

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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WEB SHOTS

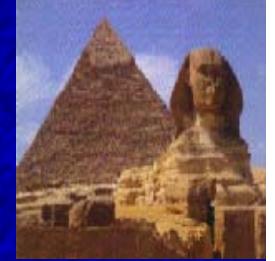
“Enseigner, ce n'est ni inculquer,
ni transmettre, c'est faire
apprendre”

(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.

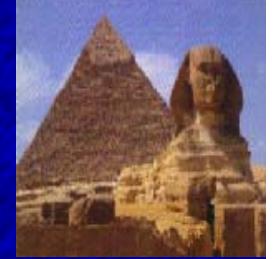
The Problem



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



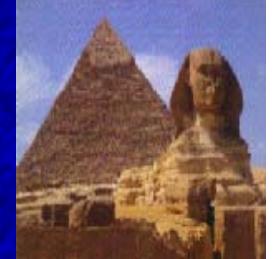
- Myths and misconcepts about health and disease.
- Low income.
- Limited resources.
- Poor distribution of available material and lack of maintenance.
- Socio-cultural barriers.

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.

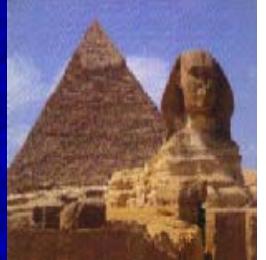
Method



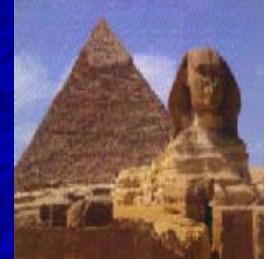
Study Design:

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

Camps for children with diabetes



Phases of the Study:



I. Initial pretest assessment.

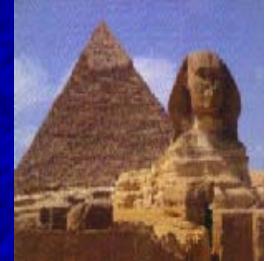
II. Educational intervention including:

- 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.

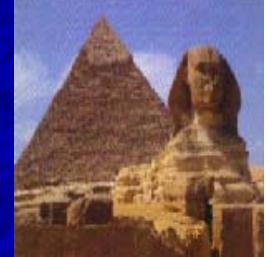


The Video Film

“The Diabetes Jinn’s Party”

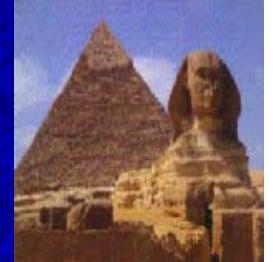
- Prepared to fulfill the local needs within the frame of the **DESG-EASD** educational guidelines.
- Preceded by a survey on the needs, situation and problems of the target population.

The Video Film

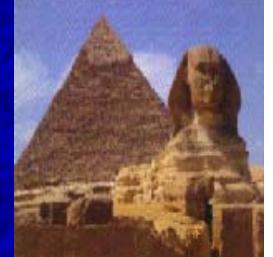


- Describes in 60 minutes the story of a teenager with type 1 diabetes who had the visit of nice Jinnies in his dream.
- These Jinnies discuss with him the basic knowledge about diabetes, local misconcepts, demonstrate the skills and practices needed for the management and discuss his attitudes towards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

The Diabetes Jinns Party (The Video Film)



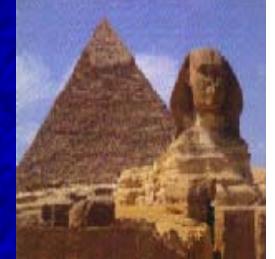
Results



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

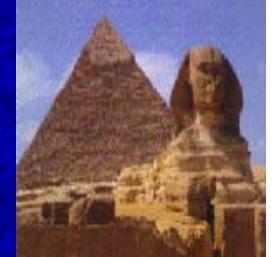
- Less than 2% of subjects with diabetes &/or their parents attended any educational activity outside the consultation setting.
- Less than 12% of them were ever subjected to educational services for a total duration of more than 30 minutes.

Results



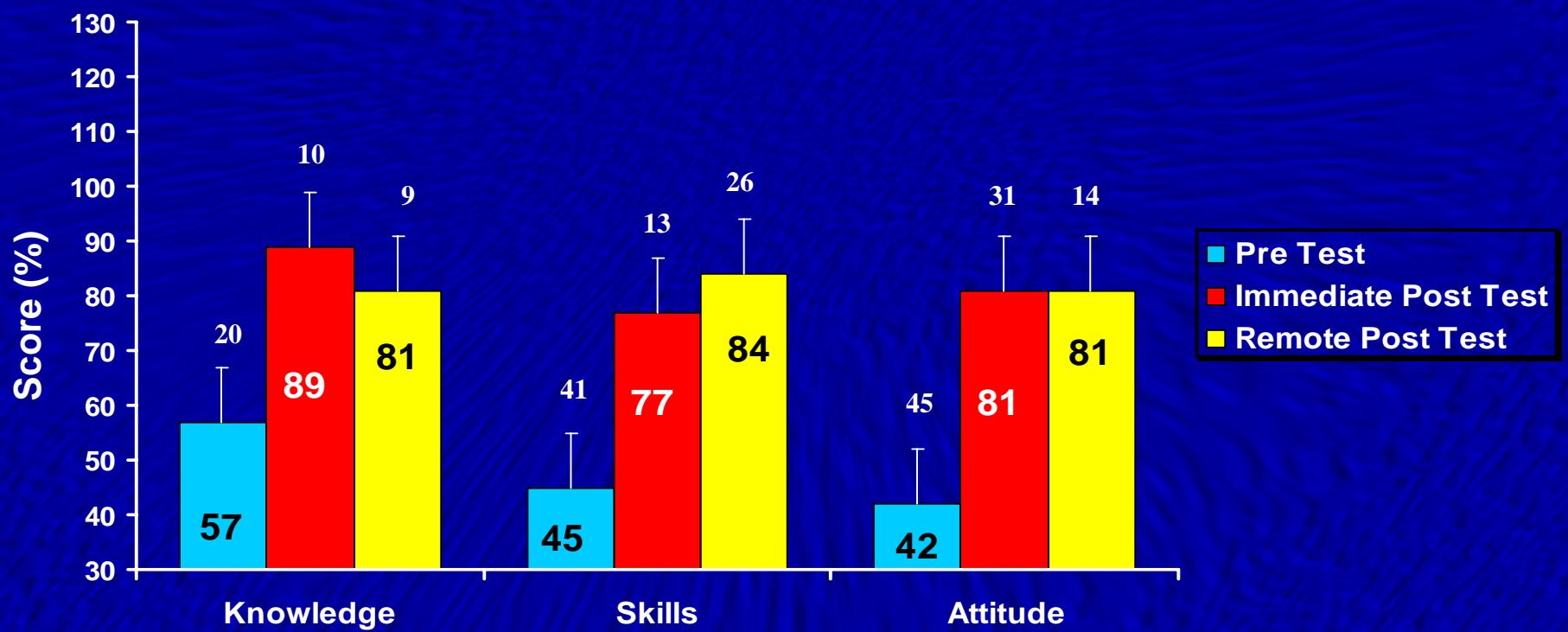
- 82% of subjects believed that their disease is temporary.
- 56% could not recognize or diagnose ketosis.
- 52% did not know how to adjust insulin dosage.
- 52% did never change the site of injection.

Results

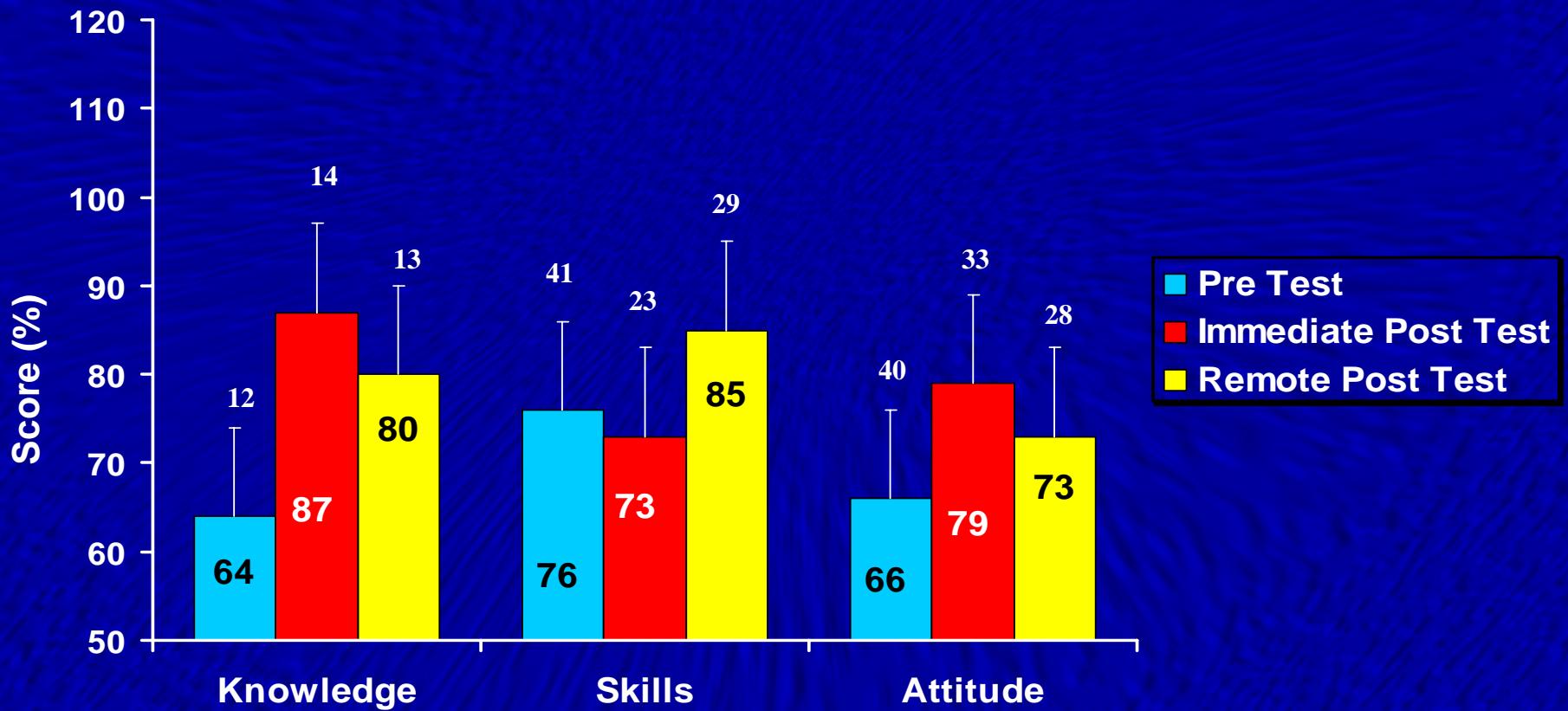
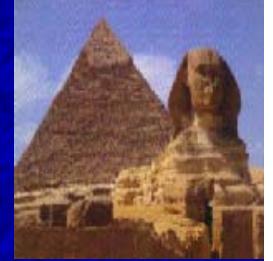


- 56% never knew about foot care.
- 98% stated that their disease is a barrier against their success.
- 46% stated that control of diabetes is deprivation from good life

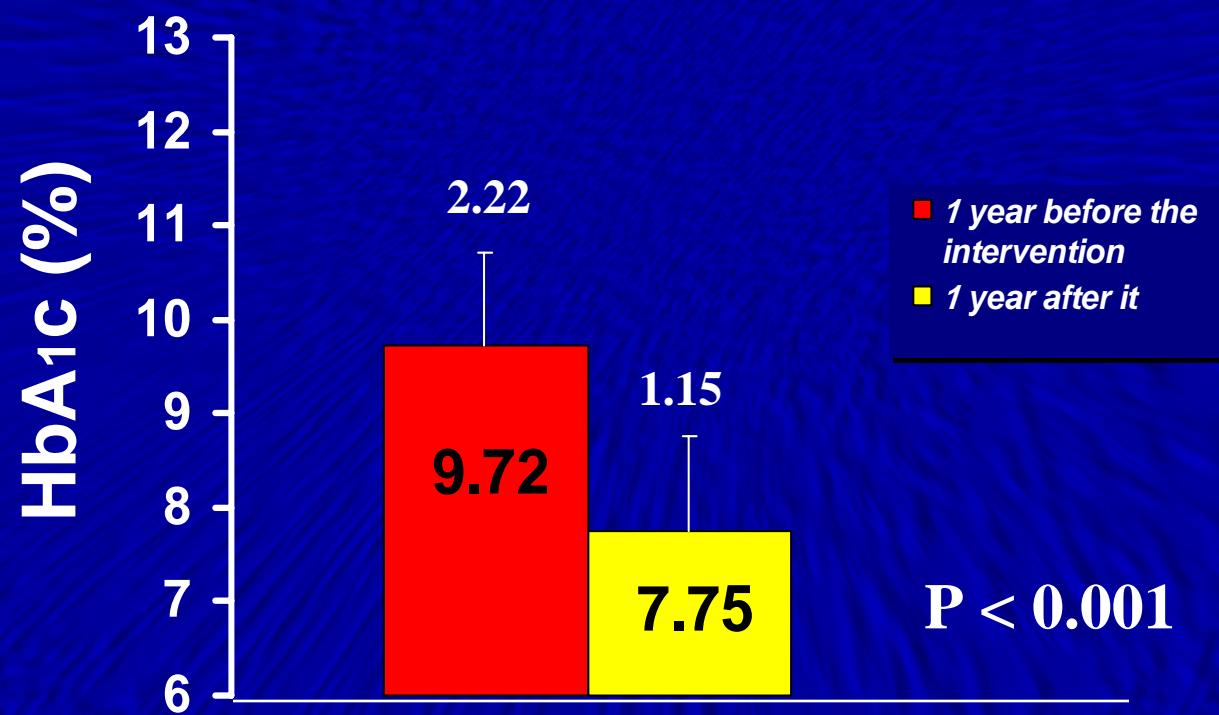
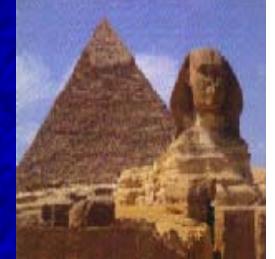
Mean percent of total scores of subjects with diabetes for knowledge, skills and attitudes before intervention, immediately following it and 3 months later



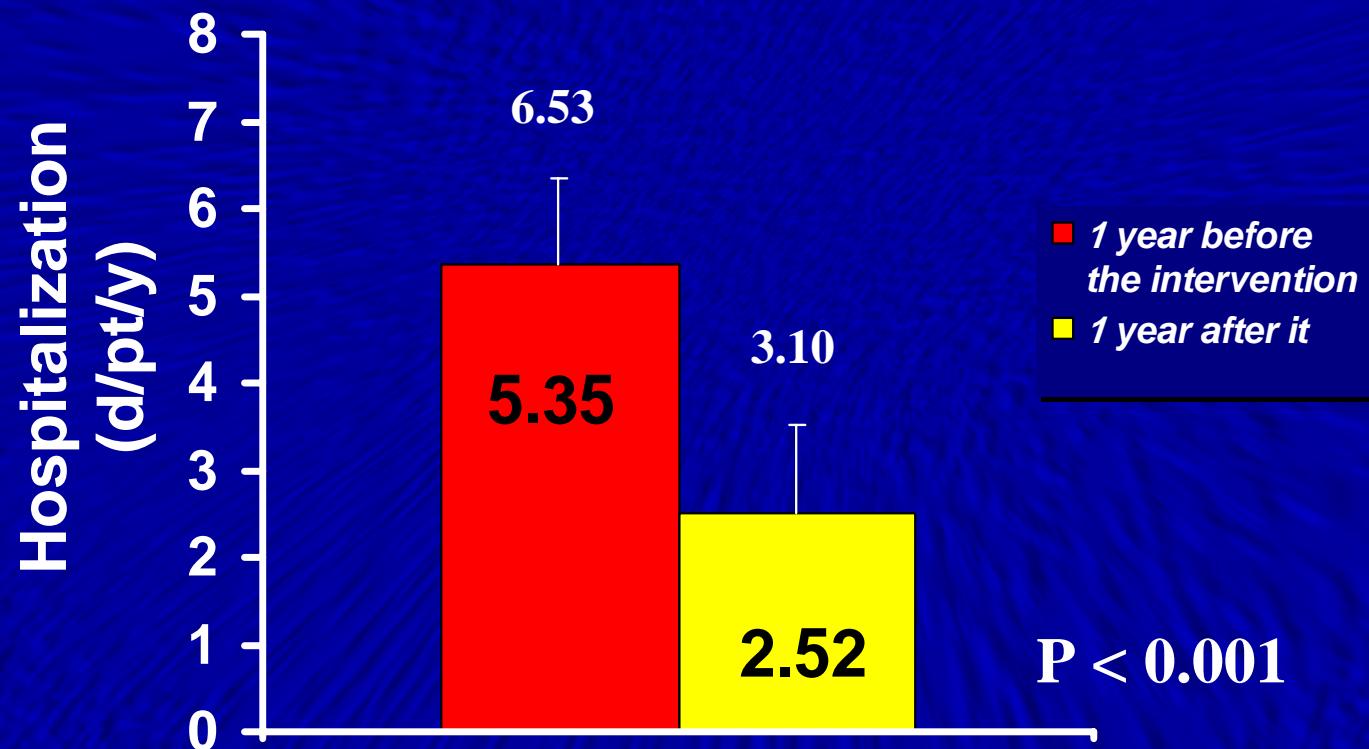
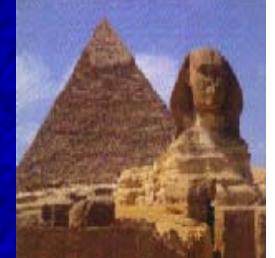
Mean percent of total scores of parents for knowledge, skills and attitudes before intervention, immediately following it and 3 months later



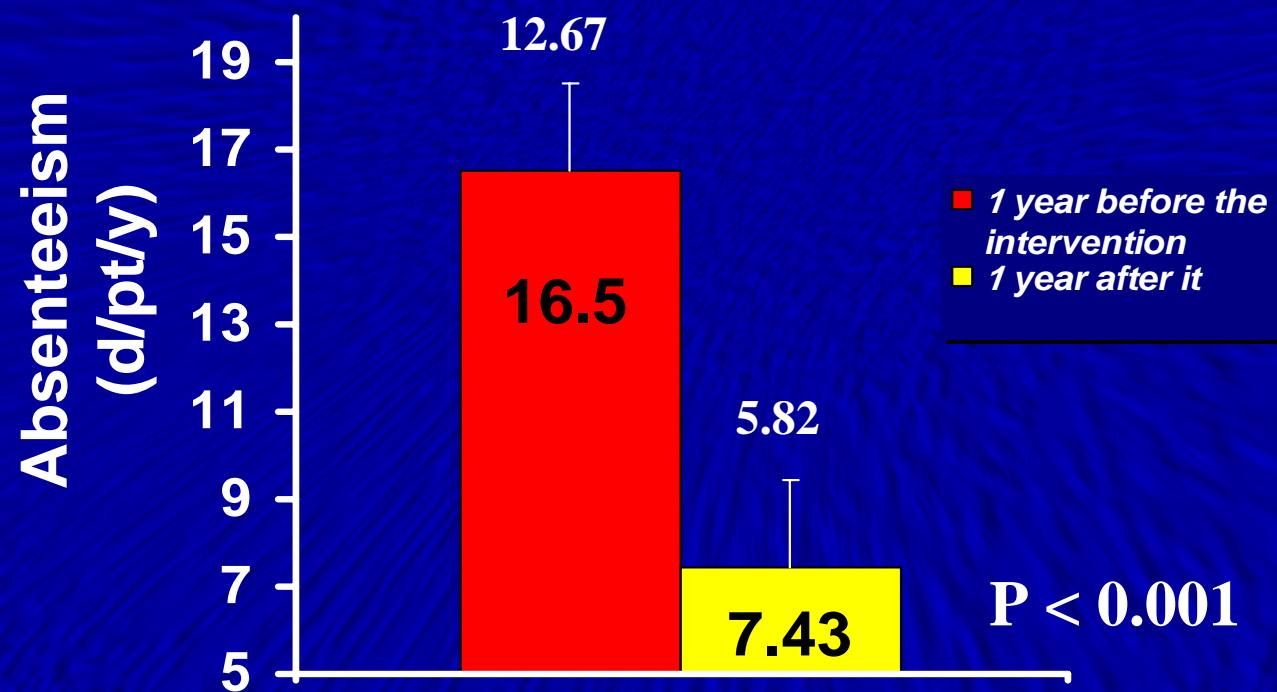
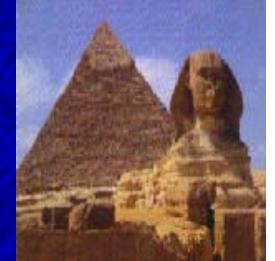
Mean HbA1c (%) one year before and one year after the educational intervention



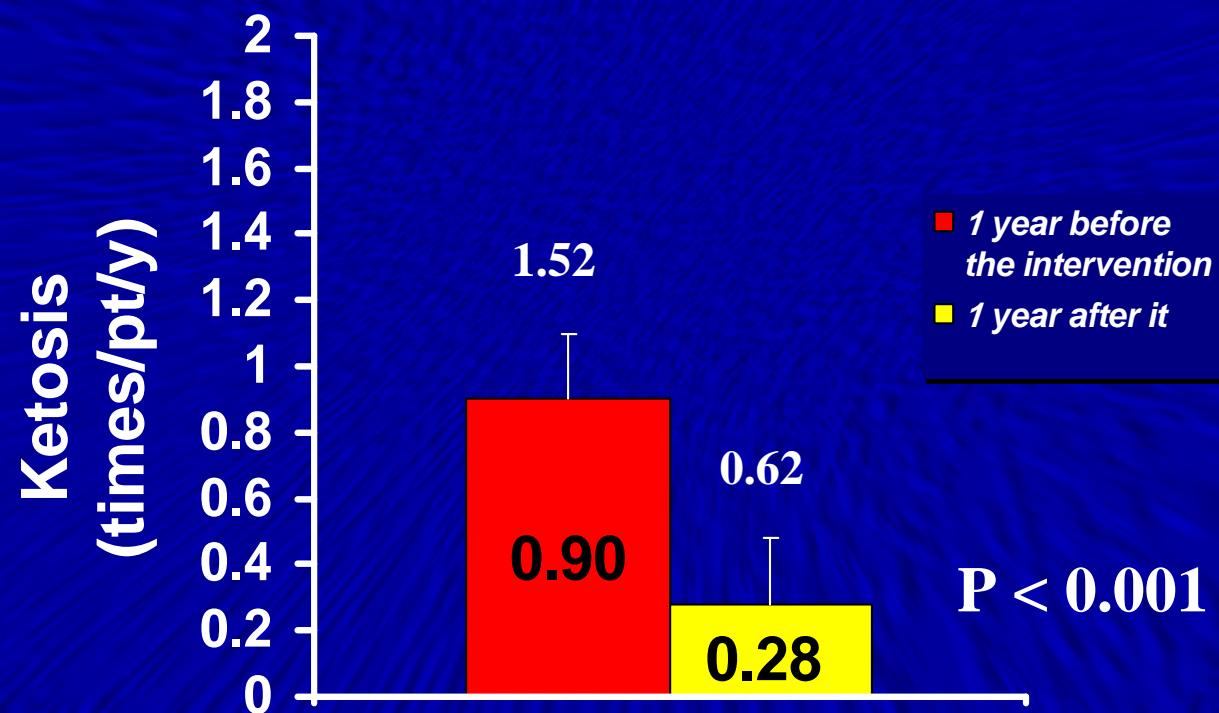
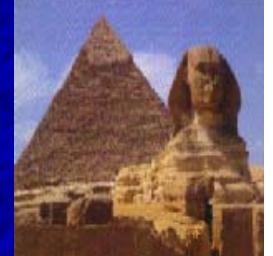
Mean duration of hospitalization (days/patient/year) one year before and one year after the educational intervention



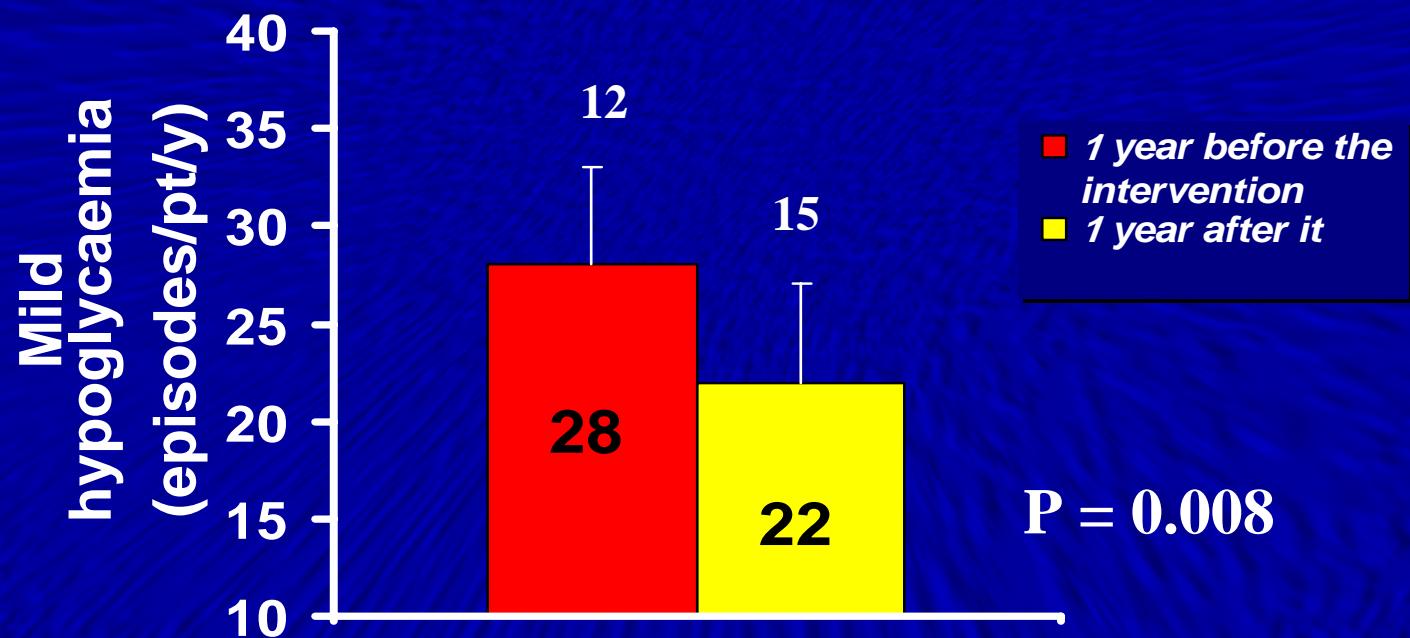
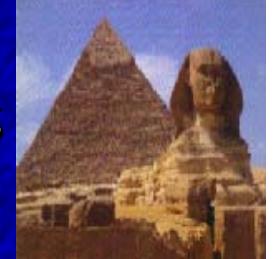
Mean duration of absenteeism (days/patient/year) one year before and one year after the educational intervention



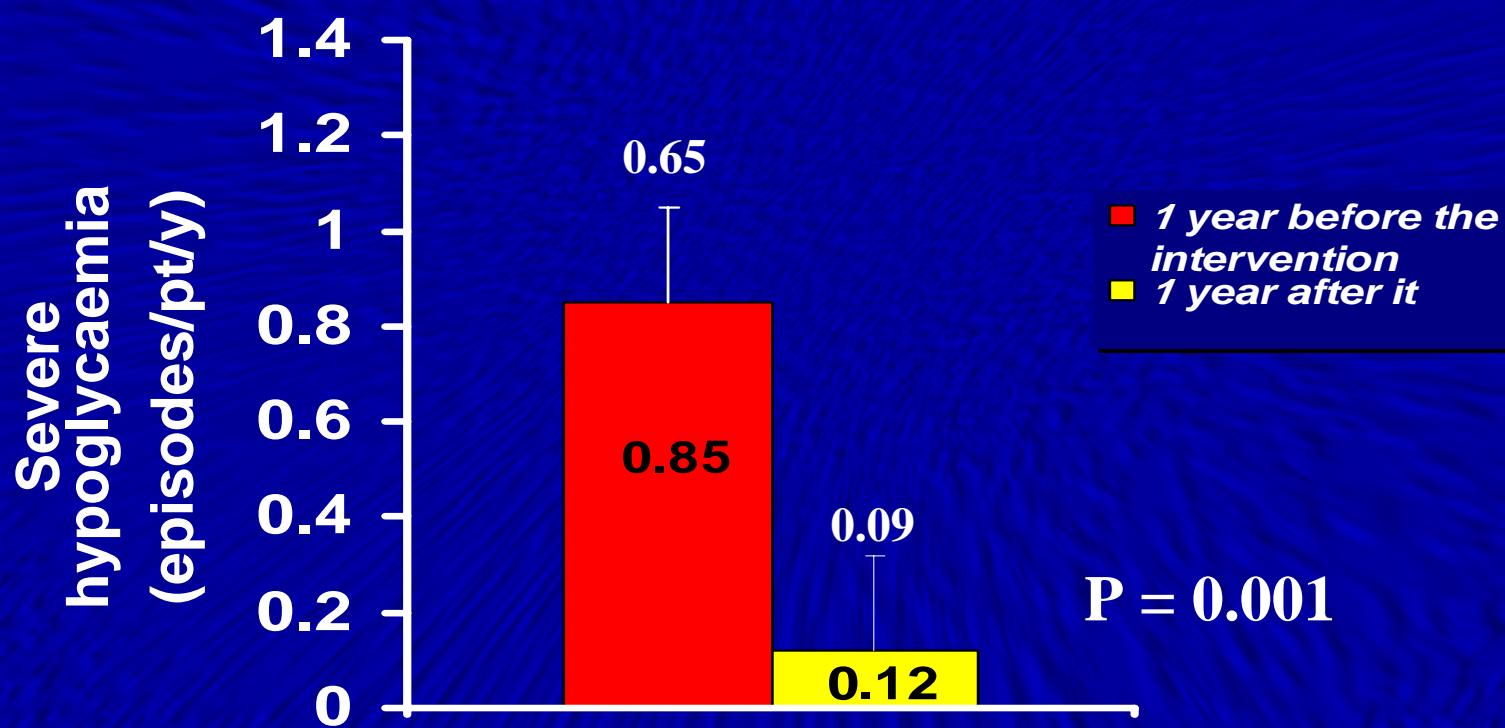
Frequency of ketosis (requiring hospitalization) one year before and one year after the educational intervention



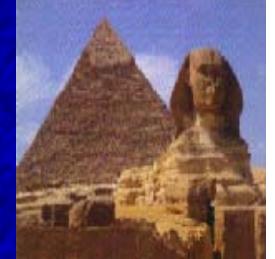
Frequency of mild hypoglycaemic episodes one year before and one year after the educational intervention



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

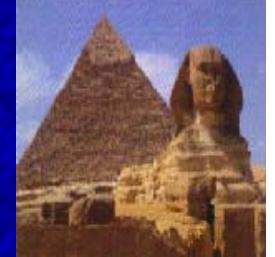


Conclusion



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

