

## “Crabbit Old Woman”

contributed by Nadirah Hanim, Audiologist

What do you see, what do you see?  
Are you thinking, when you look at me –  
A crabbit old woman, not very wise,  
Uncertain of habit, with far-away eyes,  
Who dribbles her food and makes no reply,  
When you say in a loud voice,  
I do wish you'd try.  
Who seems not to notice the things that you do  
And forever is losing a stocking or shoe.  
Who, unresisting or not; lets you do as you will  
With bathing and feeding the long day is filled.  
Is that what you're thinking,  
Is that what you see?  
Then open your eyes,  
Nurse, you're looking at me.  
I'll tell you who I am as I sit here so still!  
As I rise to your bidding, as I eat at your will.  
I'm a small child of 10 with a father and mother,  
Brothers and sisters, who loved one another –  
A young girl of 16 with wings on her feet,  
Dreaming that soon now a lover she'll meet,  
A bride soon at 20 – my heart gives a leap,  
Remembering the vows that I promised to keep.  
At 25 now I have young of my own  
Who needs me to build a secure happy home;  
A woman of 30, my young now grows fast,  
Bound to each other with ties that should last;  
At 40, my young sons have grown and are gone,  
But my man's beside me to see I don't mourn;  
At 50 once more babies play around my knee,  
Again we know children, my loved one and me.  
Dark days are upon me, my husband is dead,  
I look at the future, I shudder with dread,  
For my young are all rearing young of their own,  
And I think of the years and the love that I've known;  
I'm an old woman now and nature is cruel –  
Tis her jest to make old age look like a fool.  
The body is crumbled, grace and vigor depart,  
But inside this old carcass, a young girl still dwells,  
And now and again my battered heart swells,  
I remember the joy, I remember the pain,  
And I'm loving and living life over again.  
I think of the years all too few – gone too fast.  
And accept the stark fact that nothing can last –  
So open your eyes, nurse, open and see,  
Not a crabbit old woman, look closer –  
See Me. -author unknown-

## In the News:

### Toys-Induced Hearing Loss?

contributed by Nadirah Hanim, Audiologist

(Reuters, 23 Nov 2010) With the holiday gift-buying season here, consumer groups are warning parents to shop carefully to avoid bringing home one of the hazardous - and potentially deadly - toys that continue to show up on the shelves of major U.S. retailers.

Among the dangerous products to avoid this year: A Dora the Explorer backpack on sale at Claire's that the U.S. Public Interest Research Group (PIRG) says contains the toxic chemical bis(2-ethylhexyl)phthalate and a Big Bang Rocket on sale at Amazon.com that the group World Against Toys Causing Harm says may cause hearing loss.

On Tuesday, U.S. PIRG released its annual "Trouble in Toyland" report, flagging about a dozen dangerous toys the group says it found on sale at national retailers in September and October.

It comes on the heels of the "10 Worst Toys" report from WATCH, released last week, which warned the number of defective toys reaching the marketplace each year was "clearly suggestive of a broken system that needs fixing before more children are harmed."

Consumer watchdogs say the big risk to kids these days is as much chemical as mechanical and comes from the cadmium, lead-based paint and plastic-softening compounds like bis(2-ethylhexyl)phthalate commonly used in toys.

But choking, cutting, blinding and strangulation hazards continue to pose a problem -- though some of the problems can be avoided if parents show common sense when they shop and keep an eye on their children when they play.

Among the old-fashioned culprits this year: A Supasplat Splatblaster toy gun available at KMart that could -- like the Red Ryder BB Gun in the 1983 movie "A Christmas Story" -- take an eye out.

"A lot of it is accidents," said Jacinda Adams, a vice president with Prevent Blindness America, a Chicago-based group. "Kids get a new toy. They run through the house. They fall on the toy and poke themselves in the eye.

"But at the end of the day, it's up to parents and consumers to be aware and how to be careful to avoid winding up in the emergency room for Christmas."

According to the Consumer Product Safety Commission (CPSC), toy-related injuries sent 250,100 children to U.S. hospital emergency rooms in 2009 and resulted in 12 deaths, including two from choking

Of the 12 reports of toy-related deaths that the CPSC received in 2009, the majority involved riding toys that children either drove into pools or other bodies of water, where they drowned, or onto roadways, where they were struck and killed by a motor vehicle.

# My Taralye Experience

by Low Hui Min, Speech-Language Pathologist

Between September and November 2007, I had the opportunity to be a volunteer in Taralye, an oral language centre for children with hearing impairment in Victoria, Australia. Taralye is a non-profit organisation that supports young children from birth to 6 months old. It also supports their families to face the conditions of hearing impairment. Taralye offers an inclusive range of early intervention and early childhood programs to these children and their families, including audiology and otology clinics, speech and language therapy services, parent support groups, a resource library and preschool programs. During my weekly visits to Taralye, I had opportunities to be involved in some of their programs, including their fund-raising programs, preschool activities and the Mother Goose program for infants and their families.

Being a volunteer in Taralye provided me with the opportunity to observe the operation of different programs in the centre. I realised that there are at least three kinds of support that are fundamental for the operation: 'financial support', 'professional support' and 'peer support'. I will begin by discussing the 'financial support'. As stated in Taralye's official webpage (<http://taralye.avalde.com>), the total cost to help each child learning to speak is around AUD\$10,000 per year. In Taralye, government funding only contributed to 45% of total service costs. To my knowledge, the other funding sources are fee contributions from the families, donations from the public and different fund-raising programs organised by the administrative team. During my visits to Taralye, I became aware that fund-raising was an on-going agenda in the organisation. I participated in some of the fund-raising activities, like the T-shirt Day in which the organisation sold specially printed T-shirts to students in primary and secondary schools, a Sunday market in which the families brought in things to sell to the public, a fund-raising concert, and an art exhibition. All these happened within the time of three months while I was there! A PR officer, with the help of the administrative team, managed these activities.

What I learnt from this is that financial support is a crucial element that enables an operation of an early intervention program. Any individual or organisation that wishes to begin an early intervention program needs to be prepared to face this on-going challenge. I guess this is particularly relevant in early intervention for hearing-impaired children due to its dependency on advanced, and therefore high-cost, hearing amplification technology. In recent years, there are a few Malaysian audiology graduates who have qualifications in Masters of Business Administration (MBA), and many others are now pursuing knowledge in business and administration. I believe this group of audiologists will soon become important resource persons to consult in this aspect.

The second form of operational support is the 'professional support'. The professional team in Taralye comprised of three professional groups, i.e. administrative, clinical and educational personnel. Taralye provides aural rehabilitation services to young children with early impairment from birth. The children are referred to Taralye from different healthcare settings in the neighbouring suburbs of Melbourne. The children are monitored in regular schedules by clinical professionals; including otologists, audiologists and speech-language pathologists. However, many of these clinical professionals are not full-time staff in the centre. They only come to the centre one or two days per week for the individual consultations. In contrast, the children and their parents had closer contacts with the early educators in the centre. Infants and toddlers come for weekly or fortnightly group activities with their caregivers. One of the group activities is the Mother Goose program (<http://www.nald.ca/mothergooseprogram/>) in which the children and their caregivers perform different movements and bodily actions while singing their favourite nursery rhymes and songs.

## My Taralye Experience (cont.)

When the children turn three years old, they come weekly for an afternoon nursery program (about 3 hours), run by pre-school teachers and a teacher aid. The nursery program is an inclusive program with a teacher/child ratio of 4:1 normal-hearing and hearing-impaired children. The teacher aid is a staff member who monitors the hearing-impaired children's participation in the program and helps these children to manage their hearing devices. Other than that, all children (with or without hearing impairment) experience the same kind of speaking style and behavioural management from the teachers. After a year, the children go to the pre-school program that follows the same teaching principles. The children come either every day

or on alternative days depending on individual and staffing conditions. In this intervention model, there is lesser emphasis on the children's hearing issues. Rather, more attention and resources are placed on expanding the children's hearing, speech and language potential in parallel to the normal route of speech and language development. This could be a model for us to implement in Malaysia.

The third feature of operational support that I will discuss is 'peer support'. Concerning this, I realised that the children with hearing impairment in Taralye are usually surrounded by normal hearing adults and children. As mentioned earlier, the children with hearing impairment are given the same kind of opportunity and experience as any other children in the centre. (To a certain extent, wearing a hearing device was almost like pinning on a badge by another child). It was apparent that many children have been fully integrated within their normal-hearing peers in terms of their social-communicative behaviours and speech and language performances. Even so, it was equally important to acknowledge that not all of them did. Individual differences in speech, language, social and communicative outcomes did exist amongst the children. This seems to be something that we need to deal with, regardless of the nature of an intervention program.

As a whole, the three-month volunteering experience in Taralye was both rewarding and revealing for me. It has broadened my perceptions of aural rehabilitation for young children with hearing impairment. This experience made me realise that this process is an on-going challenge for all stakeholders. In many aspects, I view that in Malaysia, we do have the potential to advance in the development of aural rehabilitation programs. With the increased number of local and overseas graduates in this area of expertise, professional support is no more a critical issue. Perhaps what we need to ponder now is how to incorporate other forms of inter-disciplinary support to strengthen the planning and the implementation of the programs. At the same time, it is also important to set realistic measures for the expected outcomes of such programs. I would like to take this opportunity to acknowledge those audiologists and speech-language pathologists in Malaysia who have never given up their faith and for their constant efforts in this area. Their work has made huge differences to many people now and in the years to come.

