

Effectiveness of Audio-Assisted Teaching Programme on Healthy Life Style Activities among Visually Impaired Children of Selected Blind School at Vijayapur

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ABSTRACT

Introduction: Even though The visually challenged are not able to meet even their activities of daily living which is very essential to lead their normal life and also difficulties in face to face co-ordination, some emotional stress, difficulty in learning. Furthermore for children who are blind, activities of daily living demand increased energy and the need to be fit might be even greater. Well people are capable of meeting their own hygiene needs and physically (visually impaired) challenged may require various levels of assistance. These include taking bathing, proper oral hygiene, shaping the nails correctly, good hair wash, cleaning the clothes and maintain neat and healthy life. Thus hygiene promotion is a planned approach to preventing diseases through the widespread adoptions of safe hygiene practices. This study was taken with the objective of assess the level of knowledge on factors contributing for on healthy life style activities among visually impaired children.

Objectives: To determine existing knowledge of the visually impaired children about the healthy life style activities.

Method: A Quasi experimental is conducted at govt pre primary blind school at Vijayapur, total 25 visually impaired adolescent children were selected by using purposive sampling techniques. The data was collected through self structured questionnaires. The frequency and percentage was used to assess the knowledge of impaired adolescent children.

Result: Majority 44% (44) of the participants were in the age group of 11-12yrs, 80% were males and Majority 88% (88) of the participants were not having the history of Blindness in the family knowledge and practice on personal hygiene before intervention was 30.4 and 33.2 respectively. The mean score of knowledge and practice on personal hygiene after intervention was improved to 38.1 and 42.0 respectively. Thus audio-assisted teaching programmes promote personal hygiene among visually challenged children.

Key words: Audio-assisted teaching, Visually Challenged, Personal hygiene.

INTRODUCTION

The foundations of lifelong responsibility for the maintenance of personal hygiene are laid down in childhood, which is important for a healthy childhood, for a healthy adulthood and for the development of positive values about

health and the use of health services. Poor health among school children is resulted from the lack of awareness of the health benefits of personal hygiene. Diarrhoeal diseases, skin diseases, worm infestations and dental diseases are most commonly associated with poor personal hygiene. One

of the major problems faced by school children are infections. The primary causes of infections are contaminated water and poor sanitation, as well as poor hygienic practices. Lack of personal hygiene coupled with poor sanitation favor person-to-person transmission of infection. Infection and malnutrition form a vicious circle and retard children's physical development. Repeated attacks of infections often compound the existing poor health of children, compromising children's attendance and performance at school and not uncommonly, can result in death.¹

A hearing loss, visual impairment, or combination of hearing loss and visual impairment of any type or degree potentially interferes with typical methods of interacting and learning. In 2011, students with sensory impairments comprised less than 2% of all children and youth with disabilities and 0.2% of the entire school-age population (U.S. Department of Education, National Center on Education Statistics [NCES], 2012). This small percentage reminds us that some school districts will never enroll a child with a sensory impairment of any type and some teachers- even special educators- will never instruct a student with one of these disabilities. According to recent research, most professionals, including general education and special education administrators, have been found to be hearing and to have limited experience or training in working with students who are deaf or hard of hearing.

To help make decisions that are in the best interests of students who are deaf or hard of hearing and their families, we have compiled the following recommendations:

- Know the potential impact of a hearing loss and the effects on a child's language, academic, cognitive, and social-emotional development as well as the impact on the family;
- Know the U.S. Department of Education's guidance policy on

education services for students who are deaf or hard of hearing;

- Learn about the specific cultural and linguistic needs of students who are deaf or hard of hearing
- Understand the population demographics and the educational implications of service to the increasing numbers of students who are deaf or hard of hearing who come from diverse ethnic, linguistic, and racial backgrounds;
- Study the specific educational needs of students with hearing loss and additional disabilities;
- Respect the preferences of parents/caregivers regarding placement, and, simultaneously, for students who are deaf or hard of hearing, administrators should recognize that any one of the alternatives on the continuum of placements may constitute at least restrictive environment;
- Actively recruit qualified individuals who are deaf or hard of hearing and individuals who are from diverse ethnic, cultural, and linguistic backgrounds to serve in professional and support capacities within programs for students who are deaf or hard of hearing.²

REVIEW OF LITERATURE

A study showed that attitude towards Knowledge and Practice of Personal Hygiene among Secondary School Students was considered to be important because WHO data on the burden of disease shows that approximately 3.1 % of deaths and 3.7% of disability -adjusted-life-years (DALYs) worldwide are attributable to unsafe water, sanitation and hygiene. Mainly in Africa and developing countries in South East Asia 48 % of all disease burdens is attributable to these factors. Therefore, this study is justifiable by the fact that personal hygiene is indeed a pressing problem and requires a lot of input as

studies, research and finances towards reducing the effects of improper hygiene and raising the standard of living especially in sub-Saharan Africa.³

A study conducted among visually impaired students of 16-25 age groups at K. J. Somaiya College of education, to spark in the young minds of many visually impaired college going girls by training them in etiquette, communication skills, self-managing skills and life skills, thus inculcating them in a winning attitude. This is a Project called Project Priyadharsini, where they train them through Lecture, demonstration, role-play and discussions. The aim of the study is to teach and motivate them to succeed in their life without anybody's support.⁴

A study conducted among self-help group women and disabled girls regarding disaster preparedness, prevention of epidemic diseases during post-disaster scenario, general health and hygiene practices. The tools used were audio and video formats for communicating the information and create awareness and improve the practices on general health and disaster preparedness. The study results revealed that there is significant improvement mainly observed through audio.⁵

An episode on special series of personal hygiene among adolescent girls through an intervention called Learning By ear which is a new multimedia distance learning programme which brings knowledge to every corner, it's a recorded conversation regarding personal hygiene among girls to create awareness and improve their practice on hygiene.⁶

METHODOLOGY

RESEARCH APPROACH

The present study was aimed at determining the effect of audio-assisted to promote healthy; life style activities among visually impaired children. Hence, the present problem of investigation was approached as quantitative research.

RESEARCH DESIGN

Quasi experimental one group pre-test post-test design was found to be appropriate for the study, as it evaluates of audio-assisted teaching programme to promote personal hygiene among visually impaired children.

SETTINGS

The present study is conducted at govt pre primary blind school at Vijayapur. 2 special trained teachers and one assistance are working and provide training and education to special children. The total strength of special education department was 30 including all students. The school timings were 10.30am -5pm.

POPULATION

The target population for the present study was visually impaired adolescent children.

FOR SAMPLE SELECTION

The sample of subjects was taken based on following inclusion and exclusion criteria.

Inclusion Criteria

adolescent children with visually impaired due to cataract, glaucoma and trachoma, diabetic retinopathy, macular degeneration, optic atrophy due to meningitis, uncorrected refractive errors and xerophthalmia.

Exclusion Criteria

1. Visually impaired.
2. Visually impaired adolescent children who are not willing to practice.

SAMPLING

In the present study the visually impaired children were selected by using purposive sampling techniques.

VARIABLES OF THE STUDY

The independent variable in the present study was audio-assisted teaching and dependent variable was personal hygiene.

DATA COLLECTION INSTRUMENT OR DESCRIPTION OF TOOL-TOOL HAD THE FOLLOWING PARTS

MATERIALS

The following tools were used for data collation.

1. Demographic profile
2. Questionnaire for assessing knowledge on personal hygiene
3. Checklist for assessment of personal hygiene
4. Audio-assisted teaching

The researcher has developed this questionnaire to assess the knowledge and practice of healthy life style activities among visually impaired children. The data is collected with questionnaire through interview schedule, on to one basis.

Demographic profile: Demographic profiles consist of age, education of student, place of living, residential area, family history of blindness.

Questionnaire for assessing knowledge on personal hygiene : the questionnaire consist of 33 items, about brushing, bathing, hair washing, cutting of nails, hand washing, washing clothes, and sleeping habits as choose the best answer and it was through one to one basis. The score of each correct scores 01 marks and wrong response scored as 0 marks. The maximum score is 33 and minimum is 0. The score interpreted as 0-9 poor knowledge, 10-18 average, 19-25 good.

Assessment of Practice on Personal Hygiene: The Checklist consists of 33 questions regarding the practice on personal hygiene as one to one basis in which yes scores 1 mark and no scores 0 mark. Maximum score is 33 and minimum score is 0 marks. The interpretations were given as 0- 09 Poor practice, 10-18 Average practice, and 19-25 good practice on personal hygiene.

Audio-assisted teaching: The audio-assisted teaching is a recorded conversation techniques and importance of hygienic practices which includes brushing, bathing, rinsing mouth, hand washing, washing clothes, wearing chap pals, sleeping hours which is played for duration of 20 minutes.

Procedure

STEP 1: Arrange for audio-assisted teaching programme, setting the laptop and speakers to be connected and seating arrangements correctly

STEP 2: The visually impaired children are made to sit comfortably in the common room.

STEP 3: Explain to them about audio-assisted teaching programme and instruct them to maintain silence to hear clearly.

STEP 4: Play the audio-assisted teaching device for duration of 20 minutes each day.

STEP 5: Discuss their doubts and make them clear in all aspects of the Audio-assisted teaching programme.

Data Collection Method-

Prior permission was taken from concerned authority of school and individual consent was obtained from the samples and self administered structured knowledge questionnaires were administered

RESULT & DISCUSSION

TABLE .1DEMOGRAPHIC PROFILE PRESENTATION

Demographic Variable	FREQUENCY	PERCENTAGE
Age in years		
11-12	11	44
13-14	7	28
15-16	5	20
17above	2	8
Class/education of students		
6 th	07	28
7 th	07	28
8 th	06	24
9 th	05	20
Place of living		
Hostel	23	92
Day scholar	02	8
Residential area		
Rural	22	88
Urban	03	12
Family history of blindness		
Yes	03	88
No	22	12

Table 1 Reveals that Majority 44% (44) of the participants were in the age group of 11-12yrs, 80% were males and Majority 88% (88) of the participants were not having the history of Blindness in the family knowledge and practice on personal hygiene before intervention was 30.4 and 33.2 respectively.

Table 2 -LEVEL OF KNOWLEDGE AND PRACTICE ON VARIOUS COMPONENTS OF PERSONAL HYGIENE BEFORE AND AFTER AUDIO ASSISTED TEACHING

COMPONENTS	Knowledge (%)		Practice(%)	
	Before Intervention	After Intervention	Before Intervention	After Intervention
Brushing	67	100	70	100
Bathing	73	100	75	100
Hair washing	74	96	68	85
Nail cutting	74	95	68	99
Hand washing	93	100	74	95
Washing clothes	84	98	89	100
Sleeping and habit	86	95	99	100

Table 2 reveals the level of knowledge and practice of visually impaired children on various components of personal hygiene before and after audio-assisted teaching. Mean percentage on various components signifies that the level of knowledge and practice has increased after intervention. The scores in bathing aspect among the visually impaired children show that they have gained cent percent knowledge and practice level respectively. Additionally in knowledge aspect, they have gained cent percent scores in brushing and hand washing components also. In practice area, they have cent percent scores in washing clothes and habit of wearing chappals. The overall view of the table reveals that, audio-assisted teaching programme was effective in improving the knowledge level and practice skills of the visually impaired children on personal hygiene.

TABLE 3-SIGNIFICANT MEAN DIFFERENCE BETWEEN PRACTICE SCORE BEFORE AND AFTERE AUDIO-ASSISTED TEACHING PROGRAMME ON HEALTHY LIFE STYLE

Group	Mean	Mean%	S.D	t
Before Intervention	33.2	75.4	3.82	11.83
After intervention	42	56.4	1.43	

Hence, there exists a significant difference in the practice on personal hygiene among visually impaired children before and after audio-assisted teaching programme. This reveals that audio-assisted teaching programme promotes the practice on personal hygiene.

TABLE 4- SIGNIFICANT MEAN DIFFERENCE BETWEEN KNOWLEDGE AND PRACTICE SCORES BEFORE AND AFTER AUDIO ASSISTED TEACHING PROGRAMME ON HEALTHY LIFE STYLE ACTIVITIES

Group	Mean	Mean%	S.D	t
Before Intervention	63.68	76.6	6.21	11.83
After intervention	80.1	96.6	1.43	

“There is a significant difference between knowledge and practice on personal hygiene before and after audio-assisted teaching programme” is accepted. This reveals that audio-assisted teaching programme promotes the knowledge and practice on personal hygiene among visually impaired children.

The study proved that audio-assisted teaching had effect on knowledge on personal hygiene among visually impaired adolescent children. The mean score of practice of personal hygiene among visually impaired children was 33.2 before audio-assisted teaching and it was found to be increased to 42 after audio-assisted teaching programme, There is a significant difference in practice on personal hygiene before and after audio-assisted teaching among visually impaired adolescent children” is accepted. This proved that audio-assisted teaching had an effect on practice on personal hygiene among visually impaired adolescent children.

The study proved that mean score of visually impaired adolescent children was 63.6 before audio-assisted teaching on both knowledge and practice on personal hygiene and after audio-assisted teaching it was improved to 80.1 on both knowledge and practice on personal hygiene among visually impaired adolescent children. The calculated ‘t’ value was 13.20 and it was compared with the table value at 0.01 significant level. The calculated value was higher than the table value, thus the hypothesis H03:“There is a significant difference in knowledge and practice on personal hygiene before and after audio-assisted teaching among visually impaired children” is accepted. This proved that

audio-assisted teaching had an effect on knowledge and practice on personal hygiene among visually impaired adolescent children.

CONCLUSION

This study indicates that administration of audio-assisted teaching improved the knowledge and practice of personal hygiene. On analyzing the data, the result reveals that there is a significant difference on knowledge and practice of personal hygiene among the visually impaired adolescent children before and after audio-assisted teaching programme.

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