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Alexis Holt

Purdue University, holt9@purdue.edu

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CHANGING PERSPECTIVE:

Linking Cultures Through Hearing

Alexis Holt, College of Health and Human Sciences

ABSTRACT

An example of a service-learning project at Purdue University is the Speech, Language, and Hearing Sciences study abroad program in Zambia, Africa. Twelve students and two faculty members spent two weeks in Lusaka, the capital of the South African country of Zambia. The objective of this trip was to perform hearing screenings, primarily on children, in centers, primary schools, orphanages, and the Beit CURE Hospital. Prior to the trip, students received training on how to conduct hearing screenings, information about Zambia, and instruction on what to expect during our journey. Students achieved the goal of performing hearing screenings on children, adults, and families in Zambia, but they also learned about differences in cultures and how to reflect on them.

INTRODUCTION

I was granted the incredible opportunity to join the Speech, Language, and Hearing Sciences study abroad program in Zambia during the summer of 2014. This was the second year this program was offered. We provided hearing screenings to children, families, and staff who would otherwise not have had this opportunity.

Zambia, one of the many underserved countries around the world, is serviced by only one audiologist, Dr. Alfred Mwamba. He received his master's in audiology at Purdue in 2004 and helped set up this study abroad program. He works at the Beit CURE Hospital in Lusaka, the capital of Zambia, where we were able to

spend our last two days of the trip. While we, twelve students and two faculty members, provided a service to the residents surrounding Lusaka, we also learned a great deal from this trip and from the people with whom we interacted. In this paper I discuss my journey, both in a concrete and abstract sense, and discuss how it changed my perspective on differing cultures and life in general.

We began training during the spring of 2014. We met once a week to prepare ourselves for Zambia. We learned about the history of Zambia, how to say common phrases in Nyanja—one of the local languages—and about their problems, including poverty and disease. Extreme poverty is a serious issue in Zambia, and many locals are unable to secure basic life necessities, including nutritional foods and health care. Another issue is affordability and access to medical treatment. Most health issues go untreated. Additionally, it is difficult for many to obtain clean drinking water and food, which leads to illness. Prior to the trip we read *The Boy Who Harnessed the Wind* (2010) by William Kamkwamba. It is an autobiography about how a boy named William created the first windmill in Malawi, a country bordering Zambia. Reading the book better prepared me for the trip because it gave me an inside look at poverty, famine, and the culture in this area.

The week before departure, we met once a day for three to four hours for training on the hearing screening equipment. We learned how to obtain a case history and perform otoscopy, audiometry, and otoacoustic-emissions (OAEs) screenings. A case history was essential because it allowed us to gather information

Figure 1. A team member and myself learning how to use an audiometer under the supervision of one of the graduate students. Courtesy of Dr. Lata Krishnan.

about the patient. We asked questions such as: Have you been having any pain in your ears? Have you noticed any fluid coming out of your ears? Have you noticed any loss of hearing? After we gathered the case history, we performed otoscopy by shining a light in the ear that allows us to see if there are any issues in the outer ear, such as a buildup of wax or a torn eardrum. If we noticed any problems, we referred them to an ear, nose, and throat (ENT) doctor or to Dr. Mwamba. For the hearing screening, we used either an audiometer or OAEs. Audiometry is the typical screening most people think of when it comes to checking hearing. We put headphones on the patients and asked them to raise their hands or give us a high five whenever they heard a beep. It was difficult to explain the task to some of the younger children without a translator in the room. Therefore, we typically ended up using OAEs to screen a patient's hearing without needing a response from them. In the United States, OAEs are used during universal newborn hearing screenings because an infant cannot respond to a sound by raising his or her hand. We received ample information about Zambia, but all the training in the world could not have fully prepared us for this experience.

Once we arrived in Zambia, we spent the next two weeks visiting different centers, primary schools, and orphanages to provide hearing screenings. Our program started at the Pediatric Center of Excellence (PCOE), which is a center aimed at providing early access to prevention, care, and treatment to children who are infected or exposed to HIV. We spent a couple of afternoons at the Special Hope Network, a faith-based organization that cares for children who have intellectual disabilities. Cheshire Homes, another place our group visited, is a place for those with physical and intellectual disabilities. Additionally, we spent two days at different schools and orphanages in the area. Lastly, we went to the Beit CURE hospital with Dr. Mwamba for our final two days in Zambia. While our primary goal was to

Figure 2. Encouraging a child during a hearing screening. Courtesy of Dr. Lata Krishnan.

screen the hearing of children, if we had time, we also screened staff and family members who accompanied the children. In the evenings, we had dinner and went sightseeing or souvenir shopping. On the weekend, we saw Victoria Falls and went on a safari to Chobe National Park in Botswana.

LODGING AND FOOD

We stayed at a local lodge called the Zebra Guesthouse. There were two or three students to a room, and each room had a bathroom. Contrary to what some might think, the lodge had electricity, WiFi, and running water. The electricity went out twice, the Internet was slower than we were used to, and the water usually was cold, but we were not in the rooms often enough for these minor inconveniences to become significant issues. Due to the possibility of contamination, we had jugs of water in our rooms to fill water bottles and use for brushing our teeth. While the weather tended to be in the low 80s during the day, it was not hot in our rooms because they were well ventilated. The lodge provided us with breakfast consisting primarily of toast and jam. We made our lunches and brought them with us wherever we worked that day. Our lunches consisted of peanut butter and jelly sandwiches, fruit, and chips or cookies. For dinner, we went to one of two local malls, which had multiple restaurants in the building. Many

Figure 3. The courtyard at the Zebra Guesthouse, where we would meet in the mornings.

sold sandwiches, salads, and pastas. While most of the foods were similar to things you would find in the United States, we did try some local foods. Nshima is the staple food in Zambia. It is made with maize flour and water—a bland, doughy form of mashed potatoes. Nshima is typically eaten with the hands by tearing off a large piece, rolling it into a flat circle, and using it to scoop up a meat, soup, or vegetable. The first time I tried nshima, one of the local staff members told me to eat it with my right hand instead of my left. This was difficult

for me because I am left-handed. Many Zambians view the left hand as “unclean,” so they expect you to use your right hand when eating or interacting with others.

CULTURE

While the primary purpose of our program was to do audiology screenings, we also had opportunities to learn more about Zambia. While everyone strives for success, every culture has a different definition of success. Many Americans view success as having a lot of money or material wealth. Of course, the people in Zambia would love to have money, but they also place a great emphasis on relationships and community. In Zambia, it is customary to help each other out, even if you do not have much to give. For example, while we were shopping in the local markets, there were multiple times the seller would not have the right amount of change needed to make a transaction, so they would walk to another tent and ask another seller for change. The other person would give them the money and assume the first person would pay them back or help them out at a later time. They trust each other and are willing to help each other out even if they do not have much to give.

Additionally, the people in Zambia tend to be friendlier than Americans. They walk up to strangers and make conversation. This happened to me countless times. I would be walking along and a Zambian would come up to me and want to get to know me. They would tell me their life story, hopes, and dreams, and ask me about

Figure 4. Eating nshima with veggies at Beit CURE hospital.

my life and dreams. In the United States, if a random stranger walks up to you and starts asking you about your personal life, you would likely be concerned, but in Zambia, that is just how it is. One of the common goals in Zambia is to obtain the “American Dream,” so some think that Zambians are friendly only to help get them to the United States; however, based on their emphasis on community and the fact that they were friendly toward other Zambians as well, I believe they genuinely cared about us and wanted to make friends.

Zambians also have a very relaxed time schedule. In our study abroad group, we often talked about “Zambian time.” Zambians get around to things whenever they can, unlike Americans. For example, we were supposed to be at one of the centers at 9:00 a.m. We got there on time, but we did not start for another hour because our Zambian contact was late. Because they are so focused on relationships, they would rather be late than cut a conversation short. Tardiness is accepted in Zambia, not only because of the strong community ties, but also because transportation is difficult. Most Zambians do not have a car, so they rely on a bus or a friend who has a car. In contrast, Americans don’t tolerate tardiness. My experiences in Zambia taught me how to be flexible and adaptable. Our plans and time schedule changed frequently throughout our trip.

LANGUAGE BARRIER

While English is the official language, most people do not learn it until they go to school. Many people speak one or more of the local languages, such as Nyanja, in the home as their first language. Additionally, many Zambians drop out of school due to the expense, lack of transportation, or other obligations in their household. As a consequence, they may not learn much English. We only knew a few phrases in Nyanja, so if someone in Zambia did not know English, it was hard to communicate with them. Many of the young children we screened did not know English, so we had to come up with creative ways to explain tasks to them. Occasionally, we would have someone in the room who could interpret for us, such as a teacher or a parent, but we typically did not have access to a person who could translate. Thus, we learned to adapt by using facial expressions and imitation to explain tasks. Instead of saying “Listen for the beep, and when you hear it, raise your hand/give me a high five,” we showed the child the task. We placed the headphones on ourselves, said “beep, beep, beep,” and then raised our hands. We did this several times, and then we would have the child raise his or her hand when we said “beep, beep, beep.” If the

child understood the task, we would continue with the screening using audiometry. If not, we would use OAEs to obtain a screening result. The language barrier taught me to be adaptable. I also learned that just because the child is not responding to sounds, this does not mean he or she cannot hear them. It could mean he or she simply does not understand the task, in which case we had to double-check our results.

Another issue we faced was that children were frightened of screenings. In the United States, hearing screenings are mandated in school systems. Therefore, most children have their hearing screened multiple times and are accustomed to it. However, in Zambia, most children have never had their hearing checked. While most children tried to hide their fear and proceeded with the screening, there were a dozen or so who seemed terrified. Many of them thought it would hurt. A few of them screamed and cried and could not be consoled, despite our efforts. We tried to explain that it would not hurt, but it was difficult with the language barrier. We would attempt to show the children it would not hurt by pretending to screen the other people in our group or an adult in the room. Unfortunately, that did not always calm them down. There were a few children who left the clinics unscreened, but for the most part, we were able to screen children who came through the doors.

One of the Beit CURE staff members, Excildah, who is deaf, uses Zambian Sign Language as her primary mode of communication. She taught us some Zambian signs, while we taught her American signs. We also taught the children at Cheshire Homes some basic signs, such

Figure 5. Team members and myself interacting with Excildah and learning some new signs. Courtesy of Dr. Lata Krishnan.

as “please,” “thank you,” colors, and animals. We used signs in combination with children’s songs, such as “Head, Shoulders, Knees, and Toes” to make it fun for the children.

STEREOTYPES AND ASSUMPTIONS

Before our departure to Zambia, I had no idea what to expect. I honestly thought I had no stereotypes of what the land or buildings would be like or how people in Zambia would act. I quickly realized this was not the case and found myself constantly surprised. After reflecting on my reactions, I realized I had expected to see only poor people who looked malnourished and wore torn, dirty clothing. I never expected to see cars. I also expected to see only small, run-down brick buildings with no windows along the dirt roads. While I did see these things, especially in the rural areas outside of Lusaka, I also saw healthy people in business suits and nice dresses. Lusaka was like any big city in the United States. There were tall buildings and so many cars it caused traffic jams on the paved roads. I realized it is important to remember nothing is black and white. While Zambia is an extremely poor country and most people live in poverty, there are exceptions. It is the same in the United States. One would not go into a city, such as Lafayette, Chicago, or New York, and expect to only see one class of people.

CONCLUSION

Service-learning projects are a two-way street (both service and learning). We achieved our goal to provide hearing screenings to the children in Zambia. However, our team also learned a great deal about the profession of audiology, the culture in Zambia, and how to overcome obstacles such as language barriers and fearful children. I learned how to analyze why and how cultures are different in terms of relationships and community. I also learned that it is important to remember that as a guest in another country, you are expected to adapt to their cultural norms, such as using your right hand to eat or learning the local language. Looking back, I wish our group could have stayed in Zambia longer to continue our work because I gained much more knowledge than I gave.

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