Taking hearing impairment head on

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By Sadaf Shahid

IT WAS a weekend and I had dropped in at a nearby fast food restaurant. I was in a queue and right before me was an 8- or 9-year-old boy who was wearing hearing aids. It was evident that he had a problem with one of his basic senses i.e. hearing. When it was his turn at the counter I was pleasantly surprised to hear him place his order in clearly spoken language.

I just couldn't stop following him to his table where his parents were waiting for him. My curiosity compelled me to talk to them. His parents told me that their son's problem in simple language, was called nerve deafness. And in medical terms it's Sensorineural Bilateral hearing loss. They also told me that it was a misconception that a person with a hearing deficit couldn't talk. The constant use of hearing aids had helped him acquire reasonable speech. He is in the mainstream, manages his computer very well, and keeps records of every cricket match. But all that demanded immense struggle and proper rehabilitation. Social acceptance was one of the most difficult aspects but they never considered it a hurdle.

His mother said: "To me, my son is a warrior — not fighting on humanly defined borders but struggling with his natural barriers."

I was really impressed. At this very young age, the boy had learnt the lesson of life, which we grown ups take a whole life time to understand. The implication of the term disability seemed so meaningless to me, but not to him. He didn't close his eyes like a pigeon on seeing a cat, instead he faced the truth, fought with his barriers and emerged triumphant.

That young boy taught me that every living being has a purpose and God's creation is never incomplete. We should never consider any child incompatible to others if he/she suffers from a physical defect. We must consider them an important part of our society and it is incumbent on us to provide them the best, the way we do for our other children because they have a mind that thinks and a heart that beats and eyes which dream, just like everyone.

I also found out some medical aspects through parents of hearing impaired children and would like to share it with the readers in case it might be useful to the non-hearing population, their educators and parents and to the society in general.

What is hearing impairment? The partial or total inability to hear is called deafness or hearing impairment which may result by abnormality or partial damage to the outer ear, middle ear, inner ear or the auditory nerve causing an irreversible hearing impairment varying in degrees and is termed as sensorineural hearing loss. Hearing impairment arising from abnormality of the middle or outer ear can be medically treated and is reversible. It is termed 'conductive loss'. Multiple factors may lead to hearing impairment, such as:

* Family history of hearing loss
* Congenital infections such as toxoplasmosis, syphilis, rubella, and herpes
* Craniofacial anamolies
* Birth weight less than 1,500 grams
* Neo-natal kernectirus
* Ototoxic drugs (e.g. amino glycosides)
* Bacterial meningitis

(Source: Auditory Verbal International, Inc. USA)

A hearing impaired baby may babble like other babies but after a short time his babbling discontinues because of poor or less reinforcement from people, environment and lack of feed back of his own voice through his own hearing. He doesn't respond to loud noises around him, or name calling and doesn't wake up while sleeping if a door bangs. This should create a suspicion in the parents' minds about their child's hearing. Earlier it was considered that a hearing impaired person could not talk and was labelled as dumb which has been proved absolutely incorrect. Today's fast growing technology has enabled even a profoundly impaired person to hear and talk.

As soon as the parents suspect the hearing impairment the child should be taken to a paediatrician or an ENT specialist, who in turn will get a complete audiological evaluation of the child done. If the test confirms the impairment the child should immediately be send to an audiologist, who will fit the child with amplification device after an audiological assessment, depending upon his hearing loss and then the work of a speech therapist and parents begin.

At this stage parents are generally in a state of disbelief. So they keep on switching from one doctor to another in the hope that someone might tell them that nothing has happened to their child. They think that it's a punishment for a sin they might have committed.

When the child is fitted with aids and has either started going to a therapist or has been enrolled in a special rehabilitation programme, the parents are given four options:

1. Sign language
2. Total communication (sign language plus finger spelling and speech)
3. Auditory oral (oral communication, assisted by auditory, visual and tactile clues. Signs and gestures are strictly prohibited)
4. Auditory verbal (auditory i.e. making the best use of residual hearing only)

It also bears mentioning that in our country due to lack of facilities, awareness and poverty, a hearing impaired child who possesses equal intellect and talent as that of a hearing child is deprived of rehabilitative measures and thus is left in his own world of gestures.

Coming back to the different options of communication, the last two are the most challenging but most rewarding as they enable a child to experience the hearing world and taste every essence of life. But most importantly he is able to get mainstreamed. Swaying between hope and dismay, parents go through phases of certainty and uncertainty because speech therapy is not a matter of days; it's a matter of years. The results are evident not after hours but after months and years. The success of speech therapy depends upon the following factors:

* The type of hearing loss (conductive, sensorineural, mixed)
* The degree of hearing loss
* The age of intervention
* Age at which speech therapy started
* Age at which the child was fitted with amplification device
* Type and efficiency of amplification device
* Role of parents
* Regularity and interest in therapy sessions and plans etc
* Constant use of speech at home and school
* Discouraging the use of gestures

Change can never be brought by words alone; it occurs by action and by seeking guidance towards the right direction with sincerity. Let's commence the process of giving each and every person of our non-hearing population a chance to integrate with the hearing population, thereby enabling them to live their lives to the fullest and explore their talents to the maximum of their capacities without any discrimination. ■

clinical challenge

Over the years Osteoporos among women has increased ~~at an alarming rate~~

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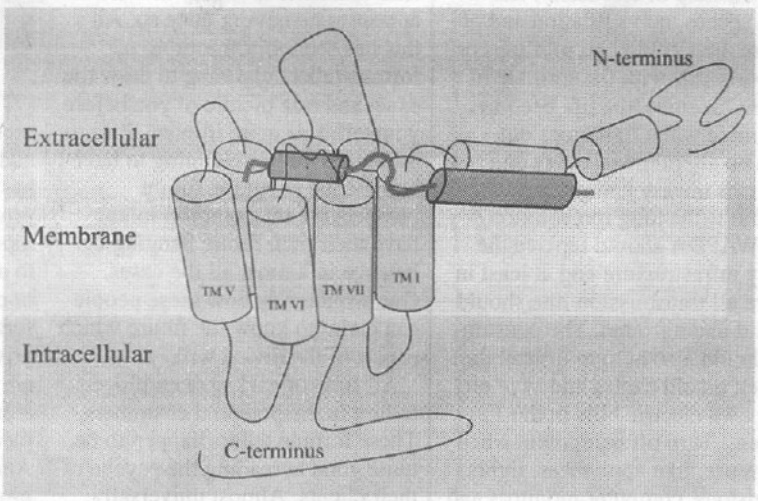
Though everyone is aware about Breast Cancer, Anemia and other common diseases of women, there is very little awareness on the most common problem, which is Osteoporosis. This was stated by Dr. Zaki Idrees while addressing a meeting on Mother's day. He is one of the leading Orthopedic Surgeon of Karachi and member of Pakistan Osteoporosis Society, stressed that this was probably the most crippling disease in females and a major cause of disability and even death. He also stressed that on Mother's day which is devoted to addressing issues faced by women, adequate attention should be given to Osteoporosis which has emerged as a major clinical challenge for Physicians as well as the public at large.

One of the major complications of Osteoporosis is associated with fractures, that tend to happen, as the bones become weak and fragile. Updated prevalence data released in February by the National Osteoporosis Foundation, reports that eight million post-menopausal women suffering from Osteoporosis 22 million from low bone mass, placing them at an increased risk of Osteoporosis. At this rate by 2010 there will be 35 million women with Osteoporosis, making it one of the largest medical epidemics. One of the most unfortunate things is that although viable treatment options now exist, in the majority of cases patients often assume their symptoms of pain and bone aches to be a part of normal aging process and report for medical help only in the last stages when fractures happen.

In countries however, where awareness has been on the increase visits to Physicians for Osteoporosis have almost doubled the number of four years ago. Dr. Zaki stated that a healthy mother is a healthy family as she forms the backbone of the family. Drinking of milk on a regular basis along with exercises and adequate intervals between child birth are some important ways in which every mother can ensure that she develops normal bone mass for her age. It is important to note that like most preventive measures, the earlier in childhood milk and other supplements rich in Though prevention is better than cure, medical intervention is required when patients come to doctors with low bone mass. In such circumstances apart from dietary advise specific drugs such as Bisphosphonates are now recommended as they intend to increase bone mass and are beneficial in reducing the risk of bone fractures especially at the hip, as the hip fracture carries a mortality of nearly 20 per cent in the first year. He said that it was not surprising that the number of days spent in bed due to Osteoporosis related disability is higher than Lung diseases, heart stroke, Breast Cancer and the annual combined medical cost of treating Osteoporotic fractures in Europe and USA alone is $ 27 billion. In a country like Pakistan such a burden of the disease cannot be borne by the society, as nearly half of the patients will be unable to walk without assistance and a quarter of the patients with fractures will be dependent on others. The Osteoporosis Society has tried to create an awareness among the physicians as well as in the public. Among the physicians, educational programmes are being conducted and in this regard informative material has been distributed to public at different forums. Dr. Zaki informed that World Osteoporosis Day will be observed on October 20 and he hoped that by that time he will be able to create awareness to a large number of people. He also invited people who were interested in extending a hand in increasing awareness against those crippling diseases which were putting our mothers at risk.■



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