

# The road to Suryapur

Drawing on her experiences in a school for deaf and blind girls near Kolkata, [Ruth Tolland](#) outlines some of the issues facing deaf education in India



The World Health Organisation estimates in 2005 suggested that there were 278 million people worldwide with disabling hearing impairment and, of these, 63 million (6.3%) were found in India. Indian nationwide surveys have concluded that hearing loss is the second most common cause of disability after locomotor disabilities; 66.3% of conductive loss in India (often permanent) may be caused by chronic suppurative otitis media (CSOM). Ear disease, particularly discharging ears, tends to be ignored because of factors such as overcrowding, illiteracy, poor hygiene and nutrition, higher rates of nasopharyngeal conditions, lack of knowledge and insufficient healthcare. Other causes of deafness in India include newborn infections, low birth weight, poor care during pregnancy, lack of vaccination for rubella and measles, polluted water, consanguinity and poor drug administration for malaria, tuberculosis and antibiotics. One study of 1,076 children with sensorineural hearing loss in Hyderabad showed that 41.7% were born of consanguineous parents and of these 44.5% had non-syndromic deafness.

Suryapur is a special residential school for deaf girls and blind girls situated in a small poor farming village outside Kolkata (formerly known as Calcutta). It is run by the Ramakrishna Vivekananda Mission (RVM), a large charity in Kolkata which helps impoverished children regardless of religion or caste. In 2008 I was invited to volunteer to set up audiology and improve teaching standards within the school. So, as a recently retired educational audiologist with a long-standing interest in India, having travelled extensively there over the years, I was delighted both by the prospect of helping and also by the opportunity to live within a community rather than to be a mere traveller. I have now worked for two periods in the school, spending nine weeks there to date, and will return

early next year with a volunteer teacher of the visually impaired.

The school has a hostel for 100 deaf girls aged 6–22 years and 40 blind girls; 60 of the deaf girls attend the school and the rest work for Suryapur or have vocational training. The school also runs the new upgraded two-year ToD training course attracting trainees with entry qualifications varying from school-leaver status to Master's level.

All girls are from poor or destitute families; some are orphans. They arrive at any age after the age of six with no speech, sign language or education and can be troubled children as a result of maltreatment and rejection. Unfortunately, disability is regarded as a stigma within the culture, and girls are particularly vulnerable and most likely to be neglected. They are given free accommodation, food, clothes and basic education. At school they are placed first in Lower and then in Upper Kindergarten classes until they are ready to commence Class One. Currently the age range is 6–13 years in these classes. A very few will eventually achieve School Certificate level, equivalent to GCSE, by the age of 21.

For my first visit, I was able to provide some donated test equipment, including an audiometer and an invaluable handheld tympanometer. I worked with a newly appointed audiologist and all girls were tested – most were found to have a profound hearing loss, and a few had a severe loss or better; 66.6% of girls had mixed hearing loss, many with long-standing CSOM. A basic ENT referral system was set up and some girls received eardrops or antibiotics. A number of girls had been issued with rather old government body worn (BW) hearing aids at some point; however, most lacked sufficient amplification and few were working. The ear moulds too were old and ill-fitting and





were often temporary ones, which meant that the BW were worn essentially as ornaments. The best of the BW aids were picked out for repair.

During my second visit, work began again with another new audiologist, systems were put in place, the ENT referral was reinstated and 42 girls were scheduled to be seen. Ten girls with better speech potential were fitted with new post-aural hearing aids purchased in Kolkata with donated money, and five more received donated post-aurals. Hard acrylic ear-mould making was set up in the school to cater for the BW, and biopore moulds were purchased for the post-aurals, although this was expensive. Auditory training and speech work was begun for all younger girls and older girls with potential, and the audiologist, who fortunately has an additional qualification in speech and language, was keen to implement a programme. A free weekly out-patient clinic was set up for adults and children living in the surrounding area and has proved successful, although only testing and advice are available at the moment. A room for audiology testing was identified and suggestions made for sound treatment, as the current room has background noise levels around 67dB. The new room is near completion and I'm hoping it will be much quieter! Noise pollution is a big problem in India and the situation is not helped by concrete rooms with high ceilings and noisy fans, essential for the intense summer temperatures.

On my return home this time I received a number of donated high-powered post-aurals which were taken out to the school by another visitor. Unfortunately they have not been fitted to date due to the cost of moulds and button batteries. To reduce costs in the future it will be necessary to find a suitable course in Kolkata to train up a few people so that better quality moulds can be made on site – perhaps this will happen during my next visit if a suitable instructor is found.

It was clear from the start that the school signs in use were insufficient to deliver an adequate education and that there was little common language between teachers and pupils. The teachers acknowledged the problem and were keen to have proper instruction in

Indian Sign Language. Despite a shortage of trained instructors in West Bengal, a suitable person was found during my second visit to teach one day each week. We were very lucky, as potential teachers are often deterred by the difficult journey to Suryapur. The effect on the girls' morale was immediate. Lessons have continued and all girls and teachers are timetabled for a session.

The teachers are mostly trying their best but are constrained by lack of resources, low pay and difficult daily commutes. In class there is a lack of suitable Bengali textbooks with simple language and plenty of pictures, with the result that the main teaching method tends to be 'talk and chalk', where the girls copy and learn by heart, too often without understanding. The audiologist and I had joint sessions with the trainee teachers three times a week and weekly workshops were held with the teachers. I particularly enjoyed working with the latest first year group of trainees.



Older girls require vocational training as some may not return home and marry. Additional dowry is expected when a girl has a disability but families are often unable to provide it and become reluctant to accept the girl back. RVM has helped to arrange a few marriages and provided a dowry from donations of jewellery and saris. Currently the girls make exercise books, folders and chalk for other RVM schools, and aprons, which are sold.

Working in Suryapur has proved to be an intensive but highly rewarding experience. The wonderful smiles of the girls who expect little from life is the best reward. During my first visit one 11 year old was determined to tell me how her father used to beat her but now she was in school with clothes, food and oil and a hostel mother she loved. On my last day she stood in front of me until she was satisfied I was returning to Suryapur although explaining it was not until November proved too difficult. The final assembly this time was overwhelming and I am already looking forward to seeing everyone again.

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