

## BABIES' PORTAL WEBSITE – HEARING AID SECTION: HEARING IMPAIRED CHILDREN PARENTS' ASSESSMENT

### *Portal dos bebês – seção aparelho auditivo: avaliação por pais de crianças deficientes auditivas*

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#### ABSTRACT

**Purpose:** to verify the self-assessment of knowledge of parents of hearing impaired children regarding hearing aids (HA) and earmolds and how the content of the “Babies’ Portal – Hearing Section” website supported the understanding of such information. **Methods:** 22 parents (six men and 16 women, mean age 32,6 years) completed an anonymous online form available on the website with 36 questions about demographics, internet use and the guidance provided at the time of HA fitting. Also answered questions about the quality of website content. **Results:** on the fitting of hearing aids informational materials were provided only for 52,4% of parents, however, they were satisfied with the orientation. On average the helped provided by the website content was 86%. The score for satisfaction with the content and the website was related to the child’s age, duration of use of hearing aids and prior knowledge of parents about the topics on the hearing aid and ear mold. **Conclusion:** preliminary results indicate that the “Babies’ Portal” is an instrument that can help parents of hearing impaired children in the understanding of the guidance given at the time of HA fitting. The continuity of the study with a larger number of participants is required.

**KEYWORDS:** Hearing Loss; Hearing Aids; Audiology; Counseling; Telemedicine; Internet

#### ■ INTRODUCTION

The responsibility for decisions about the use and care during daily routine and resolution of problems in the functioning of the hearing aid (HA) in infants and children is, ultimately, within the family. Thus, these individuals must be properly oriented to ensure proper use of HA.

Professionals often report that parents do not remember or did not properly understand the daily guidelines offered and, consequently, do not ensure

effective use of hearing aids by the child, not to perform the daily HA care and do not take precautions in case of malfunction <sup>1</sup>.

The difficulty of retaining or no understanding of the information is the result, among other factors, of the technical speech employed by many professionals <sup>2</sup> and the emotional reactions of parents facing the diagnosis of hearing loss and hearing aid fitting <sup>3</sup>. During the period covered by the audiological diagnosis and early fitting of HA, parents need time to assimilate information and react emotionally to them. If too much technical information is offered at this time, most parents will not be able to process it <sup>2</sup>.

For parents or caregivers understand the information offered is necessary that such information is clear, easy to access and provided in a systematic form <sup>4,5</sup>. Verbal information must be supplemented with educational materials, elaborated in a simple and accessible language, which should be provided for parents to access it after appointments, thus respecting the time to assimilate the content <sup>6</sup>.

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Source: FAPESP (process number: 2008/07963-0)

Conflict of interest: non-existent

The "Hearing Aid" section on the "Babies' Portal" website (<http://portaldosbebes.fob.usp.br>) was created to provide parents and caregivers of hearing impaired children who are zero to three years old, convenient access and daily guidelines regarding the use and care of hearing aids (HA) and earmold, as well as the resolution of main problems encountered during the use of hearing aids. This website can be used as a tool to assist parents counseling.

The aim of this work was to verify the self-assessment of knowledge of parents of hearing impaired children about Hearing Aids and earmolds and how the "Babies' Portal – Hearing Aid Section" assists them to understanding those information.

## ■ METHODS

Sectional study, carried on the Speech Pathology and Audiology Department of Bauru's Dentistry Faculty, São Paulo University, after review and approval of institution's Research Ethics Committee (Process number 009/2009).

According to Brazilian Regulation SAS 587 <sup>7</sup> children below three years of age are cared for in hearing health services of high complexity. A survey conducted in May 2010 indicated the existence of 79 services of this nature accredited by Health Ministry <sup>8</sup>. Such services were contacted in order to inform the purpose of the study and obtain authorization for sending the invitation by post. Professionals and responsible technicians were asked to distribute these invitations to parents of hearing impaired children.

In addition, disclosure of the website and invitations to participate in this research were sent to cochlear implant forum (FIC) hosted on Yahoo website and social networks (Facebook and Orkut) which present communities for parents of hearing impaired children. The Association of the Hearing

Loss, Parents, Friends and Users of Cochlear Implant of Bauru (ADAP) also sent a mail with the brochure to publicize "Babies' Portal" for their members.

The invitation contained an explanation of the study's purpose and the address to access and browse the website, as well as the link to "Rate this website". In this link the Consent Form (CF) and the online evaluation form were included.

During the data collection period, 39 parents accessed the link "Rate this site" from "Babies' Portal". Out of these, 17 subjects were excluded due to not fulfilling the information in the evaluation questionnaire. After accepted the CF, 22 subjects (six men and 16 women) aged from 17 to 62 years (mean=32.6 years), parents of children with unilateral sensorineural hearing loss (n=1; 4.5%) and bilateral sensorineural hearing loss (n = 21; 95.5%), with mild (n=1;4.5%), moderate (n= 5;22.7%), severe (n=1;4 5%) and profound (n=15;68.2%) degree.

With regard to education, the participants had completed elementary school (n=3;13.6%) and incomplete (n=1;4.6%), completed high school (n=5;22.7%), university graduates (n=5;22.7%) and incomplete (n=7;31.8%) and master's (n=1;4.6%).

Regarding the participants region of residence, they were divided into: Southeast (n=15;68.2%), South (n=3;13.6%), North (n=2;9.1%), Northeast (n=1;4.5%) and Midwest (n=1;4.5%). For data analysis, the participants of the North, Northeast and Midwest regions were grouped, forming the region NNC (n=4;18.2%). Twelve participants (54.5%) underwent the treatment of children in Bauru/Sao Paulo, six (27.3%) in Sorocaba/Sao Paulo and four (18.2%) in other cities (Campinas, Alfenas, Sao Mateus and Sao Paulo).

Table 1 shows the data of child's age at the time of data collection, the age at audiological diagnosis and adaptation of hearing aids.

**Table 1 – Age of the child at the time of data collection (current), at the time of audiological diagnosis and adaptation session of hearing aids and time of adaptation of the devices, by country region (n=22)**

Child Data		Region			Total (n=22)
		Southeast (n=15)	South (n=3)	NNC (n=4)	
<b>Age (months)</b>					
<i>Current</i>	$\bar{x}\pm sd$	60,1±45,9	21,0±7,8	50,7±49,3	53,0±44,1
<i>Diagnostics</i>	$\bar{x}\pm sd$	33,4±31,5	15,0±12,12	12,0±9,2	27,0±27,9
<i>Adaptation</i>	$\bar{x}\pm sd$	30,9±25,6	19,0±11,2	15,5±9,9	26,5±22,6
<b>Time of adaptation (months)</b>	$\bar{x}\pm sd$	29,2±35,5	2,0±3,4	35,2±40,8	26,5±34,4

Legend: NNC: North, Northeast and Midwest; Mean:  $\bar{x}$ ; Standard Deviation: sd

Participants were asked to access and navigate the “Babies’ Portal” website – “Hearing Aid” section and afterwards anonymously fill out an online evaluation form, composed of five parts, detailed below.

#### Part 1 (Question 1)

Consisted of information regarding the questionnaire and the consent form, with two response options: “I do not want to participate” (the user was directed to a thank you page, without access to the evaluation form) and “I want to participate” (the individual was directed to the evaluation questionnaire).

#### Part 2 (Questions 2 to 18)

Questions related to data such as demographics (age, sex, region of residence), the internet use and information about child’s age and hearing loss. Six questions were opened, four were half closed and two were closed.

#### Part 3 (Questions 19 to 22)

Questions about the information offered on the day that the HA was adapted in children. Question 22 was open and allowed the identification of materials received at the time of hearing aid fitting, if this had occurred.

*Example:* “Considering the day that the child received the hearing aid, how do you judge your satisfaction with the amount of time used by the professional for you to pass the guidelines for use and care of the HA?”

- ( ) Very unhappy ( ) Dissatisfied  
 ( ) neither satisfied nor dissatisfied (neutral)  
 ( ) happy ( ) very satisfied”

#### Part 4 (questions 23 to 30)

Questions about the content of “Babies’ Portal”. Initially (question 23) parents performed the self-assessment of their knowledge of HA before accessing the “Babies’ Portal”, through a five-point Likert scale ranging from “very poor” to “very good”.

*Example:* “Before visiting the website “Babies’ Portal – Hearing Aid Section”, how would you rate your general knowledge:

- ( ) Very poor ( ) poor ( ) satisfactory  
 ( ) good ( ) very good”

Questions 24 to 30 consisted of evaluation of parents or caregivers about how the website helped in relation to their prior knowledge, improving understanding of a particular content on HA. The covered subjects were: general knowledge about hearing aid, hearing aid functioning, what is hearing aid, different types and technologies, HA and earmolds use and care, HA troubleshooting, and how to create an user routine of hearing aids.

*Example:* “Comparing to your prior knowledge, how the website helped you for understanding the functionality of the hearing aid?”

- ( ) Did not help ( ) helped somewhat  
 ( ) helped ( ) helped a lot  
 ( ) not accessed this part”

In questions 24 to 30 the scores were assigned to each response option, ranging from an one point (“not helpful”) to four points (“helped a lot”). The “not accessed this part” was not scored or included in the analysis. For this part of the form, total score was calculated based on total points obtained by the parents and total of possible points. The possible score was equal to the number of

questions answered multiplied by four points. Thus, total possible score was also given to a particular questionnaire completion.

Final score was given by total points obtained divided by total possible score. In order to obtain a percentage this result was multiplied by 100.

$$\frac{\text{Total Obtained Score}}{\text{Total Possible Score}} \times 100 = \text{Final Percentage}$$

For example:  $\frac{24}{28} \times 100 = 85.7\%$

**Part 5 (Questions 31 to 35)**

Questions 31 and 32 were multiple choices and the participant asked to choose a response within five alternatives. Question 31 was about how the tips provided on the website would increase the use of hearing aids by the child and the alternatives ranged from “not at all” (one point) to “very much” (five points). Question 32 concerned the overall satisfaction with the website and the response options ranged from “very dissatisfied” (one point) to “very satisfied” (five points).

Question 33 was open and asked parents to pointed three main difficulties they encountered with hearing aids for their children before accessing the website. Question 34 (multiple choice) asked participants to choose among four alternatives ranging from “not at all” (one point) to “very helpful” (four points), how the website helped clarify the difficulties listed in question 33.

Question 35, participants were asked if they would indicate the “Babies' Portal” to other parents of hearing impaired children, being able to select “yes” or “no”.

At the end of the form, it was provided a space for participants to make comments or suggestions they deemed relevant.

The responses regarding satisfaction with the guidance received at the time of fitting of HA were analyzed using descriptive statistics.

The nonparametric Mann-Whitney test was used to verify the difference between self-assessment of prior knowledge about hearing aids among those receiving materials at the time of counseling and those who did not.

The correlation (Spearman) between the evaluation of the content and satisfaction with the website with prior knowledge about the HA was verified.

The Friedman test was used to analyze differences in evaluations of participants on how the website helped them to improve understanding of a particular content about hearing aids and/or earmold.

In all cases, the significance level was 5%.

**■ RESULTS**

The time for completing the evaluation form varied from 12 minutes to 1 hour and 56 minutes (average=47.1 minutes; SD ± 35.5). Data regarding the frequency of internet use, location of access and internet speed were obtained (Table 2 and 3).

**Table 2 – Frequency and local of internet access used by parents and caregivers, by country region (n=22)**

Regions	Frequency of internet use			Local of internet use		
	Often (several times a day)	Occasionally and usually (several times, or once or twice a week)	Almost never (less than once a month)	Home	Work	Other
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
<b>Southeast (n=15)</b>	6(40%)	3(20%)	6(40%)	7(46,6%)	4(26,7%)	4(26,7%)
<b>South (n=3)</b>	1(33,3%)	1(33,3%)	1(33,3%)	1(33,3%)	0	2(66,4%)
<b>NNC (n=4)</b>	2(50%)	1(25%)	1(25%)	4(100%)	0	0
<b>Total (n=22)</b>	9(40,9%)	5(22,7%)	8(36,4%)	12(54,5%)	4(18,2%)	6(27,3%)

Legend: NNC: North, Northeast and Midwest

Table 3 – Internet velocity used by parents and caregivers, by country region (n=22)

Regions	Internet Velocity							
	Broadband		Dial-up internet		Not inform		Not access	
	n	%	n	%	n	%	n	%
<b>Southeast (n=15)</b>	9	60	1	6,7	4	26,6	1	6,7
<b>South (n=3)</b>	2	66,7	0	0	1	33,3	0	0
<b>NNC (n=4)</b>	1	25	1	25	2	50	0	0
<b>Total (n=22)</b>	12	54,5	2	9,1	7	31,8	1	4,5

Legend: NNC: North, Northeast and Midwest

It is noteworthy that a participant did not answer questions 24 to 36 of the form, so some analysis showed a total of 21 participants. Table 4 shows the perception of parents regarding the time available for guidance and clarity of information provided by

the professional on the fitting session of hearing aids for their children. All participants reported feeling comfortable to ask questions of the professional on the day of the hearing aid fitting.

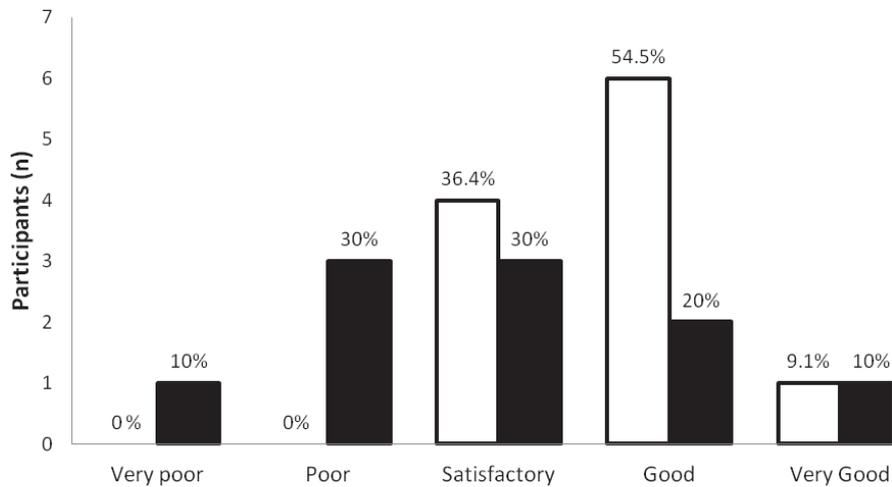
Table 4 – Assessment of participant satisfaction (0 to 5) with respect to the time available for guidance and clarity of the information provided at the time of hearing aid fitting, according to the region (n=21)

Region	Satisfaction attendance									
	Time Available					Clarity of the information				
	$\bar{x}$	sd	min	max	md	$\bar{x}$	dp	min	max	md
<b>Southeast (n=14)</b>	4,1	1,26	1	5	4,5	4,1	1,26	1	5	4,5
<b>South (n=3)</b>	4,3	0,57	4	5	4	3,3	2,08	1	5	4
<b>NNC (n=4)</b>	4,5	0,57	4	5	4,5	4,5	0,57	4	5	4,5
<b>Total (n=21)</b>	4,1	1,07	1	5	4	4,0	1,28	1	5	4

Legend: NNC: North, Northeast and Midwest; Mean:  $\bar{x}$ ; Standard Deviation: sd; Minimum: min; Maximum: max; Median: md

Only eleven participants (52.4%) received informational materials on the fitting session of hearing aids, which are HA manufacturers' manuals and booklets containing information on use and care of

this device. Figure 1 shows the self-assessment of parents on the prior knowledge related to hearing aid topics, considering the receipt or not informative material (question 23).



**Figure 1 – Distribution of participants who received and did not receive information material, as the self-assessment of prior knowledge about the hearing aids (n = 21)**

The Mann-Whitney test revealed statistically significant differences between groups ( $z=2.60$  and  $p=0.00^*$ ) who received and did not receive informational materials on the fitting session for self-assessment of prior knowledge about HA.

Table 5 shows the scores given by the participants on how the website helped in improving the understanding of different topics on a hearing aid. A maximum of four points can be obtained for each item.

**Table 5 – Descriptive analysis of the scores on how the website helped in improving the understanding of different topics on hearing aids**

Content	All participants		Group for statics analyses (n=15)	
	$\bar{x}$	sd	$\bar{x}$	sd
HA Functioning (n=20)	3,4	0,59	3,5	0,51
General Knowledge about HA (n=19)	3,3	0,68	3,4	0,51
HA technologies (n=19)	3,5	0,61	3,5	0,63
Different types of HA (n=18)	3,5	0,51	3,5	0,51
HA and earmolds care (n=19)	3,2	0,85	3,4	0,63
HA troubleshooting (n=20)	3,1	0,58	3,2	0,59
How to create a use routine of HA (n=18)	3,4	0,70	3,6	0,50
Total % (n=21)	84,0	12,11	86,9	10,42

Mean ( $\bar{x}$ ) and Standard Deviation (sd)

For the statistical analysis with the Friedman test included, only 15 participants who accessed and rated all seven contents indicated on the assessment form. The mean scores of the items were compared with no significant differences found between them ( $\chi^2=6.70$ ;  $p=0.34$ ).

Regarding to satisfaction with the website, parents reported being very satisfied (n=11; 52.4%), satisfied (n=5; 23.8%), neutral (n=1; 4.8%), dissatisfied (n=1; 4.8%) and very dissatisfied (n=3; 14.2%).

There was a negative significant correlation (Spearman) ( $\rho=-0.55$ ,  $p=0.01^*$ ) between prior knowledge about the hearing aids with the total score given to the content of the website. No correlation was found between previous knowledge about the topics on hearing aids and satisfaction with the website ( $\rho=-0.14$ ,  $p=0.52$ ).

Table 6 shows the main difficulties pointed out by the parents regarding the use of hearing aids in children.

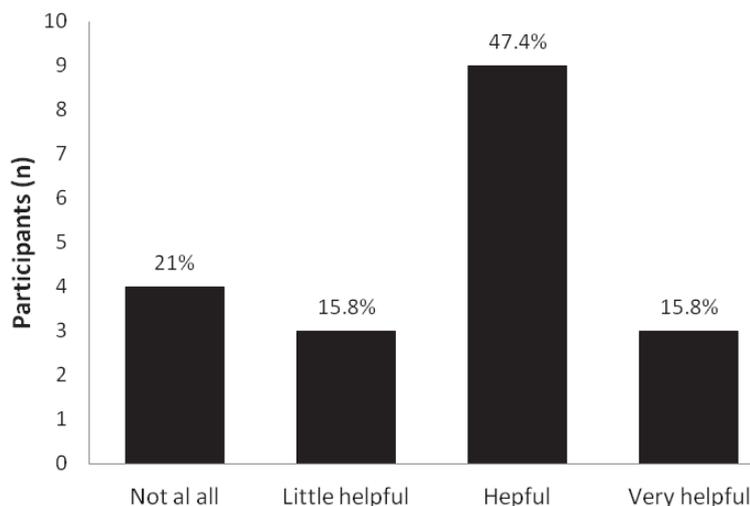
**Table 6 – Major problems listed by parents regarding the use of hearing aids in children (n=21)**

Difficulties	%
Habituation of the child with the use of HA	21,4
Use and care of HA	14,3
Limitation use of HA in some activities (e.g. swimming)	14,3
Fixation of HA on ears	14,3
Time daily use of HA	14,3
Stigma of HA	10,7
Earmolds confection	7,1
Acceptance of hearing loss	3,6

Figure 2 shows the opinion of parents as the website has helped to clarify the difficulties listed in Table 6.

Eleven participants (50%) submitted comments, of which four were excluded as they dealt with matters unrelated to website purposes. The other seven comments were grouped into categories (Figure 3).

Out of the 19 respondents to the question on the recommendation of access to the website, 100% reported that would indicate the website for other parents of hearing impaired children using hearing aid.



**Figure 2 – Parents' opinions of how the website helped them to remedy the difficulties regarding the use of hearing aids in children**

<b>Content</b>	<i>"I would like to receive information on technological advances and also on forms of therapies related to age and level of understanding of my son" "Adding tips for children on the stage of adolescence dealing with questions (...)."</i>
<b>Structure</b>	<i>"The link to parents and caregivers assess the portal is misconfigured, appearing only 'pa' in the end of the page."</i>
<b>Public</b>	<i>"Need for more information regarding the type of treatment for physicians." "At the moment the site has not contributed much because I already have a great experience with the devices in the routine, the child uses for 6 years. I believe that the site helps those just starting this process; it is a tool to help solving the problems that arise. " "The site has a greater outreach to help mothers who have just discovered that the child does not listen, because the beginning of treatment is more difficult."</i>
<b>Relevance</b>	<i>"I can only thank all information on the site that served as a great help both for me and for my son."</i>

**Figure 3 – Parents and caregivers comments**

## ■ DISCUSSION

Firstly it is necessary to clarify that, considering the universe of children attended, especially in Brazilian Health System, it was expected that approximately 100 parents or caregivers participate in the study. However, despite the efforts of disclosure, there was a low uptake of this population, which limits the discussion of the results of this study.

The literature <sup>9</sup> reports adherence rates of 25% of respondents in online surveys and questionnaires applied via email. Another factor affecting adherence in online surveys is the length of the questionnaire to be answered, very long questionnaires lead to lack of interest by the potential participant <sup>10</sup>. The form used for parents contained 36 questions and this may also have contributed to poor adherence parental participation in research.

Some professionals who worked in the hearing care services of high complexity contacted the researcher reporting that although parents and caregivers have accessed the website, they did not answer the questionnaire due to the lack of time and limited internet access. In other cases, these professionals reported that the current treatment of the child (for example, children who were reviewed for indication of cochlear implant) impacted the emotional state of parents who, therefore, were not motivated to participate.

The participants felt comfortable to ask questions of the professional at the time of hearing aid fitting in children and were satisfied with the time available and clarity of the information provided (Table 4). Regarding to the clarity of information, participants in the Southern region were less satisfied than those in other regions, however this analysis becomes

limited in the number of patients in this group. Also due to the number of participants, it was not possible to apply these inductive statistical data. Made the exception in relation to sample size, the results of this study were more favorable than those reported in the literature <sup>4,5, 11-13</sup>.

Only eleven participants (52.4%) received information material at the time of HA fitting. Although the quality of structure, design, layout and comprehensiveness of content may vary, all manufacturers of hearing aids provide a manual that come with the device. Thus, most likely the unavailability of material is not the factor that led to these results. This finding is of concern given the low rates of information's retention reported for adults <sup>14</sup> and for parents of hearing impaired children <sup>15</sup>. Parents and caregivers need the provision of written materials for later review, <sup>5,12</sup> having access to information more conveniently and how often they need <sup>11</sup>.

Parents who received informational materials on the HA fitting session self rated their knowledge about these devices, prior access to "Babies' Portal" more favorably than those who received no material (Figure 1). This may have occurred because of the informative materials, even as simple as a brochure or folder, increase the retention rate of information, facilitating learning <sup>16</sup>.

Because parents and caregivers, attended in the audiology services provided at the campus where the "Babies' Portal" was developed, could participate of this survey, we chose to review it in anonymous format and without the requirement of registration of the participant, and in a way s/he could feels comfortable to express their real opinion on this website. Thus, it was not the purpose of this study to test the knowledge of parents about the hearing

aid and earmold “pre” and “post” navigation on the website, since without registration, it would not be possible to compare the responses of a participant, at two different times.

Thus parents and caregivers were asked to browse “Hearing Aids” website section and perform a self-critical about their knowledge of these contents prior to access the website. Participants were then asked about how much the “Babies’ Portal” supported the understanding of particular content compared to their prior knowledge. It should be emphasized that there is subjectivity in this analysis, being a limitation of the study.

It was observed that most parents and caregivers (n = 10, 45.5%) judged their prior knowledge about the hearing aids as being good or very good. This may have occurred because of the experience they’ve had with the use of hearing aids for their children, since, on average, the time of hearing aid fitting was 26.5 months (Table 1).

When considering all participants who rated at least one item of content on the questionnaire (Table 5), it revealed that scores ranged from 3.1 (“check HA/troubleshooting”) to 3.5 (“technology of hearing aids” and “types of hearing aids”). This result is very favorable considering the maximum score (corresponding to “helped a lot”) for each item was equal to four. A high total score was also obtained.

No statistically significant differences between content reviews were found. However, it was found that the item “check HA/troubleshooting” received the lowest score. This may have taken place because this content consists only of text and explanatory table. The combination of audio, text and video creates a mixture of multiple senses allowing better understanding of the contents<sup>17</sup>. Thus it is suggested reformulation of this content in order to prioritize more use of animations and demo videos.

The highest score awarded for the item “how to create a routine using HA” probably occurred because this item approached aspects that were listed as major problems of parents regarding the use of hearing aids for children. When considered together, aspects of fixation of hearing aids, daily use of hearing aids and habituation of the child with the use of hearing aids (Table 6), they corresponded to 50% of the difficulties pointed out by the participants.

The negative correlation between prior knowledge about topics in HA and total score given to the content of the website was expected, given that the questions asked to assess the website, as support to the understanding of information, compared to prior knowledge. Thus, if the participant

already had a good or very good prior knowledge of the subject, the tendency was that the website would provide less help.

As mentioned earlier, the main difficulties (50%) listed by parents about the hearing aids in children (Table 6) concerned the establishment of a routine of use. Then the use and care of the hearing aid device (14.3%) and the limitations that imposes HA to perform some activities (14.3%) such as bathing, playing in the sand and go to the pool were cited. It was noted that the website helped or helped a lot twelve participants (63.2%) listed in resolving these difficulties. It’s necessary to update the contents of the “Babies’ Portal” with information on communication strategies that may be used when the child is not using hearing aids (e.g., bath time).

Finally, it was found that approximately 76% of parents are satisfied or very satisfied with the website. However, it should be noted that four participants (19%) were dissatisfied or very dissatisfied with it. These participants did not submit comments on the reasons that led to dissatisfaction. All participants reported that indicate the website for other parents of hearing impaired children.

The comments of the participants (Figure 3) revealed that they request the inclusion of contents on aspects of therapy and ways to deal with the loss of hearing in case of older children. This review can be justified by current age of children (mean, 53 months) on which respondents referred to, when filling out the questionnaire.

## ■ CONCLUSION

The vast majority of parents participating in this study considered their knowledge of hearing aids as being good or very good, because they already have experience with their use in children. This experience influenced the scores provided to the website as well as satisfaction with it. However, parents have attributed quite favorable scores for the submitted content, and 76.2% were satisfied or very satisfied with the “Babies’ Portal”.

The website proved useful in complementing the guidance provided to parents of hearing impaired children users of hearing aids. Further studies with a larger number of participants parents are required. Preliminary results indicate that “Babies’ Portal” is a tool that can help parents of hearing impaired children in understanding the guidance provided at the time of hearing aid fitting. The continuation of the study with a larger number of participants is required.

**RESUMO**

**Objetivo:** verificar a auto-avaliação do conhecimento dos pais de crianças deficientes auditivas sobre o Aparelho de Amplificação Sonora Individual (AASI) e molde auricular e como o conteúdo do *website* “Portal dos Bebês – Seção Aparelhos Auditivos” auxiliou no entendimento de tais informações.

**Métodos:** 22 pais (seis homens e 16 mulheres, idade média 32,6 anos) preencheram anonimamente um formulário online com 36 questões abrangendo dados demográficos, uso da internet, orientação fornecida no momento da adaptação do AASI e auxílio fornecido pelo conteúdo do *website*.

**Resultados:** no dia da adaptação do AASI materiais informativos foram oferecidos apenas para 52,4% dos pais, no entanto, estes estavam satisfeitos com as orientações recebidas. Em média o auxílio fornecido pelo conteúdo do *website* foi de 86%. A pontuação atribuída ao conteúdo e a satisfação com o *website* foi relacionada à idade da criança, tempo de uso do AASI e conhecimento prévio dos pais a respeito dos tópicos sobre o AASI e molde. **Conclusões:** o “Portal dos Bebês” é um instrumento que pode auxiliar pais de crianças deficientes auditivas na compreensão das orientações fornecidas no momento da adaptação do AASI. A continuidade do estudo com maior número de participantes é necessária.

**DESCRITORES:** Perda Auditiva; Auxiliares de Audição; Audiologia; Aconselhamento; Telemedicina; Internet

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Received on: June 02, 2012

Accepted on: October 21, 2012

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