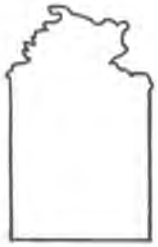
The Australian Journal of
INDIGENOUS EDUCATION

ACROSS AUSTRALIA .....

FROM TEACHER TO TEACHER



"OTITIS WHAT ....."?

John Armstrong,
Teacher of the Deaf,
Papunya, N.T.

Jane enters the classroom amid cries of subversive laughter and cruel comments. She seats herself and proceeds quietly and methodically to do her school work. The other children keep on teasing, pounding at that little girl's emotions, until she finally sobs and sinks below her desk. She doesn't hear everything they say - she doesn't have to - she knows what they are saying and why.

Jane has Otitis Media.

Many Aboriginal children soon after birth develop a chest infection that their body defences cannot cope with. (I am speaking from experiences with centralian Aboriginals and I'm sure similar situations exist elsewhere.) Mucus builds up in the chest, throat and nose tissues, producing the notorious 'snotty nose'. If and when nose tissues swell, the mucus is forced up the eustachian tubes into the middle ear, producing infection and pus.

This is Otitis Media, or middle ear infection. Continued pus build-up will perforate the drum, often entirely removing it, resulting in a hearing loss. If a bilateral (both ears) perforation results, the child may have a mild to severe hearing loss, and will require a hearing aid.

By twenty years of age the individual will have built up immunity to the infection. The pus will subside and the ear drum will heal with normal hearing being restored. However, a small percentage of individuals develop a permanent hearing loss.

Do you have children at your school who are -

Introverted?

Quiet?

Temperamental?

Unresponsive to your questions?

Teased by other children?

Show poor attendance?

Generally in the lower achievement group?

Have a runny nose?

Have pus in their ears?

Display speech difficulties?

The eighty children with hearing impairment at Papunya need not display all the above symptoms, although two or more will be apparent.

If you have children displaying these characteristics, it could be that they have a hearing loss and that you haven't been aware of it.

What course of action then is open?

Firstly, an ascertainment of the prevalence of ear infection and any consequent hearing loss must be made. This is largely the responsibility of your regional health authorities. But we, as educators, can do much in initiating action within these authorities.

Contact the Ear, Nose and Throat Sister of the region, and request, through her, that audiometric screening tests be performed on the entire school population. As a result of these tests, suspect children will require further testing by the National Acoustic Laboratory, who will then issue hearing aids, if necessary. The hearing aids that are issued are body worn aids with a head band that presses a conduction piece firmly behind the ear. They are uncomfortable, fairly restrictive and a source of embarrassment to the wearer. This creates further socialization problems. However, they are quite effective.

We found that making cowboy boleros and material hair bands

disguised the aid to the extent that hearing children wanted to wear hearing aids.

You are a teacher in a classroom with three or more children with hearing impairment. What can you do?

a. Hearing aids are not selective in the sounds they amplify. If a classroom is noisy, a child wearing an aid will find it unbearable, with background noise drowning out the teacher's voice. Quite a lot can be gained by hanging heavy curtain material and, if funds permit, try grass matting on the floor. (This is more practical than carpet if the school is on a mission or a settlement). It will make a distinct difference to the noise level of your classroom. Children will love the quieter, cosier atmosphere too.

b. Use the hearing aid with discretion, (if worn for too long it becomes uncomfortable and can cause headache). Have the child wear it for the main lesson (language) of the day only. The child's eagerness to wear the aid will be prolonged, and he/she will look forward to the language lesson when he/she can wear it.

c. Be physically close to the child when speaking. Distance from the aid produces more echoes, closeness increases clarity. Three to ten metres from the pupil helps him/her in lipreading. Therefore give thought to your seating arrangement.

d. Face your pupils when speaking and encourage them to observe your whole face. Try not to gesture or sign, as this distracts from the lips.

e. Draw the child's attention to you before giving a direction, for example, name calling - "Cindy, do this for me please". Reply - "Yes sir". Rather than - "Do this for me, Cindy". Reply - "Did you call me?"

f. Be prepared to rephrase what you say to enable understanding; the child may not have previously met some of the words you are using. Avoid mumbling and mouthing words.

g. Have a hearing pupil seated near him/her to attract the attention of the hearing impaired child and to explain instructions not understood.

h. Seat the child at the front of the class with his/her better ear towards the teacher.

i. He/she will not always hear answers given by other children in the class, therefore a summary may need to be given by the teacher.

j. Encouragement is most essential - the child knows his/her weaknesses. Encourage peers to help, not to tease.

k. Music, singing and rhythm are most helpful to the hearing-impaired. They stimulate residual hearing and add rhythm to their speech.

As educators, our role is to fulfil the needs of our pupils. Don't brush off the fact that you have hearing impaired children in your class. *Do something about it - fulfil their needs.*

With these techniques operating in our classrooms we may avoid having Jane's incident repeated.

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KATHERINE AREA SCHOOL LUNCH PROGRAM

L. O'Keefe,
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After reading Mr. C.F.Mounsey's article in *The Aboriginal Child at School*, Volume 2, No.5, December 1974, we were struck by the similarities of the problems of the school he mentioned with those of the Katherine Area School, except that our pupils were, shall we say, less 'resourceful', but the absenteeism and resulting fall off in performance followed the same lines.

Up to July 1974, 'Welfare Lunches', that is, lunches provided