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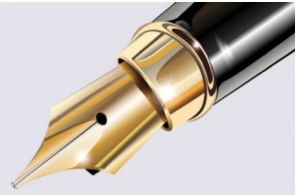
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From the Desk of the Editor



As per WHO estimates in India, there are approximately 63 million people, who are suffering from significant auditory impairment; this places the estimated prevalence at 6.3% in Indian population. As per National Sample Survey Office (NSSO 2011), hearing disability is the 2nd most common cause of disability in our country (18.9% of total disabled population). But surprisingly, only 9.4% of the hearing disabled population is of 0-6 years of age. If we think about the etiology of the hearing disability, congenital causes are amongst the most common ones. If we consider the age pyramid structure of India at the same time, the above mentioned statistics seems to be quite unusual. Due to ignorance of the parents these children are diagnosed at a later age. Also due to inaccessibility to health care facilities parents of congenitally deaf child commonly attend hospital at a later age after the golden period for speech development. As a consequence there are no options for treating the condition with modern treatment facilities like advanced hearing aid or cochlear implant along with speech therapy. Those parents are also ignorant about the probable treatment options and only ask for handicap certificate. Though, timely intervention may develop the speech in these children. Under ADIP Scheme (Assistance to Disabled Persons for Purchase/ Fitting of Aids and Appliances) there are provision for supplying hearing aids and cochlear implant surgery free of cost.

In India there is a strong network of primary health care delivery workers like Health assistant, Anganwadi worker (under ICDS), Village health guide and a number of NGOs. If there is a system for training for those grass root level health workers about the preliminary screening methods for hearing disabilities and the referral system for the identified children, we can easily identify the congenital hearing disabilities at earliest opportunity. With this measure, these children can get the benefit of modern treatment facilities at appropriate time and develop speech with proper speech therapy and can be placed in the mainstream of the society. Fortunately under National Program for Prevention and Control of Deafness (NPPCD), these efforts are already initiated to some extent. Being otorhinolaryngologists, it is our duty and responsibility to strengthen this effort and deliver the modern facilities to those unfortunate kids so that they can also speak, sing, laugh and lead a normal life.

Sirshak Dutta

Dr. Sirshak Dutta

Managing Editor

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