Inequality in health care is a pervasive challenge that is often most pronounced in the case of disabled individuals. Infant hearing loss is a case in point. It is often referred to as the silent, overlooked epidemic of developing countries because its invisible nature prevents detection by means of routine clinical procedures. It is referred to as an epidemic because of its high prevalence, being the most common birth defect. Even though it is not a life-threatening condition, failure to intervene in time renders it a severe threat to critical quality of life indicators such as education, employment and societal integration.

A growing body of evidence supports the view that investing in early childhood has an enormous impact on children's health and their ability to learn and can result in important long term economic returns which may be much higher than investment in formal education. Since differences in cognitive development start to widen from a very early age, early childhood development initiatives for all are central to create more equal opportunities. This is even more pronounced in the case of children born with a disability such as childhood hearing loss, since numerous studies have demonstrated the cognitive, social-emotional, vocational and financial constraints on their development compared to those without the disability. The adverse effects of hearing loss on language and cognitive development, as well as on psychosocial behaviour are widely reported against the established benefits of early intervention. Late identified hearing loss affects an individual's ability to obtain, perform in and keep a job, and it causes individuals to be isolated and stigmatised during the entire course of their lives.

This stands in stark contrast to current evidence which indicates that infants enrolled in universal newborn hearing screening programmes are detected earlier and the subsequent intervention leads to linguistic, speech and cognitive development that is comparable to normal hearing peers. Early hearing detection and intervention programmes can effectively address the inequalities caused by the developmental constraints associated with infant hearing loss. Children in such programmes are afforded the opportunity to develop to their maximum potential, allowing them to become active participants and contributing members of their communities.

These facts have led to early detection and intervention for infants with hearing loss rapidly becoming the standard of care in developed countries, with a country like the USA already screening 95% of all newborn infants using highly accurate physiological techniques (otoacoustic emissions and/or auditory brainstem responses). No other type of screening programme has demonstrated the same efficacy as universal newborn hearing screening for developing countries. Int J Pediatr Otorhinolaryngol 2004; 68: 287-305.


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