

This article was downloaded by: [University of Witwatersrand]

On: 31 July 2009

Access details: Access Details: [subscription number 906385672]

Publisher Informa Healthcare

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



International Journal of Audiology

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t713721994>

EHDI Africa: Advocating for infants with hearing loss in Africa

Dewet Swanepoel^a; Claudine Störbeck^b

^a Department of Communication Pathology, University of Pretoria, South Africa ^b Centre for Deaf Studies, University of the Witwatersrand, South Africa

Online Publication Date: 01 January 2008

To cite this Article Swanepoel, Dewet and Störbeck, Claudine(2008)'EHDI Africa: Advocating for infants with hearing loss in Africa', *International Journal of Audiology*, 47:1, S1 — S2

To link to this Article: DOI: 10.1080/14992020802300912

URL: <http://dx.doi.org/10.1080/14992020802300912>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

DeWet Swanepoel*
Claudine Störbeck[§]

*Department of Communication
Pathology, University of Pretoria,
South Africa

[§]Centre for Deaf Studies, University of
the Witwatersrand, South Africa

Key Words

Hearing aids
Middle ear
Pediatric
Psycho-social/Emotional

Abbreviations

EHDI: Early hearing detection and
intervention

EHDI Africa: Advocating for infants with hearing loss in Africa

Abstract

Children with hearing loss who happen to reside in Africa deserve the chance to develop according to their potential as much as their peers living in more affluent regions. This leaves a moral obligation to pursue ways of initiating, developing, and growing early hearing detection and intervention services in Africa. For these reasons, the first EHDI Africa international conference was held in Johannesburg, South Africa, in 2007 (13–14 August). The theme was 'Building bridges in Africa: Early childhood development for children with hearing loss'. This special issue contains several reports from the EHDI Africa conference.

Sumario

Los niños hipoacúsicos que viven en África merecen la oportunidad de desarrollarse de acuerdo con su potencial, tanto como sus iguales en otras regiones más prósperas. Esto nos deja con la obligación moral de buscar formas de iniciar, desarrollar y hacer crecer servicios de intervención y detección auditiva en África. La Conferencia Internacional sobre EHDI en África tuvo lugar en Johannesburg, Sudáfrica, en el 2007 (Agosto 13–14). El tema fue "Construyendo puentes en África: Desarrollo infantil temprano en niños con trastornos auditivos". Esta edición especial contiene varios reportes de la conferencia EHDI de África.

Worldwide the number of children with hearing loss is increasing, and nowhere is it more pronounced than in the developing world. The World Health Organization (WHO) global estimate for disabling hearing impairment (>40dB) has more than doubled in the decade between 1995 and 2005, from 120 million to at least 278 million, and 25% of these losses are estimated to have originated from childhood (WHO, 2006). The developing countries of the world are worst hit since more than 90% of all infants with hearing loss reside in these countries. As highlighted by Dr Bolajoko Olusanya in this issue, in sub-Saharan Africa alone, 180,000 infants with permanent hearing loss are born annually (based on an estimated incidence of 6 per 1,000 live births). This means that every day 495 infants are born with or acquire hearing loss within the first few weeks of life in sub-Saharan Africa. Unfortunately, virtually none of these infants has any prospect of early identification for hearing loss and the associated benefits of early intervention, which leads to constraints on cognitive, linguistic, and socio-emotional development and, ultimately, on educational and vocational outcomes. The dearth of such programs and services for infant hearing loss attests to the significant challenges inherent to Africa, which include widespread poverty, a high prevalence of infectious diseases, poor healthcare infrastructure, and the lack of audiological services, since only two of the 46 countries on the continent offer any tertiary education in audiology (South Africa and Egypt)

Despite these challenges, the children with hearing loss who happen to reside in Africa deserve the chance to develop according to their potential as much as their peers living in more affluent regions. This leaves a moral obligation to pursue ways of initiating, developing, and growing early hearing detection and intervention services in Africa. For these reasons

the first EHDI Africa international conference was held in Johannesburg, South Africa, in 2007 (13–14 August). The theme was 'Building bridges in Africa: Early childhood development for children with hearing loss'. It was the first time that key stakeholders within the field of early childhood deafness in Africa, including national departments of health, education and social development, came together. The conference attendance exceeded 300 delegates from more than 12 countries, including Botswana, Lesotho, Madagascar, Mozambique, Namibia, Nigeria, Senegal, Swaziland, Spain, South Africa, the UK, and the USA. This was a monumental event for infants with hearing loss both in Africa and the developing world at large, as leaders within the deaf and hearing communities came together around one common goal—the initiation and improvement of EHDI services in Africa. It was a first step towards uniting parents of children with hearing loss, professionals, and governmental and non-governmental organizations around this common goal of seeking optimal outcomes for all children with hearing loss through early detection and timely intervention.

This special issue contains several reports from the EHDI Africa conference. Dr Olusanya provides an introduction to infant hearing loss in Africa and explores the priorities for establishing services in the region. Drawing on their wealth of experience in developing a statewide EHDI program in Colorado, Drs Christine Yoshinaga-Itano and Vickie Thomson provide a review of the steps and people involved in effective early detection and intervention services for infants with hearing loss. Contextual research findings on the current status of EHDI services in South Africa are reported by Ms Marianne Theunissen and Dr DeWet Swanepoel, who conducted a national survey. Ms Talita van der Spuy and Dr Lidia Pottas investigated early intervention in South Africa according to the ages of

service initiation and parental needs during the process, and Drs Claudine Störbeck and Paula Pittman report on the pilot program of HI HOPES, the first home-based, family-centered early intervention program in South Africa. Maternal knowledge of and attitudes towards infant hearing loss were reported by Dr Swanepoel and Ms Nizha Almec, who conducted interviews with mothers in an African community. A first report on the incidence of childhood hearing loss in Mozambique is provided by Dr Jackie Clark as a result of a humanitarian project in that country. An assessment of middle-ear functioning in infants using wideband reflectance measurements is reported by Dr Lisa Hunter and colleagues as a way of differentiating screening failures due to middle-ear effusion. Finally, the importance of accurate verification of hearing-aid fittings for the pediatric population is emphasized by Ms Susan Strauss and Dr Catherine van Dijk in their report, which compared pediatric hearingaid fittings to prescribed targets.

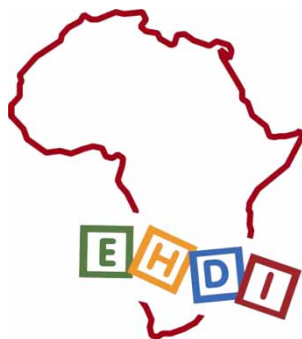
This conference has signalled a growing concern and advocacy for all infants with hearing loss in Africa and is a call for united efforts to promote and support early detection and intervention for childhood hearing loss on the continent. As we use this supplement to stop and celebrate the achievement of our first truly united effort towards EHDI in Africa, we would echo the final words of Nelson Mandela ‘ . . . after climbing this great hill we have now taken a moment to enjoy the view, looking back to see the distance we have come, but we can rest only for a moment as our journey has not yet ended . . . ’ (Mandela, 1995). In fact, our EHDI Africa journey has just begun.

References

- Mandela, N. 1995. *Long Walk to Freedom*. Boston: Back Bay Books.
WHO. 2006. *Primary care and training resource. Advanced level*. Geneva: World Health Organization.



Dr. DeWet Swanepoel



Dr. Claudine Störbeck