Impressum/Imprint (nur für Deutschland/ only for Germany)

Bibliografische Information der Deutschen Nationalbibliothek: Die Deutsche Nationalbibliothek verzeichnet diese Publikation in der Deutschen Nationalbibliografie; detaillierte bibliografische Daten sind im Internet über http://dnb.d-nb.de abrufbar.

Alle in diesem Buch genannten Marken und Produktnamen unterliegen warenzeichen-, markenoder patentrechtlichem Schutz bzw. sind Warenzeichen oder eingetragene Warenzeichen der
jeweiligen Inhaber. Die Wiedergabe von Marken, Produktnamen, Gebrauchsnamen,
Handelsnamen, Warenbezeichnungen u.s.w. in diesem Werk berechtigt auch ohne besondere
Kennzeichnung nicht zu der Annahme, dass solche Namen im Sinne der Warenzeichen- und
Markenschutzgesetzgebung als frei zu betrachten wären und daher von jedermann benutzt
werden dürften.

Coverbild: www.ingimage.com

Verlag: VDM Verlag Dr. Müller Aktiengesellschaft & Co. KG Dudweiler Landstr. 99, 66123 Saarbrücken, Deutschland Telefon +49 681 9100-698, Telefax +49 681 9100-988

Email: info@vdm-verlag.de

Herstellung in Deutschland: Schaltungsdienst Lange o.H.G., Berlin Books on Demand GmbH, Norderstedt Reha GmbH, Saarbrücken Amazon Distribution GmbH, Leipzig ISBN: 978-3-639-26924-6

Imprint (only for USA, GB)

Bibliographic information published by the Deutsche Nationalbibliothek: The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available in the Internet at http://dnb.d-nb.de.

Any brand names and product names mentioned in this book are subject to trademark, brand or patent protection and are trademarks or registered trademarks of their respective holders. The use of brand names, product names, common names, trade names, product descriptions etc. even without a particular marking in this works is in no way to be construed to mean that such names may be regarded as unrestricted in respect of trademark and brand protection legislation and could thus be used by anyone.

Cover image: www.ingimage.com

Publisher: VDM Verlag Dr. Müller Aktiengesellschaft & Co. KG

Dudweiler Landstr. 99, 66123 Saarbrücken, Germany Phone +49 681 9100-698, Fax +49 681 9100-988

Email: info@vdm-publishing.com

Printed in the U.S.A.

Printed in the U.K. by (see last page)

ISBN: 978-3-639-26924-6

Copyright © 2010 by the author and VDM Verlag Dr. Müller Aktiengesellschaft & Co. KG and licensors

All rights reserved. Saarbrücken 2010

The Long Term Effects of the

Fluctuating, Conductive Hearing Loss Caused by

Otitis Media with Effusion on

Learning and Behaviour for Adolescent Students.

Janice S. Stenton

2003

The Long Term Effects of the Fluctuating, Conductive Hearing Loss Caused by

Otitis Media with Effusion on

Learning and Behaviour for Adolescent Students.

This thesis is submitted in fulfilment of the requirements of the

Degree of Doctor of Philosophy

School of Cognition, Language and Special Education
Faculty of Education
Griffith University
Oueensland

By

Janice Shirley Stenton

M.Ed.St. (UQ), B.Ed.St. (UQ), Dip.T. Spec.Ed (MGCAE)

August 2003

Abstract

Children frequently experience fluctuating conductive hearing loss during and following episodes of otitis media with effusion. With the prevalence of the disease increasing in the non-Aboriginal population in Australia, many children may be at risk of long-term learning and behavioural problems. There are conflicting findings in the research literature regarding the effects of this type of hearing loss. Although it is expected that the insertion of tympanostomy tubes (grommets) will reduce the duration and prevalence of both the disease and the conductive hearing loss, this does not always happen. For some primary school aged children it appears that experience with otitis media with effusion with or without grommet insertion is associated with various education problems including poor academic achievement and inappropriate behaviour. A current concern is whether or not these possible effects would continue to influence the learning and behaviour of children as they continue into their high school years.

A review of the literature suggests that multiple factors including interrelationships between experience of otitis media with effusion, family and childcare environments may be involved in explaining why some students do not achieve as expected at school (Roberts et al., 2000). The literature further suggests there may be a cumulative effect in these factors, which introduces both quantitative and qualitative aspects to the discussion.

A study was undertaken to identify the impact of otitis media with effusion and its associated sequelae on the learning and behaviour of high school students. Information from parents of high school students in Years 8 and 9 was used to identify students for inclusion in the study and to provide information on their medical and educational history as well as the parents' perceptions of various aspects of the students' learning and behaviour (including social skills). Three groups were formed: a Non-OME/Non-Grommet Group (n = 28), an OME/Grommet Group (n = 17) and an OME/Non-Grommet Group (n = 32). The TORCH, WRAT 3 and the Test of Syntactic Abilities (Screening Test) were administered to the students who also provided their own perceptions of specific aspects of their own learning and behaviour on a survey form. Teachers' perceptions on these areas were also collected. School academic records as well as data from school behavioural records were used.

Analysis of the results revealed a range of mild effects. These included poorer academic results particularly for girls with a history of grommets, who also exhibited a lack of confidence in their social skills. An increase in behaviour problems for boys with a history of the disease (with or without grommets) was also found. The study identifies a number of associated teaching and learning issues including noise levels in childcare environments and school classrooms, current teaching and learning methodology and the training of new teachers. It recommends a number of areas for future research including more in-depth questioning of parents regarding their awareness of hearing problems in their children, the use of more fine-grained measures to assess learning outcomes and the identification of possible gender differences associated with the disease and experiences with grommets.

Dedication

This project is dedicated to the researcher who significantly influenced my developing mind. He encouraged me to question and he enthusiastically infected me with the notion of using my imagination in the search for answers while applying a rigorous approach to the process – thanks Dad – I learned more than you expected from those seeds!



Ron Moore Sorghum Plant Breeder (1929 – 1974)

Acknowledgements

Sincere thanks to those who have supported me during my candidature and contributed to the completion of this study.

- My supervisor Joy Cumming who sustained and guided my work. Her theoretical and methodological insights were fundamental to this study. She is a gifted teacher.
- Stephen Winn as associate supervisor and as a significant person in my academic life.
- My initial supervisors Des Power and Merv Hyde without their encouragement and scaffolding this project would have remained a dream.
- ◆ Colleagues from the school community who encouraged me to undertake this study and provided the data.
- My loving family Graham Stenton, Chantal Watson and Inga Clancy who unconditionally accepted and supported my commitment to this project.

Statement of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

Janice S. Stenton

Date:

Table of Contents

Chapter 1	•••••••
ntroduction	1
Chapter 2	
iterature Review	
2.1 Otitis Media - The Disease	
2.1.1 Definitions and Classification of Otitis Media	
2.1.1 Definitions and Classification of Otitis Media	
2.1.1.1 Acute ottus media – prootems with definitions and classification	
2.1.2 Natural History of Otitis Media	
2.1.3 Diagnosis and Treatment of Otitis Media	
2.1.3.1 Medical treatments for otitis media	
2.1.3.2 Surgical treatments for otitis media	
2.1.4 Incidence and Prevalence of Otitis Media	
2.1.5 Risk Factors Responsible for Otitis Media	
2.1.5.1 Biological host risk factors for otitis media	
2.1.5.2 Environmental and social factors	
2.1.5.3 Issues related to risk factors for otitis media	2.
2.2 Otitis Media - The Sequelae	24
2.2.1 Hearing Loss as a Result of Otitis Media	24
2.2.1.1 Effect of tympanostomy tubes on hearing loss	
2.2.1.2 Parent reporting of otitis media and hearing loss	
2.2.1.3 Hearing loss and noise	
2.2.2 Theoretical Models of the Impact of Otitis Media on Development and Learning	
2.2.3 Impact of Conductive Hearing Loss on Developmental Sequelae	33
2.2.3.1 Impact of conductive hearing loss on speech detection, discrimination and development	3
2.2.3.2 Impact of conductive hearing loss on language and communication skills	
2.2.3.3 Impact of conductive hearing loss on cognitive development.	
2.2.4 Impact of Conductive Hearing Loss on Educational Sequelae	
2.2.4.1 Impact of conductive hearing loss on children's academic learning	
2.2.4.2 Impact of conductive hearing loss on children's social development	4.
2.2.4.3 The implications of noise in the learning environment	4
2.3 Otitis Media - Implications of the Research	4
2.4 Otitis Media – Implications for this Study	50
2.4.1 Three Areas of Need	50
2.4.2 Focus of the Study	5
Chapter 3	5
Method	5
3.1 Method	54
3.1.1 Ethical Procedures	54
3.1.2 The Setting	
3.1.3 Terminology Used in This Study	5:

3.1.4 Participant Selection	55
3.1.4.1 Letter to parents and permission form	56
3.1.4.2 Parent questionnaire	56
3.1.4.3 Return of questionnaires	58
3.1.4.4 Selection of participants for the study	59
3.1.4.5 Allocation of participants to otitis media groups	59
3.1.5 Participant Profile	61
3.1.5.1 Demographic data	61
3.1.6 Instruments	66
3.1.6.1 Tests of Reading Comprehension (TORCH)	
3.1.6.2 Wide Range Achievement Test 3 (WRAT-3)	
3.1.6.3 Test of Syntactic Abilities – Screening Test (TSA)	
3.1.6.4 School academic reports	
3.1.6.5 School behavioural records	
3.1.6.6 Survey forms	
3.2 Procedure	72
3.3 Methods of Analysis	73
Chapter 4	75
Results	75
4.1 Introduction	75
4.2 Results for Measures of Academic Achievement	
4.2.1 Outcomes for the Tests of Reading Comprehension (TORCH)	
4.2.2 Outcomes for the Wide Range Achievement Test 3 (WRAT 3)	
4.2.3 Outcomes for the Test of Syntactic Abilities (TSA) – Screening Test	
4.2.4 Outcomes for School Reports	
4.2.5 Parent, Teacher and Student Responses Relating to Academic Performance	
4.2.5.1 Outcomes for the Parent Survey Form	
Parent responses examined by Year level	
Parent responses examined by offitis media group	
Parent responses examined by gender	
Parent responses examined by gender and otilis media group	
4.2.5.2 Outcomes for the Student Survey Form	
Student responses examined by year level	
Student responses examined by otitis media group	
Student responses examined by gender	
Student responses examined by gender and otitis media group	
4.2.5.3 Outcomes for the Teacher Survey Form	
Teacher responses examined by year level	
Teacher responses examined by otitis media group	
Teacher responses examined by gender	102
Teacher responses examined by gender and otilis media group	100
4.3 Results for Measures of Behaviour Performance	108
4.3.1 Outcomes for Detentions and Registers	
4.3.3 Responses for Questions on Survey Forms Relating to Behaviour	
4,3.3.1 Outcomes for the Parent Survey Form	
Parent responses examined by year level	112
Parent responses examined by otitis media group	
· · · · · · · · · · · · · · · · · · ·	

Parent responses examined by gender	
Parent responses examined by gender and otitis media group	115
4.3.3.2 Outcomes for the Student Survey Form	
Student responses examined by year level	118
Student responses examined by otitis media group	
Student responses examined by gender	
Student responses examined by gender and otitis media group	
4.3.3.3 Outcomes for the Teacher Survey Form	124
Teacher responses examined by year level	124
Teacher responses examined by otitis media group	125
Teacher responses examined by gender	
Teacher responses examined by gender and otitis media group	127
Chapter 5	130
•	
discussion	130
5.1 Summary of the Research Findings	120
5.1.1 Effect Of Otitis Media With Effusion On Learning.	
5.1.1.1 Outcomes for Academic Achievement	
Outcomes for Year Level	
Outcomes for otitis media groups	
Outcomes for Gender	
Outcomes for both gender and otitis media group	
Summary	
5.1.1.2 Reported Perceptions of Academic Achievement	
Perceptions by Year Level	
Perceptions by otitis media group	
Perceptions by Gender	
Perceptions for both gender and otitis media group	
Summary	
5.1.2 Effect Of Otitis Media With Effusion On Behaviour	
5.1.2.1 Detentions and Registers	
Behaviour for Year Level	
Behaviour for otitis media groups	
Behaviour for Gender	
Behaviour for both gender and otitis media group	
Summary	
5.1.2.2 Reported Perceptions of Student Behaviour	
Perceptions by Year Level	
Perceptions by otitis media group	
Perceptions by Gender	
Perceptions for both gender and otitis media group	
Summary	
Chapter 6	
•	
Summary and Conclusions	143
6.1 Summary of the Outcomes of the Research	
6.1.1 Strengths and Limitations of the Study	
6.2 Implications for Future Practice	

6.2.1 Implications for Education from the Medical Issues	146
6.2.2 Implications for the Teaching and Learning Environment	
6.3 Recommendations for Future Research	149
References	151
Appendix A - Materials for Parents	164
A 1 - Letter to Parents	164
A 2 - Permission Form	166
A 3 - Questionnaire For Parents	167
A 4 - Student Survey Form	169
A 5 - Teacher Survey Form	
Appendix B – Demographic Data	171
Appendix C - Responses to Survey Forms by Gender	173
C 1 Parent Survey Form - by Gender	173
C 1.1 Parent Responses to Parent Survey Form, for Girls Only, Examined by Otitis Media Group	
C 1.2 Parent Responses to Parent Survey Form, for Boys Only, Examined by Otitis Media Group	17:
C 2 Student Survey Form - by Gender	17
C 2.1 Responses by Girls to all Questions, by Otitis Media Groups	
C 2.2 Responses by Boys to all Questions, by Otitis Media Groups	180
C 3 Teacher Survey Form - by Gender	183
C 3.1 Teacher Responses to Teacher Survey Form, for Girls Only, Examined by Otitis Media Group	18.
C 3.2 Teacher Responses to Teacher Survey Form, for Boys Only, Examined by Otitis Media Group	18.

List of Tables

Table 3.1 Composition of Returned Parent Questionnaires
Table 3.2 Rejection Rates for Returned Questionnaires
Table 3.3 Students by Otitis Media Group
Table 3.4 Students by Year Level and Gender
Table 3.5 Otitis Media Group by Gender
Table 3.6 Otitis Media Group by Gender by Year Level62
Table 3.7 Incidence of Ear Infections in Age Groups by Otitis Media Group64
Table 3.8. Summary of Data Collection
Table 4.1. Composition of Otitis Media Groups
Table 4.2a. Results of TORCH by Year Level
Table 4.2b. Results of TORCH by Otitis Media Group
Table 4.2c. Results of TORCH by Gender
Table 4.2d. Results of TORCH by Gender and by Otitis Media Group77
Table 4.3a. Results of WRAT 3 by Year Level
Table 4.3b. Results of WRAT 3 by Otitis Media Group
Table 4.3c. Results of WRAT 3 by Gender
Table 4.3d. Results of WRAT 3 by Gender by Otitis Media Group79
Table 4.4a. Results for TSA by Year Level
Table 4.4b. Results for TSA by Otitis Media Group
Table 4.4c. Results for TSA by Gender
Table 4.4d. Results of TSA by Gender by Otitis Media Group
Table 4.5a. School Report Results for English, Mathematics and Science by Year Level
Table 4.5b. School Report Results for English, Mathematics and Science by Otitis Media Group
Table 4.5c. School Report Results by Gender86
Table 4.5d. School Report Results by Gender by Otitis Media Group87

Table 4.6a. Parent Responses on Reading Ability, Reading Comprehension and Spelling by Year89
Table 4.6b. Parent Responses on Reading Ability, Reading Comprehension and Spelling Ability by Otitis Media Group90
Table 4.6c. Parent Responses on Reading Ability, Reading Comprehension and Spelling by Gender91
Table 4.6d. Parent Responses on Reading Ability for Gender by Otitis Media Group 92
Table 4.6e. Parent Responses on Reading Comprehension for Gender by Otitis Media Group93
Table 4.6f. Parent Responses on Spelling for Gender by Otitis Media Group94
Table 4.7a. Student Self-Report on Reading Ability, Reading Comprehension and Spelling by Year95
Table 4.7b. Student Self-Report on Reading Frequency by Year95
Table 4.7c. Student Self-Report on Reading Ability, Reading Comprehension and Spelling by Otitis Media Group
Table 4.7d. Student Self-Report on Reading Frequency by Otitis Media Group98
Table 4.7e. Student Self-Report on Reading Ability, Reading Comprehension and Spelling by Gender99
Table 4.7f. Student Self-Report on Reading Frequency by Gender99
Table 4.7g. Student Self-Report on Reading Ability for Gender by Otitis Media Group
Table 4.7h. Student Self-report on Reading Comprehension for Gender by Otitis Media Group101
Table 4.7i. Student Self-report on Spelling for Gender by Otitis Media Group102
Table 4.7j. Student Self-Report on Reading Frequency for Gender by Otitis Media Group
Table 4.8a. Teacher Responses on Reading Ability, Reading Comprehension and Spelling by Year
Table 4.8b. Teacher Responses on Reading Ability, Reading Comprehension and Spelling by Otitis Media Group
Table 4.8c. Teacher Responses on Reading Ability, Reading Comprehension and Spelling by Gender106
Table 4.8d. Teacher Responses on Reading Ability for Gender by Otitis Media Group

Table 4.8e. Teacher Responses on Reading Comprehension for Gender by Otitis Media Group
Table 4.8f. Teacher Responses on Spelling for Gender by Otitis Media Group108
Table 4.9a. Number of Detentions and Registers by Year Level109
Table 4.9b. Number of Detentions and Registers by Otitis Media Group109
Table 4.9c Number of Detentions and Registers by Gender110
Table 4.9d. Number of Detentions and Registers by Gender and by Otitis Media Group
Table 4.10a. Parent Responses on Homework Performance, Behaviour in Class and Social Skills by Year112
Table 4.10b. Parent Responses on Homework Performance, Behaviour in Class and Social Skills by Otitis Media Group114
Table 4.10c. Parent Responses on Homework Performance, Behaviour in Class and Social Skills by Gender115
Table 4.10d. Parent Responses on Homework Performance for Gender by Otitis Media Group116
Table 4.10e. Parent Responses on Behaviour in Class for Gender by Otitis Media Group
Table 4.10f. Parent Responses on Social Skills for Gender by Otitis Media Group117
Table 4.11a. Student Self-Report on Homework Performance, Behaviour in Class and Social Skills by Year
Table 4.11b. Student Self-Report on Homework Performance, Behaviour in Class and Social Skills, by Otitis Media Group
Table 4.11c. Student Self-Report on Homework Performance, Behaviour in Class and Social Skills by Gender
Table 4.11d. Student Self-report on Homework Performance for Gender by Otitis Media Group
Table 4.11e. Student Self-Report on Behaviour in Class for Gender by Otitis Media Group
Table 4.11f. Student Self-report on Social Skills for Gender by Otitis Media Group124
Table 4.12a. Teacher Responses on Homework Performance, Behaviour in Class and Social Skills by Year
Table 4.12b. Teacher Responses on Homework Performance, Behaviour in Class and Social Skills by Otitis Media Group

Table 4.12c. Teacher Responses on Homework Performance, Behaviour in Class and Social Skills by Gender127
Table 4.12d. Teacher Responses on Homework Performance for Gender by Otitis Media Group
Table 4.12e. Teacher Responses on Behaviour in Class for Gender by Otitis Media Group
Table 4.12f. Teacher Responses on Social Skills for Gender by Otitis Media Group129
Table B.1 Number of Ear Infections by Age of Grommet Insertion171
Table B.2 Medical Practitioners Visits
Table B.3 Number of schools attended
Table C.1a. Parent Responses on Reading Ability, Reading Comprehension and Spelling by Otitis Media Group for Girls Only
Table C.1b. Parent Responses on Homework Performance, Behaviour in Class and Social Skills by Otitis Media Group for Girls Only
Table C.2a. Parent Responses on Reading Ability, Reading Comprehension and Spelling by Otitis Media Group for Boys Only
Table C.2b. Parent Responses on Homework Performance, Behaviour in Class and Social Skills by Otitis Media Group for Boys Only
Table C.3a. Girls' Self Report on Reading Ability, Reading Comprehension and Spelling, by Otitis Media Group
Table C.3b. Girls' Self Report on Homework Performance, Behaviour and Social Skills in Class by Otitis Media Group179
Table C.3c. Girls' Self Report on Reading Frequency by Otitis Media Group180
Table C.4a. Boys' Self Report on Reading Ability, Reading Comprehension and Spelling by Otitis Media Group
Table C.4b. Boys' Self Report on Homework Performance, Behaviour in Class and Social Skills by Otitis Media Group
Table C.4c. Boys' Self Report on Reading Frequency by Otitis Media Group183
Table C.5a. Teacher Responses on Reading Ability, Reading Comprehension and Spelling by Otitis Media Group for Girls Only
Table C.5b. Teacher Responses on Homework Performance, Behaviour in Class and Social Skills by Otitis Media Group for Girls Only185
Table C.6a. Teacher Responses on Reading Ability, Reading Comprehension and Spelling by Otitis Media Group for Boys Only

Γable ⋅C.6b.	Teacher	Responses	on	Homework	Performance,	Behaviour	in	Class	and
Social S	Skills by (Otitis Media	ı Gı	roup for Boy	s Only				187

vix

Chapter 1

Chapter 1

Introduction

Otitis media in all its forms is one of the most frequently occurring childhood diseases (Majeed & Harris, 1997). This condition and its various sequelae, including conductive fluctuating hearing loss, may have a long-term impact on how children learn and behave. The scale and degree of the impact of the sequelae to otitis media are currently a topic of debate and the associated affects on speech, language and child development as well as on cognitive, academic and behavioural performance are being researched.

Current research indicates that the development and performance of some children who have repeated episodes of the disease are at risk, however, there are also numerous other research findings in the area that dispute this assertion. Making sense of the varied research outcomes is related to an understanding of the disease itself and its sequelae. This includes identifying various aspects of the disease, including symptoms and how the disease is described, classified, identified and treated. It also includes estimating the prevalence of the disease in various populations and identifying the factors that put some children at a higher risk of contracting otitis media. One of the sequelae of otitis media is mild, fluctuating conductive hearing loss, and some researchers indicate that this hearing loss has a negative impact on the academic and behavioural performance of some children. However, the results of the research are inconsistent although it is clear that some children who have had conductive hearing loss are failing to reach their educational potential.

This study originated in the field of education. During many years of working in schools, on numerous occasions parents were heard expressing the opinion that having middle ear infections as a child had compromised the potential of their student to learn academically and/or to behave appropriately at high school. They did not appear to understand how or why this had happened but they were concerned that, in their view, when they compared the student with a history of middle ear infections with siblings and classmates who did not have such a medical history, there was a difference in school grades and behaviour. According to the parents, the students with the history of middle ear infections had more problems with academic learning and were in trouble more frequently at school. Some parents added that, although their student had

grommets inserted when they were young because their middle ear problems were not resolving despite medical intervention, their school reports continued to be poorer than those of their peers who were without a similar history. This study was originally initiated in an attempt to confirm or deny these opinions. For example, were the parents correct in their observations that even after the middle ear infections had ceased to occur there continued to be a negative impact on learning and behaviour continuing into the high school years?

In order to understand the issues surrounding middle ear infections and how the associated fluctuating, conductive hearing loss may have an effect on learning and behaviour an extensive review of the literature was undertaken in Chapter 2. This included a review of the medical aspects of the disease in order to understand the problems associated with diagnosis and classification of the disease and followed by an examination of the sequelae of the disease so that the links between the disease and the associated hearing loss could be explored in terms of the implications on students' learning and behaviour. An outcome of the literature review was the clear need for further exploration of this link between the disease, the hearing loss and learning and behaviour.

As parents had raised their concerns, in some cases quite strongly, regarding their observation of a link between middle ear infections and learning and behaviour problems it was important that input from parents be a strong feature of this research. A study was devised where information obtained from parents was used in conjunction with data from other sources so that the learning and behaviour outcomes of high school students could be studied in an attempt to link them with middle ear disease and fluctuating conductive hearing loss. Chapter 3 outlines the procedures used in this study to examine these links and Chapters 4 and 5 present the results from the study and discuss them in terms of the literature review and the home, learning and teaching environments of the students. The conclusions that may be drawn from the process are discussed in Chapter 6, including a consideration of possibilities for future focus in research in the area and the implications of the research on the learning and teaching environment.

Chapter 2

Literature Review

2.1 Otitis Media - The Disease

Otitis media is a widespread disease and its sequelae affect numerous children and families in various situations including in the classroom. In order to understand how this happens it is important to consider how otitis media is defined and classified, as well as the process of the disease itself, because these elements (definition and classification) influence the treatment children receive and in turn their hearing capability and consequently their learning and behaviour.

2.1.1 Definitions and Classification of Otitis Media

Otitis media is a general term for a number of conditions that affect the middle ear. Such conditions range from acute to chronic and may be with or without symptoms. Over the last thirty years there has been a great deal of discussion regarding the terms used by researchers to describe the numerous conditions associated with otitis media and researchers have used a variety of definitions (Daly, 1997).

Attempts have been made to establish consistent, internationally accepted terminology during a number of International Symposia on Recent Advances in Otitis Media as well as at various Post-Symposium Research Conferences held since 1975 (Lim, Bluestone, & Casselbrant, 2002). One of the goals of the Post-Symposium Research Conferences was to develop a consensus on definitions and classification of otitis media (Lim et al., 2002). In 1978, the task force from the Post-Symposium Research Conference tried to establish a general consensus over the terminology and definitions used to describe the various stages of otitis media. However, this consensus did not include grading, according to severity, of acute otitis media and otitis media with effusion or the classification and staging of the complications or sequelae of otitis media and related conditions (Bluestone, Gates et al., 2002). It has been noted that "although experts have recommended using standard terms with standard definitions when communicating about otitis media, in practice, researchers have used a variety of definitions to describe conditions in the otitis media continuum" (Daly, 1997, p. 4). Bluestone (1999) suggests that generally there is consensus regarding use of the terminology, however, controversy over the use of terminology in the area does continue to linger.