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Module 3:

Topic: The Effectiveness Of Vocal Health Education, As A Teaching Component, For Adult Amateur Singing Students In A One-To-One Setting.

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Project Proposal

It is said that of all voice users, singers have the highest vocal demands (Maria et al., 2021) and are more likely to experience voice disorders. Any vocal problem can affect a singer's career, income and quality of life (Saeedi et al.,2023). Vocal Hygiene program (VHP) is an effective, indirect voice training method to educate voice users and to prevent problems in singers (Ramos et al., 2022). VHP is a preventive strategy based on principles of behavioural modification (Saeedi et al., 2023).

Context:

The importance, relevance and the benefits of this preventive vocal health and vocal hygiene education (VHE) have been reported in the studies conducted on voice users like teachers (Raheja and Kelkar, 2023), singing students (Achey, He and Akst, 2016; Maria et al., 2021) and professional singers (Pomaville, Tekerlek and Radford, 2019). These studies show that VHE is beneficial in preventing voice disorders and aided in effective voice usage. Although according to Behlau and Oliveira (2009) it is difficult to assess the effectiveness of VHE as the sole strategy for the treatment of voice disorder, they agree that VHE does yield favourable outcomes.

Interestingly, there have not been much studies done on the effectiveness of such VHE training on adult amateur singers having private singing lessons. The study by Broaddus-Lawrence et al., (2000) is with adult untrained singers. But students taking private singing lessons cannot be considered 'untrained'. Hence the purpose of my research is to understand the effectiveness of vocal health awareness education among non-professional adult singing students who are training in a one-to-one setting.

Intention and Rationale:

I am a private singing teacher offering one-to-one singing classes. My students have frequently approached me on issues regarding their vocal health/ ill health, what to eat or not to eat, how much water to drink, etc. This made me curious if having a teaching component on general vocal health would help those who are training in singing. I want to

include in my teaching sessions, a teaching component on vocal health for three individual sessions. I then want to understand its effectiveness through students' perspectives; change in their attitude and understanding toward vocal health by doing a post - instruction questionnaire with some closed and open ended questions.

Ethical Considerations:

My participants will all be above 18 years old, conveniently selected from those whom I am teaching in my studio. The participants participation is voluntary and will not be forced upon. I understand that being the principal investigator makes me an insider researcher. Since the participants are my students, they may feel obligated to participate in the research as I am their teacher. But they will be assured that either participation or non-participation in the research will not in affect their learning with me in any way. To ensure confidentiality, all personal information of the participants and the collected data will be kept confidential in a password protected folder in the cloud storage and will not be divulged or disclosed to anyone in any form.

Learning Outcomes:

As a singing teacher, this study would also increase my understanding of my students' current understanding of their knowledge of vocal health/ill-health. Since the research involves vocal health instruction, I believe that it will enhance students' awareness of vocal health, educate them and help them to be better stewards of their voice. The increased understanding of my students' awareness will then inform me of the effectiveness of such a teaching component in one-to-one singing lessons. The outcomes will also inform the wider singing community some pedagogical ideas especially for singing teachers teaching in a one-to-one setting.

Project Report

Introduction

Of any profession, singers have the highest vocal demands that place a high level of tension on the vocal mechanism due to its given frequent use (Nair et al., 2022). A vocal load or vocal demand is defined as “the level of tension placed on the vocal mechanism” (Maria et al., 2021). The vocal demands placed on a singer is enormous which may include yelling, crying, grunting and using character voices (Flynn, 2019). Additionally singers are required to have a higher degree of vocal range, flexibility, control, power and quality of voice to express themselves artistically (Pomaville, Tekerlek and Radford, 2019). Hence, singers need adequate training and knowledge to meet these demands along with when to seek medical help (Flynn, 2019). Besides these, vocal problems are also more economically detrimental to professional voice users as their livelihood is dependent on their voice (Broaddus-Lawrence et al., 2000).

These demands can lead to risky vocal behaviours or laryngeal pathology which may require some form of vocal intervention which can be *direct* (interventions directly applied to vocal tract either through surgery or speech therapy) or *indirect* (intervention that influence the voice production) (Pomaville, Tekerlek and Radford, 2019; Ramos et al., 2022). Vocal hygiene education (VHE) is an indirect intervention used not just for treating voice disorders but also as a preventive tool (Raheja and Kelkar, 2023) to educate singers and to prevent voice problems (Saeedi et al., 2023).

Although the effectiveness of vocal health education on teachers (Raheja and Kelkar, 2023), conservatory singing students (Achey, He and Akst, 2016; Maria et al., 2021) and professional singers (Pomaville, Tekerlek and Radford, 2019) have been reported in the literature, not many studies have been done on the effectiveness of VHE on students taking private singing lessons.

In my studio teaching, where I offer one-on-one singing lessons to amateur adult students, complaints about vocal disorders are common. Some are due to lack of knowledge in this area. Saedi (2023) believes that an increased awareness of the effect of harmful vocal

habits can result in practicing better vocal health habits. This prompted me to explore and understand the effectiveness of having a teaching component on vocal health education among amateur adult singing students.

By giving vocal hygiene education, I hope that the study will increase the participants' understanding of vocal health awareness, educate them and help them to make conscious choices to take care of their voice. It'd also help me to get an understanding of my students' perspectives, their vocal habits and to assess the effectiveness of the teaching component. The outcomes will also benefit the wider community of singing teachers who are teaching in a one-to-one setting.

The aims of this study are:

1. To study the effectiveness of vocal health education through students' perspectives.
2. To study the impact of vocal health education on students' behaviour.
3. To create awareness about vocal health among students in a one-on-one setting.
4. To improve teacher support to students and to test the effectiveness of that support.

Vocal Health Education - Literature Review

Saeedi et al. (2023) defines vocal hygiene education as a therapeutic and a prevention strategy which is based on behavioural modification. It tends to increase one's awareness of certain behaviours that contribute negatively to the vocal mechanism. It has been used "as both a preventive strategy for reducing future voice problems and a management strategy as part of a comprehensive treatment approach for voice disorder" (Rangarathnam, Paramby and McCullough, 2018). Vocal hygiene education, also called VHE, is an indirect intervention used not just for treating voice disorders but also as a preventive tool (Raheja and Kelkar, 2023) to educate singers and to prevent voice problems (Saeedi et al., 2023). It is also used as the initial step in voice therapy (Yun, Kim and Son, 2007) addressing both the vocal behaviours like loudness, pitch along with non-vocal behaviours like hydration and throat clearing (Saeedi et al., 2023). All these are aimed to enhance the vocal health and vocal longevity of singers.

The components of VHE although varied depending on various factors, the general curriculum includes disseminating information about the mechanics of normal human voice production, identification of and ways to eliminate vocal abuse, importance of hydration, adverse effects of smoking and alcohol (Yun, Kim and Son, 2007) and education on diet and lifestyle factors that can help and or be detrimental (Duffy and Hazlett, 2004).

VHE programs have been found to be beneficial for voice users like teachers and singers. In a study conducted by Chan (1994) with kindergarten teachers, he found that preventive vocal hygiene education significantly reduced vocally abusive behaviours. This was affirmed by Duffy and Hazlett (2004) who did a longitudinal study on training teachers. Their study revealed that the acoustic measurement significantly increased for teachers who received indirect training along with direct intervention. Yun, Kim and Son (2007) reported that VHE, an indirect intervention, showed improved results for non-smoking patients having vocal polyps.

Hazlett, Duffy and Moorhead (2011) reported that the singers' knowledge, awareness and quality of voice significantly improved with voice training that involved both direct and indirect invention significantly. Similarly, Pomaville, Tekerlek and Radford (2019) report that performers who received VHE training made better healthier choices toward vocal health and showed reduced at-risk vocal behaviours. All these studies report the positive behavioural changes in those who have attended VHE training.

Although the above studies indicate the effectiveness of vocal health programs there have been other studies (Achey, He and Akst, 2016; Timmermans et al., 2005) that report otherwise. These studies indicate that VHE has no significant change in the participants' behaviour. Flynn (2019) remarks, in her study with college level students, that there wasn't any significant change in vocally harmful behaviour post VHE training which affirms an older study by Broaddus-Lawrence et al. (2000) who reported the same. It is interesting to notice that these studies had an underlying belief that knowledge should inform practice. However the relationship between health knowledge and subsequent behaviour is not always unidirectional (Maria et al., 2021) and is subject to human element. Also it is important to remember that singers wax and wax in their commitment toward vocal hygiene, being more assiduous in vocal hygiene practices during performance preparation times (Achey, He and Akst, 2016). Hence it could be said that the behavioural change

because of VHE training is also dependent on the season of life singers are in and their commitment toward vocal health.

Another study by Behlau and Oliveira (2009) reports that in spite of the difficulty in assessing the effectiveness of VHE as the sole strategy for the treatment of voice disorder issues, VHE does yield favourable outcomes. Other studies (Braun-Janzen and Zeine, 2009; Kwak et al., 2014; Latham et al., 2017) have reported that the singing students find VHE not only useful but have also expressed their desire to learn more about it.

Flynn (2019) who studied the effectiveness of VHE programs among performance majors, reports that although both classical voice and musical theatre majors are taught vocal health education in their undergraduate programs, the vocal injury is reported more by the acting majors within 5 years after they graduate than the classically trained performers. On the other hand, the classically trained performers reported that 'they felt prepared to handle vocal injuries' (Flynn, 2019) and they felt strongest about the VH education received during college years. This reflects the fact that classical majors were given the most information regarding vocal health and voice injuries than musical theatre and acting majors and hence were more equipped to handle their vocal issues. This underscores the importance of VHE and the value it gives for singers (Latham et al., 2017) .

Most of the studies in the literature reporting the effectiveness of vocal health education on singers were done mostly on trained professionals (Achey, He and Akst, 2016; Broaddus-Lawrence et al., 2000; Flynn, 2019; Kwak et al., 2014; Timmermans et al., 2005) or untrained singers (Broaddus-Lawrence et al., 2000; Weekly et al., 2018). However there is a lack of such a study for student singers learning in a private one-on-one learning environment. The study by Broaddus-Lawrence et al., (2000) was with adult untrained singers. But students taking private singing lessons, may be amateur, but cannot be considered 'untrained' as they are under the care of a singing teacher. Hence this study aims to understand the effectiveness of the VHE program among non-professional adult singers taking singing lessons in a one-on-one learning environment.

Method and Methodology

Procedure:

Participants attended three weekly, 15 minute sessions on three vocal hygiene topics. Each singing class was divided into 30 minutes of one-on-one voice training and 15 minutes of vocal health education with participants' consent. All sessions were given by myself and happened at my private studio as participants were my students. I was aware that this meant there could be biases in participants' responses in order to seek favor or avoid saying what they felt fearing what I would think. Having this in mind, I was careful in treating the data and analysed it with consideration to these biases.

This study was designed mostly based on the model of Broaddus-Lawrence et al. (2000). I made some alterations like omitting pre-instruction questionnaires, shortening the instruction duration to 15 mins per session, and keeping the instruction as part of the one-to-one session instead of a separate session. These alterations were made to adapt to the one-to-one teaching context and the project duration. The mode of instruction was primarily aural with the usage of few visual aids (See Appendix 1) as part of the general engagement to enhance the student's understanding. The inclusion and the exclusion criteria of the participants were,

1. Participants must be adults above the age of 18.
2. The participants must have had or be having private one-on-one singing lessons.
3. The participants must be willing to attend
    a. All the three VHE instruction sessions and
    b. Complete a post-instruction questionnaire and
    c. An interview.
4. Data of participants who have missed even one of the three criteria mentioned in point 3, will be excluded from the analysis.
5. Poor physical health conditions (smoking, allergies, asthma) of the participants or the exposure to prior vocal health knowledge was not used to exclude them from participating in the study.

Method:

Using convenient sampling, 4 participants (1 male, 3 females), all above age 18, were selected and were given the instruction. Out of the 4 participants, one female participant

didn’t complete the post-instruction questionnaire and the interview. Hence only 3 participants were considered eligible for this study. The smaller sample size was a limitation for this study affecting its impact on the findings’ generalisability. Future studies could address this limitation by having larger sample sizes.

During the literature review it was difficult to find qualitative studies on this subject of effectiveness of vocal health programs. Almost all of the studies that I read had a descriptive analysis of the data. It was difficult to find a fully qualitative study. To fill this methodological gap, a mixed methods approach was adopted to include the qualitative data and analysis. Qualitative data helped in understanding students’ observations and their perspectives about the program. The participants' perspectives were important as this study was primarily designed to create awareness among them and the participants were the ones living out the experience of receiving this VHE instruction. Hence it was important to know and understand their opinions and perspectives of how they felt about the program.

To find how much awareness the instruction had created, which aspects of the instruction were most useful and to find any self-reported behavioural changes, I needed some measurable data in a quantitative form. Hence a mixed methods approach was selected because it will help to double check the findings or/and to explain complementing results to obtain a clearer view of the subject under study (Fetters, Curry and Creswell, 2013). Both sets of data were collected post VHE instruction through questionnaires followed by semi structured interviews.

The curriculum (See Appendix 2) consisted of

1. Session1: Basic anatomy and physiology of human phonatory mechanism
2. Session2: Vocal misuses and laryngeal pathology
3. Session 3: Healthy vocal habits

Data Analysis:

A descriptive analysis was done on the questionnaire data. For the analysing the interview data, an inductive/deductive hybrid thematic analysis was conducted. This involved the combination of both deductive and inductive thematic analysis in order to harness the advantages of both (Proudfoot, 2022). Hybrid thematic analysis not only added rigor to the

study (Fereday and Muir-Cochrane, 2006) but also allowed me to capture both my predefined constructs (theory - led analysis) and the new emergent themes from the data.

The participants' responses were analysed on three main apriori categories; *(a)Knowledge recall, (b)Impact and (c)usefulness of curriculum through participants' perspectives*. The deductive approach reflected the biases I had toward what I perceived as effective qualifiers as themes. However it should be noted that researchers are not free of their theoretical and epistemological commitments (Braun and Clarke, 2006) and are generally driven by their analytical interests. The inductive approach alongside the deductive method, helped to compensate for this researcher bias and allowed room to look for other emergent themes to be discovered during the analysis process (Castillo-Allendes et al., 2024). Hence the analysis involved looking for a priori themes and patterns in the participants' self-reported behaviours while keeping an open mind for newer themes.

The theoretical background by Clarke and Braun (2016) and the step by step approach outlined by Naeem et al. (2023) were used for coding methods. The initial step of thematic analysis involved the transcription of the interview and excluding any identifiable participant information to maintain confidentiality. (See Appendix 5). The statements were then broken into smaller sections and each was assigned a descriptive text or keyword upon close examination. The keywords were then given short phrases or codes. The data was then organized into different categories as mentioned below. These a priori categories were predetermined by me based on the research questions (Bingham, 2023). The emergent inductive themes were also organised alongside and grouped into meaningful categories and then into themes.

The apriori themes were as below:

I. **Knowledge recall -** defined as the participants' ability to remember. *Recall* is how much information the participants were able to retrieve from memory. In recalling, the participants were asked to produce the answer from their memory. The degree of information retrieval was used as an indicator for the effectiveness of the program.

II. **Impact** of this VHE teaching component was measured in the following ways:

   A. *Awareness/ Realization* - how aware or conscious the participants had become toward the symptoms of vocal abuse and pathologies, in their own lives and whether or not they were able to recognize it. The assumption was

that this would show whether the participants have become more *reflective* and *aware* about the teachings. This in turn would affirm the effectiveness of the VHE teaching component.

B. *Change in behaviour* - The *conscious choices* or *the change or modification in their behaviour* or in *thinking* (giving up old ways and adding new) that the participants made toward a healthy lifestyle were taken as indicators of the effectiveness of this program. This denoted a deeper awareness which was beyond the mere factual recall resulting in a behavioural shift. Despite the fact that these were all self-reported by the participants it would be a sure indicator of the effectiveness of the VHE program.

III. ***Usefulness of the curriculum*** was studied based on the participants' responses toward the *quality of instruction material* and *teacher effectiveness.*

Findings and Results::

One week after the instruction sessions, the students were sent a questionnaire (refer Appendix 3) that required them to answer specifically (closed-ended questions) and a few elaborate (open-ended) questions. The first section of the questionnaire tested the participants' vocal health knowledge using open-ended questions, giving freedom to participants and to receive maximum input from them.

I. Knowledge Retention

Regarding the knowledge retention of **vocal hygiene practices**, all the three participants (P1,P2 and P3) were able to recollect and write a minimum of 5 vocal hygiene practices. The maximum that a participant (P3) could remember was 9 practices. *Hydration* and *avoiding smoking* was mentioned by all three of them. It was interesting to observe that this result contradicted the result for the Q10 - 'vocal health instruction they most remembered'. Participants P1 and P3, who were both recovering from cold and sore throat, had written '*Avoid throat clearing'* while P2 who had a habit of shouting and talking loudly, had mentioned *'not shouting or speaking loudly'* for Q10. A close link between the participants' personal experiences and their selective remembrance of the related VHE information was observed. I will discuss more about this later.

When asked to write four vocal abuses or misuse that they remember, all participants were able to **recollect 4 vocal misuses**. The value that was mentioned by all was *'overuse of*

voice'. Two out of three participants mentioned *smoking* (P1 & P3) and *throat clearing* (P1 & P2). In **vocal pathology**, the participants were taught about laryngitis, vocal nodules and vocal polyps. When asked to mention two vocal pathologies, all three participants uniformly mentioned *vocal nodules* and *laryngitis*. However only P3 was able to explain accurately. P2 just mentioned the names and didn't explain. P1, although recollected two pathologies the explanations were inaccurate. This indicates that although participants were able to recollect the names of the vocal pathologies, their understanding of the pathology was not clear as their explanations were inaccurate. Six **vocal symptoms** were taught to look for vocal abuse. P1 remembered 4 symptoms, P2 mentioned 3 and P3 mentioned 5 symptoms. Two of three participants mentioned *sore throat* (P1 & P2). On average, each participant was able to remember 3 vocal symptoms.

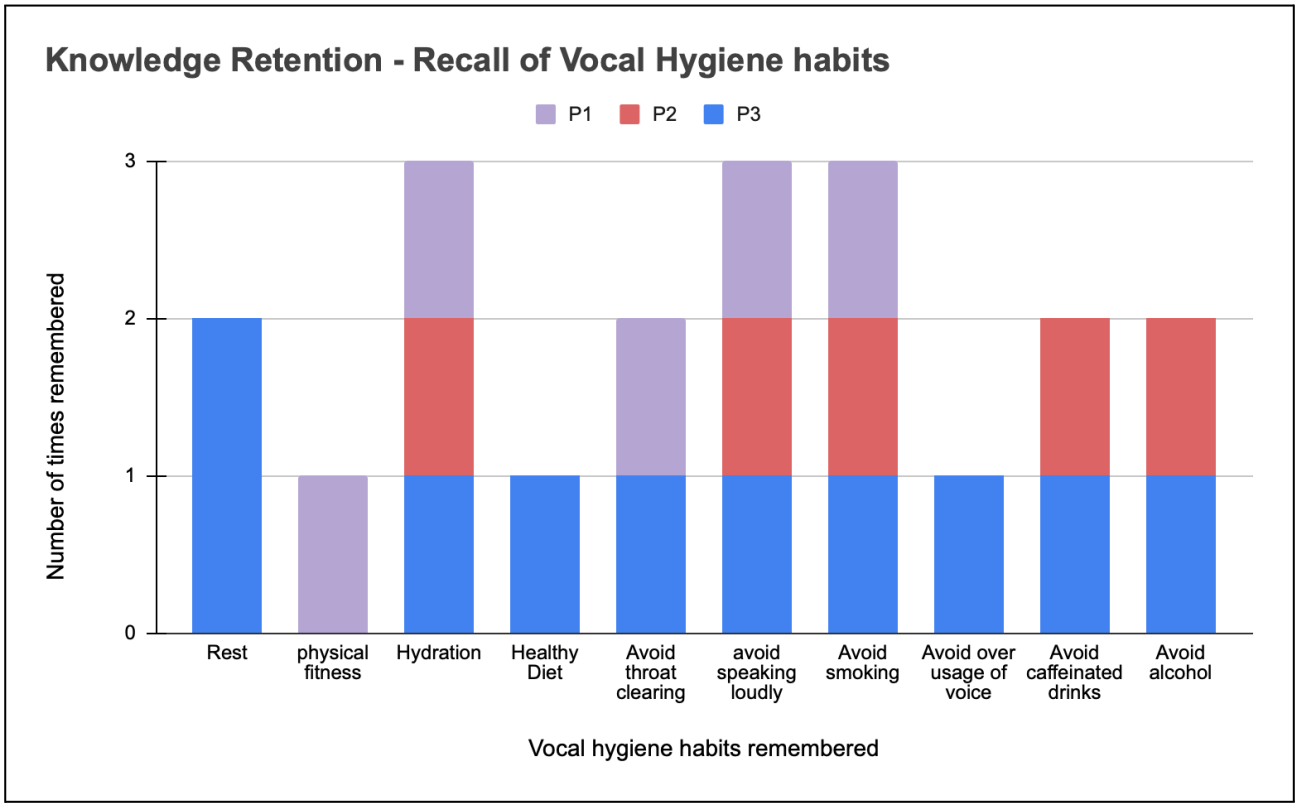

Chart 1: Knowledge retention

In general, the participants were able to recall well and match up to the required expectation, when a specific number was mentioned. When they were left to themselves, they weren't able to remember and generate that many. The lesser standard deviation for categories 1, 2 and 3 (Refer Table 1) indicated that participants were significantly able to recall the vocal health (VH) teaching which proved its effectiveness. For category 4, when asked to list all the VH practices, the deviation was more. This indicated that not all vocal hygiene practices were remembered by the participants but only selective practices were

remembered which were specifically relevant to each participant and their life experiences as discussed above. Integrating the interview data with the questionnaire data, it could be deduced that the memorability of certain information could be linked to what the participants were going through in their personal lives. According to Bergstrom and Agadzhanyan (2016) human memory functions in a selective manner differentiating between the information which are less important and significant experiences. Hence it could be said that the selective remembrance of information by the participants was dependent on their personal experiences.

Knowledge Retention - Recall						
Categories	**Total Taught**	**Total Requested**	**P1**	**P2**	**P3**	**Standard Deviation**
1. Symptoms to check out	7	7	4	3	5	1.71
2. Vocal abuse	10	4	4	4	4	0.00
3. Vocal pathology	3	2	2	2	2	0.00
4. Vocal hygiene practices	13	13	5	5	10	3.95

Table 1

Thematic Analysis:

Thematic analysis of the interview data yielded the following themes as given in the sunburst chart along with the number of occurrences. The outer circle represents the themes and the inner circle are the broad categories. The yellow and the green themes were deductive themes while the themes in red and blue colour were inductive themes.

Table 2:

Category	*Themes - Deductive and Inductive*	Code References
Impact of VHE	Knowledge bringing awareness and realisation	15
	Knowledge has resulted in changed behaviour	19
	Knowledge leading to independent inquiry	3
	Knowledge recall	2
	Knowledge affecting their thinking	11
Inductive Themes	Reiteration helps in knowledge retention	6
	Role of the teacher in the teaching process is helpful	5
	Visual aid in VHE education was helpful and beneficial	13
VHE Teaching component	VHE brings critical thinking	5
	VHE was useful	22
	Vocal training should include VHE	8
Other Findings	Attitude toward vocal health	12
	Factors affecting vocal health	14
	Previous Vocal health behaviour	5

II. Impact of VHE training:

The impact of the VHE component was discovered in the following themes using the interview data.

A. VHE Knowledge has brought awareness and realization.
B. VHE Knowledge leading to changed behaviour and change in perspectives.
C. VHE Knowledge leading to curiosity and independent inquiry (Inductive theme).

A. VHE Knowledge has brought awareness and realization

When thematically analysing the interview data under the theme of knowledge retention, words like 'remembered', 'realized', 'conscious' and 'aware' were used as codes to categorise the text under the theme 'Knowledge retention'. Some of the comments that indicated 'knowledge affecting their thinking' were, *"I've just been more conscious about the kind of food I eat..I guess oral hygiene is obviously linked with vocal hygiene"* (P1).

"Because of physiology sessions, I was able to think about how my voice actually produces sound..You showed me healthy vocal cords that they are moist" (P3).

The awareness and the realisation brought out by the VHE components were expressed by the participants as follows: *"If i sing too much or talk too much, it will dry out our vocal cords"* and *"we have to drink water like daily, drink good amount of water to keep our vocal cords"* (P2).

"I immediately remembered that coughing itself puts so much air out of lungs" (P1). *"Exercising is of course helpful for strength training but also for singing. But i realised it's really good for lung capacity as well. So, I've been very conscious"* (P1). *"So earlier I had no thoughts about what's happening inside at all. So this has recently been coming to my mind a lot. What am I doing with my voice? That, how the vocal cords must be functioning and how to make them function efficiently and in the best possible way possible while singing".* (P3)

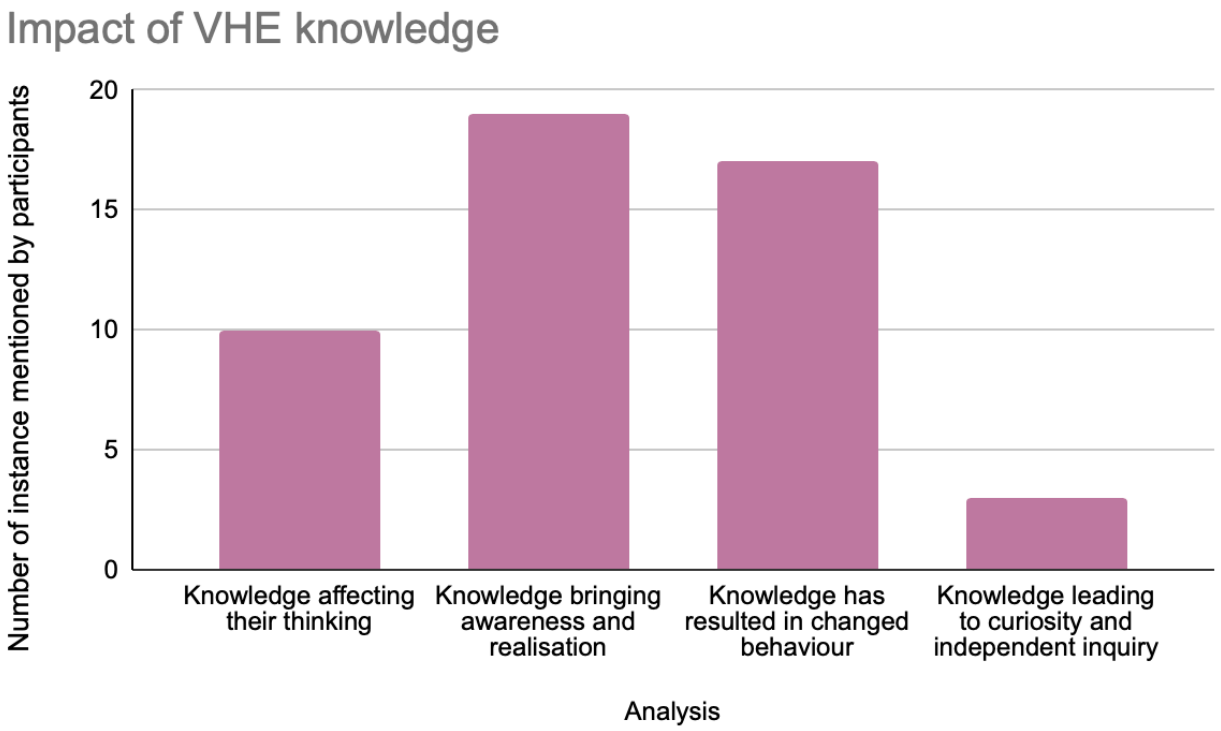

Chart 4: Impact of VHE knowledge

All these were clear indications of the awareness created by the VHE teaching component.

B. VHE Knowledge leading to changed behaviour and change in perspectives

From the questionnaire, *'avoiding throat clearing'* came as the major change that the participants (P1 and P3) had made post instruction, while *'avoid shouting or talking loud'* was for P2. Also, *'physical exercise'* was a new change made by P1 post instruction. These changes in behaviour was not just observed in stopping certain habits but was also observed in the starting of some new alternative behaviours. Examples of new alternative strategies were,

"Living in Delhi, having to speak loudly anyway, so people expect me to speak louder. But I used to feel shy to [say] I can't talk louder than this. But I'm like, I'm gonna come close and I'll be more audible. I'm not going to strain my throat" (P1).

"Like I used to talk, talk loudly and then shout whenever I want to. I'm trying to avoid that" (P2)

"I tried hitting really high notes repeatedly in the same song…So then I realized my voice has been used a lot. So I actively tried resting it. So I did not practice for one day" (P3).

All these indicated that the VHE teaching had resulted in the changed behaviour of the participants. It also resulted in their conscious decisions toward avoiding certain unhealthy vocal behaviour and replacing it with healthy habits. This was surely an indicator of the effectiveness of the program.

C. Knowledge leading to independent inquiry: Inductive Theme

This theme was discovered inductively while sorting and analysing the qualitative data. The inductive theme added value to the effectiveness of the program. P1 made several remarks on how the vocal physiology knowledge received made him more curious about other vocal issues.

"[B]ecause of your Physiology video, I went and I saw what happens when you go for high notes and I saw a good video of it. Then recently I saw a video of how different types of singers, let's say opera singers, rock singers, pop singers, like the vowels" (P3).

"There were some videos and I don't know if they did like a scan or something and you could see from the side and even vowel shapes how that works for different styles" (P3).

Here the participant wanted to understand what would happen to the vocal cords in different singing techniques. This was done by the participant independently out of the participant's own curiosity motivated by the physiology video shown during the VH session. Shin et al. (2019) had mentioned that curiosity and interest both could have positive outcomes in learning contexts. Curious individuals are motivated to seek unknown information. This exploratory behaviour arising from curiosity would result in better learning and achievement (Kashdan, Rose and Fincham, 2004). The fact that P3 was motivated to do some independent study and as a result of curiosity was another indication of the effectiveness of this teaching component.

III. Participants' perspectives on the usefulness of the VHE Teaching Component

VHE as part of one-on-one session

When asked about the usefulness of the curriculum, all the three participants expressed that VHE should be a teaching component in a one-on-one singing class. The responses of all 3 participants reflected that VHE was beneficial, necessary, useful and informative. Participants attitude toward vocal health teaching component was measured using a 5 point Likert scale from strongly agree to strongly disagree. Participants all selected 'strongly agreed' suggesting the usefulness of the curriculum and to have the VHE as one of the components in the one-on-one singing sessions.

P1 strongly supported that view by saying, "*I am coming to you for a holistic learning experience and vocal health is not like separate from vocal training..It is part of the singing curriculum..for me it is a very integral part of training".*

This view was also expressed by P2 and P3 as below:

"I think everyone who sings or takes vocal class should learn about this" (P2)

"I certainly think it's beneficial and necessary.. I would in fact say it should be a good part of the training as well" (P3).

The interview data hence also revealed a similar result which is a strong indication that students learning singing in a one-on-one setting consider VHE training not only as part of their singing training but find it valuable to be included in their class time. This was in stark contrast to the fears and anxiety I (primary researcher) had before commencing this study, as discussed in later part.

Usefulness of Curriculum Material

When asked which vocal health topic out of the three was most useful, although all three participants picked, *'All were useful'*, through the interviews it was discovered that the physiology session was most helpful for participants, especially for P1 and P3. These were participants comments: *"For me personally*, *the physiology session was most beneficial because I had never seen the workings. Pathology was a bit, but physiology was definitely the most important for me"* (P3). *"Think personally, all of them were important. But most important for me was vocal anatomy [and physiology] and misuse and abuse also…Personally I didn't find any session unnecessary"* (P1).

Similar results were also obtained by Flynn (2019) who reported that undergraduate singing students overwhelmingly supported the inclusion of vocal physiology in their curriculum with the belief that it would help vocal cord injury.

Reiteration was helpful - an Inductive theme

P1 and P3 stated that they had some previous knowledge about vocal health. Hence some of the curriculum was known by them previously learnt from their singing teacher. Both of them remembered a lot more than P2. But for P2 the entire curriculum of VHE was new. P2 had relatively less experience of one-on-one singing classes (less than 4 months) whereas both P1 and P3 had learnt singing for more than 4 years in a one-on-one setting. Although P1 and P3 knew about VHE, they highlighted the importance of reiteration and how it was helpful in realizing the importance of this subject.

"I have known about some of these things but learning the vocal anatomy..we learn all of this in school. But the thing is we take it so lightly…So, <u>I guess reiterating this was like a</u>

wakeup call for me. So it was much needed" (P1). "So I was already doing most of them [vocal hygiene habits] because you had been telling me over the years" (P3)

It could be inferred that repeated mentioning or reminding of the vocal hygiene practices were helpful for the learners. This theme again was observed using an inductive approach. This observation was also reported in the findings of Flynn (2019) that students were able to retain more of the vocal health knowledge when presented multiple times. Although the sample size was small in my study, a remarkably similar pattern was observed. Hence reiteration in VHE is helpful. In future, VHE programs could be done at regular spaced intervals. This would increase knowledge retention in the participants as indicated by Batt (2023) and Webb (2007).

Different learning modes - Inductive theme

One of the interesting things that emerged was the learner's different mode of learning. Vidoe (P3), Aural, Google and learning from a teacher (P1) were some of the learning modes that the participants found helpful. This reflected that effective learning modes for each individual were different and in future it would be good to understand the preferred learning modes of participants while imparting VH education to achieve greater impact of the program. A study by Raheja and Kelkar (2023) found that the improvement in VH knowledge was observed more when vocal hygiene education was given in written mode by a fellow teacher. However in this study although the impact of the teacher in the teaching process was evident, the impact of video mode in teaching needs further research and study.

Singing teacher plays an important role in VHE education - Inductive theme

During the interview another aspect that was observed was the perspective the students had toward their singing teacher. Participants looked at the singing teacher as a credible source of information. Although students had access to other sources of information, they still viewed the information from the singing teacher as more authentic and as something that carried more value.

According to P1, *"but [VHE] coming from my teacher is more serious"* showed that the student valued the importance of vocal health because it came from the teacher. This theme was in congruence with other studies (Braun-Janzen and Zeine, 2009; Latham et al., 2017) that reported that singing teachers were the first person to be approached while seeking information regarding vocal health issues. This theme indicated the crucial role singing teachers play in educating the singers about vocal health.

From the literature it could be observed that the importance of vocal health education has been widely accepted and now has become part of the teaching curriculum in many universities (Latham et al., 2017) and many voice teachers also focus on vocal health and emphasize vocal hygiene during performance training programs. In that survey the respondents not only agreed that VHE should be part of their curriculum but also favoured singing teachers over medical professionals to deliver the instruction. Similar observation was made in the study by Braun-Janzen and Zeine (2009), where singers reported that they received their most valuable vocal care knowledge from their singing teachers. Another study (Petty, 2012) also underscored the crucial role the singing teachers played in their students' vocal training. This study revealed how singers were reliant on their singing teachers as their information sources in their beginning stages of their information seeking. All these along with this study have indicated that the role of singing teachers in their students' vocal health training is important as singers are mostly likely to seek information regarding their vocal health from their singing teachers (Kwak et al., 2014).

In my private studio, I also had experienced similar situations where students have approached me regarding their vocal problems as a first hand information source. Hence this theme not only was pointing to the desire of my students to learn about vocal health but also revealed their perspective of me as a credible source of information, even though I am a private singing teacher.

Limitations and Future Recommendation:

Some limitations in this study were:

1. Small sample size: There was difficulty in finding willing and available participants. As a private teacher there was limited access to students. The findings from such a small sample size was difficult to generalize.

2. Unlike the other studies (Broaddus-Lawrence et al., 2000; Timmermans et al., 2005) which involved a minimum duration of 3 to 4 hours of instruction altogether, this study only involved 45 mins in total. Hence this meant that only a very basic education on vocal health was given. A detailed instruction was not possible. This limited time for training as a barrier was in congruence with another study done by Latham et al. (2017) on graduate singing programs.
3. The nature of the one-on-one setting is such that the students come primarily to improve their singing voice through direct intervention (like learning singing techniques, breathing, posture (Duffy and Hazlett, 2004). Previously the whole 45 minutes was dedicated towards direct training. Dedicating a small amount of that time solely for vocal health education was a new approach in my practice. So, there was a risk of students' approval of such a model. But when the project requirements were presented to the participants, there was unanimously a welcoming response from all four participants as they all showed eager interest to learn about vocal hygiene. Similar to the study by Kwak et al. (2014) who reported that the majority of singing students unequivocally demonstrated interest and hunger in knowing more about vocal hygiene, this indicated a knowledge gap in this area.

Conclusions:

Based on this study, one could say that there was enough evidence, both through quantitative and qualitative findings, to affirm the effectiveness of VHE for students learning in a one-on-one setting. Also by looking through the students' perspectives, it was evident that the student's in one-on-one settings found VHE training to be beneficial, useful and necessary to be part of their singing training. The learning modes were different for each learner and hence the VHE training can be more effective if that aspect was taken into consideration in the future. Retention of vocal health knowledge was more when the participants had previous exposure to the VHE information. Hence I suggest that reiteration could be used as a tool to enhance the knowledge retention of VHE. The same VHE curriculum done at regular intervals can be studied to understand the degree of its effectiveness. The same study with a bigger sample size would help in further establishing the findings of this research. This study may also be relevant to singing teachers and voice pedagogues, as it validated the importance and usefulness of having vocal hygiene education as one of the teaching components in individual singing sessions.

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Appendix 1 - Resources used in teaching

1. https://sketchfab.com/3d-models/anatomy-of-the-larynx-a00bc73a303c46248db6a13a88b23404
2. https://www.youtube.com/watch?v=b89RSYCaUBo
3. https://www.youtube.com/watch?v=9Tlpkdq8a8c
4. https://www.pedilung.com/vocal-cord-nodules-and-polyps-2/

Appendix 2 - Vocal Hygiene Curriculum

Session 1: Basic Anatomy and physiology of human phonatory mechanism

1. Explain the requirements of the study: participation in the study is voluntary and that the participants must attend all three sessions and must complete a post-instruction questionnaire and interview.
2. Introduction to basic anatomy of larynx and its functioning.
3. Define: respiration
4. Define: Phonation
5. Explain the components of the larynx - major cartilages, muscles and bone.
6. Show video and 3D aids
7. Functioning of the vocal folds.

Session 2: Vocal Abuse & Misuse and Laryngeal Pathologies

1. Session one review
2. Introduction to vocal misuse
3. Symptoms of vocal abuse
    a. Hoarseness
    b. Loss of vocal range
    c. Vocal fatigue
    d. Sore throat
    e. Throat clearing
    f. Pain or discomfort when speaking
    g. Difficulty to speak
4. Define: Vocal abuse
5. List behaviours of vocal misuse

    a. Shouting or screaming
    b. Talking in loud environments like pubs, parties, games
    c. Speaking or singing while sick
    d. Smoking
    e. Drinking alcohol
    f. Inhalants, pollutants and allergens
    g. Constant throat clearing or coughing to clear phlegm
    h. Drinking less water
    i. Lack of sleep
    j. Extensive singing and talking without breaks
6. Define: Laryngeal pathology
7. Explain: Vocal polyps, Vocal nodule, Laryngitis - what happens to vocal cords during these pathologies.
8. Show visual aids.

Session 3: Alternative Health Vocal habits

1. Review previous sessions
2. Explain healthy vocal habits
    a. Hydration and why it is important
    b. Importance of diet and side effects of unhealthy diet.
    c. Explain the importance of physical and vocal rest
    d. Physical fitness
    e. Avoiding smoking, drinking alcohol
    f. Avoiding throat clearing, loud extended talking and streaming, avoiding irritants like smoking, drinking alcohol.
3. Q&A

Appendix 3 - Post Instruction Questionnaire

1. Name:

2. email ID

Section1: Knowledge

1. List 4 vocal abuse or misuse practices:
2. What are some of the symptoms that may indicate that something negative is happening in your larynx?
3. List out 2 vocal pathologies you remember and explain why it happens.
4. Why is adequate water consumption important?

Section 2: Usefulness

5. Were the 3 sessions on vocal health instruction helpful? If yes, how? If not, how?
6. Which part of the vocal health instruction was most helpful?
    - Vocal physiology
    - Vocal misuse, abuse and vocal pathology
    - Healthy vocal habits
    - All were helpful
    - None were helpful
7. Which part of the vocal health instruction was not helpful?
    - Vocal physiology
    - Vocal misuse, abuse and vocal pathology
    - Healthy vocal habits
    - All were helpful
    - None of it was helpful
8. Was there anything you wished could have been addressed more? If yes, kindly state.
9. Did you feel the vocal health instruction was good to be included during the class time?
    - Strongly Agree
    - Partially agree
    - Neutral
    - Partially disagree
    - Strongly disagree
10. Which vocal health instruction you most **remembered** in the last few weeks? *Mark only one.*
    - Avoid throat clearing
    - Avoid shouting or talking loud
    - Avoid extensive talking
    - Drink more water consciously

- Had health eating habits
- Included physical activity
- To avoid smoking and drinking alcohol
- To have less caffeinated drinks

11. Was there any conscious choice in any of the following, post the vocal health instruction? *Mark only one.*
    - Avoid throat clearing
    - Avoid shouting or talking loud
    - Avoid extensive talking
    - Drink more water consciously
    - Had health eating habits
    - Included physical activity
    - To avoid smoking and drinking alcohol
    - To have less caffeinated drinks

Section 3: Influence

12. Were the vocal health sessions influencing the lifestyle choices you were making in the last few weeks? Kindly elaborate.
13. In the last few weeks, on average how many glasses of water did you drink per day? *Mark only one.*
    a. More than 8 glasses
    b. 5 - 7 glasses
    c. 3 - 4 glasses
    d. Less than 2 glasses

14. In the last few weeks, how many caffeinated drinks did you have in a day?
Mark only one oval.

A. More than 8 drinks
B. 7 - 8 drinks
C. 5 - 6 drinks
D. 3 - 4 drinks
E. 2 drinks
F. less than 1 drink
G. None

15. In the last few weeks, how often did you usually have drinks containing alcohol? By a drink containing alcohol, we mean half ounces of absolute alcohol. Example - a glass of beer, a 5 ounce glass of wine, a drink having 1 shot of liquor. *Mark only one.*

A. Everyday
B. 5 - 6 times per week
C. 3 -4 times per week
D. 2 -3 times per week
E. Once a month
F. None

16. How often did you smoke in the last few weeks?
(Common tobacco products include cigarettes, cigars, pipers and
hookahs) *Mark only one.*

A. Not at all
B. Daily
C. Occasionally
D. Other

17. Was there a conscious choice to do any regular physical exercise in the last few weeks, post vocal health instruction? *Mark only one.*

a. Yes
b. No

18. If you did any physical exercise, kindly mention the activity and its frequency.

19. What was your sleeping duration everyday in the last few weeks? On average, how long do you sleep in a day? *Mark only one.*

A. More than 8 hours
B. 7-8 hours
C. 6-7 hours
D. 5-6 hours
E. 4-5 hours
F. Less than 4 hours

Appendix 4 - Participant Consent Form

Research Topic:

'Effectiveness of a teaching component on Vocal health education among non-professional adult singing students in a one-to-one setting'.

By filling this form, I voluntarily give consent to take part in this research.

1. I voluntarily agree to participate in this research study.
2. I understand that even if I agree to participate now, I can withdraw at any time
3. I understand that I can refuse to answer any question involved during the research process without any consequences of any kind.
4. I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
5. I understand that participation involves answering questionnaires pre and post instruction in written form, giving interviews and receiving vocal health education.
6. I understand that I will not benefit directly from participating in this research.
7. I agree to my interview being audio-recorded.
8. I understand that all information I provide for this study will be treated confidentially. I understand that in any report on the results of this research my identity will remain anonymous.
   This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about.
   I understand that disguised extracts from my interview may be quoted in dissertation, conference presentation, published papers.
9. I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me ;rst but may be required to report with or without my permission.
10. I understand that signed consent forms and original audio recordings will be retained in a password protected cloud folder accessible only to the researcher until 2026.
11. I understand that a transcript of my interview in which all identifying information has been removed will be retained for two years until 2026.
    I understand that under freedom of information legalisation I am entitled to access the information I have provided at any time while it is in storage as specified above.

12. I understand that I am free to contact any of the people involved in the research to seek further clari;cation and information.

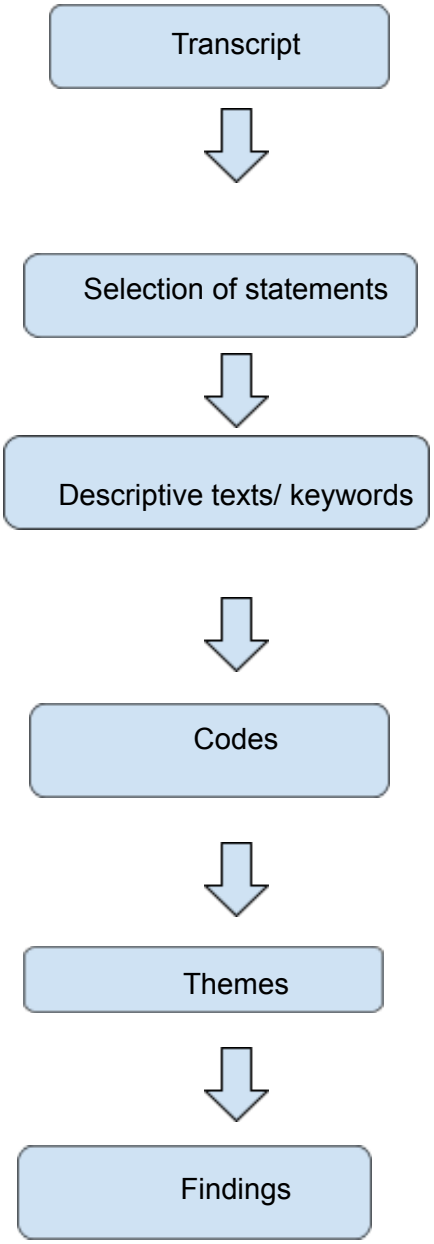
Contact Details of the Researcher:

Serene Yoneko D
8826573099 sereneyoneko@gmail.com

I have understood the above and voluntarily agree to participate in this research.

Agree Disagree

Appendix 5: Analysis Design



Appendix 6: Coding Data

Participant	Text	Text 2	Descriptive Code	Category	Theme	Analytic coding
P1	learn this in school		Learnt in school previously	previous knowledge	Knowledge	Reiteration helps in knowledge retention
P3	I just knew most of the things	i knew most of the things	Knowledge retention gives confidence	Knowledge recall	Knowledge	Reiteration helps in knowledge retention
P2	like all the things that's flapping and stuff	flapping and stuff	Student's inability to explain		Knowledge	language impediment
P1	I immediately remembered that coughing itself puts so much air out of lungs	coughing puts so much air out of lungs	Becoming reflective	Awareness	Knowledge	Knowledge bringing awareness and realisation
P1	throat clearing...though it subconsciously happens	Throat clearing	Becoming reflective	Awareness	Knowledge	Knowledge bringing awareness and realisation
P2	I don't know how to put in words	I don't know	Student's inability to explain		Knowledge	language impediment
P2	If i sing too much or talk too much, it will dry out our vocal cords	Too much talking or singing will dry out vocal cords	Becoming reflective	Realization	Knowledge	Knowledge bringing awareness and realisation
P2	we have to drink water like daily, drink good amount of water to keep	Hydration	Hydration	Knowledge recall	Knowledge	Knowledge bringing awareness and realisation

	our vocal cords					
P3	because of physiology teachings, i was able to think about how my voice actually produces;how my larynx works and how vocal cords actually work to produced sound	physiology teachings created awareness about the vocal cord functioning	Physiology teachings helped in relating singing to vocal cord functioning	Awareness	Knowledge	VHE brings critical thinking
P2	I don't quite remember	I don't quite remember	Student's inability to explain		Knowledge	language impediment
P2	shouting and talking in long time, drinking alcohol, smoking, drinking less water	shouting and talking for long	Ability to remember the topics	Knowledge recall	Knowledge	Knowledge recall
P2	I don't know how to say it		i don't know how to say	Student's inability to explain	Knowledge	language impediment
P2	I don't remember		I don't remember	Student's inability to explain	Knowledge	language impediment
P3	we covered all 3 topics, that was vocal pathology, hygiene and vocal physiology	Covered all three topics	Ability to remember the topics	Knowledge recall	Knowledge	Knowledge recall
P3	So, I has no idea that our vocal cords look like that	no idea how vocal cords look like	Student's inability to explain		Knowledge	language impediment
P3	you showed me healthy vocal cords	Healthy vocal cords are moist	Healthy vocal cords are moist	Knowledge recall	Knowledge	Knowledge affecting their thinking

	that they are moist					
P3	so I was thinking about that because of physiology video	physiology teachings created awareness about the vocal cord functioning	Physiology teachings helped in relating singing to vocal cord functioning	Awareness	Knowledge	VHE brings critical thinking
P3	we had discussed a lot of them	Previous learning	Learnt in singing class previously	Previous knowledge	Knowledge	Reiteration helps in knowledge retention
P3	of how bad it would be if i don't hydrate my vocal cords properly	bad for vocal cords if not hydrated	Became reflective	Awareness	Knowledge	Knowledge bringing awareness and realisation
P3	let's say i'm hitting a high note so they vibrate even faster	vocal cords vibrate even faster in high notes	Able to critically look at a vocal behaviour	Awareness	Knowledge	VHE brings critical thinking
P1	pushed me into hydrating more	Hydration	Hydration	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	I having a lot of soup		More soups	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	i'm quite conscious about the kind of food I eat		Conscious food choices	Awareness	Impact	Knowledge bringing awareness and realisation
P1	i've learned to combat those things, by drinking room temperature water	drinking room temp water	Drinking room temperature water	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	by drinking room temperature water		Drinking room temperature water	Changed behaviour	Impact	Knowledge has resulted in changed behaviour

P1	i've just been more conscious of those things		Being conscious	Critical thinking	Impact	Knowledge affecting their thinking
P1	wearing a mask all the time		Wearing mask	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	i'm gonna come close to you i'll be audible	not speaking loudly	Coming closer & not speak loudly	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	It's made me very conscious of these things		Being conscious	Awareness	Impact	Knowledge bringing awareness and realisation
P1	i need to prevent it immediately before it goes worse		Take steps to prevent	Awareness	Impact	Knowledge has resulted in changed behaviour
P1	I have been letting the phlegm naturally settle down	avoid throat clearing	Allow phlegm to settle down naturally	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	Instead of forcing it out, like clearing my throat, I consciously try to stop it.		Stopped throat clearing	Changed behaviour	Impact	Knowledge bringing awareness and realisation
P1	Consciously try to stop throat clearing		Stopped throat clearing	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	nowadays i make it a point to wait till it cools down	drinking room temp water	Drinking room temperature water	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	because it shouldn't scorch my throat	shouldn't scorch the throat	Awareness	Awareness	Impact	Knowledge affecting their thinking

P1	cold beverages also i avoid		Avoiding cold beverage	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	i've been trying to have room temperature water and body temperature water especially	drinking room temp water	Drinking body temperature water	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	i started carrying my own bottle everywhere		Carrying own water bottle	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	wearing masks		Wearing mask	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	making the time to exercise..because cardio is important		Making time for exercise	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	ever since then i've been making sure i have a balanced diet		Balanced diet	Awareness	Impact	Knowledge has resulted in changed behaviour
P1	ever since then i've been making sure i have a balanced diet		Making sure of eating balanced food	Changed behaviour	Impact	Knowledge bringing awareness and realisation
P1	i realized it is ok to avoid being in such situations	its ok to avoid dusty places	Awareness	Awareness	Impact	Knowledge bringing awareness and realisation
P3	so I was thinking about that because of physiology video	Physiology video	Vocal anatomy and physiology was helpful	Instruction material	Impact	Knowledge bringing awareness and realisation

P2	I'm trying to avoid that		Conscious effort toward vocal health	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P1	I immediately remembered that coughing itself puts so much air out of lungs	coughing puts so much air out of lungs	Ability to reflect on the vocal action in the light of the VH training received.	Critical thinking	Impact	Knowledge affecting their thinking
P1	throat clearing...though it subconsciously happens	Throat clearing subconscious happens	Subconsciously happens	Critical thinking	Impact	Knowledge affecting their thinking
P2	If i sing too much or talk too much, it will dry out our vocal cords	Too much talking or singing will dry out vocal cords	ability to reflect on consequences of too much usage of voice	Critical thinking	Impact	Knowledge affecting their thinking
P3	of how bad it would be if i don't hydrate my vocal cords properly	bad for vocal cords if not hydrated	ability to reflect on the importance of hydration and vocal cord functioning	Critical thinking	Impact	Knowledge affecting their thinking
P3	let's say i'm hitting a high note so they vibrate even faster	vocal cords vibrate even faster in high notes	Ability to relate the learning to vocal cord functioning	Critical thinking	Impact	Knowledge affecting their thinking
P3	one thing i did this winter, i've been wearing a muffler all the time, it keeps me warm	wearing a muffler	Wearing muffler to keep warm	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P3	when a proper video was shown, i could see the working, how get together and vibrate	i could see the working	Video helps in seeing what happens	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful and beneficial

P3	videos were very informative		Video was informative	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful and beneficial
P3	that made me have a mental image	have a mental image	Videos create a visual imprint in mind	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful and beneficial
P3	Videos showed me what really goes on inside the larynx	showed me what really goes on in larynx	Video helps to know what happens - visualization	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful and beneficial
P3	let's say I was practising few days ago, i was trying to belt and i realized i shouldn't push my larynx o high	realisation	Realizating not to push larynx	Awareness	Knowledge	Knowledge bringing awareness and realisation
P3	and just try to scream instead of healthily producing the sound	realisation	Able to critically look at a vocal behaviour	Awareness	Impact	VHE brings critical thinking
P3	After that, let's say i am doing a new vocal technique, i could imagine from now on how this would work in the vocal cords	Imagination	Seeing helps in imagining	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful and beneficial
P3	I went and saw what happens when we go for high notes and I	Curiosity	Independent Inquiry	Independent Inquiry	Impact	Knowledge leading to curiosity and independent inquiry

	saw a video of it					
P3	Recently I saw a video of how different types of singers	Curiosity	Independent Inquiry	Independent Inquiry	Impact	Knowledge leading to curiosity and independent inquiry
P3	There were some video..scan..you could see even the vowel shapes how that works for different styles	Curiosity	Independent Inquiry	Independent Inquiry	Impact	Knowledge leading to curiosity and independent inquiry
P3	my voice is basically I misused it because I had so many takes	Taking many takes; singing repeatedly	Realizing that tiredness is a symptom of vocal misuse	Awareness Critical reflection	Impact	Knowledge bringing awareness and realisation
P3	that i would get tired, so i realised not to do that stuff	Tiredness	Realizing that tiredness is a symptom of vocal misuse	Awareness	Impact	Knowledge bringing awareness and realisation
P3	then i did realize my voice has been used a lot	Voice has been used a lot	Realization the misuse of excessive voice usage	Awareness	Impact	Knowledge bringing awareness and realisation
P3	So, I actively tried resetting it. So I did not practice for one day.	Actively rested;	Active rest	Changed behaviour	Impact	Knowledge has resulted in changed behaviour
P3	Earlier i didn't make any of those choices	Awareness	Earlier lack of conscious choice	Previous practices	Impact	Attitude toward vocal health
P3	i could imagine from now on how this would	how this would work in the vocal cords	Impact of visual aid lead to imagination	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful

	work in the vocal cords					and beneficial
P3	whether it is healthy lets say like a growl..should i be feeling that sensation, is that something different? is that healthy?	ability to look critically at his actions	Able to critically look at a vocal behaviour	Awareness	Impact	VHE brings critical thinking
P3	so i'm trying to imagine all that after looking at the vocal cords.	I'm trying to imagine	Seeing helps in imagining	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful and beneficial
P3	so I was thinking about that because of physiology video	thinking about it	Seeing helps in imagining	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful and beneficial
P3	because you even showed me..the soft palate. it lifts up like this.	showed me the soft palate lifts	Seeing helps in understandin g what happens	Awareness	Knowledge	Visual aid in VHE education was helpful and beneficial
P3	let's say a new singer or even singers who have been singing for a long time, nce they see it happen , you get an explanation for it	you get an explanation for it	Seeing helps in understandin g what happens	Learning mode - Video was helpful	Impact	Visual aid in VHE education was helpful and beneficial
P3	it makes you think about the ways you can do it n your own	think about ways	Becoming reflective	Impact	Impact	Visual aid in VHE education was helpful and beneficial

P1	take it lightly	taken lightly	Taken vocal health lightly previously	Student attitude	Participants' reflections	Attitude toward vocal health
P1	didn't really consciously think	didn't consciously think	Didn't consciously think about VH previously	Student attitude	Participants' reflections	Attitude toward vocal health
P1	reiterating was a wake up call	wake up call	Reiteration was a wake up call	VHE learning component was useful	Participants' reflections	Reiteration helps in knowledge retention
P1	I was quite curious		Curiosity	Student attitude	Participants' reflections	Attitude toward vocal health
P1	i had become very passive about vocal health	passive about vocal health	Previously was passive about vocal health	Student attitude	Participants' reflections	Attitude toward vocal health
P1	people expect me to speak louder	people's expectation to speak loud	Vocal demands - societal expectation	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	very very scared	scared	Previously was scared	Student attitude	Participants' reflections	Attitude toward vocal health
P1	anxiety when you think about it on your own	anxiety	Previously was anxious	Student attitude	Participants' reflections	Attitude toward vocal health
P1	Maybe some things that I was doing were right.	doing things right	Gives affirmation to previous knowledge.	Role of the teacher in the teaching process	Participants' reflections	VHE was useful
P1	but coming from my teacher is more serious	coming from my teacher	Teacher as a source of information	Role of the teacher in the teaching process	Participants' reflections	Role of the teacher in the teaching process is helpful
P1	videos, it helped me to think how it would feel like to have healthy vocal cords		Video helped me to think; helps in visualizing	Learning mode - Video was helpful	Participants' reflections	Visual aid in VHE education was helpful and beneficial
P1	I don't like piping in hot beverages	dislike hot beverage	No hot beverages	Previous Vocal health behaviour	Participants' reflections	Attitude toward vocal health

P1	prevention is better than cure	prevention	Prevention is better	Student's Vocal health perspectives	Participants' reflections	Knowledge affecting their thinking
P1	but i feel obligated and then i end up having it.	felt obligated	Succumbing to internal inhibitions	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	I don't eat food that tends to irritate my throat	food that irritates the throat	Avoided food that caused throat irritation	Previous Vocal health behaviour	Participants' reflections	Previous Vocal health behaviour
P1	I have classes throughout the week, i need to sing	classes throughout the week	Vocal demands due to singing schedule	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	Delhi is very dusty, even if its not polluted	delhi is dusty	Vocal demands - environmental factors	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	exercising is helpful for strength training and singing	exercising	Exercise is helpful	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	It's good for lung capacity	exercising helpful for lungs	Exercise is helpful	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	very easy to get a laryngitis	laryngitis	Sickness	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	living in delhi, having to speak loud a lot of times	delhi and speaking loudly	Vocal demands - societal expectation	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	earlier i used to feel shy to say i can't be louder than this	felt shy to speak up	Succumbing to internal inhibitions	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	it is important to do it during class time	Important	Important to have VHE component during class time	Teaching component	Participants' reflections	Vocal training should include VHE

P1	because both of our times are valuable	Value for time	VHE gives value for time	Teaching component	Participants' reflections	VHE was useful
P1	i'm coming to you for a holistic learning experience		VHE gives a holistic learning experience	Teaching component	Participants' reflections	VHE was useful
P1	vocal health is not like seperate from vocal training because if i don't have vocal health then there's no point in training		VHE should be part of singing curriculum	Teaching component	Participants' reflections	Vocal training should include VHE
P1	its very easy to misuse your voice	easy to misuse voice	Easy to misuse voice	Student's Vocal health perspectives	Participants' reflections	Attitude toward vocal health
P1	I believe it should be done in class time because otherwise i think it would be unfair for you to take time out just to do that		It is fair for the teacher to do it during the class time	Teaching component	Participants' reflections	Vocal training should include VHE
P1	this is part of singing curriculum, ideally so		VHE should be part of singing curriculum	Teaching component	Participants' reflections	Vocal training should include VHE
P1	personally it helps when somebody teaches it to me	finds human aspect in teaching helpful	It helps when someone teaches	Role of the teacher in the teaching process is helpful	Participants' reflections	Role of the teacher in the teaching process is helpful
P1	i like to hear information	Like to hear - Aural	Aural - it is helpful to hear from someone	Learning mode - other sources	Participants' reflections	Role of the teacher in the teaching process is helpful
P1	sometimes there are doubts that i	Google	Google	Learning mode - other sources	Participants' reflections	Learning mode - other sources

	want to ask which i can look upon google					
P1	but it's just the human aspect of it leaves an impact on me	human aspect leaves an impact	Teacher - human aspect leaves an impact	Role of the teacher in the teaching process is helpful	Participants' reflections	Role of the teacher in the teaching process is helpful
P1	all of them were important but most important for me was vocal anatomy and misuse and abuse		Vocal anatomy and physiology was helpful	Teaching component	Participants' reflections	VHE was useful
P1	just encouragement to practice like how to being in dusty environments and what we should go about it		It was an 'encouragement'	Teaching component	Participants' reflections	VHE was useful
P1	it was just a wake up call to imbibe these practices		It was a wake up call	VHE learning component was useful	Participants' reflections	VHE was useful
P2	I was amazed of all the things in our vocal cords, like the muscles		Vocal anatomy and physiology was helpful	VHE learning component was useful	Participants' reflections	VHE was useful
P2	gives me awareness		Gives awareness	VHE learning component was useful	Participants' reflections	VHE was useful
P2	to do those do's and don'ts		Do's and don'ts	VHE learning component was useful	Participants' reflections	VHE was useful
P2	really a benefit for me		Beneficial	VHE learning component was useful	Participants' reflections	VHE was useful

P2	Everything was new for me		Everything was new	Instruction material	Participants' reflections	VHE was useful
P2	I want to learn about vocal anatomy		Vocal anatomy and physiology was helpful	Teaching component	Participants' reflections	VHE was useful
P2	so I was amazed		Amazing	VHE learning component was useful	Participants' reflections	VHE was useful
P2	I was simply amazed		Amazing	VHE learning component was useful	Participants' reflections	VHE was useful
P2	i used to talk loudly	talk loudly	Talking loudly	Previous Vocal health behaviour	Participants' reflections	Previous Vocal health behaviour
P2	and then shout whenever i want to	shout	Shouting	Previous Vocal health behaviour	Participants' reflections	Previous Vocal health behaviour
P1	for me a very integral part of training		VHE is integral part of the training	Teaching component	Participants' reflections	Vocal training should include VHE
P2	to have good vocals	to have healthy vocals	Interested	Student attitude	Participants' reflections	Attitude toward vocal health
P2	caffeinated drinks i hardly drink those		No coffee	Previous Vocal health behaviour	Participants' reflections	Previous Vocal health behaviour
P2	Vocal health - because i like to learn healthy habits and stop unhealthy habits	I like to learn - student interested in learning VH	Desire to learn; interested to learn	Student attitude	Participants' reflections	Attitude toward vocal health
P2	It is helpful		Helpful	VHE learning component was useful	Participants' reflections	VHE was useful
P2	i think everyone who sings to take vocal class should learn about this		VHE should be part of singing curriculum	Teaching component	Participants' reflections	Vocal training should include VHE

P1	all of them were important but most important for me was vocal anatomy and misuse and abuse		Vocal misuse and abuse was helpful	Teaching component	Participants' reflections	VHE was useful
P2	because it's really helpful	really helpful	Helpful	VHE learning component was useful	Participants' reflections	VHE was useful
P2	All three sessions were helpful	all sessions were helpful	Helpful	VHE learning component was useful	Participants' reflections	VHE was useful
P3	It was good	Good	Good	VHE learning component was useful	Participants' reflections	VHE was useful
P3	you showed me and explained it really well	showed and explained well	Teacher explained well	Role of the teacher in the teaching process	Participants' reflections	Role of the teacher in the teaching process is helpful
P3	you covered all the various hygiene things the you should do for healthy vocal usage	you covered various hygiene things	Syllabus covered all	Instruction material	Participants' reflections	VHE was useful
P3	i thought it was informative and useful	Informative and useful	Informative and useful	VHE learning component was useful	Participants' reflections	VHE was useful
P3	because of physiology teachings, i was able to think about how my voice actually produces;how my larynx works and how vocal cords actually work	physiology teachings	Critical thinking	Instruction material	Participants' reflections	Knowledge affecting their thinking

	to produced sound					
P3	Earlier, i would record in my home studio..i would just nitpick that we have to get this line perfect	Unhealthy behaviour	Singing repeatedly; Perfectionistic mindset	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P3	i would may be take 100 takes	Example of previous unhealthy behaviour	Singing repeatedly; Perfectionistic mindset	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P3	i tried hitting high notes repeatedly in the same song	Example of previous unhealthy behaviour	Singing repeatedly; Perfectionistic mindset	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P3	like you would tell m, so, most of them were covered actually	Teacher as knowledge source; Reiteration of information	Singing teacher repeated in class	Role of the teacher in the teaching process	Participants' reflections	Reiteration helps in knowledge retention
P3	so i was already doing most of them, because you had been telling me over the years	You had been telling me;	Singing teacher repeated in class	Learning mode	Participants' reflections	Reiteration helps in knowledge retention
P3	it keeps me warm, but i feel my voice is warm it feels nice, like i can just sing otherwise if I am inside it is so cold now, if i'm coming from outside, i need a good warm up	muffler keeps the voice warm	Use of muffler keeps my voice warm	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health

	before i can sing. but with the muffler on it takes less time					
P1	its like always have to be ready to sing	always have to be ready	Vocal demands - vocal readiness	Factors affecting vocal health	Participants' reflections	Factors affecting vocal health
P1	dairy products i only have in the morning	once a day dairy product	less dairy products	Previous Vocal health behaviour	Participants' reflections	Previous Vocal health behaviour
P1	It took me a long time to recover from that.	long recovery from vocal illness	Recovery from vocal illness takes longer time	Student's Vocal health perspectives	Participants' reflections	Attitude toward vocal health
P1	oral hygiene is obviously linked to vocal hygiene	importance of oral hygiene	Oral hygiene is linked to vocal hygiene	Student's Vocal health perspectives	Participants' reflections	Knowledge affecting their thinking
P3	i certainly think its beneficial and necessary		Beneficial and necessary	VHE learning component was useful	Participants' reflections	Visual aid in VHE education was helpful and beneficial
P3	So, i feel it's necessary and very beneficial		Beneficial and necessary	VHE learning component was useful	Participants' reflections	Vocal training should include VHE
P3	I would in fact say it should be a good part of the training as well.		VHE should be part of singing curriculum	Teaching component	Participants' reflections	Vocal training should include VHE
P3	Personally, physiology was definitely the most important for me.	Physiology	Vocal anatomy and physiology was helpful	Teaching component	Participants' reflections	VHE was useful

Appendix 7: Ethics form

APPLICATION FOR ETHICAL APPROVAL

RESEARCH STUDENTS This form is to be completed by the student within **SIX** months for full-time students and**TWELVE** months for part time students, after the commencement of the research degree or following progression to Part Two of your course. Once complete, submit this form via the ***MyTSD Doctoral College Portal*** at (https://mytsd.uwtsd.ac.uk). This document is also available in Welsh.
RESEARCH STAFF ONLY All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name.
STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	SERENE YONEKO D

2	Tick all boxes that apply:		Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student	☐

3	Institute/Academic Discipline/Centre:	WAPPAR
4	Campus:	Carmarthen
5	E-mail address:	sereneyoneko@gmail.com
6	Contact Telephone Number:	+91 8826573099
	For students:	
7	Student Number:	2320705
8	Programme of Study:	MA Professional Practice (Voice Pedagogy)
9	Director of Studies/Supervisor:	Louise Emanuel/Julie Crossman/Debbie Winter

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)		**YES**	☒	**NO**	☐
					Date	
2	If Yes, please indicate source of approval (and date where known): ***Approval in principle must be obtained from the relevant source prior to seeking ethical approval***	Research Degrees Committee		☐		
		Institute Research Committee		☐		
		Other (write in)		☒	WAPPAR Ethics Board Representative	

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	**UWTSD Research Ethics & Integrity Code of Practice**	☒
2	**UWTSD Research Data Management Policy**	☒
3	**ICMR National Ethical Guidelines**	☒

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution						
2	Contact person name						
3	Contact person e-mail address						
4	Is your research externally funded?		**YES**	☐	**NO**	☐	
5	Are you in receipt of a KESS scholarship?		**YES**	☐	**NO**	☐	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	**YES**	☐	**NO**	☐	
7		Employed	**YES**	☐	**NO**	☐	
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	**YES**	☐	**NO**	☐	
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	**YES**	☐	**NO**	☐	

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	**YES**	☐	**NO**	☐

	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).

SECTION E: Details of Research Activity

1	Indicative title:	Vocal health and Vocal hygiene among non-professional adult singing students in one-to-one training.		
2	Proposed start date:	26 September 2024	Proposed end date:	31 January 2025
	Introduction to the Research (maximum 300 words per section) **Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below:** · *Purpose of Research Activity* · *Proposed Research Question* · *Aims of Research Activity* · *Objectives of Research Activity* Demonstrate, briefly, how **<u>Existing Research</u>** has informed the proposed activity and explain · *What the research activity will add to the body of knowledge* · *How it addresses an area of importance.*			
3	**Purpose of Research Activity** The importance, relevance and the benefits of preventive vocal health and vocal hygiene education have been reported in the literature. Studies have shown that vocal health education programs for voice users like, teachers, singing students and professional singers, have been beneficial in preventing voice disorders and in the effective voice usage. Although studies have been done on voice users like university students, professional singers and voice teachers, there has not been much done on the effectiveness of such training on adult amateur singers having private singing lessons. Hence the purpose of my study is to understand the effectiveness of vocal health awareness education among non-professional adult singing students who are learning in a one-to-one setting. The study will contribute to the wider teaching community some pedagogical ideas especially for singing teachers teaching in a one-to-one setting. (this box should expand as you type)			

4	**Research Question** Could a teaching component on vocal health and hygiene help non-professional adult singers train better in a one-to-one teaching setting? What is the effectiveness of vocal health education to singing students in a one-to-one training session? Will a teaching component on vocal health and vocal hygiene increase the singer's awareness of their voice usage? (this box should expand as you type)
5	**Aims of Research Activity** 1. To understand students (non-professional adults) perspectives on vocal health who take one-to-one singing lessons. 2. To create awareness about vocal health among students. 3. To understand the effectiveness of vocal health and vocal hygiene education. 4. To improve teacher support and to craft lessons in a supportive way for students. (this box should expand as you type)
6	**Objectives of Research Activity** The objective of this research is to understand the vocal health awareness among non-professional singing students and the role of teacher in bringing that awareness. The students in my studio have frequently approached me on issues regarding their vocal health/ ill health. This makes me wonder if having a teaching component on general vocal health or ill health would help those who are training. As a singing teacher this would also increase my understanding of my students' current understanding of vocal health/ill-health. I want to include in my teaching sessions, a component on vocal health for a short period of time, may be four individual sessions. I then want to understand its effectiveness through students' perspectives or change in their attitude toward and understanding toward vocal health. I believe that adding a teaching component on vocal health in one-to-one singing sessions may enhance students' awareness of vocal health, and educate them and help them to be better steward of their voice. The increased understanding of my students' awareness will then inform me to frame the singing lessons accordingly. I also believe that the outcomes of this research will inform the wider singing community, especially in a one-to-one setting teaching setting. (this box should expand as you type)

	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that **may** be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here, but should instead describe how you intend to collect the data necessary for you to complete your project.
7	Questionnaires – Both closed and open-ended questionnaires will be used to collect the demographic details and the participants' initial pre-research knowledge in the subject. Questionnaires will also be used to gather participants understanding of the subject and their vocal habits post-research. Interviews – one on one interviews to gather data regarding their understanding of vocal health and their vocal hygiene practices. Focus groups – Discussions as a group to see if there is a collective understanding/ misconception on the topic of vocal health or ill health and to understand the effectiveness of vocal health education in individual training sessions. Audio and video recording – the interviews and group discussion will be recorded in order not to miss the data. Note taking – researcher field notes during the research process which will help in reflexivity. (this box should expand as you type)
	Location of research activity Identify all locations where research activity will take place.
8	Muzicedu, Western Music School, New Delhi, India. Zoom video/audio calls Online Google forms (this box should expand as you type)
	Research activity outside of the UK If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	The research falls within the guidelines prescribed by ICMR **National Ethical Guidelines,** India. *(this box should expand as you type)*

10	Use of documentation not in the public domain: Are any documents **NOT** publicly available?	**NO**	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. *(this box should expand as you type)*		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	**YES**	**NO**
12	A prosperous Wales	☐	☒
13	A resilient Wales	☐	☒
14	A healthier Wales	☐	☒
15	A more equal Wales	☐	☒
16	A Wales of cohesive communities	☐	☒
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒
19	If YES to any of the above, please give details:		
	(this box should expand as you type)		

SECTION F: Scope of Research Activity

	Will the research activity include:	**YES**	**NO**
1	Use of a questionnaire or similar research instrument?	☒	☐
2	Use of interviews?	☒	☐
3	Use of focus groups?	☒	☐
4	Use of participant diaries?	☒	☐
5	Use of video or audio recording?	☒	☐
6	Use of computer-generated log files?	☐	☒
7	Participant observation with their knowledge?	☒	☐
8	Participant observation without their knowledge?	☐	☒

9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☒
	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	**YES**	**NO**
1	Students or staff at the University?	☐	☒
2	Adults (over the age of 18 and competent to give consent)?	☒	☐
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.	☐	☒

	Details of any other participant groups: (this box should expand as you type)		

	Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?	
10	How many participants are expected?	20 *(this box should expand as you type)*
11	Who will the participants be?	Non-professional adults singing students taking one-to-one training sessions. *(this box should expand as you type)*
12	How will you identify the participants?	Convenience sampling - Students at my workplace. Participants who given their consent to the purpose of the study and who are willing to participate in the entire process (filling questionnaires, participating in vocal health educative sessions, interviews and discussion groups) will be included. Participants who fail to attend vocal health sessions and fail to participate in the questionnaires and interviews will be excluded. *(this box should expand as you type)*

	Information for participants:	**YES**	**NO**	**N/A**
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐
17	If the research is observational, will you ask participants for their consent to being observed?	☒	☐	☐
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐

21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
	(this box should expand as you type)			

	Information for participants:	**YES**	**NO**	**N/A**
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☒	☐	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	Line 25 – Use of instruments, like mobile phones and camera, for recording audio or video for interviews and focus groups discussions. *(this box should expand as you type)*			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them. If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
1	**Full risk assessment completed and appended?**	**Yes**	☐
		No	☐

<table>
<tr><td>2</td><td colspan="2">Risks to participants
For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information</td></tr>
<tr><td></td><td>Risk to participants:

1. The participants may feel stressed to participate in the research because I am their teacher (authority figure).

2. Participants may fear the risk of transfer of their personal data and information.

(this box should expand as you type)</td><td>How you will mitigate the risk to participants:

The participants participation is voluntary and will not be forced upon. They will be assured that either participation or non-participation in the research will not in affect their learning in any way.
All personal information will be confidential and will not be divulged or disclosed. All participants will be requested to keep confidentially of the focus group discussions and be required a sign a consent form.
(this box should expand as you type)</td></tr>
<tr><td>3</td><td colspan="2">If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities</td></tr>
<tr><td></td><td colspan="2">N/A

(this box should expand as you type)</td></tr>
<tr><td>4</td><td colspan="2">Risks to the investigator
For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest</td></tr>
</table>

	Risk to the investigator: 1. Emotional stress of having to complete the research within the stipulated time and risk of oversight and overlooking details. 2. Risk of losing reputation or be criticized for doing research for personal gains 3. Risk of overstepping professional boundaries.	Adequate measures will be taken during this research to efficiently plan the time so that adequate care is given to every detail possible. I intend to have a curriculum in place before the research begins and a timeline for the research project. Since the sample is with a known group of people whom I have worked for a long period of time, there is trust and understanding between the participant and the researcher. Moreover, the purpose of the research itself is for the benefit of the participants and not for any personal gain of the researcher alone. As a principal researcher, I understand my limitations on the subject and hence I intend to address Vocal health and hygiene generically. Participants will be referred to a specialist if they face any specific vocal issue. Also, I intend to get the curriculum reviewed by a clinician or Otolaryngologist to add credibility to the content delivered during the one-to-one sessions.
5	**University/institutional risks** For example: adverse publicity, financial loss, data protection	
	Risk to the University: 1. May be criticized for data breach *(this box should expand as you type)*	As a principal researcher I will take adequate efforts to ensure the safety and confidentiality of all the personal data of the participants.
6	**Environmental risks** For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: N/A *(this box should expand as you type)*	*N/A*

	Disclosure and Barring Service			
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	**YES**	**NO**	**N/A**
7	Does your research require you to hold a current DBS Certificate?	☐	☒	☐
8	If YES, please give the certificate number. If the certificate number is not available please write “Pending”; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	**Feedback** What de-briefing and feedback will be provided to participants, how will this be done and when?
	The researcher's contact number and email address will be provided to the participants. Further details will be provided individually to participants who contact the researcher.
2	**Informed consent** Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Participants consent will be received through a google form. The responses of the form will be saved in a password protected folder accessible only by the principal researcher. *(this box should expand as you type)*
3	**Confidentiality / Anonymity** Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	Individual names will not be disclosed at any level. Since the purpose of this research is to further inform and improve my teaching pedagogy, none of the personal information of the participants will be disclosed to others in any form. *(this box should expand as you type)*

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	**YES**	**NO**
1	***"Personal data"*** *means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.*	☒	☐
	If YES, provide a description of the data and explain why this data needs to be collected:		

2	Name – will not be disclosed. Pseudo names will be used. Gender, Age – basic demographic details Email – for communicating with the participants. Professional details – to understand the extent of use of voice at workplace. Details regarding singing activity & Physiological issues – to understand participants' idea of vocal hygiene and vocal health habits Audio/ video recordings of sessions with participants – for recording the data and not to miss details. Participant consent forms *(this box should expand as you type)*		
	Does it involve special category data (as defined by the GDPR)?	**YES**	**NO**
3	***"Special category data"*** *means sensitive personal data consisting of information as to the data subjects' –* *(a) racial or ethnic origin,* *(b) political opinions,* *(c) religious beliefs or other beliefs of a similar nature,* *(d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992),* *(e) physical or mental health or condition,* *(f) sexual life,* *(g) genetics,* *(h) biometric data (as used for ID purposes),*	☒	☐
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	(e) Physical health condition - Since vocal health is related to one's physiological functions, information related to throat, vocal cords and vocal health history will be helpful for the research. *(this box should expand as you type)*		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	**YES**	**NO**
5	Manual files (i.e. in paper form)?	☒	☐
6	University computers?	☐	☒
7	Private company computers?	☐	☒

8	Home or other personal computers?	☒	☐
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	“Cloud” storage or websites?	☒	☐
11	Other – specify:	☐	☐
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	All data will be kept confidentially in a password protected folder in a password protected cloud storage. All participants will be given a unique identifier to ensure confidentiality. Audio/ visual data will be transcribed and would be shown to participants to check accuracy of reporting. *(this box should expand as you type)*		

	Data Protection		
	Will the research activity involve any of the following activities:	**YES**	**NO**
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒
16	Export of data outside the UK or importing of data from outside the UK?	☒	☐
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☒	☐
18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☒
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	All data will be encrypted and kept in password protected cloud storage on personal office 365 system which will not be shared. All data transfers will password protected. All participants will be given a unique identifier to ensure confidentiality and this list will be kept securely in the password protected folder. Participants will have final decision on the data they want to include in the research. *(this box should expand as you type)*		
22	List all who will have access to the data generated by the research activity:		
	Principal researcher		

	(this box should expand as you type)		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	Principal researcher *(this box should expand as you type)*		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	All data will be encrypted and kept in password protected cloud storage on the Company's Office 365 system which will not be shared. Any USB sticks used to store or transfer data will be password protected and will be reformatted at the end of the project in order to destroy the data. The data will be stored until the completion of the project and then deleted. *(this box should expand as you type)*		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. (*Most relevant to academic staff)*		
	NO *(this box should expand as you type)*		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	**YES**	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	**YES**	☒

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	**Signature of applicant:**	SERENE YONEKO D	**Date:** 21 AUGUST 2024

For STUDENT Submissions:

2	Director of Studies/Supervisor:		**Date:**
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		**Date:**
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed **ALL RELEVANT** sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (**where appropriate**)
☐	I have attached a full risk assessment (where appropriate) *ONLY TICK IF YOU HAVE**ATTACHED A FULL RISK ASSESSMENT***
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS ONLY Once complete, submit this form via the **MyTSD Doctoral College Portal** at (https://mytsd.uwtsd.ac.uk).
RESEARCH STAFF ONLY All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name.
STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

Appendix 8: Permission Letter

Serene Yoneko D

Vocal Coach, MuzicEDU

New Delhi.

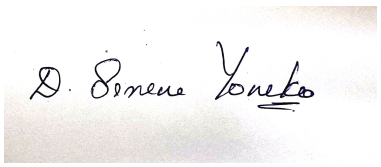
sereneyoneko@gmail.com

Dear UWTSD,

Reg : *Could a teaching component on vocal health/ ill-health help non-professional adult singers train better in a one-to-one teaching setting?*

I confirm that I approve of the research proposed into *"Understanding of Vocal health among non-professional adult singing students in one-to-one training"* to be carried out by *Serene Yoneko D, Vocal Coach, Muziceduduring* private vocal lessons with the Institute between September 2024 to December 2024.

Regards,



Serene Yoneko D.

Appendix 9: Interview transcripts

Participant 1 - Interview

{ 0:00 }
So the topics that we dealt with in those three sessions, how did you find it? Were they new or did you know it already?

Speaker 2: { 0:52 }
I have known about some of these things, but I guess learning the vocal anatomy and how like we, we know everything. It's like we learn all of this in school and basic hygiene. We learn. But The thing is, we take it so lightly that until and unless you actually sit and you know, think of it as, oh, this is what it looks like. And you know, whatever goes on, like you said, through my mouth or through my nose is going to affect my vocal cords, which is something that I didn't really consciously think of before the sessions. So I guess reiterating this was like a wake up call for me. So it was much needed.

Speaker 1: { 1:31 }
OK, thank you. So you most of it you knew, but the vocal anatomy maybe it was it was not known that maybe it wasn't something new information for you understand rightly what you said.

Speaker 2: { 1:48 } Yes.

Speaker 1: { 1:48 }
Ma'am OK, so we had it in three phases.

{ 1:53 }
In sessions we had, what was your initial response when you when this was presented, when these information was presented, that time in those sessions, what was your initial response? And now when you think about it, those three sessions are over. Almost after that, three weeks have gone by. Now, when you reflect back upon it, what has impacted your own singing or your lifestyle?

Speaker 2: { 2:32 }
Think in the beginning when we were discussing it, I was quite curious because like I said, I had become very passive like about all of this to an extent. I do like practice vocal hygiene, like I'm anyway a germaphobe, so I practice a lot of hygiene, but also with the pollution levels rising and all, I've been very, very like scared.

{ 2:54 }

So I guess that anxiety when you think about it on your own and research versus actually

learning about it from somebody who teaches and knows about these things. So it's more comforting to know that, OK, maybe some things that I were doing were right. And also that these are ways I can take care, like better take care of my like vocal cords and vocal health. And like, of course vocal cooldown is something people talk about, but coming from my teacher, it's more serious that OK, I have to do it. So that was, those were a couple of things I thought about when we did it. And then there were also like times when you showed me videos of what healthy vocal chords looked like. And it's not something I can see for myself if it's healthy or not, but it sort of helped me think how it would feel like to have healthy vocal chords. So that pushed me into hydrating myself more so and I'm using winter as an excuse to have a lot of scoop. So that also.

{ 3:52 }

And post that three weeks later, I think I'm quite conscious about the kind of food I eat and like caffeinated drinks anyway, I've never enjoyed also because it stains your teeth and anyway, it's like once you drink it, it leaves a very unsettling feeling in my throat at least so. But I'm even more wary of drinks like caffeinated drinks and like other like food. Also, I don't eat food that tends to irritate my throat because I know I have classes throughout the week and I need to sing and it's like always have to be ready to sing because you never know. And same way dairy products I only have early in the morning and even after that sometimes it leaves a heavy feeling. So like I've learned to combat those things like by drinking room temperature water. And like whenever I eat, I make sure to drink water because it also, I guess, you know, oral hygiene obviously is linked with vocal hygiene. So I've just been more conscious of those things and wearing a mask all the time because Delhi is very dusty, even if it's not polluted.

{ 5:00 }

And exercising because that also we spoke about South. Exercising of course is helpful for strength for training, for singing, also for cold, like strength. But I realized it's really good for lung capacity as well. So I've been very conscious.

Speaker 1: { 5:21 }
Wow, that's a lot of things that have gone, like so much thought has gone into all of these. Very nice. I'm happy to hear that. Moving on, So we had three topics or three sections that we talked about. The first was vocal anatomy and Physiology and the function of vocal cord. And the second was vocal pathology and vocal abuse and misuse. And then we also discussed about what are some healthy alternatives, healthy vocal habits.

{ 5:57 }
So let's start with the vocal Physiology.
How do you find the working of the larynx? You said it was new and you saw the picture and there are like a healthy local chords. How it looks like all of that now that it was presented 3 weeks back. Three, I think that was presented 5, almost 5 weeks back. That idea of the functioning of larynx and the Physiology of it, how does it bear on you that knowledge bear on you? Post those sessions now, when you're singing, when you're talking in everyday life, How does that knowledge affect you or influence you, or if at all it

influences you at home?

Speaker 2: { 6:58 }
I think one thing I learned was that it's very easy to get laryngitis because it's like anything can tire out your voice. Especially, like I said, living in Delhi, having to speak loudly a lot of times. And like, I'm a person who doesn't speak loudly anyway, so people expect me to speak louder. But I like now earlier I used to feel shy to be like, no, I can't talk louder than this. But I'm like, you know what, I'm gonna come close and you can like, I'll be more audible, but I'm not going to strain my throat and realizing that, you know, I guess what was emphasized even like throughout the session 3 sessions was that prevention is better than cure. So I guess now that I know that it's easy to get laryngitis by talking a lot or like vocal abuse, like shouting, yelling or even like, like, you know, passing by people who smoke and all of that. So like, like I said, it's made me very conscious of these things.

Speaker 1: { 8:00 }
Can you share with me one such instance, one or two such instances in the last few weeks, first instruction, the last few weeks, were there times when you were doing

something? And then if, if at all this happened, that you were doing something and in the process of it, then you remembered either the vocal anatomy or the vocal misuse, the idea of vocal misuse or a healthy habit, whatever. And then it made you stop and change your way.

Speaker 2: { 8:34 }
So a couple weeks back I got a slight cold and the moment it started happening I was like, OK, I need to prevent it immediately before it gets worse because I had a very bad cold like a couple of weeks before that. And it took me a long, long time to recover from that.

{ 8:53 }

But then I realized that maybe, no, actually at first I started clearing my throat and then I was trying to cough up phlegm. And then I immediately remembered that coughing itself puts so much like throws so much air out of the vocal cords. So it's very damaging, like you told me. So then ever since then, I have been letting the phlegm naturally settle down. I don't have a cold now, but instead of forcing it out and like clearing my throat, although it unconsciously happens subconsciously happens sometimes, I like consciously try to stop it.

Speaker 1: { 9:27 }
OK, So throat clearing is something that you are consciously and the process of doing amid doing it like you're stopping and not doing it. You're saying, OK, is there anything else that has influenced you in any other way? Where you have made an active choice.

Speaker 2: { 9:48 }
I don't like piping hot beverages but like I feel the obligation when I'm offered then I end up having it.

{ 9:55 }

But nowadays I make it a point to wait till it cools down because even it can't like it

shouldn't scroll my throat. And then cold beverages also, I avoid and I've been trying to have room temperature water like and body temperature water especially. And that's why I started carrying my own bottle everywhere instead of like water or taking water from. And apart from that, I, yeah, wearing masks.

Speaker 1: { 10:26 }
Regularly. OK, so is there any healthy habit that you added to your lifestyle after the sessions? Not you were already there anything that you added newly any practice or if at all if it is there not that you have drinking more water.

Speaker 2: { 11:01 }
And I think making the time to exercise a little bit more rather than just because cardio is important. So jumping jump.

Speaker 1: { 11:14 } I try to do it and.

Speaker 2: { 11:16 }
The diet, because we spoke about diet also we spoke about diet briefly. So ever since then I've been making sure I have a balanced diet and like including every, like I try to avoid carbs as much as possible and I only have them when I need to like a little bit. But mostly I'm focusing on like protein and roughage and all of that drink.

Speaker 1: { 11:41 }
All my drinks.
OK, that's great to know. Very nice and I'm very glad.

{ 11:57 }
OK, hi uncle. All right, all right. Now I also want to ask you, so these sessions we did that during the your class time, like we took all, we carved out 9:50 minutes of the class time and dedicated it for these local health instructions. Now, as a student, I would like to understand your perspective on this. Do you think taking time out during the training sessions, is it worth it to do it or what? Or if you if you have any alternative suggestions, I would like to know that is it is it worth at all to include it as a part of the teaching process in the class time or should we do it separately ma'am?

Speaker 2: { 12:55 }
The thing is that I believe that it is important to do it during class time because both of our times are valuable. And I'm like, I'm coming to you for a holistic learning experience. So vocal health is not like separate from vocal training because if I don't have vocal health then there's no point in training. So it is, for me, a veryma integral part of training because it's very easy to misuse your voice. And it's something I've done as well before I discovered how to use all registers properly. So I believe it should be done in class time

because otherwise I think it would be unfair to you to take out time just to do that. And also like this is part of of like singing curriculum ideally so.

Speaker 1: { 13:44 }

OK, as a student, did you feel that the information given was valuable or or it's something that you could just read upon and not receive it? Receive this information from your tutor. Do I make sense? Do a.

Speaker 2: { 14:06 }
Lot of research, yes ma'am, yes ma'am. But for me like personally, it helps when somebody like teaches it to me because I'm a very, I like to hear information and sometimes there are doubts that I want to ask which I could look up on Google. But it's just the human aspect of it leaves an impact on me.

Speaker 1: { 14:29 }
OK. So that's nice to hear. Thank you for your thoughts. Now going back again, we had those three sessions, vocal anatomy and Physiology of functioning of allowance. Then we had vocal pathology, misuse and abuse. Then we had the healthy chemical habits. Of those three sessions, which was the most useful or beneficial and which was the least? We could have avoided it or skipped, or we could have done another one. I.

Speaker 2: { 14:59 }
Think personally, all of them were important, but most important for me was vocal anatomy and misuse and abuse also. And then yeah, just encouragement to practice like how to like we discussed like being in dusty environments and what we would do about it. And like then I realized it's OK to avoid being in such situations at all as a single and I don't have to. And personally I didn't find any session unnecessary because like I said, all of it was just a wake up call to imbibe those practices.

Speaker 1: { 15:44 }
So thank you so much for that your input. The next question is the input which was given to you is mostly oral input.

{ 15:53 }
Do you think oral and there was also video and video input and there was also visual like video and pictures images that were shown. Do you think that suffice it or any other modes of instructions would have helped for you personally?

Speaker 2: { 16:19 }
Maybe, I mean it's just out of my curiosity. Overall, I understood everything and you did show like visual cues wherever it was needed. There are some topics where there is no need, but I would have liked to see a video of nodules maybe and how they would sound like if somebody had them. Because sometimes people have them and they don't even realize, they just think they have a sore throat. So maybe just.

Speaker 1: { 16:47 }
Nodules. Yes. OK, what else?

Speaker 2: { 16:52 }
Just that, ma'am, because I don't know like how to echo. The pain and discomfort is there, but I don't know what it might sound like to have that.

Speaker 1: { 17:00 }
Or if a person has nodules and how would it sound like? Yeah, a video and an audio example. Did I show the nodule video or the picture where it forms at the same place?

Speaker 2: { 17:20 }
No ma'am, you told me it can be like a cyst or like you know it due to friction and becomes.

Speaker 1: { 17:28 }
OK, OK. So then I didn't show you, so I showed the other. Lovely. OK, I ask this. I think that's it. Thank you. Thank you so much. Is there anything you want to ask me?

Speaker 2: { 17:50 }
No, ma'am, I'm just like really grateful that we had the vocal health sessions.

Speaker 1: { 17:55 }
Yeah, I let me stop the recording. Thank you so much for your input.

Participant 2 - Interview Transcript

{ 0:07 }
So maybe you could sit in a place where you're comfortable and and then we could proceed. So what are your general thoughts comments about the the three weeks of vocal health instruction for you it?

Speaker 2: { 0:31 }
Gives me awareness to do to dose and don'ts. So I think it's it's a really benefit for me. This was like, yeah, vocals held in all.

Speaker 1: { 0:46 }
OK. OK. So there were three sections we covered.

{ 0:57 }
There was the first of Physiology aspect, then we covered vocal abuse and misuse and then we went to healthy vocal habits. So was any of these information new for you or did you already had known this information it?

Speaker 2: { 1:22 }
Was new for me. It was new. Everything was new for me.

Speaker 1: { 1:26 }
OK. Everything was new for you. OK, how was your initial response when you had these information during that class session when you when I was explaining how was it for you?

Speaker 2: { 1:43 } Like in the sense of.

Speaker 1: { 1:47 }
What were your initial reaction or like initial thoughts?

Speaker 2: { 1:55 }
I don't know how to put in words.
Ma'am, I don't know how to put in words.

Speaker 1: { 2:05 }
OK, OK. Like you are getting this new information and you like what were you thinking? What was going on? Was it a surprise or interesting or I don't know what like that? Was there any? What was your experience and feeling when this information was passed on?

Speaker 2: { 2:30 }
I want to learn about that of vocals anatomy or fuse or fuse something. I don't know this simply like I was like amazed of the like all the things that has the like all the things that's in our vocal cords, like the muscles and then the noodles like that keeps on that keeps on

flapping and stuff. So I was amazed and then when I learned about the abuse and misuse.

{ 2:56 }

I think it's like it makes me try to avoid those stuffs. And then when I learn about the healthy habits, I yeah, when I tried, I tried to do, I tried to give up all those stuffs he told me to.

Speaker 1: { 3:16 }
OK, OK. Thank you so much for your thoughts. So let's go to the first session. The first session we did the vocal chord Physiology, right, How vocal chords function when that when I was teaching about vocal chord Physiology, was it you said or everything was new for you, right. And what was your initial response when you saw the vocal chords and the way it was functioning? And yeah, what was your initial like response?

Speaker 2: { 3:58 }
I would simply say I was.

Speaker 1: { 4:00 }
Amazed, amazed. OK, OK. And do you like knowing now that, OK, this is how vocal chords are functioning, all of that when you're singing now, like in the current last 2-3 weeks after the instructions are over, like when you're singing now, do you ever think about your vocal chords and how it will affect your vocal chords?

Speaker 2: { 4:28 } Sorry, how to?

Speaker 1: { 4:30 }
How it will affect your vocal chords, Like right now the sessions are over, but now when you're singing, do you ever think about your vocal chords and the way your vocal chords are functioning? And if you're thinking about, what aspects do you think about?

Speaker 2: { 4:57 }
Like if I like sing too much or talk too much it will dry out our vocal cords. So like we have to drink water like daily. No no no daily. What good amount of water to keep our vocal cords with.

Speaker 1: { 5:19 }
Very nice, very nice. Hey, whatever. All your thoughts are welcome, OK? You don't have to feel that. It has to be perfect. Whatever you understand, whatever you have known, you can just share. That's fine. OK, so the hydration aspect, you're saying, and how vocal

cords were moist and so you're constantly learning to drink enough water. OK, that is nice. It's nice to hear. Let's move to the vocal misuse and abuse. Was that any part of it, that vocal abuse and misuse you were earlier doing and you're not doing right now?

Speaker 2: { 6:02 }
Like I used to talk, talk loudly and then shout whenever I want to. What? I'm trying to avoid that.

Speaker 1: { 6:12 }
OK. And this change, change in that behavior, has it happened after these three sessions or before Also you, you changed for this, after this, after this, OK. And why do you want? Why did you make that choice?

Speaker 2: { 6:35 }
To have a good vocal.

Speaker 1: { 6:37 }
OK, OK, OK. Any other any other things, vocal misuse that you had earlier been involved in or now the two have changed?

Speaker 2: { 6:55 }
Yeah, there.
I don't quite remember, ma'am.

Speaker 1: { 7:05 }
OK. OK. All right. I have one more question for you. Can you tell me what are some like? Tell me at least like a minimum of four more vocal misuse that 4 vocal misuses.

Speaker 2: { 7:26 } Misuse.

Speaker 1: { 7:33 }
Whatever you could remember.

Speaker 2: { 7:38 }
How thing as was shouting and talking in long term and then drinking alcohol, smoking, keeping your drinking less water for.

Speaker 1: { 8:04 }
Very nice, very nice. Anything else that you remember?

[SPEAKER 1]
use whatever you could remember shouting

[SPEAKER 2]
shouting and talking in long term and then drinking alcohol smoking keeping your drinking less water

[SPEAKER 1]
very nice very nice anything else that you remember

[SPEAKER 2]
I think that's all I remember for now

[SPEAKER 1]
okay okay no problem thank you and let's go to the healthy vocal habits in healthy vocal habits

[SPEAKER 1]
is there any change in the lifestyle that you are living that you have made recently in the last 2-3 weeks any healthy vocal habits that you have started to do

[SPEAKER 2]
Drinking water..like I said before like speaking this and shouting yeah I don't do like smoking or drinking I don't do those so I think yeah caffeinated drinks I hardly drink those okay

[SPEAKER 1]
okay okay that is nice to hear and few more questions like there were 3 sections right one is the vocal physiology vocal physiology second is the vocal pathology which is misuse and abuse and the third is healthy vocal habits of the 3 which session was most helpful for you

[SPEAKER 2]

vocal health

[SPEAKER 1]
the last session

[SPEAKER 2]
vocal health okay okay

[SPEAKER 1]
why was it why do you think it was helpful for you what way

[SPEAKER 2]
because I like I learned to do the healthy habits and then stop the unhealthy habits so

[SPEAKER 1]
so that was okay okay thank you and few more questions just last few questions

[SPEAKER 1]
so all these sessions happened during your class time we took 10 minutes we wanted to do 10 minutes but we also exceeded that so we took 10 to 15 minutes during your class time the 45 minutes time to discuss these things how do you find as a learner and as a as you are learning and training do you think it is these sessions were they helpful to put it during the class time what what are your thoughts on that is it helpful not helpful or is it just waste of time and money or it's maybe it can be dealt with in other ways also or it should be should it be part of it what are your thoughts on that

[SPEAKER 2]
it is helpful and I think every like those who sings or take vocal class should learn about this because it's really helpful

[SPEAKER 1]
okay and your idea is the last one was most helpful that should be part of it or all three of them

[SPEAKER 2]

all three all three is important

[SPEAKER 1]
okay okay so to be part of the class itself like the 45 minutes class small times dedicated time to this you're saying it is helpful

[SPEAKER 2]
yes ma'am

[SPEAKER 1]
that's okay see I want honest responses okay so that I can actually make use of it not that you have to no no no you don't have to please me at all I'm trying to really understand and see if this is something what people are feeling about this so

[SPEAKER 1]
okay okay I think I have asked my questions so major changes which if I say are drinking enough water not talking too loud is something that you are practicing after the instruction after those three sessions okay generally asking now when you are singing and when you are practicing at your home do ever think about those instructions those three sessions in your singing time does it influence you that knowledge you gained does it influence you other than these two things you said does it influence you in any way yes ma'am yes in what way can you explain a little more for me

[SPEAKER 2]
I'm very bad at that I'm very bad at those things

[SPEAKER 1]
maybe you could try

[SPEAKER 2]
how should I say this

[SPEAKER 2]
I don't know how to say it okay

[SPEAKER 1]
simply let's say if you're singing very loud if you're belting it out and at the moment when you're belting do you ever think about the physiology of your vocal cords that time or you don't think you just sing belt out so that's my question

[SPEAKER 2]
I don't belt out like remember how

[SPEAKER 1]
belting is just one example

[SPEAKER 2]
I don't know how to say

[SPEAKER 1]
okay

[SPEAKER 2]
like do it okay

[SPEAKER 1]
I don't know how to say it to simply put it okay now we had three sessions of vocal health training and then now you're just practicing right you may be singing at home you may be singing outside of church or other venues and let's suppose let's say

[SPEAKER 1]
in your church you go to your church and then after the church is over a lot of people are there they're all talking so loud and the room is noisy and you have to talk there you have to your friend how do you talk to them do you think like you talk loudly and speak to them or in your pub you're speaking loud or like for example after this sessions myself when I'm in church post service I am like I know this is so loud and I don't have to raise my voice if I raise that and I hurt my voice so now I am remembering that and I am consciously learning to speak softly even though your background is so loud consciously so that's a change I have made personally so similarly are there any moments that you influenced by the three sessions other than drinking water and not talking loud or longer if not it's fine

[SPEAKER 2]
I think I did it but I don't remember what I did okay

[SPEAKER 1]
okay like

[SPEAKER 2]
I don't remember

[SPEAKER 1]
what I

[SPEAKER 2]
all right thank you for your inputs and your thoughts I really appreciate it

Participant 3 - Interview Transcript

{ 0:01 }
Yeah, yeah, yeah.

Speaker 2: { 0:08 }
So you filled up the questionnaire. How was your experience doing it? The post instruction questionnaire.

Speaker 1: { 0:20 }
Yeah. So it had everything we had discussed about and I just knew most of the things and I just answered truthfully.

Speaker 2: { 0:33 }
OK. If you want to talk in general about these, we had three sessions and we had it during class hours. What is your general feedback about it?

Speaker 1: { 0:55 }
I would say it was good that in the sense that we covered all those 3 topics that was vocal

pathology, hygiene and one, one more was what was it? It was related to the Physiology. Yeah, the videos. So yeah, I, it was very informative and I could see everything because you showed it in a video and explained it really well. And then you covered all the various hygiene things that you should do for a healthy vocal usage and stuff. And yeah, I thought it was informative and useful.

Speaker 2: { 1:39 }
OK, the question now let's talk about individually, question about Physiology. We are singers, right? We are not doctors or nurses studying the psychology.

{ 1:53 }

But how is it for you to know these inner workings of our body? What were your initial responses? And now as you reflect back on it, what is, what do you, how do you find that information? If do you think it's relevant for you, in what way did it affect that information? So two things. One is that at that moment when you were given this information, what was your initial response? And now that after these many weeks, now that you reflect, how do you see that?

Speaker 1: { 2:31 }
OK, OK, so I had no idea that our vocal cords look like that first of all. And when a proper video was shown, I could see the working, how they get together and they vibrate. And I could also see that you showed me healthy vocal cords, that they are moist.

{ 2:50 }
And that made me have a mental image of how bad it would be if I don't hydrate my vocal cords properly. So that was one thing and then other was let's say I'm hitting a higher note so they vibrate even faster. So I, that showed me what really goes on inside a vocal inside

this larynx. And I just maybe after that, I could let's say I'm doing a new vocal technique. So I could imagine how this would, I'm trying to imagine from now on how this would work in the vocal cords and whether it's healthy or let's say like a growl. How should I, should I be feeling that, that sensation that is, that is something different? Is that still healthy or not? So I'm trying to imagine all that after looking at the vocal cords. So yeah, that's the Physiology aspect.

Speaker 2: { 3:58 }
Does the concept of human vocal cord Physiology or that, that idea and the topic, do you

ever think about it, like now when you're practicing? Do you ever think about the functioning of vocal cords now? Now. Like after the three weeks, now during your practices or in your singing?

Speaker 1: { 4:21 }
Yes, yes, for sure. For sure I do because earlier I had honestly, I had no, I was just singing and I had no thoughts about what's happening inside at all. So this has recently been coming to my mind a lot. What am I doing with my voice? That how the vocal cords must be functioning and how to make them function efficiently and in the best way possible while singing.

Speaker 2: { 4:50 }
Was there any circumstance in the recent past like you were singing something and suddenly you realized about your vocal cords and its Physiology and then, Oh no, maybe I should change or maybe I could do this choices like that.

Let me repeat it. So in the recent past, after the three weeks of instruction, in the recent past when you were singing and trying out something and then this idea of vocal Physiology, has it ever occurred to you? And then has it made you change the way you're singing or given you a green? Are you giving yourself a green signal? OK, this is healthy or not healthy like that. Has it ever occurred?

Speaker 1: { 5:55 }
Because I was introduced to like a few weeks back that was fairly recent. So I don't know the full workings. Oh that this is happening, that is happening. But yes, let's say I was practicing like a few days ago and I was just trying to belt and I, I realized like I shouldn't just push my larynx so high and just try to like have like a scream instead of just healthily producing the sound. So I was thinking about that. And then I again, because of your Physiology video, I went and I saw what happens when you go for high notes and I saw a good video of it. Then recently I saw a video of how different types of singers, let's say opera singer, rock singer, pop singer, like the vowels. And what I saw that video also because of your video that because of your Physiology teachings, I was able to think about how my voice actually produces, how my larynx actually works and how the vocal folds actually work to produce that sound. So yeah.

Speaker 2: { 6:59 } Wow.

{ 6:59 }

That is a very, very interesting. So you mean to say that you went back and you Googled out to find out how vocal cords function in a high notes, in a belt voice and in a growl voice. Is that wow?

Speaker 1: { 7:12 }
Yeah, there are some. There were some videos and like I don't know if they did like a scan or something and you could see from the side and even vowel shapes how that works for different styles. So I just saw that.

Speaker 2: { 7:26 }
Yeah. Wow, very nice. I'm very happy to hear that that you getting more curious. May I say that this that Physiology session has made you more curious about what is happening inside in other forms of singing, in other styles of singing.

Speaker 1: { 7:43 }
Yes, yes, for sure, for sure.

Speaker 2: { 7:44 }
OK, OK, that's nice to know. Let's come to the vocal pathologies. Vocal pathologies and misuse and abuse and misuse. We talked about that.

{ 8:00 }

How same questions Has it influenced you? First was that introduced?

Speaker 2: { 10:09 } Yeah.

Recording - part 2:

{ 0:00 }
7 tones and then you sing. So that and earlier I would also like like I had told you before, I would record in my home studio and sometimes because I would just nitpick that we have to get this line perfect. And I would maybe have like 100 takes and I would do that in a high voice or something. And then my voice is basically I misused it because I had so many takes that I would get tired. So I realized not to do that stuff. And also like recently, I practiced. I practiced in, I've done the really, I tried hitting really high notes repeatedly in

the same song. This was like a few days back. So then I realized my voice has been used a lot. So I actively tried resting it. So I did not practice for one day. So yeah.

Speaker 2: { 0:55 } That is great to hear.

{ 0:58 }

Great to hear that you're making active choices.

Speaker 1: { 1:02 }
Earlier I did not make any of these choices at all, honestly.

Speaker 2: { 1:06 } Honestly.

Speaker 1: { 1:08 }
I did not make any of these choices, Yeah.

Speaker 2: { 1:12 }
OK, OK. But I'm glad it was useful in that one. Last few questions regarding healthy habits. I am sure many of those things we have already discussed and oh was there any new thing in that.. element of new information.

Speaker 1: { 1:36 }
Actually, ma'am, you, we had discussed a lot of them like you, you would tell me. So most of them were covered actually.

Speaker 2: { 1:45 }
Was there any component which you added after these three weeks of vocal health instruction? Was there any element or a change in your habit, vocal health habits that you made?

{ 1:57 }

If so, can you just let me know if there was any?

Speaker 1: { 2:04 }
Yeah, so I was already doing most of them because you had been telling me over the years,

and one thing I did this winter I've been doing is wearing a muffler all the time, even inside my home. So I was actually not doing that earlier. Yeah, it keeps me warm.

Speaker 2: { 2:23 } How does it affect?

Speaker 1: { 2:27 }
It's just, it keeps me warm. I feel like I don't know if it works like that, but I feel like my voice is warm.

Speaker 2: { 2:34 } OK, like.

Speaker 1: { 2:35 }
It feels nice, like I can just sing otherwise if I let's say even inside because it's so cold now. Or let's say I'm coming from outside, I need a good warm up before I can sing, but with the muffler on it takes less time.

Speaker 2: { 2:51 }
OK. That is interesting. Yeah. OK, great. Thank you.

{ 2:58 }

Final question is, so these information, these vocal health instruction was offered during your class time. How do you find that? Does do you think as a student on the receiving side, does it add value to your singing classes or do you think it's it's eating up your like the training time, vocal singing time? How do you find that aspect? Do you think it's it is OK or is it beneficial? Which word would you add? I don't know which word would you pick or do you think it's it is not needed? It can be done in a separate or any of your idea or thoughts.

Speaker 1: { 3:44 }
OK, so Mam, I certainly think it's beneficial and necessary because. Oh, wow. OK, yeah, because you, like you even showed with me like this is the soft palate. It lifts up like this. So all that stuff.

{ 3:59 }
Let's say there's a new singer or even singers who've been singing for a long time. But they once you see it happen and get like you see, you get an explanation for it, it makes you think about the ways you can do it on your own. So I feel it's necessary and it's very

beneficial. So I would in fact say it should. It's like a good part of the training as well. You could just include it in that.

Speaker 2: { 4:27 }
Thank you so much for your thoughts and I really appreciate it. Of the three components, Physiology, abuse and mis, abuse and misuse, and the last one is vocal healthy habits, Which was the most beneficial for you?

Speaker 1: { 4:48 }

For me personally, the Physiology was the most beneficial because I had never seen the workings. I was already aware of vocal hygiene and pathologies.

{ 4:58 }
Pathology is a bit and so Physiology was definitely the most important for me. OK.

Speaker 2: { 5:05 }
Thank you. Is there anything you want to add? You think oh this could have been bad or maybe I should know a little more on this aspect. Is there anything like that for you? Any add-ons?

Speaker 1: { 5:19 }
Yeah, maybe, ma'am. Just just the stuff about how you can, how the how your core muscles work. Like we sometimes talk about that corset type of thing, breathing, how you engage that, only that stuff. That's it.

Speaker 2: { 5:40 }
OK, OK. Thank you so much. I really appreciate your inputs in this. It is really valuable.

{ 5:50 }

My initial idea was to see to pilot it with few students and see how they respond and what is the effect of such a training or a small component and if it is beneficial and helpful, then maybe introduce it as a part of the curriculum itself. So. So yeah, I thank you for your honest feedback and I really appreciate it. And you take care. Have a wonderful new year. I'll see you. You too. Enjoy it. Yeah, thank you.

Speaker 1: { 6:27 } OK.

Speaker 2: { 6:29 }
After talking, all right, take care. Bye bye.

Speaker 1: { 6:34 }
You too, ma'am. Thank you. Bye.

Speaker 2: { 6:36 } Bye bye.