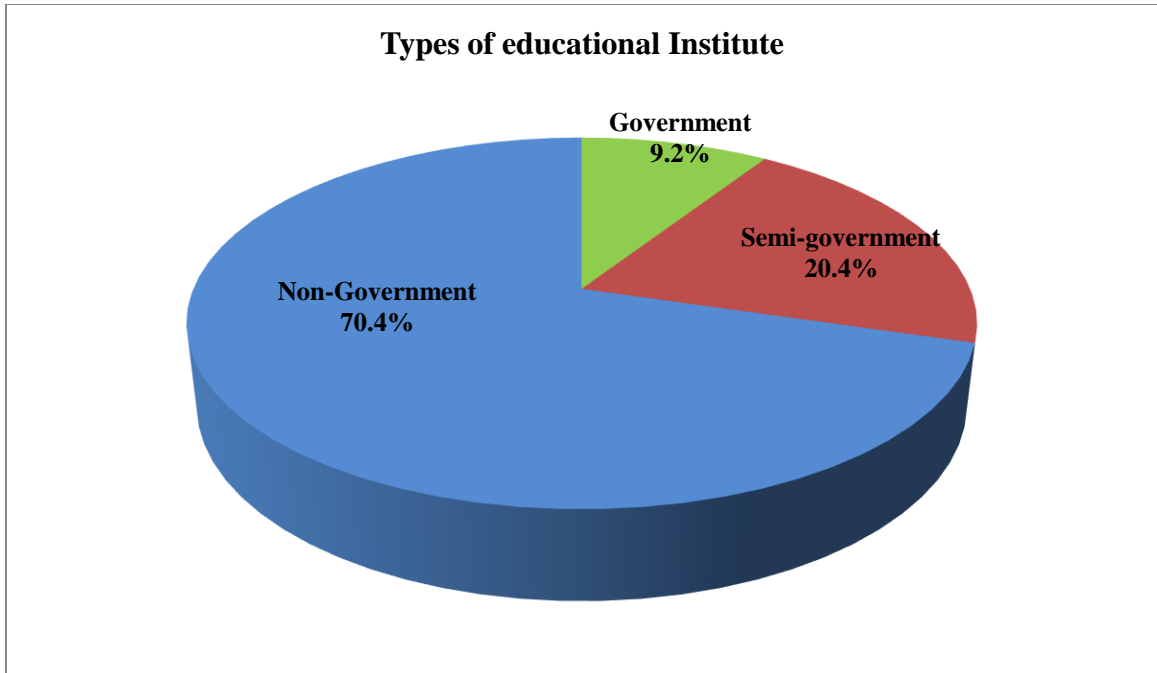
### 3.1.5. Place of school/ Madrasha



**Fig 5: Place of school/ Madrasha**

This pie chart shows total geographical status where 32.1% (63) school / madrasha were situated in urban area, 38.3% (75) were in semi-urban area and other 29.6% (58) were situated in rural area.

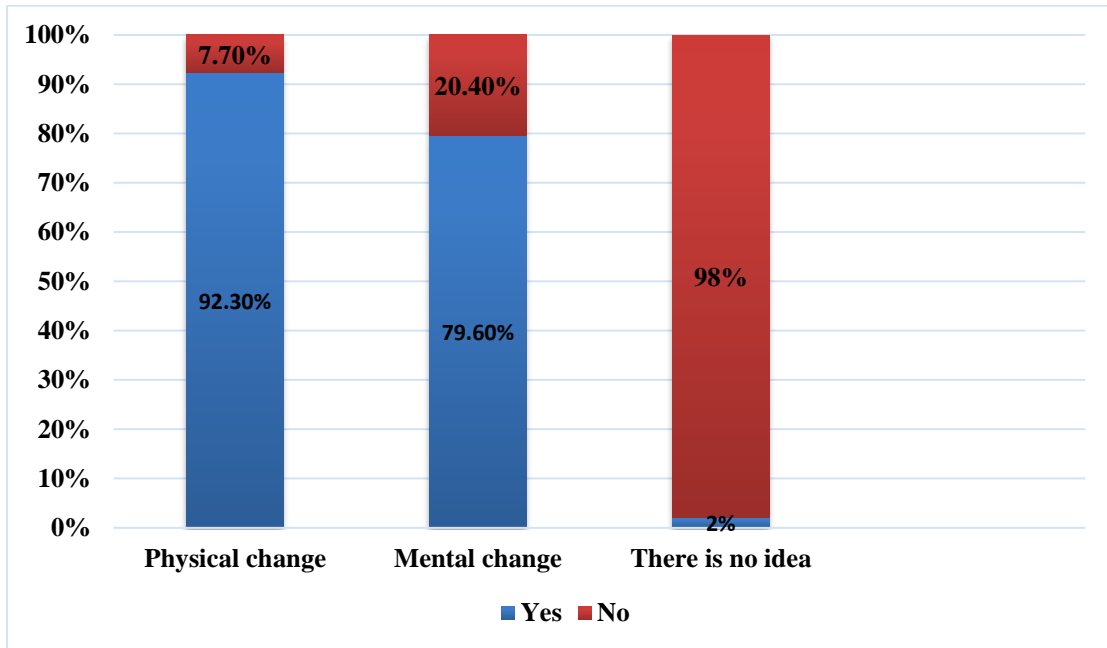
### 3.1.6. Types of Educational Institute



**Fig 6: Types of educational Institute**

This pie chart represents the types of institute. Here most of the institutes were non-government 70.45% (138), 20.4% (40) were semi-governmental institute and other 9.2% (18) were governmental institute.

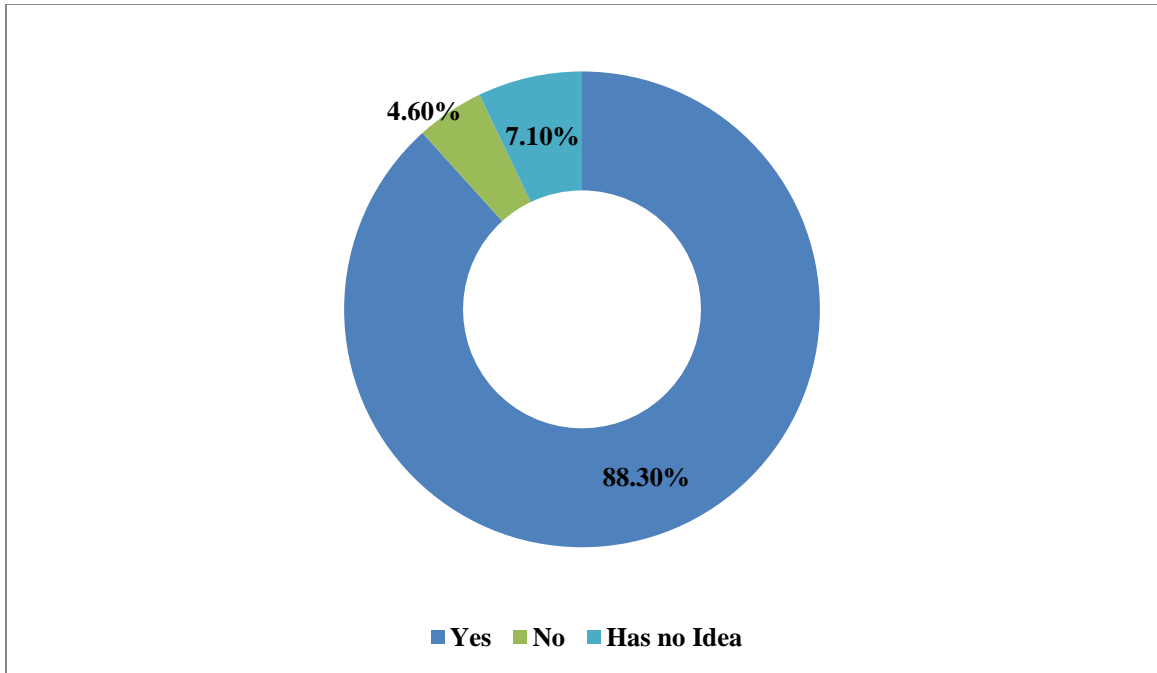
### 3.2 Teachers' knowledge about common changes during puberty among teenagers



**Fig7: Knowledge about common changes during puberty**

The Colum represent teachers' knowledge about common changes occurs during puberty among the teenagers. There are three response categories as like - physical change, mental change and there is no idea. Among them 92% response was about physical change, 79.6% responses were mental change, other 1.5% response were in no idea.

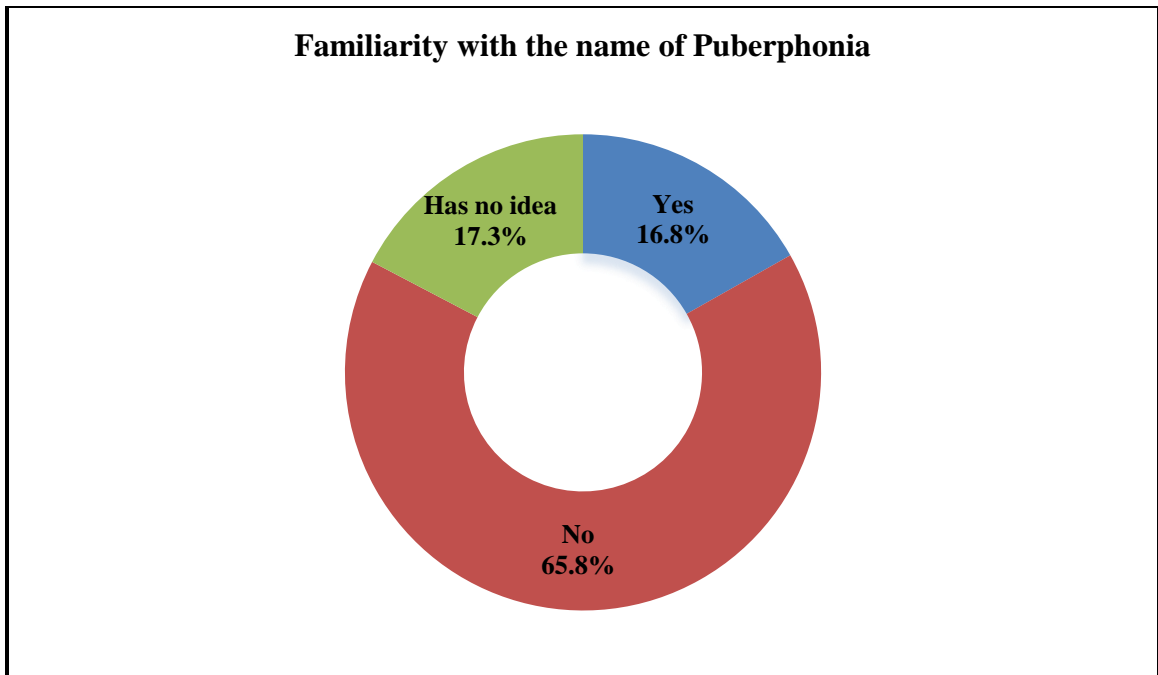
### 3.3 Teachers knowledge about changes of voice at puberty



**Fig 8: Idea about changes of voice at puberty**

The pie chart shows that 88.30% respondents know about the changes of voice at puberty, 4.60% respondents answered no and rest of the respondents 7.10% has no idea about the voice change.

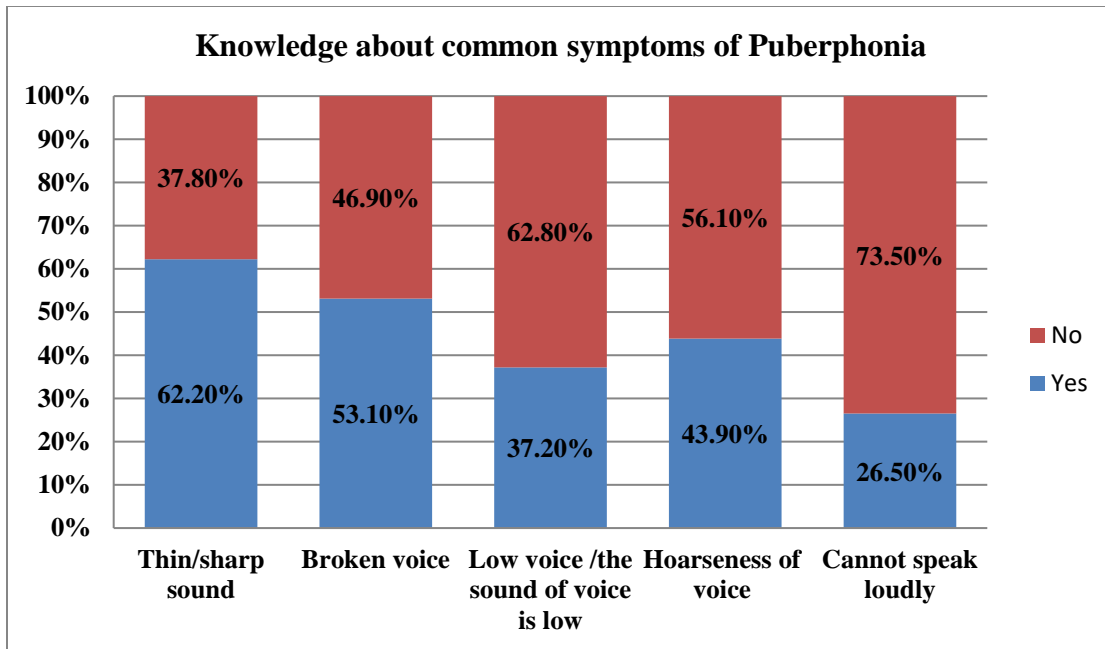
### 3.4 Teachers' familiarity with the term of Puberphonia



**Fig 9: Familiarity with the term of Puberphonia**

The following pie chart represents the total percentage about familiarity with the term of Puberphonia where most of 65.8% (129) the total respondents has no knowledge about Puberphonia. Only 16.85% (33) respondent answered yes and rest of the respondents 17.3% (34) said they had no idea.

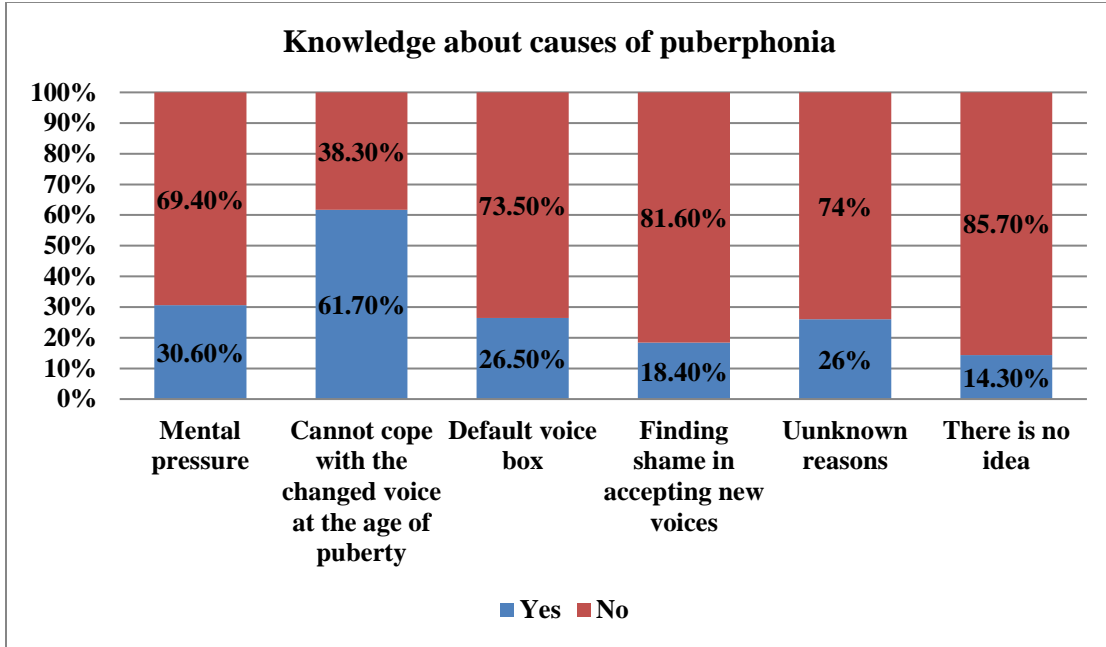
### 3.5 Knowledge about common symptoms of Puberphonia



**Fig 10: Teachers' knowledge about common symptoms of Puberphonia**

The chart shows the response of the respondents about the common symptoms of puberphonic voice. Here 62.2% of the total respondents response about Thin / sharp sound, 53.1% were in broken voice, 43.9% response were about hoarseness voice, 37.2% respondents found low voice and rest of the respondents 26.5% found they cannot speak loudly. Only 1.0% respondents found others characteristics of voice.

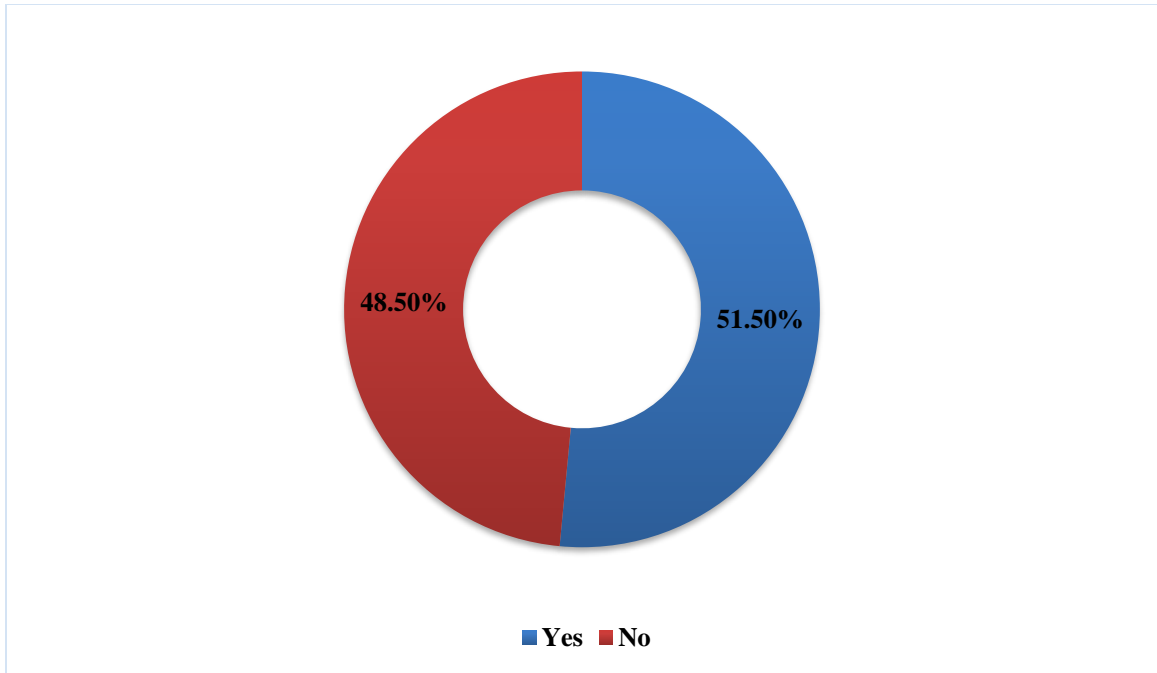
### 3.6 Knowledge about the causes of puberphonia



**Fig 11: Teachers’ knowledge about the causes of puberphonia**

The graph demonstrates the knowledge about the causes of puberphonia. Here vertically represents percentage and horizontally some categories of the causes of puberphonia. From total respondent maximum 61.70% (121) claimed the cause -cannot cope with the changed voice at the age of puberty, 30.60% (60) respondent claimed at mental pressure, 26.50% (52) claimed at default voice box, 18.40% (36) claimed at finding shame in accepting new voices, rest 26% (51) answered in due to unknown cause, 14.30% (28) had no idea .

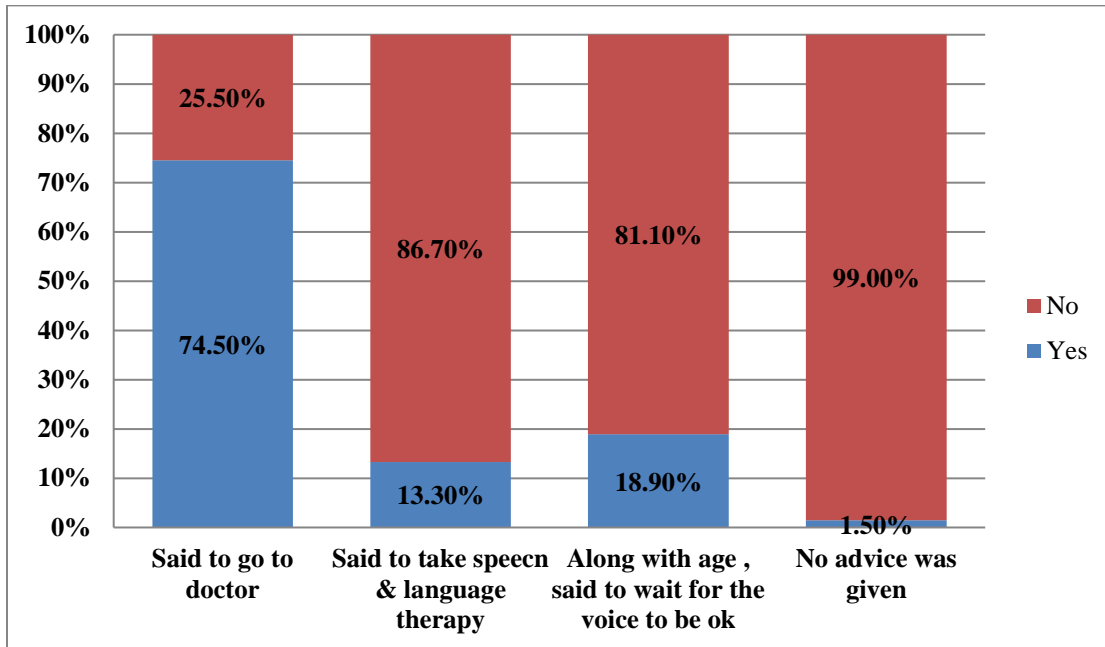
### 3.7 Teachers' knowledge about Speech & Language Therapy



**Fig 12: Knowledge about Speech & Language Therapy**

This chart represents total percentage about the knowledge about Speech & Language Therapy. From the total 51.5% (101) respondents knew about SLT and rest of 48.5% (95) did not know about SLT service.

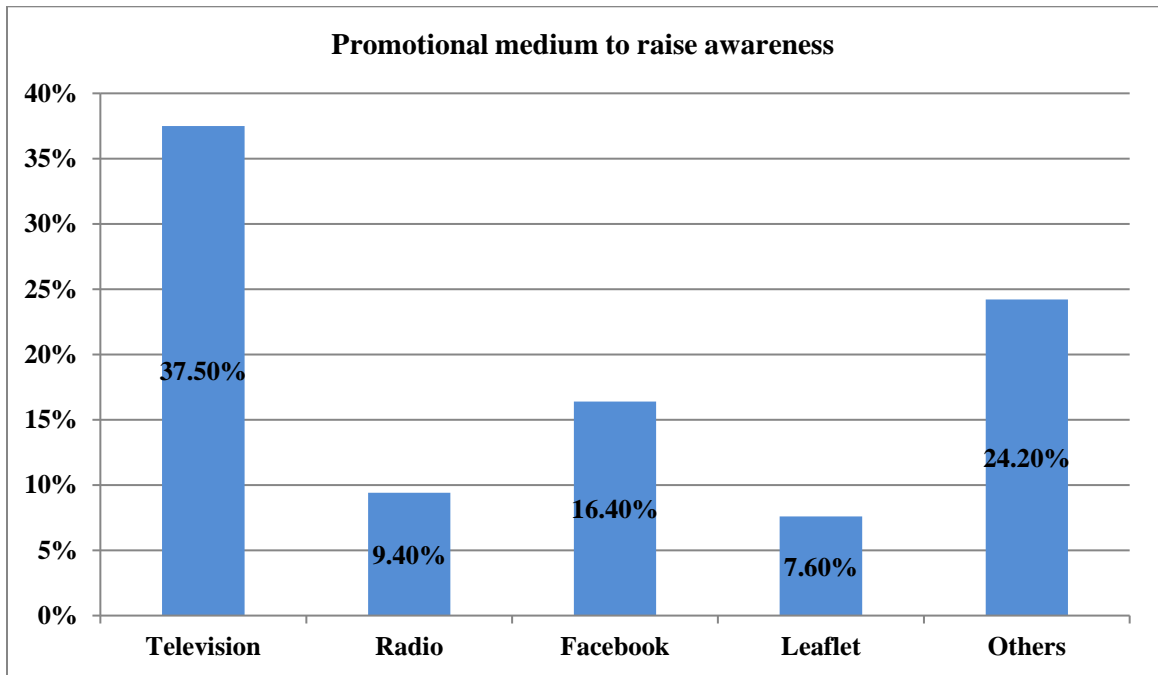
### 3.8 Attitude about giving advice of the respondents to the patient with puberphonia



**Fig13: Attitude about giving advice of the respondents to the patient with puberphonia**

This chart vertically shows percentage and horizontally represents responds of the participants about the advice they had given to the patient with puberphonia. Among total participants 25.50% (50) claimed at said to go to doctor, 13.30% (26) claimed in said to take speech & language therapy, 18.90% (37) answered in along with age, said to wait for the voice to be okay, 1.50%(3) had not given any advice, rest 1% (2) said other things.

### 3.9 Attitude about the recommended tools for raising promotional awareness about puberphonia



**Fig 14: Attitude about the promotional media to raise awareness about puberphonia**

The graph demonstrates Attitude about the promotional media to raise awareness about puberphonia. Here vertically represents percentage and horizontally response category of the participants. Among total respondents maximum 37.50% (144) claimed television can be used as medium of promotion to raise awareness among people. 9.40% (36) radio, 16.40% (63) face-book, 7.60% (29) leaflet, 24.20% (93) gave others opinion.

**3.10 Table 1: Sources of getting information about Speech & Language Therapy service of the respondents**

Sources getting information	Frequencies(n)		Percentage (%)	
	Yes	No	Yes	No
Doctor	53	143	27%	73%
Neighbors/friends/ex-patients	48	148	24.5%	75.5%
Relatives	24	172	12.2%	87.8%
To the researcher	31	165	15.8%	84.2%
Others	2	194	1%	99%

**Table 1: Sources of getting information about Speech & Language Therapy service of the teacher**

This table shows Sources of information of the respondents about Speech & Language Therapy service. From total 27% got information from doctor, other 24.5% respondents got to know about SLT from neighbors / friends / ex-patients.12.2% of the respondents informed by relatives and 15.8% informed by the researcher and 1% by other sources.

**3.11 Table2: Knowledge of the teachers about facing problem of the patient with puberphonia in the society**

Facing problem	Frequencies		Percentage (%)	
	Yes	No	Yes	No
To be deprived of the society	36	160	18.4%	81.6%
Won't able to speak properly in front of people	139	57	70.9%	29.1%
Will feel shy to speak	122	74	62.2%	37.8%
Everyone would make fun of him	96	100	49%	51%
People would think foolish	50	146	25.5%	74.5%
There will be problem in job	57	139	29.1%	70.9%
Failure to establish family relationships	16	180	4.2%	91.8%
Others	7	189	3.65	96.4%

**Table2: Knowledge of the teacher about facing problem in the society of the patient with puberphonia**

This table demonstrate respondents attitude about facing problem in the society. Among total maximum participants 70.9% (139) claimed that won't able to speak properly in front of people, 62.2% (122) claimed at will feel shy to speak, 49% (96) answered at everyone would make fun of him, 29.1% (57) claimed there will be problem in job, 25.5% (50) claimed people would think foolish, 18.4% (36) claimed to be deprived of the society, 4.2% (16) claimed at failure to establish family relationships, 3.65% (7) answered others.



**3.12Table 3: Association between knowledge about the possibility of curing of puberphonia with proper treatment and attitude about giving curative advice to the patient**

		Attitude about giving curative advice to the patient		Total	$\chi^2$	Sig.
		Yes	No			
<b>Knowledge about the possibility of curing of puberphonia with proper treatment</b>	<b>Yes</b>	52	70	122	<b>5.395</b>	<b>.067</b>
	<b>No</b>	3	15	18		
	<b>Has no idea</b>	18	38	56		
<b>Total</b>		<b>73</b>	<b>123</b>	<b>196</b>		

**Table 3: Association between knowledge about the possibility of curing of puberphonia with proper treatment and attitude about giving curative advice to the patient**

Results of chi-square test presented in table 1 indicate that there is no significance ( $X^2 = p > .05$ ) between knowledge about the possibility of curing of puberphonia with proper treatment and attitude about giving curative advice to the patient. Among total participants maximum 62.2% (122) answered it is possible to cure this problem with right treatment. Rest of 9.2% (18) answered no and other 28.6% (56) has no idea about the possibility of right treatment.

This study was mainly focused to explore secondary school teachers and madrasa teachers' knowledge & attitude towards puberphonia. Puberphonia is a functional and sometimes psychogenic voice disorder and it occurred after puberty and teachers of school and madrasa faced children with this communication difficulties. There were 196 participants attended the study from them 53.6% were male and rest 46.4% were female. From the Annual Education Survey 2015, it was found that 25.38% were female of the total secondary school teacher and the number of male teacher are more than female teacher. (Bangladesh education Statistics, 2016). In this study there were not so much difference between male and female teachers' ratio.

Now in Bangladesh tendency of receiving higher education is increasing day by day. From this study the maximum respondents 52.60% were Masters/ M.Ed/ kamil pass, 35.70% Hons/B.Ed/ Fazil pass and the lowest number of respondents 11.70% were H.S.C/ Alim pass. According to International Bureau of Education of UNESCO (2006) there was an estimate that in Bangladesh, higher education enrolment per 100,000 inhabitants increased from 272 in 1980 to 382 in 1990. Recently in Bangladesh maximum teachers are higher educated and they are concern about educational qualification. There was similarity of this study's findings about educational qualification of the respondents and current situation of higher educational status.

Teaching is most respectful profession and maximum people are involved with this profession. The maximum numbers of respondents (40.80%) experience were in between 3 to 7 years. Rest most of respondents (34.70%) experience were more than seven years and the lowest number said they had between 1 to 3 years teaching experience. In this study from total number of institute maximum 44.90% were secondary school, 34.20% dakhil madrasa, 16.30% hafizia madrasa. According to Ministry of Education, (2004) the number of secondary school are 16,562, 5536 are madrasa. But the number of schools including madrasa is increasing day by day with proportionate to the students. Location of maximum of the school or madrasa 38.3% were in semi-urban area and

32.1% in urban area. Because most of the data were collected from the school or madasha, they were situated in urban and semi-urban site. And rest of 29.6% was situated in rural area.

Here most of the institutes were non-government 70.45%, 20.4% were semi-governmental institute and other 9.2% were governmental institute. In a study of International Bureau of Education of UNESCO (2006) stated that there are two major types government and non-government secondary school including dakhil madrasa, 98% Of these institution owned and managed by private sector. But these institutions are private only in name and 90% of salaries, wages and other resources provided by the government.

A study found that major physical changes occur during puberty (Wheeler, 2018). In this study, maximum participants 92.3% opinions were about physical changes occurred during puberty. 79.6% of the total respondent's opinion was about mental change occurred at puberty. The lowest number 2% said they had no idea about pubertal change among teenagers. In another study it is said that mental changes also important at time of puberty (Vijaykumar, Op de Macks, Shirtcliff, Pfeifer, 2018). So there were similarities of this finding with these above two studies.

Among total the maximum participants of the study 88.30% claimed that voice change occurred during puberty. A small number 4.60% participant's opinion was no on voice change. At the time of puberty voice break is a sudden and involuntary change in the pitch and quality (Mathieson, 2001). Voice change is most common at puberty and most of the respondents claimed this yes. Both boys and girls voice is changed during puberty. From another study it found that voice change has a number of attractive features as a marker of male pubertal timing (Hodges- Simeon, Gurven, Cardenas & Gaulin, 2013). This study's finding also strongly claimed voice change occurred during puberty of the teenagers.

In this study maximum of the respondent did not know 65.8% about the name of puberphonia. Only 16.85% respondent answered yes and rest of the respondents 17.3% said they had no idea about the familiarity with the name of puberphonia. Most of the

people knew about voice difficulties but they did not aware that this condition has a name as Puberphonia. Puberphonia is a very uncommon name for most of the people. Most people know that it is a voice difficulty but they did not know its name is puberphonia. In this study maximum respondents answered no on the familiarity of the name of puberphonia and it is a major finding for this study.

The respondents answered about common symptoms of puberphonia maximum 62.2% found thin or sharp sound of puberphonic patient. In a study of Mathieson, (2001) claimed that pitch of the voice is too high of the patient that's why thin or sharp voice characteristic is most common. 53.1% found broken voice, 43.9% respondents found hoarse voice, 37.2% respondents found low voice of the puberphonic patient; 26.5% found patient cannot speak loudly. From a study conducted by Desai & Mishra (2012) stated that the most common symptoms of puberphonia are including pitch break, broken voice, hoarse voice and also difficulty in vocal projection. In this study most of the respondents claimed nearly symptoms of puberphonia. Most of the findings of the common symptoms of the puberphonia are similar with above study.

From total respondent maximum 61.70% claimed that puberphonic patient cannot cope with the changed voice at the age of puberty. Mathieson, (2001) stated that patients remain more self-conscious about their changing voice at puberty that's why they cannot adjust with their changing voice and get back their pre-pubertal voice. 30.60% respondent claimed mental pressure causing puberphonia. As puberphonia has both organic and psychological causes, mental pressure is psychological cause. In a study Karthikeyan & Balasubramanian, (2012) suggested that most of the puberphonic patient remain psychologically disturbed and they need psychological counseling for improving quality of life. 26.50% claimed default voice box, 18.40% claimed at finding shame in accepting new voices, rest 26% answered in due to unknown cause, 14.30% had no idea. The most common causes of puberphonia are as increased laryngeal muscle tension causing laryngeal elevation, default voice box, embarrassment of the newly achieved vocal pitch, failure to accept the new voice, social immaturity, etc (Desai & Mishra, 2012; Mathieson, 2001). In this study maximum respondent's knowledge about the causes of puberphonia are similar with the above cause.

From the total 51.5% respondents knew about SLT and rest of 48.5% did not know about SLT service. Speech and language therapy is a allied health profession for the people who have communication and swallowing difficulties. They also assess the nature of problem and provide treatment, advice and support. They also work closely with families, carers and members of other professions including doctors, physiotherapists and teachers. In this study half of the total respondents know about Speech and language therapy.

In this study 25.50% respondents claimed they said to go to doctor to the patient with puberphonia. Most of the people refer to go to doctor for any physical and mental health related difficulties that are why it is common and available advice by the people. 13.30% claimed they said to take speech& language therapy. Maximum people did not know about rehabilitation professions and SLT is a part of this professions. 18.90% respondents answered in along with age, said to wait for the voice to be okay. Most of the people believe that voice change during puberty is not permanent; it will be ok after sometime that's why they said to wait. 1.50% had not given any advice. Maximum people did not know that there is any curative treatment for puberphonia and for that they failed to give any advice to the patient with puberphonia.

Among total respondents maximum 37.50% claimed television can be used as medium of promotion to raise awareness among people. As television is the most popular media to all people with any age. 9.40% claimed radio would use as promotional media. 16.40% claimed to use face-book and in recent era it is the most useable media to all people around the world. Other 7.60% said leaflet can be used for raise awareness among people about puberphonia. 24.20% respondents claimed there would use different media for raising awareness. Now all social media are using as publishing any information, from them television, face-book are most popular media.

Among total 27% got information from doctor. Doctors are directly a member of any rehabilitation team. Most of the doctors know about SLT profession and their service that's why sometimes they referred patient to SLT. 24.5% respondents got to know about SLT from neighbors or friends or ex-patients. Sometimes people who suffered from same difficulties can give referral information for this similar problem. 12.2% of the respondents informed by relatives and 15.8% informed by the researcher. As speech and

language therapy is a new and rehabilitation profession, everyone does not know about this profession properly. But recently this profession is getting popularity day by day. In this study respondents claimed that they got to know about this profession from different people.

Among total maximum participants 70.9% claimed that won't able to speak properly in front of people and it is common problem for the patient with puberphonia. Because these patients think people do not accept them cordially. 62.2% respondents attitude was that patient with puberphonia would feel shy to speak. Maximum patient get embracement to speak in front of people. 49% respondents answered yes at everyone would make fun of him. In the society 29.1% claimed there will be problem in job, 25.5% claimed people would think foolish, 18.4% claimed to be deprived of the society, 4.2% claimed at failure to establish family relationships, 3.65% answered others.

Among total participants maximum 62.2% answered it is possible to cure this problem with right treatment. Rest of 9.2% answered no and other 28.6% had no idea about the possibility of right treatment. Generally there is a relationship between knowledge of the possibility of curing puberphonia with attitude about curative advice. If people know that it is curable then they will give curative advice to the patient. In this study maximum respondents know puberphonia is curable with proper treatment but maximum respondents did not give advice. That's why there is no significance ( $p > .05$ ) between knowledge of possibility to cure this problem with the right treatment and given curative advice to the patient for this kind of voice problem.

### **5.1 Limitation**

There are a number of limitations of the study that should be considered. There were some situational limitation and barriers while considering the results of study in different aspects. Those are following below-

- 196 participants were selected to conduct the whole study for short period of time. It was a small number of participants to conduct a survey to find out the exact knowledge and attitude towards puberphonia from the school and madrasha teachers.
- The investigator only questioned a small number of subjects that was small to generalize the results.
- Due to lack of number of participants, the external validity of the study reduced.
- The study was conducted only 2 setting in Dhaka. The data cannot therefore be generalized for practice of documentations by all Speech and Language Therapy in Bangladesh.
- Time and resources were limited that have a great deal of impact of the study.

### **5.2 Recommendation**

This is the first primary study on secondary school teacher and madrasha teachers' knowledge & attitude towards puberphonia: a survey study in Bangladesh. So there were some limitations and barriers during conducting the study. This are-

- The study was done within a short period of time and only 196 participants were selected to conduct the whole study. It was a small number of participants to conduct a survey to explore secondary school teacher and madrasha teachers'

knowledge and attitude towards puberphonia lack of a number of the participants. So the external validity of the study decreased and further study can be conducted with a wide range and large participant size.

- Convenience sampling was used to select participants and study place. So further study can be conducted by simple random sampling.
- Including Speech therapy services in different organization where working in this area for their program for delivering a voice management treatment services, also include the SLT service in health care service delivery system in Bangladesh.

Further research should investigate-

- Experimental research on this topic.
- Social barriers faced by the patient with puberphonia.

Investigation result of the current study demonstrated that teachers generally had a medium knowledge about puberphonia indirectly and their attitude also positive and enough good. Findings of the demographic part of the study suggested that teachers had lack of training and education and knowledge. In response of the attitudinal statements which were related to nature of advice giving, suggestion for students were medium good. Teachers were concern about their role but they had lack of knowledge greatly about the proper strategy that they would need to give. There is lack of knowledge about the treatment of puberphonia among the teacher and for that they failed give proper suggestion of the students. This can be due to lack of knowledge or training. Teachers were likely to help children with puberphonia best but because of lack of knowledge or absence of raining. Teachers recognized that they had significant role in the management and helping the children with puberphonia. Teachers thought that children with puberphonia are equally capable like children without puberphonia.

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## Annexure-1 (A)

### Questionnaire

**Title: Secondary school teacher and Madrasha teachers' knowledge & attitude towards puberphonia : a survey study.**

<b>Socio-Demographic Information</b>			
S.N	Questions	Coding Category	Code
1.1	Gender	1= Male 2= Female	<input type="checkbox"/>
1.2	Educational Qualification	1= HSC 2= Hons/ B.Ed 3= Masters/ M.Ed 4= Others	<input type="checkbox"/>
1.3	Teaching Experience	1= 1-< 3 years 2= 3- <7 years 3= more than 7> years 3= Others	<input type="checkbox"/>
1.4	Educational level	1= Secondary School 2= Alia Madrasa 3= Hafizia Madrasa 4= Others	<input type="checkbox"/>
1.5	Area of School/ Madrasha	1= Urban 2= Rural 3= Semi- urban	<input type="checkbox"/>
1.6	Types of school/ Madrasha	1= Governmental 2= Semi-government 3= Non-governmental	<input type="checkbox"/>
<b>Knowledge Based Questions</b>			
S.N	Questions	Coding Category	Code
2.1	Do you know about the puberty of boys and girls?	1= Yes 2= No 3= Has no idea	<input type="checkbox"/>
2.2	When do you think the puberty begins?	1= 1-8 years 2= 9-14 years 3= 15 years next 4= Others.....	<input type="checkbox"/>
2.3	What kind of changes do you think occur at puberty of the children?	1= Physical changes 2= Mental change 3= There is no idea 4= Others.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multiple answers are acceptable

2.4	At that time, do you think that the change in the voice of the boys and girls?	1= Yes 2= No 3= Has no idea	<input type="checkbox"/>
2.5	Have you ever heard the boys speak the feminine voice and / or the girls' voice like little kids?	1= Yes 2= No 3= Has no idea ** If yes, answer questions no. 2.5	<input type="checkbox"/>
2.6	What are the sound of their voices /characteristics of voice?	1= Thin / sharp sound 2= Broken voice 3= Harsh voice 4= Low voice / The sound of voice is low 5= Cannot speak loudly 6= Other: .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multiple answers are acceptable
2.7	Do you think it is a disease?	1= Yes 2= No 3= Has no idea 4= Others	<input type="checkbox"/>
2.8	In your opinion, this distorted voice may be due to which reason?	1= Mental pressure 2= Cannot cope with the changed voice at the age of puberty 3= Default voice box 4= Finding shame in accepting new voices 5= Unknown reasons 6=There is no idea 7= Other: .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multiple answers are acceptable
2.9	Do you know or knew that this type of voice difficulties has a name called "Puberphonia"?	1= Yes 2= No 3= Has no idea 4= Others	<input type="checkbox"/>
2.10	Do you think this problem permanently changes the voice?	1= Yes 2= No 3= Has no idea 4= Others.....	<input type="checkbox"/>
2.11	Do you know about speech & language therapy?	1= Yes 2= No ** If yes, answer questions no. 2.12	<input type="checkbox"/>
2.12	Where did you learn about speech and language	1= Doctor 2= Neighbors /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	therapy	friends / ex-patients 3= Relatives  4= To the researcher 5= Others: .....	Multiple answers are acceptable						
<b>Attitude based Questions</b>									
3.1	Do you think it is possible to cure this problem with the right treatment?	1= Yes 2= No 3= Has no idea 4= Others	<input type="checkbox"/>						
3.2	What are the surroundings problems you seen faced by the patient of this type of distorted voice?	1= ..... 2= ..... 3= ..... **Enter the key word in 2-3 words	Coding will be done later						
3.3	Have you ever given any curative advice to the patient for this kind of voice problem?	1= Yes 2= No 3= Has no idea ** If yes, answer questions no. 3.4	<input type="checkbox"/>						
3.4	What kind of advice did you give to the patient?	1= Said to go to the doctor 2= Said to take Speech and language therapy 3= Along with age, said to wait for the voice to be okay 4= No advice was given 5= Other: .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Multiple answers are acceptable						
3.5	If a person has this type of distorted voice, what are the problems he/ she will face in the society, do you think?	1= To be deprived from the society 2= Won't able to speak properly in front of people 3= Will feel shy to speak 4= Everyone would make fun of him 5= People would think foolish	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Multiple answers are acceptable						

		6= There will be problems in job 7= Failure to establish family relationships 8= Other s.....					
<b>Overall consideration</b>							
4.1	Do you think there is need to increase awareness among people about puberphonia or distorted voice problem?	1= Yes 2= No 3= Has no idea 4= Others.....	<input type="checkbox"/>				
4.2	How do you think human awareness can be increased?	1= Through posters 2= Organizing healthcare camp 3= There is no idea 4= Others: .....	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table> <p>Multiple answers are acceptable</p>				
4.3	What media can be used as a medium of promotion to raise awareness?	1= ..... 2= ..... 3= ..... **Enter the key word in 2-3 words	Coding will be done later				

Participant's Signature:	Date:
Researcher's signature:	Date:
Witness's signature:	Date:

## Annexure-1 (B)

### প্রশ্নপত্র

শিরোনামঃ পিউবার্ফোনিয়া সম্পর্কে মাধ্যমিক স্কুল শিক্ষক এবং মাদ্রাসা শিক্ষকদের ধারণা এবং আচরণঃ একটি জরিপ গবেষণা।

ডাটা কোডঃ

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মৌলিকএবং ডেমোগ্রাফিক তথ্যসমূহ			
ক্রমিকনং	প্রশ্নাবলী	সম্ভাব্য উত্তরসমূহ	প্রদত্ত উত্তর
১.১	লিঙ্গ	১। পুরুষ ২। মহিলা	<input type="checkbox"/>
১.২	শিক্ষাগত যোগ্যতা	১। এইচএসসি ২। অনার্স/বিএড ৩। মাস্টার্স/এম.এড ৪। অন্যান্যঃ.....	<input type="checkbox"/>
১.৩	অভিজ্ঞতা	১। ১ - <৩ বছর ২। ৩- <৭ বছর ৩। ৭>বছরের অধিক ৪। অন্যান্যঃ.....	<input type="checkbox"/>
১.৪	শিক্ষকতার স্তর	১। মাধ্যমিক বিদ্যালয় ২। আলিয়া মাদ্রাসা ৩। হাফিজিয়া মাদ্রাসা ৪। অন্যান্যঃ.....	<input type="checkbox"/>
১.৫	এলাকা / স্কুলের অবস্থান	১। শহর ২। গ্রাম ৩। উপশহর	<input type="checkbox"/>
১.৬	স্কুলের ধরন	১। সরকারী ২। আধা-সরকারী ৩। বেসরকারী	<input type="checkbox"/>
ধারণাভিত্তিকপ্রশ্নসমূহ			
ক্রমিকনং	প্রশ্নাবলী	সম্ভাব্য উত্তরসমূহ	প্রদত্ত উত্তর
২.১	আপনিকি ছেলে- মেয়েদের বয়ঃসন্ধিকাল সম্পর্কে জানেন ?	১। হ্যাঁ ২। না ৩। কোন ধারণা নেই	<input type="checkbox"/>
২.২	বয়ঃসন্ধিকাল কখন শুরু হয় বলে আপনি মনে করেন?	১। ১-৮বছর ২। ৯-১৪বছর ৩। ১৫বছর- পরবর্তী ৪। অন্যান্যঃ.....	<input type="checkbox"/>

২.৩	বয়ঃসন্ধিকালে ছেলে-মেয়েদের কি কি ধরনের পরিবর্তন দেখা দেয় বলে আপনি মনে করেন?	১। শারীরিক/দৈহিক পরিবর্তন ২। মানসিক পরিবর্তন ৩। কোন ধারণা নেই ৪। অন্যান্যঃ.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> একাধিক উত্তর গ্রহণযোগ্য
২.৪	এই সময়ে কি ছেলে মেয়েদের কণ্ঠস্বরের পরিবর্তন হয় বলে আপনি মনে করেন?	১। হ্যাঁ ২। না ৩। কোন ধারণা নেই	<input type="checkbox"/>
২.৫	আপনি কি কখনও ছেলেদের কে মেয়েলী কণ্ঠ এবং/ অথবা মেয়েদের কে ছোট বাচ্চাদের মত কণ্ঠে কথা বলতে শুনেছেন?	১। হ্যাঁ ২। না ৩। কোন ধারণা নেই **যদি হ্যাঁ হয় তাহলে ২.৬ নং প্রশ্নের উত্তর দিন	<input type="checkbox"/>
২.৬	তাদের কণ্ঠস্বর শুনতে কেমন হয়/কণ্ঠস্বরের বৈশিষ্ট্য কেমন?	১। চিকন/তীক্ষ্ণ স্বর ২। ভাঙ্গা কণ্ঠস্বর ৩। ফ্যাস ফ্যাসে কণ্ঠস্বর ৪। নিচু স্বর/ কণ্ঠস্বর এর আওয়াজ কম ৫। উচ্চস্বরে কথাবলতেপারেনা ৬। অন্যান্যঃ.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> একাধিকউত্তর গ্রহণযোগ্য
২.৭	আপনার কাছে কি মনে হয়এটা কি কোন রোগ ?	১। হ্যাঁ ২। না ৩। কোন ধারণা নেই ৪। অন্যান্যঃ..... .....	<input type="checkbox"/>
২.৮	আপনার মতে এই বিকৃত কণ্ঠস্বরের সমস্যা কোন কোন কারণে হতে পারে ?	১। মানসিক চাপ ২। বয়ঃসন্ধিকালের পরিবর্তিত কণ্ঠস্বরের সাথে মানিয়ে নিতে না পারা ৩। বিকলাঙ্গ বাকযন্ত্র ৪। নতুন কণ্ঠস্বর মেনে নিতে লজ্জা পাওয়া ৫। অজানা কারণে হয় ৬। কোন ধারণা নেই ৭। অন্যান্যঃ..... .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> একাধিকউত্তরগ্রহণে যোগ্য
২.৯	এই ধরনের কণ্ঠস্বর জনিত সমস্যার একটি নাম আছে“পিউবারফোনিয়া”আপনি কি তা জানেন বা জানতেন?	১। হ্যাঁ ২। না ৩। কোন ধারণা নেই ৪। অন্যান্যঃ..... .....	<input type="checkbox"/>

২.১০	আপনি কি মনে করেন এই সমস্যাটি কণ্ঠস্বরের স্থায়ীভাবে পরিবর্তন ঘটায়?	১। হ্যাঁ ২। না ৩। কোনধারণা নেই ৪। অন্যান্যঃ..... .....	<input type="checkbox"/>
২.১১	আপনিকি স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি সম্পর্কে জানেন?	১। হ্যাঁ ২। না ** যদি হ্যাঁ হয় তাহলে ২.১২ প্রশ্নের উত্তর দিন	<input type="checkbox"/>
২.১২	আপনি স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি সম্পর্কে কোথায় থেকে জানতে পেরেছেন?	১। ডাক্তার ২। প্রতিবেশী/ বন্ধু/ সাবেক রোগী ৩। আত্মীয় ৪। গবেষকের কাছে ৫। অন্যান্যঃ..... .....	<input type="checkbox"/> একাধিক উত্তর গ্রহণযোগ্য
<b>আচরনভিত্তিক প্রশ্নাবলি</b>			
৩.১	আপনি কি মনে করেন সঠিক চিকিৎসার মাধ্যমে এই সমস্যা নিরাময় করা সম্ভব?	১। হ্যাঁ ২। না ৩। কোনধারণা নেই ৪। অন্যান্যঃ..... .	<input type="checkbox"/>
৩.২	এই ধরনের বিকৃত কণ্ঠস্বরে আক্রান্ত রোগীদের পারিষ্কার কি কি সমস্যায় পড়তে দেখেছেন?	১। ..... ২। ..... ৩। ..... ** মূল কথাটি ২-৩ শব্দে লিখুন	কোডিং পরবর্তীতে করা হবে?
৩.৩	এই ধরনের কণ্ঠস্বরের সমস্যা আরোজের নিমিত্তে আপনি কি রোগীকে কখনো কোন উপদেশ দিয়েছেন?	১। হ্যাঁ ২। না ** যদি হ্যাঁ হয় তাহলে ৩.৪ নং প্রশ্নের উত্তর দিন	<input type="checkbox"/>
৩.৪	আপনি রোগীকে কি ধরনের উপদেশ দিয়েছেন?	১। ডাক্তারের কাছে যেতে বলেছি ২। স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি নিতে বলেছি ৩। বয়সের সাথে সাথে কণ্ঠস্বর ঠিক হয়ে যাবে বলে অপেক্ষা করতে বলেছি ৪। কোন উপদেশই দেওয়া হয়নি ৫। অন্যান্য ..... .....	<input type="checkbox"/> একাধিক উত্তর গ্রহণযোগ্য
৩.৫	এই ধরনের কণ্ঠস্বর থাকলে সমাজে একজন মানুষের কি কি সমস্যা হতে পাও বলে আপনি মনে করেন?	১। সমাজ থেকে বঞ্চিত হবে ২। মানুষের সামনে ঠিক মত কথা বলতে পারবেনা ৩। কথা বলতে লজ্জা পাবে ৪। সবাই তাকে নিয়ে হাসিঠাট্টা করবে ৫। মানুষ তাকে বোকা ভাবে ৬। চাকুরিতে সমস্যা হবে	<input type="checkbox"/> একাধিক উত্তর গ্রহণযোগ্য

		<p>৭। পারিবারিক সম্পর্ক স্থাপনে ব্যর্থ হবে</p> <p>৮। অন্যান্য .....</p>	
<b>সার্বিক বিবেচনা</b>			
৪.১	আপনার কি মনে হয় পিউবারফেনিয়া বা কঠোরতার বিকৃতি সমস্যা রোগ সম্বন্ধে মানুষের সচেতনতা বাড়ানো প্রয়োজন ?	<p>১। হ্যাঁ</p> <p>২। না</p> <p>৩। কোন ধারণা নেই</p> <p>৪। অন্যান্য .....</p>	<input type="checkbox"/>
৪.২	কিভাবে মানুষের সচেতনতা বাড়ানো যায় বলে আপনি মনে করেন?	<p>১। পোস্টারিং এর মাধ্যমে</p> <p>২। স্বাস্থ্য ক্যাম্প আয়োজনের মাধ্যমে</p> <p>৩। কোন ধারণা নেই</p> <p>৪। অন্যান্য .....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> একাধিক উত্তর গ্রহণযোগ্য
৪.৩	সচেতনতা বাড়ানোর জন্যে প্রচারনার মাধ্যম হিসেবে কি মাধ্যম ব্যবহার করা যেতে পারে?	<p>১। .....</p> <p>২। .....</p> <p>...</p> <p>৩। .....</p> <p>...</p> <p>** মূল কথাটি ২-৩ শব্দে লিখুন</p>	কোডিং পরবর্তীতে করা হবে?
অংশগ্রহণকারীর স্বাক্ষর :		তারিখঃ	
গবেষকের স্বাক্ষর :		তারিখঃ	
স্বাক্ষীর স্বাক্ষর :		তারিখঃ	

## Annexure-2

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### Result (Chi-Square Tests)

**Association between Do you think it is possible to cure this problem with the right treatment and have you ever given any curative advice to the patient for this kind of voice problem?**

#### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi Square	5.395 <sup>a</sup>	2	.067
Likelihood Ratio	5.804	2	.055
N of Valid Cases	196		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.70.

## Annexure- 3(A)



উপজেলা সবার  
সেবা- ঢাকা।  
৪/২২/১৮  
BANGLADESH HEALTH  
PROFESSIONS INSTITUTE

**বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)**  
**BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)**  
(The Academic Institute of CRP)  
CRP-Chapaln, Savar, Dhaka, Tel: 7745464-5, 7741404, Fax: 7743069  
BHP3-Mirpur Campus, Plot-A/5, Block-A, Section-14, Mirpur, Dhaka-1206, Tel: 8020178, 8053662-3, Fax: 8053661

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সিআরপি-বিএইচপিআই/১০/১৮/৬৯

তারিখ : ২১.১০.২০১৮

প্রতি  
উপজেলা মাধ্যমিক শিক্ষা অফিসার  
উপজেলা মাধ্যমিক অফিস  
সভার, ঢাকা।

বিষয় : রিসার্চ প্রজেক্ট এর জন্য আপনার প্রতিষ্ঠান সফর ও তথ্য সংগ্রহ প্রসঙ্গে।

জনাব,  
আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্স পরিচালনা করে আসছে।  
উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।  
বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্সের ছাত্রী ফাতেমা আক্তার তার রিসার্চ সংক্রান্ত কাজের তথ্য সংগ্রহের জন্য আগামী ২২.১০.২০১৮ তারিখ থেকে ৩১.১২.২০১৮ তারিখ পর্যন্ত আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।  
তার রিসার্চের বিষয় হলো- **“Secondary School Teacher and Madrasha Teacher’s knowledge & attitude towards puberphonia: A survery study.”**  
তাই তাকে আপনার প্রতিষ্ঠান সফর এবং প্রয়োজনীয় তথ্য প্রদান সহ সার্বিক সহযোগিতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

  
১১/১১/২০১৮  
মোঃ সাক্বাদ হোসেন  
বিভাগীয় প্রধান  
এসএলটি, বিএইচপিআই।



## Annexure- 3(B)



বাংলাদেশ হেল্থ প্রফেশন ইনস্টিটিউট (বিএইচপিআই)  
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)  
(The Academic Institute of CRP)  
CRP-Chapin, Sovar, Dhaka. Tel: 7745864-5, 7741401, Fax: 7749069  
BHPI-Magar Campus, Pk-A-5, Block-A, Section-14, Magar, Dhaka-1206. Tel: 802078205/8623. Fax: 8020781

সিআরপি-বিএইচপিআই/১০/১৮/৬৯

তারিখঃ ২১.১০.২০১৮

উপজেলা মাধ্যমিক শিক্ষা অফিসের অফিস  
কেন্দ্রীগঞ্জ, ঢাকা।

নাম প্রাপ্তি না.....  
তারিখঃ ০৪/১০/১৮

প্রতি  
উপজেলা মাধ্যমিক শিক্ষা অফিসের  
উপজেলা মাধ্যমিক অফিস  
কেন্দ্রীগঞ্জ, ঢাকা।

সিআরপি-বিএইচপিআই (সিআই)  
সহকারী সচিব (সিআই)  
কেন্দ্রীগঞ্জ সচিবালয়  
০৪.১০.২০১৮

বিষয়ঃ রিসার্চ প্রজেক্ট এর জন্য আপনার প্রতিষ্ঠান সফর ও তথ্য সংগ্রহ প্রসঙ্গে।

জ্ঞানাব,

আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পঞ্চদশাবস্থার পুনর্বাসন কেন্দ্র-সিআরপির শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেল্থ প্রফেশন ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুষঙ্গিক বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।

বিএইচপিআই'র প্রথম বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্সের ছাত্রী ফাতেমা আক্তার তার রিসার্চ পত্রসমূহ জিজ্ঞের তথ্য সংগ্রহের জন্য আশামী ২২.১০.২০১৮ তারিখ থেকে ৩১.১২.২০১৮ তারিখ পর্যন্ত আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।

অত্র রিসার্চের বিষয় হলো- "Secondary School Teacher and Madrasah Teacher's knowledge & attitude towards puberphonia: A survey study."

তাই তাকে আপনার প্রতিষ্ঠান সফর এবং এগোয়াকর্ষ তথ্য প্রদান সহ সার্বিক সহযোগিতা প্রদানের জন্য অনুরোধ করা হি।

ধন্যবাদান্তে

*Said*

মোঃ সাঈদ হোসেন  
বিস্তারিত প্রধান  
এসএলটি, বিএইচপিআই।



## Annexure- 4(A)

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### Consent Form

Assalamualikum/ Namashkar, my name is Fatema Akter. This study is a part of Speech and language therapy and the researcher is a 4th year student of Bangladesh Health Professions Institute (BHPI) which is affiliated under University of Dhaka. The title of her research “**Secondary school teacher and Madrasha teachers’ knowledge & attitude towards puberphonia: a survey study.**”

In this study I am..... a participant or sample and I have been clearly informed about the purpose of the study. I am willingly participating in this study. I will have the right to withdraw from this study at any stage and I am not bounded to answer to anyone to get me out of the study at any time. This study will not cause any benefit or impact on participate work at present and future.

I have been also inform that, investigator will keep all information confidential and personal identity such as participates name & address will not be published anywhere of the study. The research will be available to answer any study related question to participate. I have been informed about the above- mentioned information and I agree to participate willingly giving my consent.

Signature of the study Participate:	Date:
Signature of the Researcher:	Date:
Signature of the witness:	Date:

## Annexure- 4 (B)

### সম্মতিপত্র

আসসালামুআলাইকুম/নমশকার, আমার নাম ফাতেমা আক্তার । এই গবেষণা স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগের অধ্যয়নের একটি অংশ এবং গবেষক ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষধ কতৃক অনুমদিত বাংলাদেশ হেলথ প্রফেশনস ইন্সটিটিউটের বি এস সি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগের ৪র্থ বর্ষেও অধ্যয়নরত একজন ছাত্রী এবং তার গবেষণার বিষয় “ Secondary school teacher and Madrasha teacher’s knowledge & attitude towards puberphonia: a survey study.”

এই গবেষণার আমি -----একজন অংশগ্রহণকারী এবং আমি এই গবেষণার উদ্দেশ্য পরিষ্কার ভাবে জানতে পেরেছি। আমি যে কোন সময় এবং গবেষণার যে কোন পর্যায়ে আমার অংশ গ্রহণ প্রত্যাহার করতে পারি । এই জন্য আমি কারো কাছে জবাবদিহি করতে বাধ্য থাকব না । আমি অবগত হয়েছি যে, এই গবেষণায় অংশ গ্রহণ করার ফলে বর্তমান ও ভবিষ্যতে আমার ও অংশ গ্রহণকারীদের কোন প্রকার প্রভাব ফেলবে না ।

এই গবেষণার সাক্ষাতকারের সকল তথ্য যেগুলো গবেষণার কাজে ব্যবহৃত হবে, সেগুলো সম্পূর্ণভাবে গোপনীয় থাকবে । শুধু মাত্র গবেষক এ তথ্য সমূহের প্রবেশাধিকার পাবে । গবেষকের নাম, পরিচয় ছাপা হবে না । আমি গবেষণার পদ্ধতি এবং জটিলতা অথবা সুফলের ব্যাপারে বা গবেষণাসংক্রান্ত যেকোনো প্রশ্নের উত্তর দানের জন্য এ গবেষণার তত্ত্বাবধায়কের সহিত আলোচনা করতে পারব । আমি উপরোক্ত সকল তথ্য গুলো সম্পর্কে জানি এবং আমি এই গবেষণায় অংশ গ্রহণে সম্মতি জ্ঞাপন করছি ।

অংশগ্রহণকারীর স্বাক্ষর:	তারিখ:
গবেষকের স্বাক্ষর:	তারিখ:
স্বাক্ষীর স্বাক্ষর :	তারিখ: