

Chapter 7

Universal Newborn Hearing Screening Programme in Malaysia and Nigeria: A Comparative Analysis

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ABSTRACT

The developing countries of the world are still lagging in the implementation of the universal newborn hearing screening (UNHS). In order to eradicate unnecessary earshot impairments via suitable rehabilitation processes, there is need for more studies. Thus, this chapter is channeled to bridge this gap. This study used secondary data by comprehensively reviewing the published researches and other relevant and related works and found that UNHS practices in Malaysia and Nigeria have both differences and similarities. The two countries use AABR and OAE as their protocol, and the newborn hearing screening is not binding on the caregivers in both countries. However, their approaches differ in the area of finance, follow-up intervals, and the years of introduction among others. Nevertheless, there are some challenges impeding the effective implementation of the programme which includes lack of awareness, death of personnel, inadequate diagnostic centers, among others. Given these findings, this chapter could be said to have practical implications for the stakeholders.

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INTRODUCTION: UNIVERSAL NEWBORN HEARING SCREENING AS A CONGENITAL DEAFNESS

Universal Newborn Hearing Screening (UNHS) programme is an imperative apparatus for initial treatment and diagnosis of hearing impairment. It is an approach that assists in recognising the inherited deafness and earshot damage in new babies before leaving the hospital ([Ahmad et al., 2011](#)). Universal Newborn cognitive impairment is perhaps the most frequently diagnosed sensory birth defect and this happens in every 1000 live births with an approximate incidence of 4 to 6 in developing nations ([Olusanya et. al., 2007](#)). This implies that UNHS performs a key role in efforts to minimize and/or avoid hearing impairments linked with deficiencies in the social, emotional, language and cognitive development of newborns, despite the presence of risk factors ([Kemp, et. al, 2015](#)). Because of the critical number of births occurring outside of medical clinics, vaccination centers have been suggested as an avenue for community based universal hearing screening programme in order to enhance medical clinic based programmes in developing nations ([Olusanya, 2008](#); [Swanepoel, et. al., 2006](#)). In the evolving health model, a whole group of health practitioners and staff are expected to offer patients with the best possible care. Since, in the emerging context of health, integration of treatment around the spectrum is important ([Ismail, et. al., 2018](#)).

UNHS has been adopted by virtually all the countries of the world. Meanwhile, the programme is conceded as an indispensable element of communal health upkeep in early infantile in majority of the developed countries in contrast to the developing nations which have low acceptance of the UNHS programme. The numbers of kids universal with earshot injury is cumulative, and these kids face a number of impediments and afflictions, given that spoken linguistic is the biggest medium of communication and social relations. In acknowledgement of the rising and major problem of hearing injury universally, the World Health Assembly (WHA), which comprised health ministers of the United States member states and which is liable for shaping the programmes of the World Health Organisation (WHO), met in 1995 and approved a decision on the reduction and stoppage of key sources of unnecessary hearing damage and on timely discovery in kids, children and babies within the context of primary health care. But it is disheartening that while newborn earshot screening of entire newborns has become a practice of municipal health care system in advanced states, the needs of infants with lifelong hearing impairment have not yet been addressed in developing countries ([Olusanya, 2007](#)).

In light of the benefits of UNHS programme and given the nature of the problem being faced by the developing countries, UNHS programme is expected to be significant in these countries, there is a need for the stakeholders' i.e., government, caregivers and parents to do the needful. Therefore, this chapter aims at comparing current UNHS practices in Malaysia and Nigeria with a view to making useful recommendations as regards the steps that could ensure effective implementation of UNHS programme.

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