"Effect Of Audio Drama On Knowledge To Promote Personal Hygiene, Nutritional Status, Yoga And Exercise Among Visually Challenged Adolescents At Selected Blind School At Bagalkot".

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ABSTRACT

Introduction: Health is a resource for life, not the object of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities. All communities have highly variable, unique strengths and health needs; and is a common theme in most cultures. Blindness and low vision considered as an important health problem, they will have profound effects on quality of life for many people. They affect normal development and education of children; they inhibit mobility and economic wellbeing of the individuals. A huge amount of emotional and social stress the individual might experience as result of being blind. It is estimated that at least -200000 children in India have severe visual impairment or blindness and approximately 15000 are in schools for the blind.

Methods: An evaluative approach, using pre experimental design one group pre-test and post test design has been adopted for the present study. The sample of the present study comprises visually impaired children residing in blind school, in selected areas of Bagalkot. The sample comprised 50 blind children aged between 12 to 19 years. The data were collected by using self-report, structured closed-ended questionnaires for socio-demographic variables of children, self administered knowledge questionnaires to assess knowledge. The data obtained were analysed with the help of descriptive and inferential statistics.

Results: Findings related to the assessment of knowledge regarding personal hygiene, nutritional status yoga and exercise among visually impaired children revealed that majority of blind children pre-test assessment of the level of knowledge of score of the blind children data reveals that majority (42%) of the blind children had good knowledge, (40%) of them had average knowledge and (4%) of them had very good knowledge (10%) of them had very poor knowledge regarding personal hygiene. Where as in post-test majority (92%) of the blind children had very good knowledge (4%) of them had good knowledge (4%) of them had average knowledge regarding personal hygiene.

The mean percentage of knowledge scores of the blind children students in the pre-test was 43.6% with mean and SD (15.72 ± 2.24), whereas the mean percentage of knowledge scores in post-lest was 73.27% with mean and SD (26.38 ± 2.34). The paired t' test value (37.6537) showed the significant difference in the knowledge level of blind children regarding Nutritional status, Personal hygiene, Yoga and Exercises.

Conclusion: The study concluded that administration of audio-drama was effective in enhancing knowledge of blind children. Findings of the study revealed that there was no significant association found between post-test knowledge scores of the blind children students with selected socio-demographic variables.

Keywords: Blind children, Audio drama, Blind school, Nutritional status, Personal hygiene, Yoga and Exercises

Date of Submission: 10-08-2022	Date of Acceptance: 25-08-2022

Introduction:

I.

"Every child deserves a chance of good life"

Health is multidimensional and is the condition of being sound in body, mind or spirit especially freedom from physical disease or pain. Health is the outcome of a large number of determinants. The list of health determinants is quite long. The factors affecting health may be classified as agent, host and environment. The presence and interaction of these factors initiate the disease process in man¹.

Vision loss children experiences poor hygiene poor nutritional status and poor physical activity and lack of support and care. The word blind comes from the Germanic word "blindaz" and refers to a child who lost vision permanently The trauma of losing vision can have adverse effects on the quality of life of children and lead to physical problems like poor hygiene, poor nutritional status and poor physical activity.²

Need for Study:

Visual impairment is a significant health problem worldwide. The World Health Organization estimates that globally about 314 million people are visually impaired, of whom 45 million are blind in which 1.4 million are children. Blindness is a devastating physical condition with deep emotional and economical implications. Various problems that the blind people face are problems in orientation and mobility, personality problems, psychological problems, nutritional disorders., personal hygiene etc. There are certain coping strategies that a visual impaired person adopts, which includes positive strategies and negative strategies³.

The prevalence and magnitude of blindness ranges from about 3/10000 children in affluent societies (60 blind children per million total population) to 15/10000 in poorest communities (600 blind children per million total population) seventy-five percent of the world's blind children live in developing countries like India. Some 5,00,000 children become blind each year, most in developing countries¹⁸. WHO (2012) estimates a twofold increase in the magnitude of visual impairment in the world by 2020. Children have to live with visual impairment for a number of years, with a lot of problems in their day to day life.⁴

II. Review Literature

A study was conducted to find out the effect of audio drama to promote personal hygiene among visually challenged adolescent children in selected Blind schools, Coimbatore. The research design adopted for this study was Quasi experimental one group pre-test post test design. Purposive sample of 50 samples were selected for this study. Initially, the knowledge and practice of personal hygiene of the visually challenged adolescent girls was assessed using an interview schedule and checklist respectively.⁵

Audio drama on techniques and importance of hygienic practices was played 20 minutes daily once for a period of 29 days. Post test was done using the same tool. Appropriate statistical techniques were used to test the hypotheses. The finding reveals that there was a significant improvement in knowledge and practice of personal hygiene. Thus, audio drama promotes knowledge and practice of personal hygiene among visually challenged adolescents.⁶

III. Methodology

Research approach: Evaluative approach

Research design: Pre- experimental research design

Duration of study: 1 year

Research variable: study variables include personal hygiene, nutritional status, yoga and exercise among the blind children.

Socio-demographic variables: These include age, gender, religion, educational status, mother education, father education, mother occupation, father occupation, cause of blind, native place.

Setting of the study

The present study was conducted in sajeevi blind school Navanagar Bagalkot .

Population

Target population: In the present study blind children were target population.

Sample: Blind children residing at selected area of Bagalkot

Sample size: The sample comprised 50 blind children, aged between 11-19 years

Sampling technique: A non-probability purposive sampling technique was adopted to select samples in the present study.

Inclusive criteria.

- Blind children who were residing in selected navanagar at bagalkot.
- Blind children who were aged between 11-19 years.
- Blind children who reside with blind children in navanagar bagalkot.
- Blind children who could understand and speak kannada language.

• Blind children who were available at the time of data collection.

Exclusive criteria

Blind children who were not willing to give written consent

Blind children who were ill at the time of the study and were unable to provide data

- Limitations
- The study was limited to:
- The blind children who were residing in navanagar Bagalkot
- The blind children aged between 11-19 years.
- The blind children who were able to speak and understand kannada
- Ethical clearance: Ethical clearance has been obtained from:

• The institutional ethics committee of shri B.V.V.S Sajjalashree institute of nursing, Navanagar, Bagalkot.

- Permission from blind school headmaster.
- Consent was obtained from the study participants (Blind children)

Method of data collection: In the present study, the data was collected by the structured knowledge questionnaire.

Description of the final tool

The Final format of tool of the comprised of the following 2 parts

Part-1: Socio-demographic variables which consists of information about age, gender, religion, educational status, cause of blindness, reason for blindness, mother education, father education, father occupation, mother occupation, native place.

Part-2: Consists of WHO knowledge assessment scale with 36 questions to assess the knowledge among blind children.

Scoring of structured knowledge questionnaires.

There are 36 structured knowledge questionnaires, each scored from 1-5 comprised to dominance just the maximum score is 30 and minimum score is 14.

~	Table 1. Icvits of knowledge scores						
SI no	Levels of Knowledge	Scores					
1	Very poor	0-7					
2	Poor	8-14					
3	Average	15-21					
4	Good	22-28					
5	Very good	29-36					

Table I. levels of knowledge scores

Result: Data analysis was done with the help of descriptive and inferential statistics. **Part-1: Description of socio-demographic characteristics of samples.**

Table-1: Frequency and percentage distribution of blind children according to their Age.

N=50

	1, 00	
Age	Frequency	Percentage
12-13yr	18	36%
14-15yr	13	26%
16-17yr	12	24%
18-19yr	07	14%



Table 1& fig 1: Depicts Percentage wise distribution of blind children according to their age group reveals that out of 50 subjects, the highest percentage (36%) of the subjects belongs to age group of 12-13yrs. Followed by (26%) in the age group of 14-15yrs. Average percentage of (24%) in the age of 16-17yrs. Last one lowest percentage (14%) in the age group of 18-19yrs.

Fable-2: Frequency	and percentage	distribution of	of blind	children	according to	their	gender.
			NI_4	50			

	N=30	
Gender	Frequency	Percentage
Male	29	58%
Female	21	42%



Fig-2 percentage wise distribution of blind children according to their gender.

Table 2 and fig 2: Depicts percentage wise distribution of blind children according to gender reveals that out of 50 subjects highest percentage (58%) of the subjects were male and lowest percentage (42%) of the subjects were female and lowest percentage. It reveals that majority of line children under this study were male children.

Table-3: Frequency and percentage	distribution of blind children according to their causes of bli	indness.
	NT FO	

	N=	50
CAUSE OF BLIND	FREQUENCY	PERCENTAGE
Genetic	32	64%
Others	18	36%



Fig-3 percentage wise distribution of blind children according to their cause of blindness.

Table 3 and figure 3: Shows Percentage wise distribution of children according to their causes of blindness, study reveals that, out of 50 subject highest percentage (64%) of the subjects were suffering from congenital blindness and remaining others had average percentage (36%). it reveals that majority of blind children under this study children.

Part II: Assessment of pre- test knowledge of the blind children regarding personal hygiene.

Section A: Level of pre-test knowledge of the blind children regarding personal hygiene.

Categorization of the blind children on the basis of the level of knowledge was done as follows: scores 0-7 very poor knowledge level, 8-14 poor knowledge level, 15-21 average knowledge level, 22-28 good knowledge level and 29-36 very good knowledge level.

			N=30
Level of knowledge	Range of scores	Number of respondents	Percentage
Very poor	0-7	02	4%
Poor	8-14	05	10%
Average	15-21	20	40%
Good	22-28	21	42%
Very good	29-36	02	4%
Total		50	100%

Table -4: Level of pre- test knowledge of the blind children regarding personal hygiene.

Analysis related to pre-test assessment of the level of knowledge of score of the blind children data reveals that majority (42%) of the blind children had good knowledge, (40%) of them had average knowledge and (4%) of them had very good knowledge (10%) of them had poor knowledge and (4%) of them had very poor knowledge regarding personal hygiene. Where as in post-test majority (92%) of the blind children had very good knowledge (4%) of them had good knowledge (4%) of them had average knowledge regarding personal hygiene.

Section B: Area wise mean, SD and mean percentage of pre-test knowledge score of blind children. **Table 5** : Area wise mean, SD and mean percentage of pre-test knowledge score of blind children.

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								N=50	
Knowledge s	rog	Ma	v scoro	M	oon	S	D.	Mean %	

Knowledge area	Max score	Mean	SD	Mean %
Personal hygiene	9	4.72	0.8620	52.44%
Nutritional status	17	4.88	1.044	28.70%
Yoga and exercise	10	5.92	1.1106	59.2%
Total	36	15.52	3.0146	43.66%

Part-III: Evaluation of the effectiveness of audio-drama programme.

Section A: Comparison of level of knowledge of blind children pre-test and post-test. **Table 6**: Comparison of level of knowledge of blind children pre-test and post-test.

			N=50	
Level of knowledge	Pre-test		Pos	t-test
	No of respondents	Percentage	No of respondents	Percentage
Very poor	02	4%	0	0
Poor	05	10%	0	0
Average	20	40%	2	4%
Good	21	42%	2	4%
Very good	02	4%	46	92%
Total	50	100%	50	100%

According to table 5.15 depicts the Analysis related to pre-test assessment of the level of knowledge of the blind children reveals that the majority of (42%) of the blind children had good knowledge, (40%) of them had average knowledge (10%) poor knowledge (4%) of them had very good knowledge and (4%) of them had very poor knowledge blind children regarding personal hygiene nutritional status, yoga and exercise. Where as in post-test majority (92%) of the blind children had very good knowledge, (4%) of them had good knowledge and (4%) of them had average knowledge regarding personal hygiene, Nutritional status, yoga and exercise.

COMPARISON OF KNOWLEDGE LEVEL OF BLIND CHILDREN IN PRE-TEST AND POST-TEST





SECTION B; Area wise effectiveness of the audio-drama on blind children on their Nutritional status, Personal hygiene and Yoga& Exercise.

Table-7: Area wis	se mean, SD	and mean percer	ntage of the	knowledge	score in l	Pre-test and	post –test.
Knowledge area	Max.score	Pre-test(O ₁)		Post-test(O ₂)		Effectiveness	(O ₂ -
						O)1	
		Mean±SD	Mean%	Mean±SD	Mean%	Mean±SD	Mean%
Personal hygiene	9	4.72±0.8	52.44%	6.84±1.54	76%	2.12±0.74	23.55%
Nutritional status	17	4.88±1.04	28.70%	11.2±2.21	65.88%	6.92±1.17	40.70%
Yoga & Exercise	10	5.92±1.11	59.2%	8.48±1.28	84.8%	2.56±0.17	25.6%
Total	36	15.72±2.24	43.66%	26.38±2.34	73.27%	10.66±0.1	29.61%

Finding regarding comparison of the mean percentage of the knowledge scores of the pre-test and post test that that data reveals the increase of 29.61% percent in the mean knowledge score of the blind children after audio drama programme. comparison of area wise mean and SD of the knowledge scores in the area of Personal hygiene, Nutritional status, Yoga & Exercise Shows that the pre-test mean Percentage of Knowledge score was 52.44% percent with mean and SD Where aspost test mean percent of knowledge score Was 76% percent with mean and SD 6.84 ± 1.54 this shows an increase of percent with mean and SD about 2.12 ± 0.74 .

 Table -8: Association between the post-test knowledge scores of blind children and of their Nutritional status,

 Personal hygiene, Yoga& Exercise and selected socio-demographic variable.

			N=50		
Sl. No	Socio- demographic variable	DF	Chi-square Value	Table value	Level of significance
1	Age	1	1	1.98	P>0.07 NS
2	Gender	1	0.36	1.98	P>0.07 NS
3	Religion	1	0.38	1.98	P>0.07 NS
4	Type of family	1	0.28	1.98	P>0.07 NS
5	Cause of blindness	1	0.38	1.98	P>0.07 NS
6	Mother education	1	0.24	1.98	P>0.07 NS
7	Father education	1	0.36	1.98	P>0.07 NS
8	Father occupation	1	0.28	1.98	P>0.07 NS
9	Mother occupation	1	0.40	1.98	P>0.07 NS
10	Education status	1	0.36	1.98	P>0.07 NS
11	Native place	1	1	1.98	P>0.07 NS

Df-Degree of freedom Significant NS-Not significant

Findings reveals that there is no significant association between post-test knowledge score of blind children and socio-demographic variable like age, gender, religion, type of family, cause of blindness, mother education, father education, father occupation, mother occupation, education status, native place. Thus H2 stated is rejected for all socio-demographic variables.

IV. Discussion

The findings of the study are discussed under the following

Section-A; Assessment of data related to Personal Hygiene.

Assessment of the level of Personal hygiene of Blind children reveals that 50 sample of Blind children of Hygiene majority 50% of the blind children 30% of mild them 20% of them normal .Mean of Pre test of personal hygiene is 4.72 and SD Score 0.862 .The post test of the personal hygiene score result is of mean 6.86 and the SD is 0.961.

Section-B Assessment of data related to Nutritional status

Assessment of the level of nutritional status of Blind children reveals that 50 sample of Blind children of nutritional status 50% of the blind children 30% of mild them 20% of them normal .Mean of Pre test of nutritional status is 4.88% and SD Score 1.044%. The Post test of the nutritional status score result is mean 5.92 and SD is 1.14%.

Section-C Assessment of data related to Yoga & Exercise

Assessment of the level of yoga and exercise of Blind children reveals that 50 sample of Blind children of yoga and exercise 70% of the Blind children 20% of mild them 10% of them normal. Mean of Pre test of yoga and exercise is 5.92% and SD Score 1.110%. The Post test of the yoga and exercise score result is mean 8.48% and SD is 1.98%.

V. Conclusion

The study findings revealed that blind children had moderate knowledge regarding personal hygiene, nutritional status, yoga and exercises by providing activities of audio drama or role play had a positive impact on knowledge regarding healthy life style practices and brings about self awareness and self esteem through such educational interventions,

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