

BACKGROUND: Hearing-impaired children who are identified early and appropriately managed have improved outcomes in speech, language, cognitive and social development. Enhanced parental awareness of their child's hearing disability, behavioral, developmental and psychosocial limitations is essential to sustaining timely detection and appropriate intervention. Additionally, availability of services for diagnosis, treatment and habilitation would improve the demand for pedaudiological care in this community. OBJECTIVE: To describe level of parental awareness of childhood HI and the pattern of access to and utilization of ambulatory care services. SUBJECTS: Thirty-three parents of lower primary school-going children who failed audiometric screening from sampled schools in Kisumu district, western Kenya. MAIN OUTCOME MEASURES: First person to detect HI, age of child at first suspicion of HI, source of ambulatory health care and use of the health care facilities. RESULTS: The prevalence of HI was 2.48%. Most parents/guardians (69.7%) were aware of their child's hearing impairment. Of these, 63.6% were first to detect HI in the pupils, while 30.3% were detected by screen. Most children (57.2%) were first recognized with (HI) after age 2 years. The mean age at identification was 5.5 years. The median travel distance to the preferred health care facility was 2 km (IQR 1-2.5). Parents seldom sought or lacked help for their hearing-impaired children. Of 27.3% who asked for hearing assessment, 9.1% received some counsel on HI and 12.1% received medication, one (3%) was referred for audio logical assessment and none used a hearing aid. Use of health facilities for maternal care was (65.7%) and immunization (62.9%). CONCLUSIONS: Despite adequate parental awareness of chronic childhood disability, health facilities were underutilized. This indicates the need to further stimulate and maintain a desirable level of uptake of services for diagnosis, treatment and habilitation of childhood HI, while sustaining delivery of effective and acceptable high quality pediatric care.