

## Identifying hearing problems in young children

Years ago I had an encounter with my local relief worker for the blind. She told me that she had come across a deaf child in her village. I asked her how she knew that the child was deaf. She looked at me in surprise and said: "It is very simple sir, the child does not talk." Only then did I realize that even qualified co-workers do not know the difference between speech problems and hearing problems.

This information is meant for the many people who think that every child that does not talk is also hearing-impaired.



*Vaijayan (1995) wears a hearing aid and attends special education*

It is a fact that many children and adults with hearing problems (a loss of hearing of more than 40 dB in the best ear) do not function properly. This also goes for people with mental disabilities, children with learning problems or multiple disabilities and children with neurological disorders. So it is essential for the relief worker to be able to tell the different types of handicaps apart.

The mother can help us best with this. Recently a mother with her child came to me with a medical report from an ENT specialist. This report stated that the child had a severe loss of hearing. However, the mother said her child does have proper hearing, but does not talk. When we examined the child we discovered that the child could indeed hear but had a severe disability that we know as autism.

In developing countries, due to lack of knowledge and technical problems, practically every child with a speech problem is labelled as 'deaf'. Most experts use an audiometer as the only method of examination. This entails the problem that many children don't know how to respond (especially children with mental disabilities or autism). It is exactly the responsibility of the relief worker to ask the right questions to the expert and to collect information so as to distinguish children with hearing problems from those with other disabilities.

Another aspect of hearing problems is the notion 'hard of hearing'. Many children with hearing problems have a good residue of hearing and can even talk. In our location in South India nearly 30 to 40% of the children with hearing problems have a good residue of hearing. But these children do speak and are not considered as children with hearing problems. At school their achievements do not come up to standard or fail. Often they are called names and treated badly at school and at home. What this group of children needs is the right hearing aid. So it is essential to diagnose these children at an early stage by simple test methods.

The fieldworker has the possibility to observe the child. Some points of attention are:

- Does the child startle by a sudden noise?
- Does the child turn its head towards the speaker?
- Does the child stop playing when sounds are made in the environs?

- Does the child turn round to know where the sound comes from?
- Does the child turn around to look when it hears its name?
- Does the child listen to talking people?
- Does the child respond to questions or orders?
- Does the child listen to the radio or television at the same level as others do?
- Does the child respond to the normal conversation in the house?
- Does the child say a few words and if so, which?
- How does the child behave?
- Does the child show behaviour that does not fit his age?
- Does the child make basic sounds like baba, kaka, tha tha etc.?
- Does the child understand the words he says himself and those the mother says?

This observation may give an indication as to whether the speech problem is due to loss of hearing or to another cause. As a supplement the questions to the mother are of much importance:

- Does the child wake up when it hears a loud noise and how does it respond?
- Does the child close its ears or cry when it suddenly hears loud noises?
- Does the child turn its head or blink when it hears a noise?
- Does the child make contact with others, does it play with peers?
- During the first months of its life, did the child make noises that grew less after some time?
- When did the child say its first words and which were they?
- When you call the child by its name, how does it respond?
- Is the child's development in line its age? If it was or still is retarded, in what respect?
- Can the child cope in activities of daily life, what are its intellectual capacities?

The replies to the above questions together with your observation provide you with valuable information about the question as to whether the speech problem is due to loss of hearing or to other causes, such as mental retardation, autism or something else.

If you have any doubts as to whether the speech problem is caused by loss of hearing, you can examine the child by testing its hearing. You can use simple tests using different sounds, right next to the ear. The relief worker can hold his mouth next to the ear, says aaa and looks if the child responds. In the same way, the relief worker can use the sounds ie, ooh, shsh, oosh and waits for a reaction. This is only a coarse test. The best method to confirm loss of hearing is through audiometry.

On the other hand, if the relief worker thinks that the speech impediment may have other causes, it is wise to examine the child for other problems. Such an examination involves the following:

- Is there a retardation in developmental milestones?
- Is the child late in responding to voices?
- How does the child behave towards other children?
- How does the child perform at school?
- Does the child understand orders that are given?
- Does the child show hyperactive behaviour?
- Does the child prefer to be alone?
- Are there any problems in activities of daily life?
- To what extent is the existing speech significant?

In case of doubt it is wise to consult a specialist.

It is essential for the relief worker to be certain of the cause of the speech problem before making an intervention plan.

In this process the relief worker plays a crucial role, otherwise all children with a speech problem will probably be considered deaf.

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