

SPEECH EVALUATION WITH SPECIAL FOCUS ON CHILDREN SUFFERING FROM APRAXIA OF SPEECH

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ABSTRACT

Speech disorders are very complicated in individuals suffering from Apraxia of Speech-AOS. In this paper , the pathological cases of speech disabled children affected with AOS are analyzed. The speech signal samples of children of age between three to eight years are considered for the present study. These speech signals are digitized and enhanced using the using the Speech Pause Index, Jitter,Skew ,Kurtosis analysis This analysis is conducted on speech data samples which are concerned with both place of articulation and manner of articulation. The speech disability of pathological subjects was estimated using results of above analysis.

KEY WORDS

Speech-Pause Index (SPI), Lexical Stress Index (LSI), Fundamental Frequency Analysis, Speech Intensity Analysis, Coefficient of Variation Ratio (CVR), Formant Analysis ,Jitter,Skew,Kurtosis ,Consonant production errors ,Speech intelligibility, Speech-recognition,

1. INTRODUCTION

Apraxia of Speech(AOS) is caused by a neurologic disorder or injury (e.g. cerebral palsy or traumatic brain injury).. In this present work, the speech data utterances by children of age group of 3 to 10 years were recorded and digitized. The digitized signal was further processed by using a MATLAB platform. The speech data was analyzed to check the disorders due to AOS. The acoustic analysis (e.g., spectrography,) is conducted on speech data. Perceptual assessment of speech is done so as to get important information regarding articulation, resonance and speech intelligibility[1]. Perceptual assessment provides important information regarding misarticulation, resonance and speech intelligibility, In this present work ,it is observed that the speech disabled children produce misarticulation errors mainly due to weak motor movements and inappropriate closure of oral cavity uncoordinated articulator movements, breathing problems[6,7]. When speech is affected, all aspects of speech production may be affected including respiration, phonation, resonance, articulation, and prosody due to Rigidity of motor muscles , Velopharyngeal incompetency, Auditory processing, and Language impairments[2,10]. The paper is organized as follows. Section 2 deals with the literature review .Section 3 discusses the methodology for experimental work and section 4 presents the results.

2. LITERATURE REVIEW

According to R.Cmelja, J. Rusz the changes of vocal cords vibration are perceived as changes of pitch period or fundamental frequency in voice. The fundamental frequency is influenced by properties of the vocal cords for example elasticity, weight and length. Thus the variations in fundamental frequency provide instability measurements and work as markers about the condition and functionality of the vocal cords. Abnormal characteristics of the fundamental frequency are found in a number of voice and speech disorders .Frequency instability or jitter is derived from the instantaneous values of pitch periods[1] . John-Paul Hosom, Lawrence Shriberg, Jordan R. Green suggested the method of estimation of Jitter . They have also discussed the impact of lexical stress and coefficient variation ratio in case of evaluation of pathological voices [2,10]. Darush Mehta discussed the linear source filter model of the vocal tract and the variations in formant frequencies act as a diagnostic marker in case of speech disabled subjects[4]. Skew and Kurtosis factors were evaluated using Praat.

3. METHODOLOGY

The present work is based on study of children with Marathi mother tongue. The speech data of normal subjects/children and pathological subjects/children of the same age group between 3 to 10years is collected. The children were trained to utter similar words before recording. The speech data consists of isolated words, connected words , fast uttered sentences and songs for eg. Prarthana-School-Prayer, National anthem and Pledge,Nursery Rhymes,famous film songs etc. The speech data was recorded using Sony Intelligent Portable Ocular Device (IPOD) in digital form. The recording was carried out in a pleasant atmosphere and maintaining the children in tension-stress free environment. The recorded signal is transformed into .wav file by using GOLDWAVE software. The isolated word speech data is given in Table-1. The data was collected at Chetana Vikas Mandir, a special school established to educate mentally retarded children as well as children with various disorders. It is located at Kolhapur, India.

3.1. Segmental Analysis

The Segmental Analysis was carried out for utterances of particular isolated words as well as complete sentences and paragraph /songs. The utterances made by 20 normal subjects and 10 pathological subjects were analyzed. Proposed diagnostic markers for suspected Apraxia of Speech (AOS) are vowel duration analysis, vowel formant analysis, and consonant transition index (CTI) analysis were carried out. Various misarticulation cases were analyzed in case of pathological subjects. The spectrograms were studied for formant analysis[1,4]. Fast uttered words or continuous sentences exhibit greater complexities with respect to speech intelligibility. The results obtained with the help of proposed MATLAB Algorithm were verified using Praat and SFS Open source softwares.

3.2. Suprasegmental Analysis

The Suprasegmental Analysis was carried out for utterances of particular isolated words as well as complete sentences and paragraph /songs. The utterances made by 20 normal subjects and 10 pathological subjects were analyzed. Proposed diagnostic markers for suspected Apraxia of Speech (AOS) are Speech-Pause Index (SPI), Fundamental Frequency Analysis[9], Speech Intensity Analysis ,Jitter[11],Skew and Kurtosis analysis[1,2,10].

Skew and Kurtosis analysis represents the deviations due to stressed utterances compared to the unstressed utterances in normal subjects as obtained from a speaker's productions for isolated

word and sentences forms. Composite weightings for the three stress parameters were determined from a principal components analysis. The Coefficient of Variation Ratio (CVR) expresses the average normalized variability of durations of pause and speech events that were obtained from a conversational speech sample. These diagnostic markers address temporal variations observed in the speech of children with suspected AOS [2,10].

3.3 Suprasegmental factors concerned with Marathi language

The present study uses marathi words and sentences. The following factors are of concern for marathi language.

Length: Vocalic length is mostly predictable. With the exception of ə, the last vowel of a word is long unless the vowels are followed by a combination of consonants such as nt, tr, kt. The length is phonemic in i, u.

Nasal vowels: Use of nasal vowels as independent entities and they vary from speaker to speaker. They are found in certain adverbs, nouns, and plural nouns in the context of case and postpositions. They are phonemic in certain dialects.

Accent: Marathi is said to have a stress accent. Length, pitch, and sonority play a role in determining the loudest accent.

Phonology :Modern Marathi script, known as 'balbodhi', is based on the Sanskrit Devnagari script, with certain modifications. Unlike English, Devnagari is alpha syllabic. It uses certain diacritics for vowels when combined with consonants. The diacritics distinguish long and short vowels. There are special systems to denote consonant clusters.

Traditional Marathi alphabetic chart lists 16 vowels and 36 consonants based on Sanskrit. Today, many of these alphabets are obsolete. Modern Marathi has 8 basic vowels and 34 consonants including two semivowels. Table 1 and Table 2 indicate the vocalic and consonantal charts and their respective features.

Table 1. Devanāgarī alphabet for Marathi Vowels and vowel diacritics with IPA codes

अ	आ	इ	ई	उ	ऊ	ए	ऐ	ओ	औ	अं	अः	ऋ	ॠ
a	a	i	i:	u	u:	e	ai	o	au	an	ah	r̥	r̄
[ə]	[a, ai]	[i]	[i:]	[u]	[u:]	[e]	[ai]	[o]	[au]	[aŋ]	[əh]	[ɾ]	[ɽ]
प	पा	पि	पी	पु	पू	पे	पै	पो	पौ	पं	पः	पृ	पृ
pə	pā	pi	pī	pu	pū	pe	pai	po	pau	paŋ	pah	pr̥	pr̄

Table 2. Devanāgarī alphabet for Marathi Consonants with IPA codes

क	ka [kə]	ख	kha [kʰə]	ग	ga [gə]	घ	gha [gʱə]	ङ	ṅa [ŋə]
च	ca [tʃə]	छ	cha [tʃʰə]	ज	ja [dʒə]	झ	jha [dʒʱə]	ञ	ña [ɟə]
ट	ta [tə]	ठ	tha [tʰə]	ड	da [də]	ढ	dha [dʱə]	ण	na [ɳə]
त	ta [tə]	थ	tha [tʰə]	द	da [də]	ध	dha [dʱə]	न	na [nə]
प	pa [pə]	फ	pha [pʰə]	ब	ba [ʋə]	भ	bha [bʱə]	म	ma [mə]
य	ya [jə]	र	ra [rə]	ल	la [lə]	व	va [ʋə]		
श	śa [ʃə]	ष	ṣa [ʃə]	स	sa [sə]				
ह	ha [ɦə]	ळ	la [ɭə]						
क्ष	kṣa [kʃə]	ज्ञ	gña [gɟə]	श्र	śra [ʃrə]				

Notes

च [ç] ज [j] झ [jʱ] when followed by front vowels (i, e, etc) and in loanwords

The isolated word speech data emphasized in the present work is described below. It indicates case studies of different types of Articulation errors with respect to both place of articulation and manner of articulation[6,7]. Table 3 lists the place of articulation and manner of articulation for marathi words. Table 4 lists the fundamental frequencies for normal and pathological subjects and Table 5 lists the second and third formants for normal and pathological subjects. Table-6. Lists the Speech Intensity,Jitter,Speech –Pause Analysis for Different Subjects.

Table-3. List of specific place of articulation and manner of articulation of Consonants

Sr. No.	Place of articulation	Manner of articulation	English Letters	Marathi Letters	Marathi Words
1	bilabial	plosive	p,b	प फ व भ	आपण फजिती बरी भाव
	bilabial	nasal	m	म	मामा
	bilabial	approximant	w	व	वासू
2	labio-dental	fricative	f, v	फ व्ह	फुरसे व्हय
3	dental	fricative	th, th	त थ द ध	तारा थोडी दूध
4	alveolar	plosive	t, d	ट ठ ड ढ	डॉक्टर ढग
	alveolar	nasal	n	न ण	वाण कान
	alveolar	fricative	s, z	स	साप
	alveolar	approximant	r/l	र ल ळ	रसाळ लळा
5	post-alveolar	fricative	sh,zh	ष श झ	षटकोन शहामृग झगा
	post-alveolar	affricate	ch,j	च छ ज	चंदा छुमछुम जहाज
	post-alveolar	approximant	y	य	योयो
6	velar	plosive	kg	क ख ग घ	काय ग खातेस घर
	velar	nasal	ng	ङ	वाङ .मय
7	glottal	fricative	h	ह	हवा
Other Isolated Words Used for Analysis			गह्य अनंत संयुक्त राष्ट्र अज्ञानी हृदय		

Table-4.Fundamental Frequency Analysis - f_0 and variations of f_0 for different subjects

Sr.No.	Subject	f_0	Variations of f_0	Remarks
1	Speaker 1	255 Hz	96.7-319	Normal Female
2	Speaker 2	228.7Hz	141.3-319.6	Normal Female
3	Speaker 3	210.55 Hz	60-307.7	Patological Female Subject
4	Speaker 4	188.8 Hz	129.7-309.6	Normal Male
5	Speaker 5	198.8 Hz	129-265.6	Pathological Male Subject
6	Speaker 6	139.75 Hz	101-297.9	Pathologic Male Subject
7	Speaker 7	181.5 7Hz	77-297.9	Pathologic Male Subject
8	Speaker 8	159.54 Hz	82-315.5	Pathologic Male Subject
9	Speaker 9	163.4 Hz	69-319	Pathologic Male Subject
10	Speaker 10	240.21 Hz	91-319	Pathologic Male Subject

Table-5. Formant Analysis- f_1 , f_2 and f_3 for Different Subjects

Sr.No.	Subject	f_1 -Hz	Bw of f_1	f_2 -Hz	Bw of f_2	f_3 -Hz	Bw of f_3
1	Speaker 1	580.94	379.6	1994.12	1349.86	2911.28	805.6
2	Speaker 2	618.21	154.03	1733.73	100.85	2740.9	351.59
3	Speaker 3	487.95	194.31	1530.16	143.32	2450.86	157.39
4	Speaker 4	640.57	70.6	1760.14	107.98	2738.32	261.8
5	Speaker 5	563.04	703.13	1397.31	372.92	2828.74	355.64
6	Speaker 6	811.47	503.09	1632.88	1496.1	2683.95	1069.35
7	Speaker 7	700.87	274.05	1598.82	1186.99	2548.72	749.50
8	Speaker 8	659.90	319	1751.96	424.39	2908.14	314.45
9	Speaker 9	1055.46	46.11	1875.62	202.5	2746.21	400.12
10	Speaker 10	1026.46	29.18	1761.64	1075.86	2561.33	247.57

Table-6. Speech Intensity,Jitter,Speech –Pause Analysis for Different Subjects

Sr. No.	Subject	Sound Amplitude of mean-pascal	Sound Mean Power -dB	Total Energy in Air- Joules/ m ²	Intensity Variation- dB	Jitter %	Speech-Pause Index %	Skew	Kurtosis
1	Speaker 1	0.41574	84.82	0.00660	60.72-89.53	17.16	38.07	4.32	22.70
2	Speaker 2	0.05110	84.34	0.0063	55.9-91	27.28	27.06	4.2	16.81
3	Speaker 3	-0.00397	70.02	0.00051	45-79.98	13.02	64.55	2.47	4.76
4	Speaker 4	-0.0523	72.63	0.00028	56.87-84.66	27.38	40	3.4	12.86
5	Speaker 5	0.30647	85.12	0.04907	60.38-91.74	31.4	62.93	2.24	5.28
6	Speaker 6	0.38278	87.91	0.01469	69.38-90.59	22.77	25.63	3.42	11.10
7	Speaker 7	0.3592	83.57	0.00760	56.28-87	2.29	48.8	2.79	6.47
8	Speaker 8	0.0001	88.41	0.16007	60.41-91.50	35.8	21.85	2.99	9.41
9	Speaker 9	0.00018	83.67	0.0166	58.45-84.4	28.06	42.22	1.97	2.66
10	Speaker 10	0.00018	83.67	0.0166	38.54-86.56	33.45	54.55	1.75	4.09

4. CONCLUSION

The pathological subjects affected with Apraxia of speech exhibit rigidity in motor movements. Various types of misarticulation errors occur in different subjects. The observations are weak consonant production and inappropriate closure of oral cavity while producing Bilabial plosives. Utterances of some of the plosives and alveolar approximants were not possible in case of some of the subjects. The Segmental and Suprasegmental Analysis indicators Speech-Pause Index (SPI), was found to be high in pathological subjects. The Skew factor is observed below the threshold level of 3.4 and the Kurtosis factor is observed below the threshold level of 12 in almost all pathological subjects. High Pitch values falling in the female pitch range are observed in case of pathological male subjects. The Formants are widely spread in case of pathological subjects. High range of intensity variations, high % Jitter levels, high values of speech-pause index(SPI), low skew levels and low level of Kurtosis factor is the diagnostic marker set of pathological male/female speech.

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