

Comparison of Vocal Hygiene Awareness among Ustad and Khatib

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Abstract: *Voice plays an important role in human communication. Voice is created when air from the lungs flows through the vocal folds in the larynx (voice box) causing the vocal folds to vibrate. The ability to talk normally is impacted by voice abnormalities. Vocal abuse occurs when the vocal cords are strained or damaged. Abuse of the voice includes excessive talking, yelling, clearing the throats frequently. Vocal hygiene refers to practices that help to maintain a healthy, powerful voice over the course of the life. This study contributes to our understanding the vocal hygiene awareness between Ustad and Khatib. In order to thoroughly assess the awareness of the vocal hygiene, the study used questionnaires consist of 25 closed set questionnaires administered on Ustad and Khatib. According to the statistical analysis, Khatib had a stronger awareness of vocal hygiene than Ustad. Both have minimal level of awareness about vocal hygiene and they need to be educated.*

Keywords: Vocal hygiene awareness, Ustad, Khatib

1. Introduction

The production of voice is viewed as both a powerful communication tool and an artistic medium (Stemple, 2014). Voice is produced by vibration in the vocal folds located in the larynx (also known as the voice box). There are many layers of fragile tissue that make up the vocal folds. In the neck, between the third and sixth cervical vertebrae, the larynx is located and connected to the pharynx above and the trachea below.

Voice gets very tired if used excessively leading to the damage of the vocal folds. Vocal abuse can also lead to voice problems. Voice abuse is known as anything that strains or injures the vocal cords. Vocal abuse includes too much talking, shouting or coughing. Vocal fold lesions and vocal haemorrhage are risks associated with voice abuse and misuse. Voice disorder occurs due to various causes.

Vocal hygiene is a daily routine of healthy behaviours to keep your vocal folds in good condition. Eliminating bad vocal habits, situations that put the voice through needless strain and common-sense actions that support effective voice production and general vocal health are some of these.

Vocal hygiene refers to practises that help you maintain a sound voice throughout your life. Good vocal hygiene consists of: increase consumption of water, avoiding alcohol, increase awareness of throat clearing, avoiding irritating environment, spicy food and limited amount of talking.

Vocal abuse and misuse, either alone or in combination with biological and psychological variables are the main causes of voice issues in professions placing significant demands on the vocal mechanism. This may result in acute or chronic vocal attrition symptoms such as hoarseness, voice fatigue, throat pain or discomfort, and benign mucosal lesions.

The current study compares Ustad and Khatib's vocal hygiene awareness and their understanding of vocal hygiene. Ustad is an Arabic word used to refer to a male teacher in the Islamic religion. A Khatib is an Islamic preacher who leads the discourse on Friday's and Eid prayers.

Roy (2002) investigated on voice amplification versus vocal hygiene instruction for teachers with voice disorders. The study found that the VA group reported higher levels of vocal clarity in speaking and singing ($p=.061$), voice production ease ($p=.001$), and treatment programme compliance ($p=.045$) as compared to the VH group. These results unequivocally demonstrate the clinical usefulness of voice amplification as a substitute for the management of voice issues in instructors.

Peeters (2002) studied poor voice quality in future elite vocal performers and professional voice users and concluded that these students' VHI and DSI scores were noticeably lower than those of a control group that experienced no voice complaints, which was the case for this study's student sample.

Neil (2003) compared voice and speech characteristics and vocal hygiene in novice and professional broadcast journalists and concluded that significant inequalities between students and professionals were discovered.

Timmermans (2005) concludes that because singers' voices require higher levels of care, these recommendations must be reliable medical diagnoses that are customised exclusively for singers. It is now encouraged to take a more positive and supportive approach to voice care, paying more attention to the performer. Vocal hygiene used to have a bad reputation.

Boominathan (2008) compared vocal abuse and vocal hygiene practices among different level professional voice users in India: A Survey and came to the conclusion that politicians and business people have the highest point prevalence and frequency of voice difficulties.

Behlau (2009) studied vocal hygiene in voice professional. The study found that the usage of vocal hygiene as a voice-related management technique. Due to programmes' occasionally high costs and scant data output, it might be challenging to assess the success of vocal hygiene as a preventive treatment. In the treatment of voice issues, vocal hygiene alone has had small but positive results. It can be difficult to separate the effects of vocal hygiene from a

comprehensive therapeutic programme. However, several aspects of vocal hygiene, like vocal rest and hydration, have been connected to more effective treatment outcomes.

Linda (2018) compared vocal health survey among amateur and professional voice users and the study revealed that a range of reactions to voice health issues, some of which leads people to look for assistance from conventional or complementary health professionals, as well as a combination of both. The most common sources of knowledge about voice disorders were co-workers and publications. Lack of insurance for several responders seems to be a deterrent to getting treatment for vocal problems.

Gautam (2022) studied perception of primary school teachers towards voice problems and vocal health seeking behaviours: a qualitative study. The study found that despite being aware of the detrimental effects of voice disorders, teachers continue to disregard them because they think they are widespread, unavoidable, and an essential component of their job. Due to their demanding work schedules and a lack of management support, they are unwilling to visit a doctor unless something is badly impacting them.

2. Method

Aim: The aim of the study was to compare the vocal hygiene awareness among Ustad and Khatib.

The study was carried out in two phases.

Phase 1: Developing questionnaire

In order to determine the vocal hygiene awareness between Ustad and Khatib 25 closed-set (yes/no) questions were developed. All of these questions were validated by six speech-language pathologists with more than three years of experience in the area. The correction and suggestion advised by SLP's were incorporate and final questionnaire was ready to administer.

The final questionnaire is shown below.

- Q1. Are you aware of vocal hygiene? (yes/no)
- Q2. Are you familiar with voice-related problems? (yes/no)
- Q3. Are you aware that if you have a vocal issue, a diagnosis is required? (yes/no)
- Q4. Do you know about voice breaks during conversations? (yes/no)
- Q5. Have you heard about gastric problem? (yes/no)
- Q6. Have you any idea about endoscopic evaluation? (yes/no)
- Q7. Are you familiar with the issue of difficulty swallowing? (yes/no)
- Q8. Are you aware that consuming caffeine frequently can lead to voice problem? (yes/no)
- Q9. Did you know that you should choose water or juice over carbonated drinks? (yes/no)

Q10. Are you aware of how important it is to drink enough water? (yes/no)

Q11. Have you aware that you shouldn't try to whisper when you're speaking? (yes/no)

Q12. Are you aware that excessive speaking might make your voice tired? (yes/no)

Q13. Have you aware that you should pause your voice when you start to feel tired? (yes/no)

Q14. Are you aware that throat clearing can cause voice? (yes/no)

Q15. Are you aware that yelling to get the attention of the student can damage your voice? (yes/no)

Q16. Do you know the symptoms of vocal abuse? (yes/no)

Q17. Are you aware that a voice change will annoy? (yes/no)

Q18. Are you aware that you shouldn't speak up in a noisy environment? (yes/no)

Q19. Are you aware of voice disorders and hygiene tips? (yes/no)

Q20. Do you know the vocal hygiene advice? (yes/no)

Q21. Are you aware about voice rest? (yes/no)

Q22. Do you know about inhaling steam? (yes/no)

Q23. Are you aware that you shouldn't go to bed just after dinner? (yes/no)

Q24. Are you aware that skipping meals can cause GERD? (yes/no)

Q25. Are you aware that frequent spicy food can cause voice problem? (yes/no)

Phase 11: Participants

A group of 20 (Ten Ustad and Ten Khatib) participated in the present study. All participants were Malayalam native speakers and were from Kerala with no neurological, psychological and any known speech, language and hearing problem.

Stimulus used: A of 25 closed-ended (yes/no) questionnaire which was developed and validated was administered to the participants.

Procedure: The participants were supposed to read and comprehend the questions and correctly respond either with Yes or NO.

Analysis: The responses elicited from the participants were further examined and graded as "1" for "Yes" and "0" for "No." Statistical analysis was carried out for Frequency, percentage, z test and chisquare test

3. Results and Discussion

The aim of the present study was to compare vocal hygiene awareness among Ustad and Khatib. The obtained results are discussed below.

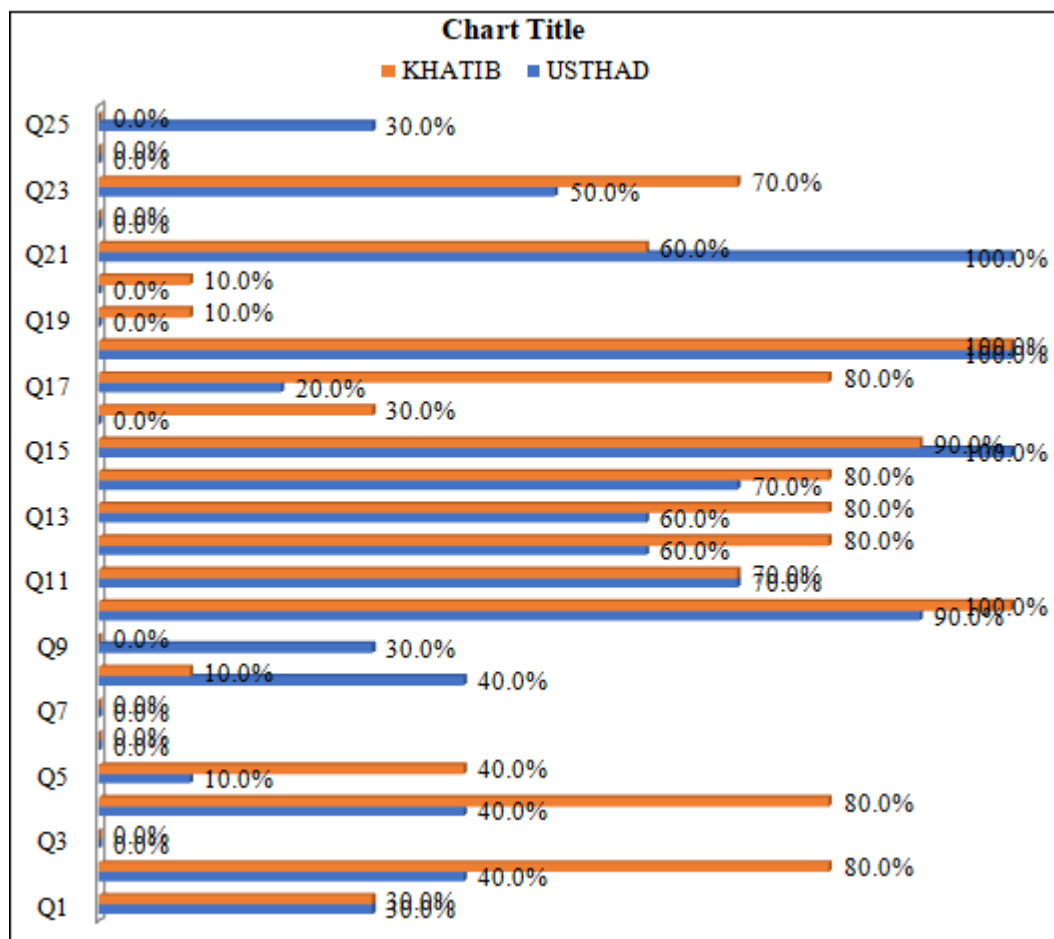


Figure 1: Shows the response of Ustad and Khatib (in %) for each vocal hygiene question. Red bars showing Khatib and blue bars showing Ustad

From the figure 1 it can be seen that most Ustad and Khatib has minimum vocal hygiene awareness level.

According to the percentage data for voice hygiene awareness in Ustad, there were nine questions with scores above 50% (50-100) and sixteen questions with scores below 50% (40-0). In Khatib's percentage data on voice hygiene awareness, there were twelve questions with scores above 50% (60-100) and thirteen with scores below 50% (40-0).

Table 1: Showing the significant values of each question

	USTAD		KHATIB		Testing proportion		
	Count	Row N %	Count	Row N %	Z value	p	
Q1	3	30.0%	3	30.0%	0.000	1.000	NS
Q2	4	40.0%	8	80.0%	1.826	0.085	NS
Q3	0	0.0%	0	0.0%			NS
Q4	4	40.0%	8	80.0%	1.826	0.085	NS
Q5	1	10.0%	4	40.0%	1.549	0.139	NS
Q6	0	0.0%	0	0.0%			NS
Q7	0	0.0%	0	0.0%			NS
Q8	4	40.0%	1	10.0%	1.549	0.139	NS
Q9	3	30.0%	0	0.0%	1.879	0.077	NS
Q10	9	90.0%	10	100.0%	1.026	0.318	NS
Q11	7	70.0%	7	70.0%	0.000	1.000	NS
Q12	6	60.0%	8	80.0%	0.976	0.342	NS
Q13	6	60.0%	8	80.0%	0.976	0.342	NS
Q14	7	70.0%	8	80.0%	0.516	0.612	NS
Q15	10	100.0%	9	90.0%	1.026	0.318	NS
Q16	0	0.0%	3	30.0%	1.879	0.077	NS
Q17	2	20.0%	8	80.0%	2.683	0.015	Sig

Q18	10	100.0%	10	100.0%			NS
Q19	0	0.0%	1	10.0%	1.026	0.318	NS
Q20	0	0.0%	1	10.0%	1.026	0.318	NS
Q21	10	100.0%	6	60.0%	2.236	0.038	sig
Q22	0	0.0%	0	0.0%			NS
Q23	5	50.0%	7	70.0%	0.913	0.373	NS
Q24	0	0.0%	0	0.0%			NS
Q25	3	30.0%	0	0.0%	1.879	0.077	NS

NS – No Significant sig – Significant

From the table 1 the result suggests that there is significant variation for Q17 and Q21 among the population and no significant for the other questions which indicate minimal knowledge in vocal hygiene awareness for Ustad and Khatib.

Table 2: Shows the t test p value of comparison of vocal hygiene awareness in Ustad and Khatib

Total score	Group	N	Mean	Std. Deviation	t test	p value
	USTAD	10	9.4	3.777	0.249	NS
	KHATIB	10	11	1.944		

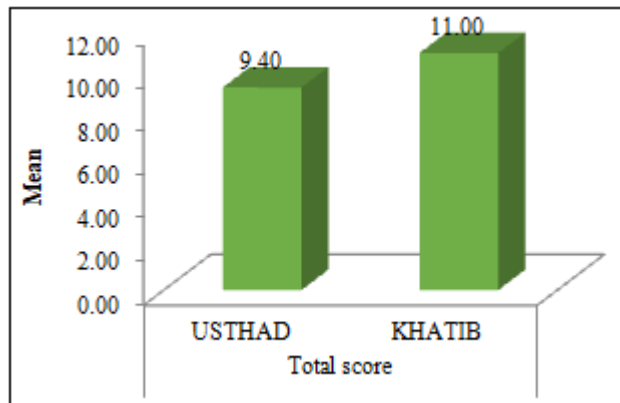


Figure 2: Showing the overall percentage of comparison of vocal hygiene awareness in Ustad and Khatib

Result from the graph above indicate that 9.40 percent Ustad and 11.0 percent Khatib were knowledgeable of vocal hygiene.

4. Discussion

The aim of the current study was to evaluate the efficacy of vocal hygiene awareness in Ustad and Khatib.

1) Awareness of vocal hygiene in Ustad

The percentage data for vocal hygiene awareness in Ustad shows that above 50 percent (50 -100) in nine questions, below 50 percent (40-0) in sixteen questions.

2) Awareness of vocal hygiene in Khatib

The percentage data for vocal hygiene awareness in Khatib shows that above 50 percent (60-100) in twelve questions, below 50 percent (40-0) in thirteen questions.

3) Comparison of vocal hygiene awareness among Ustad and Khatib

The result suggests that there is significant variation in question seventeen and question twenty-one amongst two population and no - significant for the other questions. Vocal hygiene awareness was higher in Khatib than Ustad, according to the study. To handle their occupations, however, Ustad and Khatib must use their voices, and as both individuals only have a minimal level of awareness, they need to be educated.

5. Conclusion

The goal of our study was to compare vocal hygiene between Ustad and Khatib and to ascertain whether Khatib and Ustad were aware of it. Ustad is less conscious about proper vocal hygiene than Khatib. According to the material that is readily available, Ustad and Khatib must get voice hygiene training in order to maintain their professional standards.

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