

Euro Nutrition 2018-Nutrition and Food Sciences Barriers to neonatal hearing screening in Pakistan- Nazia Mumtaz-AI-Nafees Hospital

Nazia Mumtaz

AI-Nafees Hospital, Pakistan

Abstract

Pakistan is an emerging country ranked as the six crowded country in the world with a significant part of its population suffering from hearing impairment beset with late identification to hearing loss (HL) more often seen in the age group of 19-24 months 48% equalled to 22% at 0-6 months. This is compounded by a fragile health care system which is not responsive enough to address the health problems of the people let alone pledge curative or management of the programs for hearing impaired children. The same has been point out by the Tucci D et al. in their study and determined that "high prevalence of HL in developing world was due to a variety of factors, including lack of widespread inclusive immunization programs and medical care, and inadequate funds for intervention once HL is identified" Neonatal hearing screening (NHS) is a public health care initiative to identify and detect infants born with the impaired hearing from birth to one month of age to identify the new borns with hearing loss. The purpose of NHS of new borns is to notice infants consuming hearing loss (HL) so as to appreciably bring down to the age of identification of HL in children for intervention to take place by six months of age in order to provide better speech language development, education and quality of life 4 NHS is known in industrialized countries. However, different barriers have played negative role to stop the introduction and success of the programs in low and central income countries.

Methods:

examining descriptive study was employed to purposive sampling technique and qualitative parameters was conducted in the Islamabad over a period of 18 months from June 2015 to January 2017 and following approval of institutional research ethics committee. This was done as brand new hearing screening is required at the national level and for this policy needs to be expressed for enactment of legislature. Stake holders of the disability policy and the others were excluded from the study meanwhile disability policy concerns with the children in future years, when hearing and speech disability has manifested. Meeting guide was developed and tested with the policy maker bureaucrat (civil servant) to determine and how discussion was led by the formulated queries in the interview guide. It contained easily comprehensible queries with the flow modified and the rearranged in a sequence including policy cover, legislative

cover, fiscal resources, NHS in Pakistan ,linkage between external donor agencies and health care programs and awareness through social network and health. Further, the probes of each domain were built in to the related sections of the interview guide, which served to the steer the discussion into the domain areas without leading the respondents.

Results: The thematic analysis of the data collected during in depth interviews with the policy makers revealed the themes that emerged within each domain of NHS and the fences to NHS. The outcomes drawn from the thematic analysis were Planning, Governing, Awareness, Funding, Size building (medical and technical), Administration, Policy development including Legislature Evaluation and Sustainability; The themes and connections of these themes to the emerging characteristics in the interviews.

Discussions: Thematic analysis conducted to explore the Barriers and Priorities accorded to the neo-natal range screening at the government health policy level in the current study was consistent with other studies. In the current study, targeting the health policy makers, they discoursed that in Pakistan on account was non-availability of funds for NHS complemented by following remedial and restoration program, NHS programs are the unlikely to see the light of the day.

It was worried repeatedly by the health policy makers that in order to the market NHS the media awareness needs to be create which is only possible through the sensationalizing the negative influence of HI on society on the pattern of how external donor activities were sponsoring campaigns for the communicable and non-communicable diseases like Dengue, Polio and Hepatitis and AIDs. In an Indian study by Baxipatra D, one block was identified as disability unresponsive attitude of the society and therefore the Laws and regulations however stringent can accomplish little unless there is a perceptible shift in the outlook of the public to the HI population unless if the media through its power of sensationalism and glamour makes a conducive atmosphere for NHS legislation by the positively influencing policy makers or legislators. The absence of UNHS in

Pakistan can be partially be credited to the lack of interest on the part of the policy makers leading to non-enactment of legislature in this particular field.

Except for the area of Sindh, the central governments and the other 3 provinces have not legislated on NHS. In the USA as of 2012, 44 states have been passed legislation related to the NHS. A lack of integrated, holistic, national based on method to NHS coupled with the limited outreach of the healthcare structure and low occurrence of hospital births aggravates the fragile health care system.

CONCLUSION:

Lack of awareness about the lifelong social and the financial impact of HI to an individual remains a difficult policy level barrier to the introduction of NHS in Pakistan and loom in the shape of the dire lack of financial resources or allocation by the central government towards the health sector impacting upon initiation of NHS programs. Furthermore lack of availability to updated and reliable data as to the amount of persons suffering from HI from birth is a stimulating policy level the barrier as is also the dearth of research on prevalence and the economic fallout of HI. Policy makers are not sensitized to characteristic the costs borne by a HI person from the birth and incurred in case of subsidies extended by the state. One evident barrier to priority accorded to the NHS at governmental health policy level is that HI unfortunately remains an invisible disability, needful a media blitz and the ensuing commotion of peripheral benefits accruing from the international health donor organizations.

Note: This work is partly presented at Joint Event on Global Public Health Congress & Annual Congress on Nutrition & Healthcare October 18-20, 2018 Paris, France