

# Development and Standardization of Sentences for Quick Speech in Noise Test in Malayalam

*by* Author Unnamed

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## Development and Standardization of Sentences for Quick Speech in Noise Test in Malayalam

### Abstract

The present study aimed to develop and standardize sentences for quick speech in noise test in Malayalam language for children and adults. A total of 500 Malayalam words were selected and evaluated for familiarity. Using 300 most familiar words, 150 syntactically and semantically correct sentences were constructed. These sentences were familiarized again by five qualified speech language pathologists. 105 most familiar sentences were carefully chosen and randomly assigned to 15 lists of seven sentences each. A four talker speech babble was added to these sentences at different SNR levels, from +5 to -10 dB SNR in 2.5 dB steps. The speech babble was added in such a way that the first sentence in each list had maximum SNR and last sentence had minimum SNR. The speech perception in noise ability was assessed on 120 normal hearing participants (60 adults and 60 children). The perceptual SNR-50 was calculated for each list, based on the perceptual scores obtained by each participant, separately for children and adults. Statistical analysis revealed that the perceptual scores for some lists were found to be significantly different from other lists, and hence, those lists were excluded from the final test. After removing these lists, seven lists were selected for children and adults, separately. The mean identification score (SNR-50) was -4.671 dB for children and -6.357 dB for adults. Reliability and validity results showed that the test is reliable and valid to assess speech perception in noise abilities in children as well as in adults.

**Keywords:** Speech perception in noise; sentence list; SNR 50; SNR loss.

## Background

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<sup>3</sup> In everyday life, the identification of speech signals rarely occurs in optimum listening situations. Such identification often takes place in conditions that adversely affect one's ability to correctly identify speech stimuli. For instance, background noise or hearing impairment can impair the recognition of speech signals. Under such situations, listeners require more (cognitive) effort to identify the target signal (Hervais-Adelman, Carlyon, Johnsrude, & Davis, 2012; Mishra, Stenfelt, Lunner, Rönnberg, & Rudner, 2014; Rönnberg, Rudner, Foo, & Lunner, 2008; Rudner, Foo, Rönnberg, & Lunner, 2009). The listener's <sup>20</sup> ability to understand speech in noisy background is challenging for individuals with hearing impairment. Identifying speech perception abilities in noise may help healthcare professionals to design appropriate therapeutic protocol for auditory training. Assessment of listeners' ability to identify speech in noisy situations had received significant research attention in the past few decades.

<sup>1</sup> The standard audiometric test battery does not measure or predict the ability to understand speech in noise (Killion & Niquette, 2000). An ideal speech perception test should provide accurate prediction of the listener's ability in diverse listening environment. This lead to the development of speech in noise tests. Speech-in-noise measures gained important position in the audiological test battery. One of the most commonly used such <sup>28</sup> test is speech in noise (SIN) test. SIN test helps to identify the difficulty in <sup>1</sup> understanding speech in noise, and describe the amount of difficulty as well as the subsequent benefit provided by amplification devices (Bray & Nilsson, 2002). Hearing in Noise Test (HINT) is another such <sup>9</sup> test (Nilsson, Soli, & Sullivan, 1994), which uses sentences in continuous speech spectrum shaped noise and an adaptive procedure that gives the signal to noise ratio (SNR) required for

1 50% correct identification of the sentences (SNR-50). A potential limitation of these tests to  
2 assess speech perception in noise abilities is that they are too time consuming and the scoring  
3 of these tests are difficult (Killion, Niquette, Gudmundsen, Revit, & Banerjee, 2004).

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5 Killion and his colleagues at Etymotic Research (Killion et al., 2004) developed  
6 Quick speech perception in noise test (Quick SIN) with the aim to estimate SNR loss in 1-2  
7 minutes, and which is easy to administer and score. The test comprised of IEEE sentences,  
8 divided into 12 lists, which were presented to individuals with normal hearing and hearing  
9 impairment along with four talker speech babble as noise at different SNR levels. The speech  
10 babble was added to the sentences in such a way that the first sentence in each list had  
11 maximum SNR and the last sentence in each list had minimum SNR. A series of experiments  
12 were conducted to ensure list equivalency. The authors claimed that each list can be used to  
13 measure SNR loss in individuals with normal hearing sensitivity and hearing impairment with  
14 95% confidence.

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16 Wilson, McArdle and Smith (2007) measured the sensitivity of Quick SIN test in  
17 identifying speech recognition performances in background noise. 24 listeners with normal  
18 hearing and 72 listeners with sensorineural hearing loss were compared for 4 speech-in-noise  
19 protocols, viz., BKB-SIN (Bamford-Kowal-Bench Speech-in-Noise test), HINT (Hearing In  
20 Noise Test), Quick SIN (Quick Speech In Noise test), and WIN (Word In Noise test). The  
21 researchers reported that Quick SIN and WIN materials are more sensitive measures of  
22 recognition performance in background noise than are the BKB-SIN and HINT materials.  
23 Duncan and Aarts (2006) conducted a study to determine the HINT and QuickSIN test  
24 performance in young adults with normal hearing, and to comment on the clinical utility of  
25 both the tests. The researchers concluded that there is no statistically significant difference

1 between the responses obtained from both the tests. They further stated that QuickSIN has  
2 some advantage over the HINT in terms of its clinical usage.

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4 Sharma, Tripathy and Saxena (2016) critically appraised the HINT, QuickSIN, BKB-  
5 SIN, LiSN-S (Listening in Specialized Noise-Sentences), and WIN test. They found that  
6 QuickSIN is maximally reliable and valid tool to assess speech perception in noise abilities.  
7 The reviewers also reported that participant responsiveness is best for QuickSIN with least  
8 item/instrument bias. Lee and Yi (2017) reviewed the performances of HINT, QuickSIN and  
9 Matrix test in terms of test procedure, norms, and interpretation. They reported that procedure  
10 and interpretation is easy for QuickSIN test, however, HINT and Matrix test has various  
11 multi-lingual versions, but multi-language stimulus material is less available for QuickSIN.

12

13 The need of multi-lingual material for the quick speech in noise test lead the  
14 researchers to develop material for quick speech in noise test in Mandarin (Zhou et al., 2017)  
15 and Persian (Shayanmehr, Tahaei, Fatahi, Jalaie, & Modarresi, 2015) languages. Among  
16 Indian languages, sentences for quick speech in noise test has been developed in Kannada  
17 (Avinash, Meti, & Kumar, 2010) and Oriya (Hota, Dutta, & Chatterjee, 2014) languages. No  
18 availability of such test material in Malayalam language created the need of the present study.  
19 Malayalam (a Dravidian language) is official language of the south Indian state of Kerala and  
20 union territories of Lakshadweep islands and some parts of Puducherry. With more than 37  
21 million native language speakers (Campbell & Gordon, 2008), Malayalam is 26<sup>th</sup> largest  
22 language of the world (based on the number of native speakers). A total of 2.28% of the  
23 Malayalam speaking population being disabled, among which, 0.45% of the total population  
24 is hearing impaired. Thus, quick speech in noise test has a wide scope of practice in native

1 Malayalam speakers. Considering the same, the present study is designed to develop and  
2 standardize <sup>1</sup> sentences for quick speech in noise test in Malayalam language.

3

## 4 **Materials and Method**

### 5 *Participants*

6 A normative research design was adapted and 120 participants with <sup>4</sup> normal hearing  
7 sensitivity (PTA $\leq$ 15 dBHL, SRT $\pm$ 10 dB of PTA; SIS $\geq$ 90%;re. ANSI S3.21, 2009) were  
8 selected for the present <sup>2</sup> study. The participants were divided into two groups. Group 1  
9 <sup>4</sup> consisted of 60 children within the age range of 8-12 years and group 2 consisted of 60 adults  
10 within the age range of 18-25 years. All the participants had normal auditory processing  
11 abilities as assessed using <sup>6</sup> Screening Checklist for Auditory Processing (SCAP) (Muthuselvi  
12 & Yathiraj, 2010) for the participants of group 1 and <sup>30</sup> Screening Checklist for Auditory  
13 <sup>19</sup> Processing in Adults (SCAP-A) (Ramya & Yathiraj, 2014) for the participants of group 2.  
14 None of the participant reported of any neurological, psychological, visual or behavioral  
15 problems. All the participants were native Malayalam speakers. The study had been approved  
16 from <sup>4</sup> the institutional ethical board to test human participants and an informed written  
17 consent was <sup>4</sup> obtained from each of the participant before commencement of the study.

18

### 19 *Preparation of Test Stimuli*

20 A total of 500 common words of approximately similar length in Malayalam language  
21 were selected. These words were taken from Malayalam government school textbooks. The  
22 words were given to 10 native Malayalam speakers who were primary school teachers. The  
23 teachers <sup>27</sup> were asked to rate each word on a five point familiarity rating <sup>27</sup> scale (Vagias, 2006).  
24 Only those words with familiarity rating of '4' or more (familiar to highly familiar) were  
25 selected. 300 such words were finally selected. The school teachers were then asked to



1 construct 150 sentences (five key words each) using these 300 words. All the sentences were  
2 semantically and syntactically correct. The 150 sentences were given to 5 native Malayalam  
3 speakers, who were qualified speech language pathologists to rate them <sup>13</sup> for familiarity on a  
4 five point rating scale (Vagias, 2006). The sentences with the rating of 4 or more (familiar to  
5 highly familiar) <sup>13</sup> were selected for the final list. Thus, a total of 105 sentences with maximum  
6 familiarity were selected as final stimuli. The 105 selected sentences were randomly assigned  
7 to 15 lists of seven sentences each.

8

### 9 *Recording the Stimuli*

10 A native female Malayalam speaker with normal voice characteristics was selected to  
11 record the test stimulus. A calibrated microphone connected to a personal computer installed  
12 with the Praat software (version 5.3.53) was used for recording and saving the stimulus. The  
13 microphone was kept at 10 cm away from the mouth of the speaker. The sampling rate for  
14 recording was set as 44100 Hz. The speaker was requested to utter each of the sentences in  
15 the sentence lists at comfortable pitch and loudness and normal rate of speech. The entire  
16 recording <sup>4</sup> was carried out in a sound treated room. All the 105 sentences were recorded and  
17 saved separately on the personal computer in .wav format. The recorded sentences were  
18 analysed perceptually by the examiner to ensure that the recording is clear and intelligible.  
19 The recorded sentences were also analysed acoustically and any extra duration in the  
20 beginning and end of the sentences were edited using Praat software. The intensity of each of  
21 the recorded sentence was normalized to 70 dB SPL using Praat software.

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### 25 *Adding Noise to Signal*

1 A four-talker speech babble of 2 minutes was recorded using the Praat software. The  
2 procedure of recording speech babble <sup>26</sup> was adapted from the study of Killion et al. (2004).  
3 Four-talker babble was used as it represents <sup>25</sup> realistic simulation of a social gathering. The  
4 recording was carried out in a classroom situation where four native Malayalam speakers  
5 were made to sit in a circular manner with omni-directional microphone placed in the centre.  
6 The approximate distance between the microphone and each of the speaker's mouth was 30  
7 cm. The speakers were asked to read different Malayalam newspaper articles simultaneously.  
8 They were requested to maintain normal conversational speech loudness and rate of speech.  
9 The recorded speech babble was saved in the personal computer in .wav format. The intensity  
10 of the recorded speech babble was also normalized to 70 dB SPL using Praat software.

11

12 All the sentences in 15 sentence lists were added with speech babble at different SNR  
13 levels. Seven SNR values from +5 dB SNR to -10 dB SNR in 2.5 dB steps had been  
14 considered. The speech babble was added in such a way that the first sentence of each list had  
15 the maximum SNR (+5 dB) and the last sentence of each list had minimum SNR (-10 dB).  
16 All the <sup>24</sup> seven sentences in each list, thus, were at different SNR levels. The procedure of  
17 adding speech babble to the signal was adapted from the study of Jain, Nataraja and Nair  
18 (2014, 2015). The speech babble was added using the Matlab software (ver. R2017a). <sup>1</sup> Each of  
19 the fifteen lists developed had seven sentences, one sentence at each SNR of 5, 2.5, 0, -2.5, -  
20 5, -7.5 and -10dB.

21

## <sup>1</sup> Procedure

23 The test was conducted in a sound treated room with adequate illumination. The  
24 participants were made to seat comfortably. The sentences of each list were randomly  
25 presented to each participant through the personal computer routed via a calibrated



1 audiometer with standard headphones (TDH 39). The stimuli were presented binaurally. The  
2 participants were instructed to listen to the sentences carefully and repeat each word in the  
3 sentence. The participant responses were recorded using audio recorder for further analysis.

4

#### 5 *Scoring*

6 As each sentence consisted of five key words, a score of '1' was given for each key  
7 word repeated correctly, and each incorrectly repeated word was scored '0'. A score of 0.5  
8 was given for partially correct responses. The responses were considered as partially correct  
9 only if there was any morphological and/or inflectional error. Remaining all errors were  
10 considered as incorrect responses only. Thus, a maximum score of 35 was given for each list.  
11 All 15 lists of sentences were presented to each participant to obtain their perceptual scores.

12

#### 13 *Data Analysis*

14 The SNR-50 value for each participant across each list was estimated using non-linear  
15 logistic regression. The responses for each list was analysed for normalcy using Shapiro-Wilk  
16 test for normalcy. The data was normally distributes across each list, and hence, parametric  
17 statistics was used. The equivalency of responses across lists was measured using repeated  
18 measures analysis of variance with Bonferroni's post hoc analysis. Test-retest reliability was  
19 also measured using repeated measures ANOVA. The re-testing was done only for 15 adults  
20 and 15 children due to time constrains and availability of the participants. The re-testing was  
21 carried out after three months of the original testing; to ensure that the participant is not  
22 habituated with the test stimuli. Split half reliability was measured using one way ANOVA.  
23 Internal validity among the lists were carried out by measuring the difference in the SNR-50  
24 values obtained for each list with that of mean overall SNR-50 values measured together for  
25 all the lists.

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## RESULTS

3

### 4 *Calculation of SNR 50*

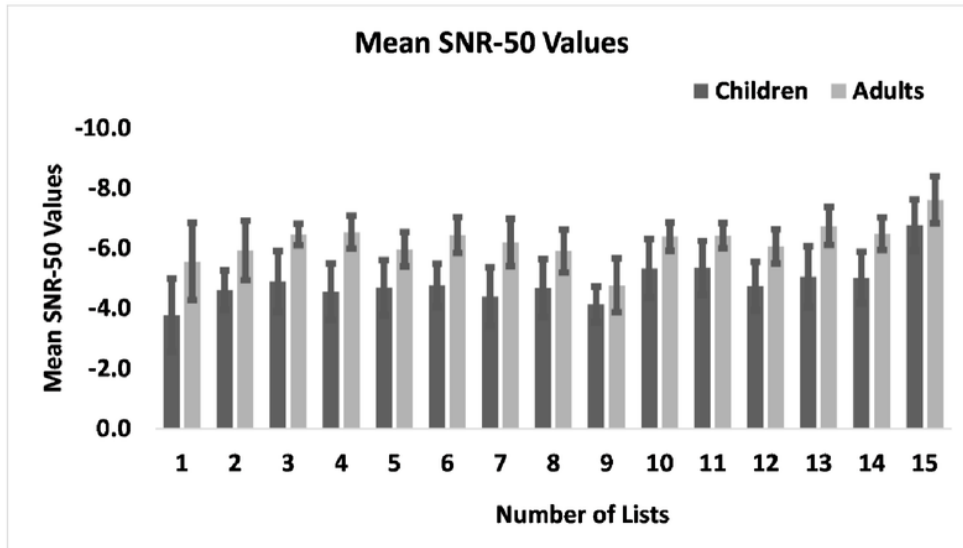
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Figure 1: The mean overall speech recognition scores for children and adults.

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### 13 *Equivalency of the sentence lists*

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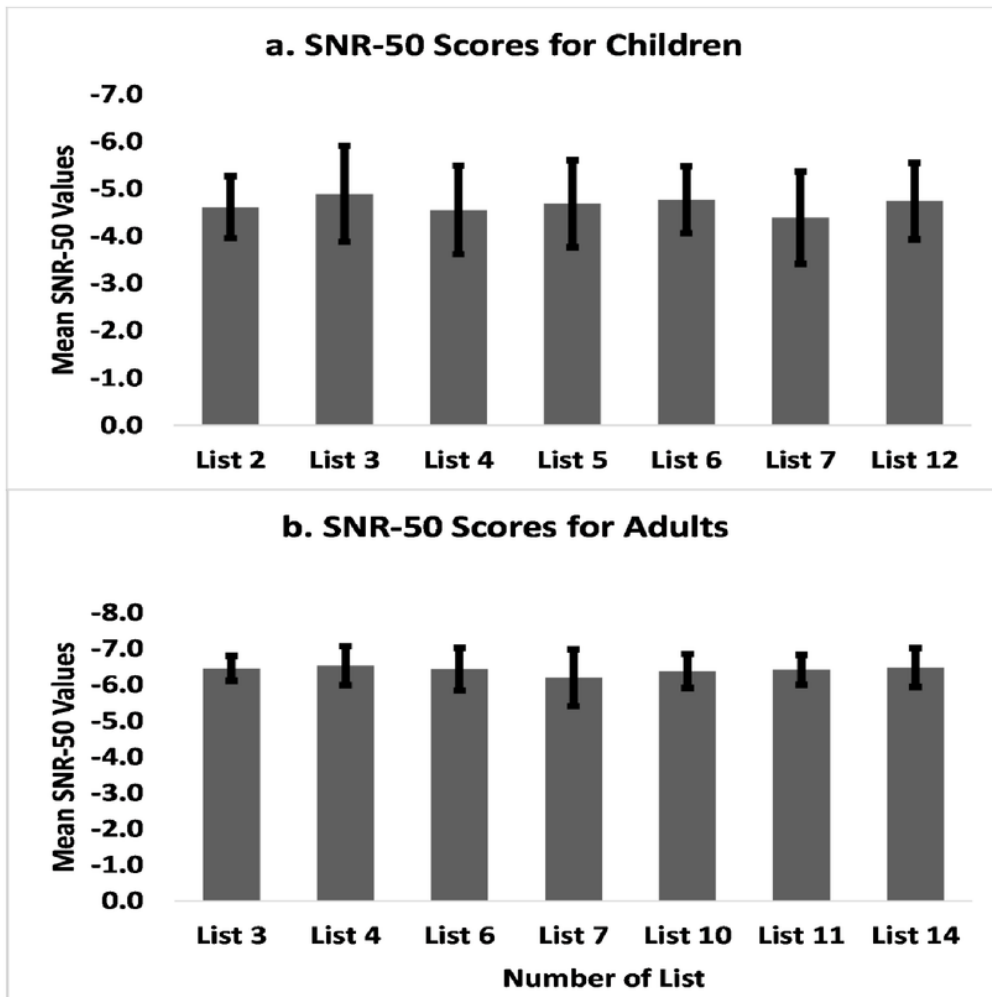
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<sup>18</sup> A repeated measure analysis of variance with Bonferroni's multiple pairwise comparisons were used to compare the perceptual SNR-50 scores between each list, for both group of participants, separately. This was done to see the equivalency of the perceptual responses obtained for lists in normal hearing adults and children. Results showed a

1 significant difference between perceptual scores obtained for each list [F (14, 1624) = 61.76;  
2  $p < 0.001$ ], for children. These results indicated <sup>1</sup> that out of 15 lists, some lists were easy and  
3 resulted in significantly higher scores while some lists were difficult and resulted in  
4 significantly lower scores. It was found that list number 10, 11, 14 and 15 were relatively  
5 simpler and hence had better perceptual SNR-50 scores. List number 1, 8 and 9 were  
6 relatively hard to perceive and resulted in poorer SNR-50 scores. Hence, these lists were  
7 excluded from the further analysis. Repeated measures ANOVA was again done with SNR-  
8 50 scores of the remaining lists as the factors. The <sup>2</sup> results indicated that there was no  
9 statistically significant difference between perceptual SNR-50 scores for any of the remaining  
10 seven lists [F (1, 59) = 2.85;  $p > 0.05$ ].

11

12 The perceptual SNR-50 responses obtained for each list was compared with that of  
13 another for adults as well. The results revealed that list number 13 and 15 were relatively  
14 simpler and hence had better perceptual SNR-50 scores. List number 1, 2, 5, 8, 9 and 12 were  
15 relatively hard to perceive and resulted in poorer SNR-50 scores. These lists were thus  
16 excluded from the analysis. Repeated measures ANOVA indicated <sup>5</sup> that there was no  
17 statistically significant difference between perceptual SNR-50 scores for any of the remaining  
18 seven lists [F (1, 59) = 3.61;  $p > 0.05$ ]. Thus seven lists were selected separately for children  
19 (list number 2, 3, 4, 5, 6, 7, and 12) and adults (list number 3, 4, 6, 7, 10, 11 and 14). The  
20 mean SNR-50 scores for these sentences were plotted in Figure 2. These lists are provided in  
21 the Appendix. It may be noted that list no. 3, 4, 6 and 7 are common for both children and  
22 adults whereas the other lists are different for the participants of both the groups.



1

2 Figure 2: The mean SNR-50 scores for finally selected lists a. for children; and b. for adults.

3

4 **1**  
**SNR loss**

5 As a preliminary analysis, the SNR loss obtained by adults and children with normal  
6 hearing on the seven equivalent lists was calculated. Procedure recommended by Tillman and  
7 Olsen (1973) was adopted to calculate the SNR loss. They have described a method to  
8 calculate the SNR loss for spondee words based on the total number of correctly repeated  
9 words. In this method two spondees are presented at each level, starting at a level where all  
10 spondees are repeated correctly and decreasing in two dB steps until no responses are

1 obtained for several words. The starting level plus 1 dB, minus the total number of spondees  
2 repeated correctly, is the spondee threshold. They recommended use of 2 dB steps and 2  
3 words per step. If the audiometer has only 5 dB steps, the corresponding method would be to  
4 use 5 words per step and the starting level plus 2.5 dB (half of the step size, just as in the case  
5 of 2 dB steps), minus the total number of spondees repeated correctly will be the spondee  
6 threshold. The Quick SIN Malayalam has five key words per step and SNR was reduced in  
7 2.5 dB steps. The highest SNR tested was 5 dB. So  $5 + 1.25 = 6.25$  minus the total number of  
8 words repeated correctly will give SNR 50. Since SNR 50 for adults with normal hearing  
9 obtained in the present study was -6.357 dB and for children was -4.671 dB, the SNR loss can  
10 be calculated using the following formula.

11

12 For adults, SNR loss =  $6.25 - (-6.357) - \text{total number of words correct}$ .

13 For children, SNR loss =  $6.25 - (-4.671) - \text{total number of words correct}$ .

14

### 15 *Reliability of the Responses*

16 In the quest to assess whether the sentences are reliable to test the speech perception  
17 in noise ability of children and adults, split-half reliability and test-retest reliability measures  
18 were carried out. Split-half reliability was measured using independent sample t-test. It was  
19 done by dividing the responses of 60 participants in each group randomly into two sets of 30  
20 participants each. The comparison within group revealed no statistically significant difference  
21 between the two set of participants ( $t = 5.17$ ;  $p < 0.01$ ). Test-retest reliability was measured  
22 using paired sample t-test. The re-testing was done only for 15 adults and 15 children due to  
23 time constrains and availability of the participants. The re-testing was done 3 months after the  
24 original testing to avoid habituation effect. The results revealed no statistically significant

1 difference between trails for both children and adults ( $t = 7.89$ ;  $p > 0.05$ ), indicating that the  
2 responses were consistent across time.

3

#### 4 *Validity of the Test Stimuli*

5 Internal validity was measured to find whether the stimuli is reliable enough to assess  
6 the speech perception in noise abilities. Internal validity among the lists were carried out by  
7 measuring the difference in the SNR-50 values of each list with that of mean overall SNR-50  
8 values measured together for all the lists for each subject. The mean SNR-50 was measured  
9 for seven selected lists and the SNR-50 value for each list was subtracted from the mean  
10 SNR-50 value. This was done for each participant separately. The difference SNR-50 values  
11 were tabulated and compared with each other using repeated measures ANOVA. The results  
12 revealed no statistically significant difference between the 'difference SNR-50 values' for  
13 any list for adults [ $F(1, 59) = 0.593$ ;  $p > 0.05$ ] and children [ $F(1, 59) = 0.013$ ;  $p > 0.05$ ]. The  
14 difference SNR-50 values were similar for each list and minimally deviant from the mean  
15 SNR-50 values. These results indicate that the selected lists are internally valid, and thus, the  
16 responses obtained by presenting these lists should be consistent.

17

#### 18 **Discussion**

19

20 The present study was designed to develop sentence material for quick speech in  
21 noise test in Malayalam language. Although there are a few materials available in other  
22 languages like English, Persian, Mandarin, Kannada and Oriya, those cannot be used to test  
23 the speech perception abilities in native Malayalam speakers due to linguistic constrains.  
24 Absence of such material in Malayalam language crafted the need for the present study. It is  
25 noteworthy that, quantifying an individual's ability to understand speech in noisy condition in



1 terms of SNR helps in the hearing aid fitting process as it reflects the real world performance  
2 of the individual. The strategies and features which would maximize the performance in the  
3 test can be opted by the hearing care professional during the hearing aid fitting which would  
4 likely improve the comfort of listening and consequently the hearing aid success ratio.  
5 Further, it may assist in identifying auditory processing deficits, as speech perception in noise  
6 is compromised in such individuals. However, this requires a well-furnished and standardized  
7 test material. Hence, care was taken throughout the study to ensure that the test material is  
8 homogenous and yields reliable and valid results.

9  
10 Consequently, <sup>2</sup> the present study was carried out in four phases and the sentences in  
11 the present study underwent rigorous selection criterion. The initial 15 lists of sentences each  
12 for adults and children were shortlisted to seven based on the SNR-50 values to maintain  
13 homogeneity across the lists. The strength of the study lies not only to the development and  
14 standardization of the test material, but also with reference to the development of separate  
15 test material for children and adults. Since, the abilities and needs of children and adults are  
16 different, it has been recommend for using different stimulus material while testing children  
17 and adults. Further, the tests retest reliability, split half reliability and internal reliability  
18 measures of the developed material was also carried out which yielded affirmative results in  
19 terms of validity of the developed material.

20  
21 The present test not only identified the SNR-50 values for children and adults, but  
22 also suggested measures to calculate SNR loss, based on the procedure recommended by  
23 Tillman and Olsen (1973). <sup>22</sup> Knowing the SNR, loss makes it possible for <sup>7</sup> the hearing  
24 professional to recommend the appropriate technology (e.g., omni-directional microphones,  
25 directional microphones, array microphones, and close-talking FM microphones) required for

1 listener to function in commonly encountered noisy situations. Standardized tests like speech  
2 recognition thresholds or speech identification scores available for measurement of speech  
3 understanding do not reflect the real world performance of individuals with hearing  
4 impairment. Thus, speech in noise tests were designed, as they are more accurate predictor of  
5 speech understanding in everyday living situations. But the potential limitation of such tests  
6 lies in their complexity in measuring speech perception abilities and difficulty in scoring.  
7 Killon et al. (2004) suggested Quick speech in noise test in English, which was designed to  
8 assess speech perception abilities in 1-2 minutes, with good accuracy. This measure is  
9 popular among the audiologists, and that is the reason of developing the sentence material for  
10 quick speech in noise test in various languages. With the development of sentence material in  
11 Malayalam language, as mentioned in the present research study, the authors expect that the  
12 material will be useful for audiologists and other related professionals to assess speech  
13 perception abilities in the relevant population.

14

## 15 Conclusion

16

17 It can be concluded that with the decrease in SNR, the speech identification scores  
18 decreased. This was seen for both normal and hearing impaired participants. There was also a  
19 significant difference between the SNR 50 obtained for children and adults. Adults scored  
20 better than children indicating their better speech perception in noise ability. In the present  
21 study the authors had developed separate test lists for children and adults though some lists  
22 are common. The lists developed for children and adults showed good equivalency. The test  
23 materials had good test retest reliability and good internal validity. It is capable to  
24 differentiate between normal and hearing impaired based on SNR loss. It can also be used in  
25 the assessment of individuals with central auditory processing disorders.

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