

An Insight to Vocal Hygiene for Radio Jockeys - A Survey

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ABSTRACT

Vocal hygiene encompasses ability to maintain the balance between the vocal and non -vocal habits. Radio jockeys are classified in the level II of the professional voice users who needs good quality of voice and are at moderate risk for developing a voice disorder. This study aims in quantifying the vocal and non -vocal habits of radio jockeys and also acts as an insight towards their attitudes and perceptions about their voice and awareness about the voice usage that their profession is demanding. A total of 38 participants were included and classified into two groups based on the years of experience. The results reveal about their awareness level and habits in each domain, this will in turn give a scope about the need for the awareness of vocal hygiene to maintain the timbre of their voice.

Keywords: Vocal hygiene, Radio jockeys, Awareness

INTRODUCTION

Voice is the laryngeal modulation of the pulmonary air stream, which is modified by the configuration of the vocal tract (Michael & Wendalh, 1971).^[1] Voice disorder occurs when voice quality, pitch, and loudness differ or when it is inappropriate for an individual's age, gender, cultural background, or geographic location (Aroson & Bless, 2009; McFarlane, Von Berg, & Zriak, 2010; Lee, Stemple, Glaze, Kelchner, 2004).^[2] Professional Voice User (PVU) is defined as an individual who use voice extensively for some form of artistic expression (Wilder, 1991).^[3] Voice professionals are more prone to laryngeal pathologies than the general population due to their nature of work and lifestyle (Stemple, Glaze, & Gerdeman, 1995).^[4] The PVU classification was given by Koufmann and Isaacson

(1991) based on the vocal demand and the risk for developing a voice disorder. The level I involves the Elite voice performers as singers and mimicry artist where in the slightest change in voice will cause a drastic effect in their career. The level II involves the professionals who are moderate risk for getting a voice disorder including Radio jockeys, lecturers, clergy man. The level III involves the non professional vocal users who are at slight or moderate risk for getting a voice disorder including lawyers, teachers. The level IV includes non vocal non professional voice users who use voice as a substantial part of the daily life.^[5] Vilkmán (2000) proposed a classification of voice and speech profession according to demands put on voice quality and voice load according to which radio jockeys lie in the level II who needs a extremely good quality and have a moderate load.^[6] Voice problem

will lead to negative impact factor in job as well as it will affect the quality of life. According to the study given by Bernadette Timmermans, Marc De Bodt, FlorisWuyts & Paul Van de Heyning in 2005 on the Vocal hygiene in radio students and in radio professionals demonstrated the need for an adapted vocal hygiene education program for both future and professional voice users.^[7] Thus this study aims at quantifying the vocal hygiene (vocal and non vocal habits) and to create an awareness on vocal hygiene among the Radio Jockeys.

Aim:

This study aims at quantifying the vocal hygiene (vocal and non vocal habits) and to create an awareness on vocal hygiene among the Radio Jockeys.

Objective:

- Quantifying vocal and non- vocal habits
- Quantifying voice usage (overall , on air and through phone)
- Comparison of years of experience with vocal and non vocal habits among RJs
- Comparison of years of experience with vocal and non vocal habits among RJs

METHODOLOGY

INSTRUMENT:

Self rating questionnaire was prepared. The face validity was judged by the corresponding author. The questionnaire had three parts. The part A illuminates the awareness on the non vocal habits and it consisted of 13 questions. The part B gives an insight into the vocal habits and the voice usage through 8 questions. The part c quantifies the self perception of voice and the possibility of getting a voice disorder and the preventive strategies that the radio jockeys are aware through 5 questions.

PARTICIPANTS:

This study included 38 professional Radio Jockeys (RJ). Both males and females were included as a part of the study. The mean age of the participants were between 19- 40 years who were divided into two groups

based on the age of professional experience. The first group had 20 (Group-A) participants who had one year of experience in this field. The second group had 18(Group-B) participants who are currently into practice and have more than 1 year of experience. The data from radio jockeys was collected through direct interview from their working radio stations.

RESULTS AND DISCUSSION

Vocal and non-vocal habits awareness:

Statistical analysis was carried out by using SPSS software version 21. Among the 38 RJs, 21.05% of Rjs accepted that they have voice problem, 57.89% of RJs reported that they were allergic to dust. 31.57% RJs reported that they have change in voice quality throughout the day and 71.31% of RJs felt that their voice quality is good. 26.30% of RJs were performing late night shows. 68.40% RJs reported they were taking coffee. 15.70% of RJs reported that they were smoking, 26.31% of RJs reported that they were drinking alcohol and 42.10% of RJs reported that they were taking aerated drinks. 5.26% of RJs reported that they were taking tobacco and 68.42% of RJS reported that they were taking spicy food. 50% of RJs reported that they were taking alternative drinks to prevent dehydration and only 5.26% of RJs were attending voice training.

VOICE USAGE:

TABLE 1: is showing the mean and SD for Usage of voice,On air and usage of phone.

	USAGE OF VOICE (hours)	ON AIR (hours)	OVER USAGE OF PHONE (hours)
Mean	10.34	2.618	2.105
Standard deviation	3.6654	0.7071	0.7077

YEARS OF EXPERIENCE VS VOCAL AND NON-VOCAL HABITS:

TABLE 2.1: It is showing the p value for non – vocal habits

NON- VOCAL HABITS	p VALUE
Taking Coffee	0.930
Aerated drinks	0.514
Chewing tobacco	0.930
Intake of spicy food	0.615

Years of experience was compared with non –vocal habits among the RJs which reveals

more than one year experienced RJs also have lack of awareness on intake of caffeine product, aerated drinks, chewing tobacco and intake of spicy foods. But professional RJs have good awareness about hydration and diet modifications. Most of the experienced RJs don't have the habit of alcohol consumption and smoking. Table 2.1 and 2.2 were showed mean difference of non vocal habits and years of experience between two groups.

TABLE 2.2

NON- VOCAL HABITS	p VALUE
Intake of water	0.337
Intake of alcohol	0.251
Food duration	0.249
Smoking	0.066

TABLE 3.1: is showing the p value for vocal habits

VOCAL HABITS	p VALUE
Throat clearing	0.661
Speaking in noisy environment	0.504
Coughing	0.554
Singing	0.572
Usage of voice	0.799

Years of experience was compared with vocal habits among the RJs which reveals more than one year experienced RJs also have lack of awareness about the ill effects of increased or induced habit of coughing, singing, throat clearing and speaking in noisy environment. Similarly the RJs are having reduced awareness about the excessive voice usage. But RJs have good awareness during on air, speaking over phone and other allergic reactions. Most of the experienced RJs do not have the habit of mimicry during on and off air. Table 3.1 and 3.2 showed the mean difference of vocal habits and years of experience between two groups.

TABLE 3.2

VOCAL HABITS	P VALUE
Dust allergy	0.270
Mimicry in (on / off air)	0.166
On air	0.234
Speaking over phone	0.340

Professional RJs Vs Student RJs:

Out of 38 RJs, 20 were students RJs, 18 were professional RJs. Vocal and Non-vocal habits were compared between professional RJs and student RJs .The

results reveals that alcohol consumption ,intake of spicy foods, speaking in noisy environment and throat clearing was less in professional RJs than the student RJs.

Voice therapy approach was given by Stemple (2000) which are classified into four, they are based on hygienic, psychogenic, symptomatic and physiological. Hygienic therapy focuses on the elimination of harmful and traumatic voice behavior and maintaining the health of the vocal fold cover. Psychogenic therapy focuses on emotional and psychosocial problems that cause voice disorder. Symptomatic therapy mainly focuses on direct modification of vocal symptoms. Physiological therapy focuses on modifying the underlying physiology function of vocal fold. Vocal hygiene is not a standalone treatment for voice disorder. [8-11]

CONCLUSION

“Prevention is better than Cure”. Vocal hygiene will be considered as a prevention strategy for voice disorder and management technique for individuals with voice disorder. Vocal hygienic for radio jockeys was observed to be very less. 10.5 mean hours of voice usage observed in radio jockeys. The years of experience of radio jockeys also doesn't have good impact factor on vocal hygienic. There are so many methods available for prevention of voice disorder. Hygienic voice therapy will help in maintaining the vocal timbre of their voice. It has to be used alone with other treatment approaches. It includes elimination of poor vocal habits and maintaining the health of vocal folds cover through systematic and surface hydration .The factor involved in vocal hygiene are identifying the abusive behavior, describing the effects of those behavior of voice, eliminate those behavior, avoidance / minimizing dehydrating substances, dealing with frequent cough / throat clearing behavior, reflex management and voice rest verses modified voice rest. [12]

So creating awareness among the radio jockeys, especially during their training

period will lead to the prevention of voice disorder in future.

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APPENDIX

I am Mr/MS _____ aged _____ working as a RJ in _____ for _____ years . I give consent to participate as a participant in this research study.

The research purpose has been explained to me. I have been given the opportunity to fill this questionnaire and all the questions have been answered to my fullest satisfaction.

PARTICIPANT SIGN

PART – A

1. Do you have the habit of taking coffee / tea. Yes / no .
If yes mention the number of cups. _____
2. How many bottles (liters) of water do you drink daily ? (describe)
3. Do you have the habit of smoking . Yes /no
If yes how many cigarettes do you smoke in a day ? _____
4. Do you have the habit of consuming alcohol. Yes / no
If yes mention the frequency. _____
5. Do you have the habit of consuming aerated drinks? Yes /No If yes mention the frequency _____
6. Do you have the habit of taking warm water or alternatives to maintain the quality of voice? Yes /No
If yes mention the situations _____
7. Do you have the regular habit of chewing tobacco ,pan, snuff ?Yes /No
If yes mention the frequency. _____
8. Do you take in spicy and oily foods as a part of your regular diet ? Yes /No
9. Do you take in food once in 2 hours ? Yes / No
10. Do you have dust allergy/ Throat infections? Yes/ no
11. Do you have the habit of travelling frequently? Yes / No
If yes mention the frequency _____
12. Do you perform shows at late night? Yes /no
If yes mention the frequency _____
13. Do you have the habit of using head phones extensively ? Yes / No
If yes how frequently _____

PART B

1. Do you often throat clear when you feel a lump in the throat ?
Rare / sometimes /often
2. Do you often talk in noisy environment? Rare / sometimes /often
3. Do you perform mimicry (on and off air) ? Yes / No
If yes mention the frequency _____
4. Do you have the habit of coughing or sneezing loudly ? Rare / sometimes /often
5. Are you singer?
if yes mention the type (Carnatic , western ,folk)
6. How many hours do you go on air in a day ? _____
7. How many hours do you use your voice daily? _____
8. Do you have the habit of speaking over phone for a long period of time?
Rare / sometimes /often

PART C

1. Do you feel that you have a voice problem? Yes / No
2. Do you feel a voice change throughout the day ? Yes /No
3. Do you have any voice trainers ? Yes / no
4. Do you feel good about your voice quality? Yes / No
5. Do you follow any exercise to maintain your voice ? (Describe)

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