

# **Impact of an Educational Video Film: “The Jinn’s Party” on the Knowledge, Practices & Attitudes of School Children & Adolescents With Type 1 Diabetes and Their Parents**

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**“ Enseigner, ce n’est ni inculquer,  
ni transmettre, c’est faire  
apprendre ”**

***(Olivier Reboul: Le Langage de l’Education)***

**“ To teach is not to inculcate, nor to  
transmit, it is to make someone learn ”**

# Background



The WHO, the IDF, the EASD, the ADA and all concerned organisms recognize **“Therapeutic Education”** of people with diabetes as a corner stone of diabetes therapy which should be tailored to local socio-economic and cultural circumstances.

# The Problem



**In Egypt, as in most developing countries, special situations constitute a barrier for achieving therapeutic targets among which:**

- Illiteracy in more than 40% of the population (in females more than 50%).**

# The Problem



- **Myths and misconcepts about health and disease.**
- **Low income.**
- **Limited resources.**
- **Poor distribution of available material and lack of maintenance.**
- **Socio-cultural barriers.**

# Aim of the Project



- (1) Assess the state of **knowledge, practices & attitudes** of school children & adolescents with type 1 diabetes and/or their parents.
- (2) Assess the impact of a short term therapeutic education intervention including projection and discussion of a video film **“The Diabetes Jinn’s Party”**.
- (3) Impact of this intervention on **diabetes control** namely HbA1c, frequency of absenteeism, hospitalization, ketoacidosis & hypoglycaemic episodes.

# Subjects



The study was conducted on **100 subjects** (school children & adolescents) with type 1 diabetes and **56** of their **parents** randomly selected from 1600 subjects receiving health care from the Students Diabetes Center in Alexandria.

*N.B. Now serving 3140 subjects.*

# Method



## Study Design:

Pre-test, post-test quasi-experimental design.

# Camps for children with diabetes



# **Phases of the Study:**



**I. Initial pretest assessment.**

**II. Educational intervention including:**

- a) A full one day camp in a sporting club.
- b) Projection of the video film.
- c) Interactive discussions.
- d) Live practice of sport, self-monitoring, etc.

**III. Immediate post test.**

**IV. Final assessment (3 months later).**

# **Data Collection Comprised:**



- 1) Predesigned questionnaire covering knowledge, misconcepts, skills, practices, attitudes and perception.
- 2) Physical examination.
- 3) Assay of HbA1c.
- 4) Review of the absenteeism and hospitalization records and patients logbooks.



## **The Video Film**

### **“The Diabetes Jinn’s Party”**

- Prepared to fulfill the local needs within the frame of the **DESG-EASD** educational guidelines.
- Preceded by a survey on the needs, situation and problems of the target population.

# The Video Film



- Describes in 60 minutes the story of a teenager with type 1 diabetes who had the visit of nice Jinnies in his dream.
- These Jinnies discuss with him the basic **knowledge** about diabetes, local **misconcepts**, demonstrate the **skills** and **practices** needed for the management and discuss his **attitudes** towards the disease and its management.

# The Diabetes Jinns Party (The Video Film)



# Results



Examples of the situation before the intervention project derived from the pre-project survey (1997):

- Less than **2%** of subjects with diabetes &/or their parents attended any **educational activity** outside the consultation setting.
- Less than **12%** of them were ever subjected to educational services for a total duration of more than **30 minutes**.

# Results



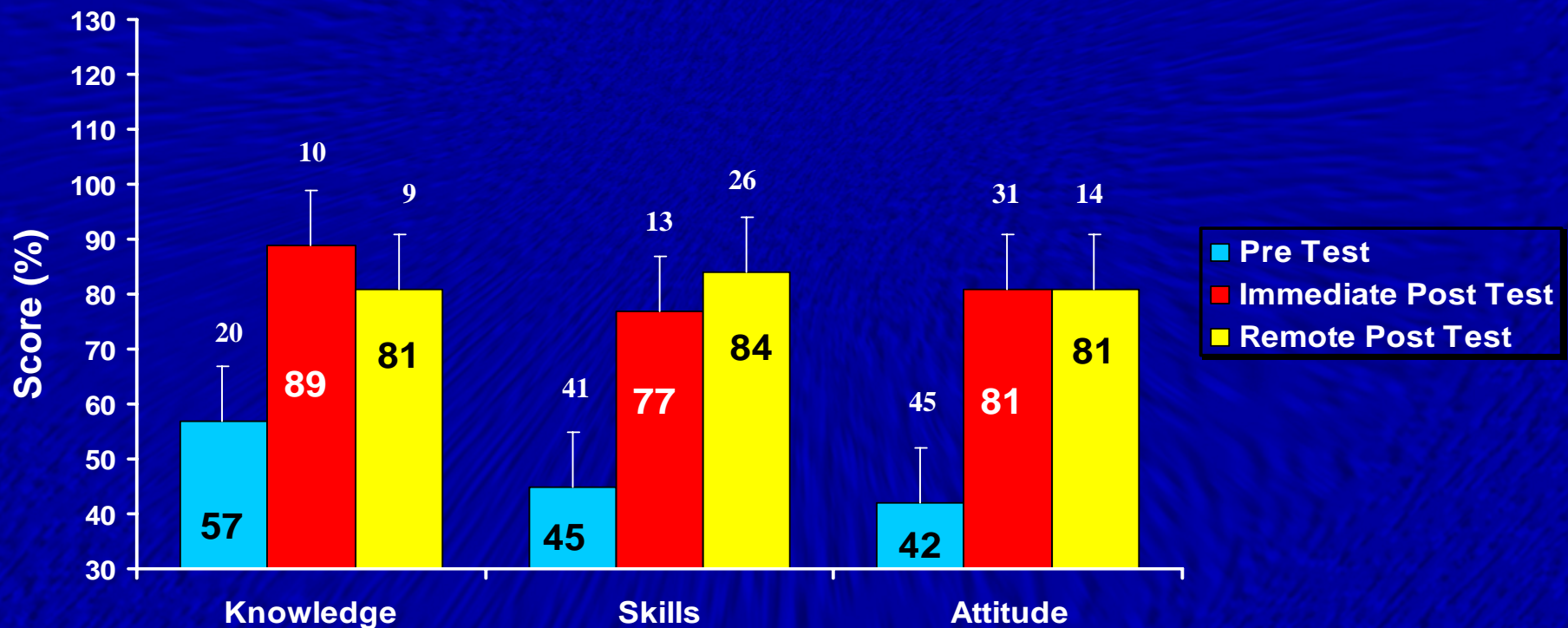
- 82% of subjects believed that their disease is temporary.
- 56% could not recognize or diagnose ketosis.
- 52% did not know how to adjust insulin dosage.
- 52% did never change the site of injection.

# Results

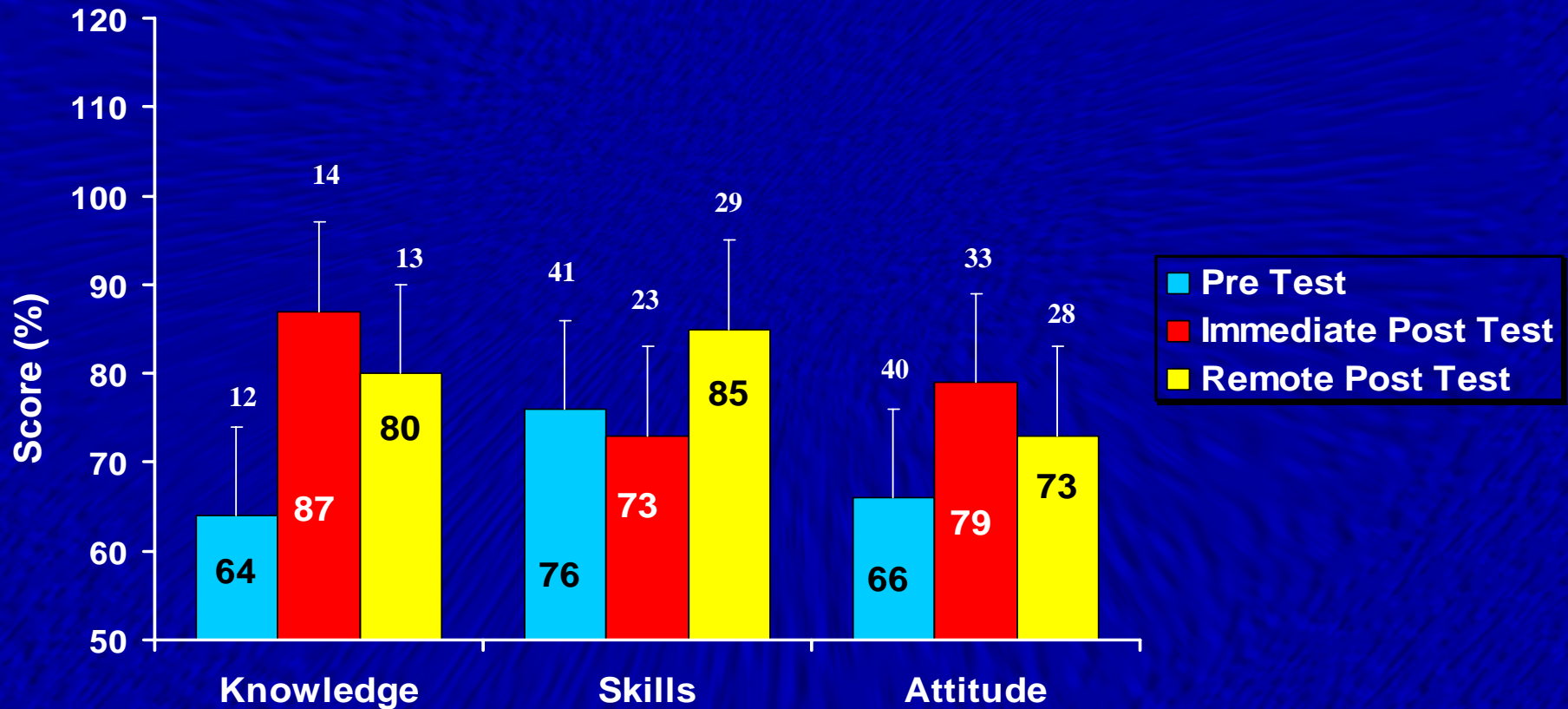


- **56% never knew about foot care.**
- **98% stated that their disease is a barrier against their success.**
- **46% stated that control of diabetes is deprivation from good life**

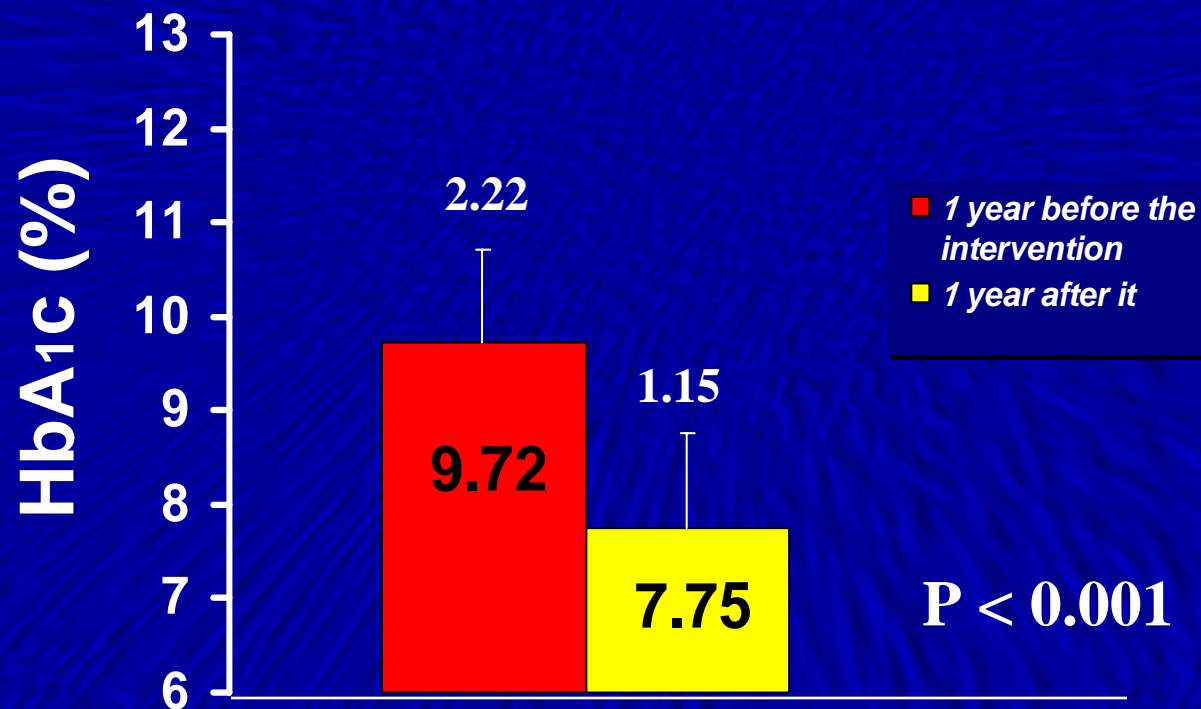
# Mean percent of total scores of subjects with diabetes for knowledge, skills and attitudes before intervention, immediately following it and 3 months later



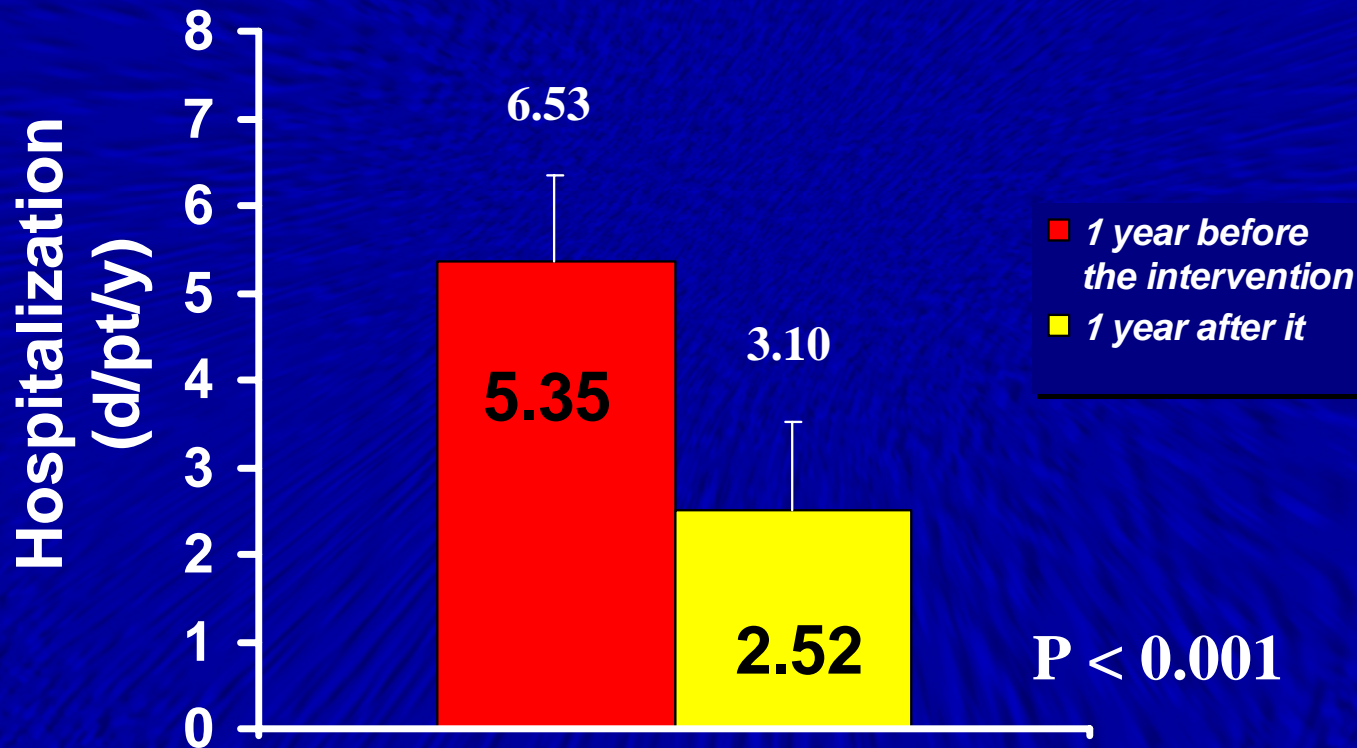
# Mean percent of total scores of parents for knowledge, skills and attitudes before intervention, immediately following it and 3 months later



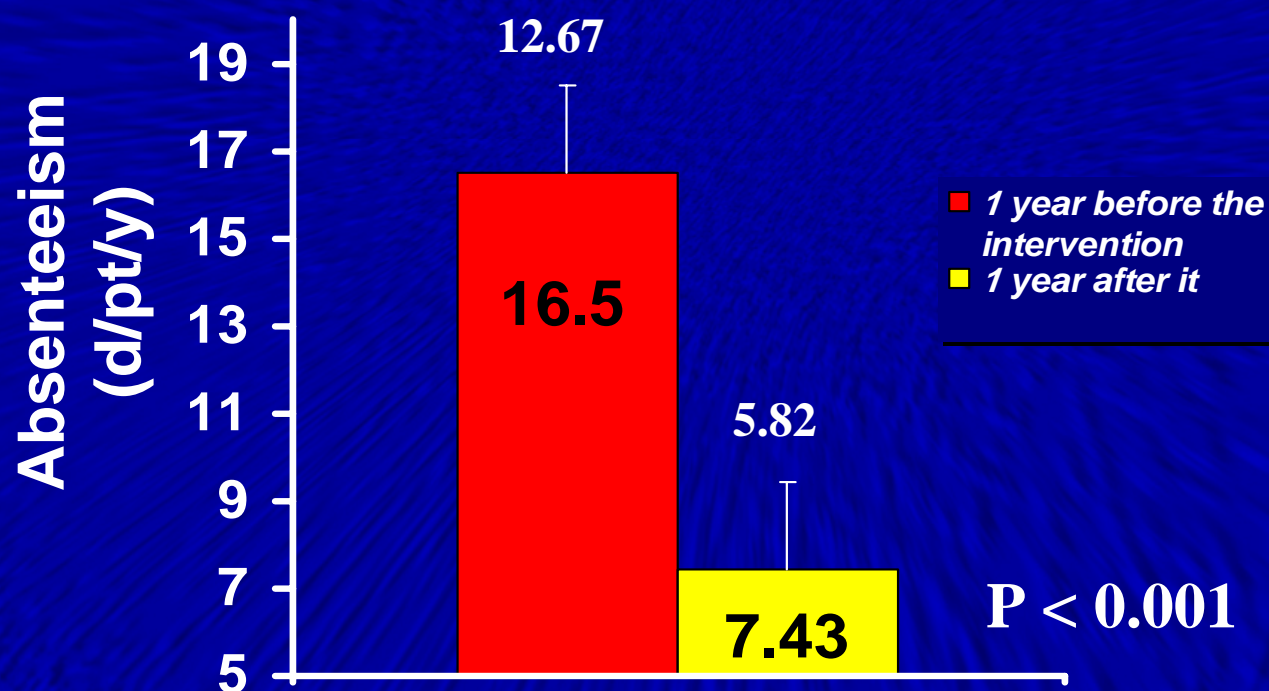
# Mean HbA1c (%) one year before and one year after the educational intervention



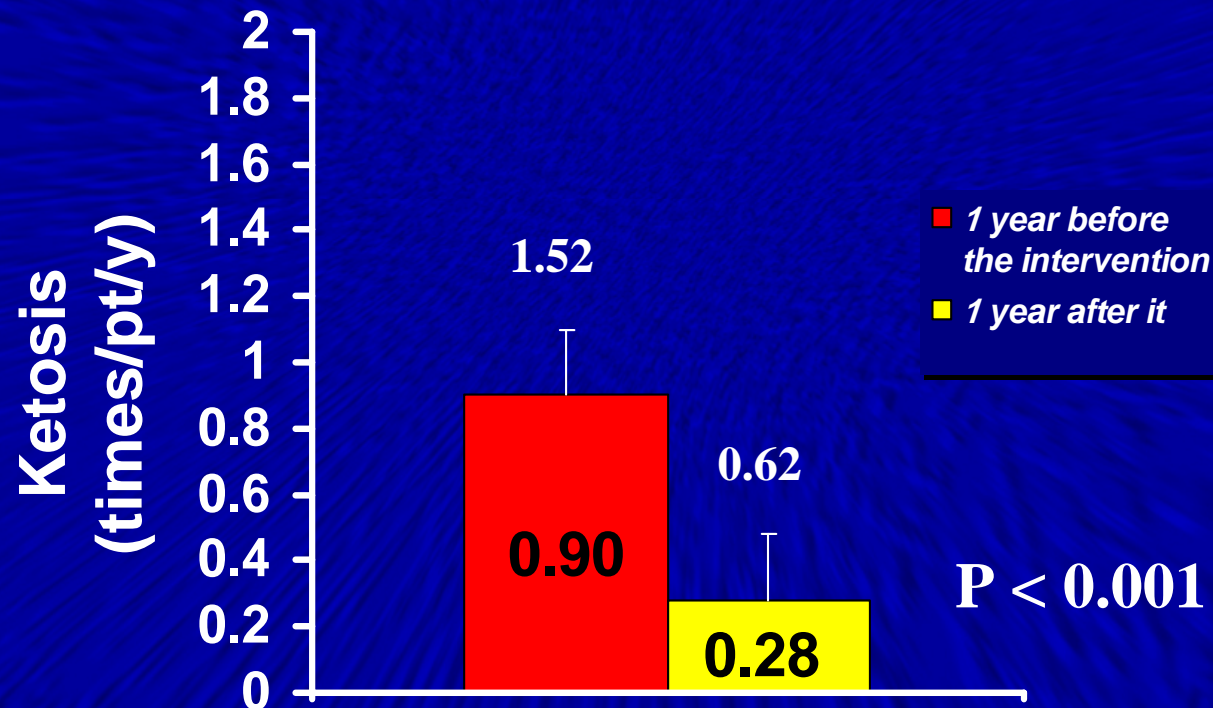
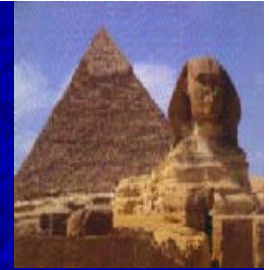
# Mean duration of hospitalization (days/patient/year) one year before and one year after the educational intervention



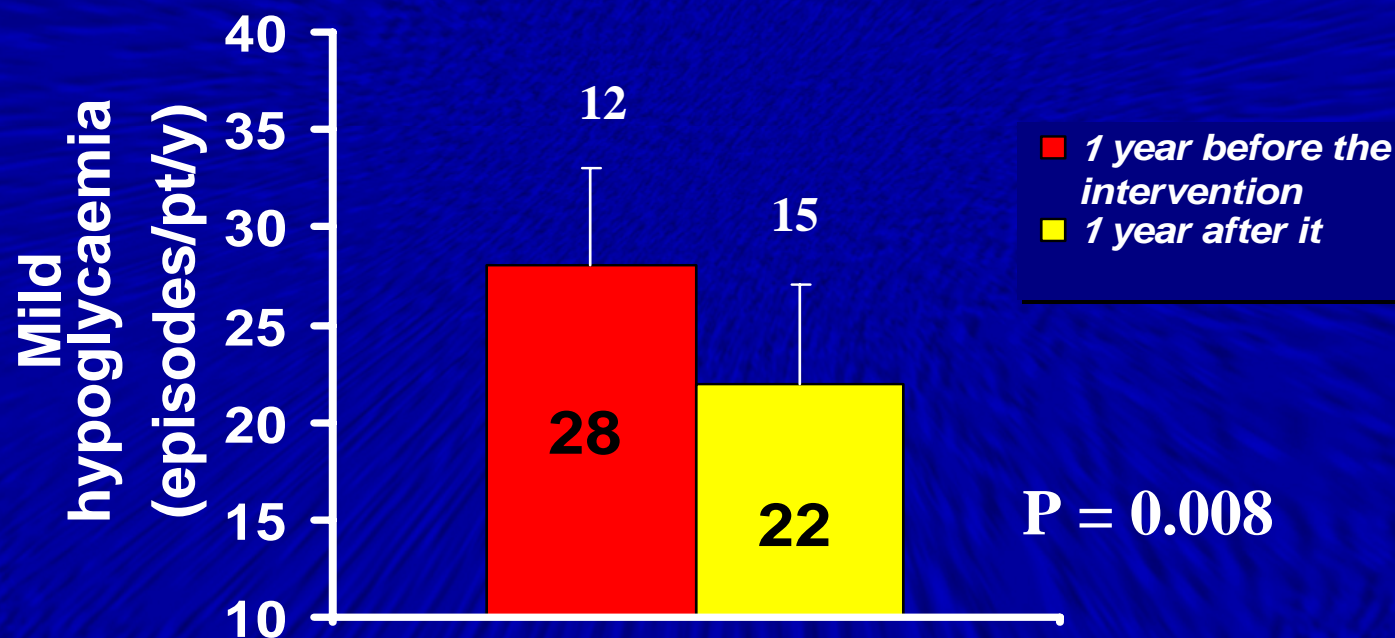
# Mean duration of absenteeism (days/patient/year) one year before and one year after the educational intervention



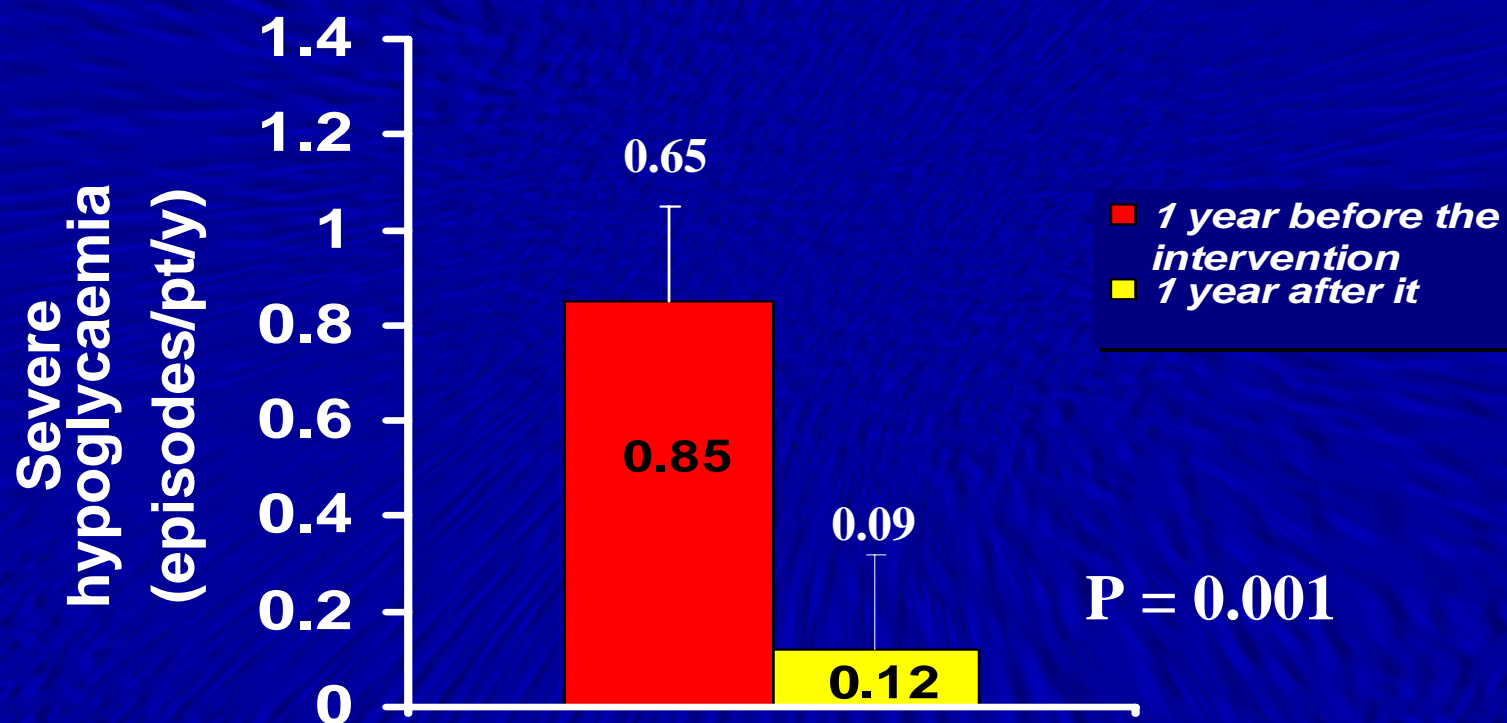
# Frequency of ketosis (requiring hospitalization) one year before and one year after the educational intervention



# Frequency of mild hypoglycaemic episodes one year before and one year after the educational intervention



# Frequency of severe hypoglycaemic episodes one year before and one year after the educational intervention



# Conclusion



This short educational intervention on young subjects with diabetes and their parents resulted in a positive impact with marked improvement in **knowledge, practices, attitudes and management outcome.**

# Conclusion



This beneficial outcome is due to the fact that intervention has been especially designed and tailored to the target population. A population with rather poor resources, high illiteracy and special cultural background.

# Conclusion



**The beneficial impact of our intervention is significantly accentuated as it served a community which was previously severely deprived from such therapeutic educational services.**

# Thank You

