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5 Personal Hygiene Concepts of Health Education for the Visually Impaired

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Abstract

One type of disability that is becoming the world's attention is blind. This research aims to design the concept of personal hygiene health education for the visually impaired in YAPTI Makassar. This study used a qualitative method with a case study approach. Key informants were 28 visually impaired are fostered in YAPTI Makassar. Supporting informants were 2 family, 3 partners, and 8 teachers SLB-A YAPTI Makassar. Data collection techniques used are in-depth interviews, focus group discussions, and observations. The results showed that the driving factor such as strong intention to perform personal hygiene, social support of the Family, Peers, Partners, and teachers, access to adequate information, personal autonomy blind decisive want to follow educational and perform personal hygiene, as well as the situation which is quite possible in YAPTI Makassar, strongly supports the establishment of independence in themselves blindness to perform personal hygiene coupled restraining factor that had become obstacles became strength. Education concept using lectures, demonstrations, counseling, and simulation. Media education is used booklets sighted, Braille booklets and electronic booklet. Due to the lack of health service for the blinds, therefore recommended established of the counseling clinic in the dormitory with the concept of accessibility based on findings of this study.

Keywords: Driving factors; restraining factors; health education.

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1. Introduction

One type of disability that is becoming the world's attention is blind. WHO revealed that 10% of the world population are persons with disabilities, the amount to approximately 600 million people [1]. Data ministry of Social Affairs of the Republic of Indonesia in 2013 is known that the number of persons with disabilities in Indonesia amounted to 11,580,117 people consisting of as many as 3,474,035 people blind, quadriplegic as 3,010,83 million people, as many as 2,547,626 people with hearing impairment, mental disability as many as 1,389,614 people, and chronic disability as many as 1,158,012 people. Based on data from Ministry of Social Affairs showed that the visually impaired have the largest number compared with other types of disabilities [2].

In 2012, WHO wrote there were 285 million people are visually impaired worldwide. 39 million are blind and 246 million suffered visual impairment (low vision). Annually no less than 7 million people are blind or permanent blind are the inhabitants of the earth became blind and blindness duodecimal minutes per person and ironically, again the region and developing countries that most residents suffered blindness and impaired vision, which is about 90%. One third of the 285 million blind people in the world, located in the ASEAN countries. The number of blind people in Indonesia is the highest in the ASEAN region. The prevalence of blindness was recorded at 1.5%, and in the absence of any intervention, is expected to double by 2020, meaning that if there are 12 blind people in the world every 1 minute, four of which came from Asia and confirmed one person from Indonesia [3].

Blind People in Indonesia, occupies the second position in the world. Approximately 45 million people worldwide are blind, 3.5 million is what is Indonesian citizen [4]. The number of blind people in Indonesia is equivalent to the population of Singapore. So the assumption of 3.5 million residents of Singapore when exchanged for Indonesian citizens who are blind, all residents of Singapore is visually impaired. See the data visually impaired problem is a serious problem, because the eye is vital, people can productively through the eyes [5].

Recorded around 2,198 more visually impaired people in South Sulawesi. 507 of them were in the city of Makassar. Of these only 60 people living in institutions for the blind to be held coaching [6]. Particularly in the city of Makassar, there are currently three places namely coaching blind YPKCNI (Disability Work Education Foundation Netra Indonesia) with a target number of 10 people, Yukartuni (Indonesian Blind Welfare Foundation) with a target number of 20 people, and YAPTI (Indonesian Blind Development Foundation) with the highest target number of 30 people consisting of 11 women and 19 were men. YAPTI is coaching the first blind in Makassar. YAPTI also a development center in the city of Makassar blind so that the most active in a variety of education both in the form of race, education, and training [7]. The purpose of this study was to design a concept of personal hygiene health education for the visually impaired in YAPTI Makassar.

2. Material and Method

This study is a qualitative research with case study design. Key informants were 28 visually impaired are fostered in YAPTI Makassar. Case study method is a strategy that is more suitable when the subject of a

research question with regard to the question of how or why, when researchers have little opportunity to control events will be investigated, and where the focus of his research lies in the contemporary phenomenon in the context of real life^[8]. Supporting informant 2 family, 3 partners, and 8 teachers SLB-A YAPTI Makassar. Data collection techniques used are in-depth interviews, focus group discussions, and observation. The data obtained were processed manually in accordance with the processing instructions and qualitative data were then analyzed with methods of taxonomic analysis.

3. Results and Discussion

The results showed that the drivers of such intention, social support, access to information, personal autonomy, strongly supports the visually impaired to carry out personal hygiene. Factors such as the barrier can not see (visually impaired), no independent special education Blind, orientation, mobility, and mental block that was originally to be obstacles became strength.

3.1 Behavior Intention Doing Personal Hygiene

The results of in-depth interviews to blind the target YAPTI Makassar that the intention blind do personal hygiene is very strong, but constrained the problem of knowledge.

"...Yang bagaimanakah itu perawatan kesehatan diri? apa-apa saja? Ow mandi, gosok gigi begitu? siram saja ndak tahu benar ka tidak ini, ndak kutahu semua saya cara benarnya biar mandi seadanya saja..."

"... how is health care about? What are they ? Ow showering, brushing teeth ? flushing ? I really do not know this, what I know all my ways just showering and let it goes alone ... "

(MI, 12 years)

Barriers lack of knowledge about personal hygiene blind impact on the unconformity between the good intentions with good behavior too. Similar findings in the United States stating that intention, feelings, and attitudes of people with visual impairments have been better if there was basic information it receives well too [9].

3.2 Social Support Blind Doing Personal Hygiene

Visually impaired social support of people around. This is in line with the results of research in developing countries (Bangladesh, Cambodia, India, Malaysia, and Saudi Arabia) which indicates the level of social support reported by adolescents with visual impairment in developing countries is higher than the juvenile "alert" [10]. In contrast to studies in Western countries, the gap is due to differences in cultural values as well as the conceptualization of support [11].

The family is the one who gave the greatest support for the blind. Families provide support to accompany the visually impaired perform personal hygiene. Families, especially mothers like heaven who understand

everything that is felt by the blind:

"...Mama itu surga buat saya, apa yang kurasakan dirasakan juga sama mamaku. Kalo ada apa-apa kayak mencuci ka ditemani ka mama, diajar terus tidak bosan-bosan, biar kadang malas ka to tetapi sabar,..."

"... mother was heaven for me, what I felt was equally mother felt. If there is something like a wash I accompanied mother to do it, taught continue not tire of, though sometimes I lazy but keep patient, ...

(AF, 20 years)

The study is in line with research that states that the family is the center of the largest support in the form of learning and confidence early for the blind [12].

3.3 Accessibility of Information

Information about personal hygiene blind obtained by utilizing the internet access through electronic media equipped goers program on a laptop and HP: *"...Di internet biasa lihat-lihat, lewat hp atau lewat laptop kan ada sistem georsnya jadi sisa didengar itu informasinya..."*

"... I sometimes find it in Internet, via phone or laptop via the existing system so just listen the information ..."

(SI, 26 years)

The study is in line with research in Surabaya which shows that the way in which the visually impaired to obtain information through information media such as television, radio, talking books, internet [13].

3.4 Personal autonomy Blind Following Personal Hygiene Education

Personal autonomy visually impaired to follow personal hygiene education, there is a wish to participate counseling / theory and practice anyone wants to follow. Primarily the practice of brushing teeth and shaving the genital organs. As the following interview:

"...Mau ka saya tahu semua karena nanti membersihkan diriki' ini kan seadanya ji saja ndak ditahu teorinya jadi mau ka saya ikut penyuluhannya. Ke depannya lakukan semuami kalo sudah tahu..."

I want to know all, because later when do personal clean, I do not know the theory so I joint the Practice. In the future I will do all after knowing.

(HI, 21 years)

"...Gigi kan kadang disikat masih kotor dibilang orang, jadi penting itu ikut prakteknya, paling susah itu juga mencukur anuTa', apa namanya genitalia..."

"... Teeth brushed but it sometimes still dirty, so it's important that joined the practice, it is also the most difficult to shave the personal', what do you call? genitalia ..."

(RA, 20 years)

Blind People have a variety of personal autonomy in performing personal hygiene. So the concept of education tailored to their needs. Results were consistent with studies showing that the informant did personal hygiene behavior based on personal autonomy [14]. Lack of knowledge about personal hygiene visually impaired, resulting in their behavior in health care diripun less, especially in the treatment of genital organs. This study is in line with studies showing that knowledge, attitudes, and actions blind in reproductive health care is lacking [15]. Visually impaired have limited sense of vision that makes it difficult to see their personal hygiene, such as dirt on the teeth. The study is in line with research that states that tunanetra had difficulty in seeing the plaque on the teeth [16].

3.5 Action Situation

The existing situation in YAPTI basically quite possible because it has been the medium of information and great support from social groups. However, personal hygiene facilities and infrastructure that is still inadequate for the visually impaired as well as excerpts of interviews with the following partners:

"...Belum ada sarana yang dapat menunjang, namun banyak sarana yang dapat dimanfaatkan seperti kamar mandi, dapur juga ada wc...."

There is no supporting facility, but there are many facilities that can be used such as bath room, kitchen and toilet.

(Ns, 25 years)

Results were consistent with studies showing that the attitude of the informant's personal hygiene behavior because of information from health workers. However, this is done depends on the facilities available [14].

3.6 Cannot See (Blind)

Category blind in YAPTI is low vision (able to see light and shadow) and total blind (did not see in total). This is in line with the general division of the visually impaired by the Department of Education which classifies the blind into two broad categories, namely total blind and low vision [17].

God's infinite justice behind the shortage which must be given the power stored. So the total category of blind following the blind wanted to prove able to live a normal life despite the condition of the eye that is not normal.

"...Biasa saja, yang perlu dimunculkan bahwa kita juga bisa walaupun secara fisik terbatas. Kalo orang normal bisa, kita juga pasti bisa, Allah kan maha adil..."

Let it go, the important thing is that we can do although we are physically limited. If the normal person able, we can do it as well, because Allah is fair.

(NC, 19 years)

Blindness is not a reason for not doing personal hygiene, especially the category of low vision because they can see a little though. Factors that actually inhibit is laziness, as the following statement:

"...Bisa ji. Tapi, kadang malas ka apalagi kalau mengantuk mih ka, atau kulupai gunting kuku dalam seminggu, atau cuci tangan pakai air saja. Tapi, sebenarnya kondisi mata tidak menghalangi ji, ka low vision masih bisa sedikit dilihat. Faktor malas ji itu iyya..."

Actually can, but lazy especially in the sleeping time, or I forget to cut my nail in a week, or just wash my hand without soap. In fact, my eyes not become a barrier.

(RA, 20 years)

Low vision is still more than the total blind feel lucky because they feel more able to be independent in terms of personal hygiene with the condition can be viewed though a bit. Results were in contrast to studies that claim of social experience visually impaired youth found that, in general, youth with low vision experience more social challenges than their counterparts who total blind [18].

3.7 Not Independent

The results of in-depth interviews with partner states that are essentially blind began independently perform personal hygiene. However, it is still not perfect because it is not based on good knowledge, so that the need for education.

"...Kalo personal hygiene rata-rata mereka bisa lakukan hanya saja tidak sempurna, misalnya sikat gigi mereka bisa. Tapi, kalo dilihat masih banyak bagian yang tidak terkena karena dia tidak tahu cara gosok gigi baik dan benar. Jadi memang harus diajarkan langsung..."

In average for the personnel hygiene they can perform although not perfect, like brushing teeth, some are still left not completely brushed. Need to be taught directly.

(Rs, 27 Tahun)

The study is in line with research that found that blind young adults regularly engage in sexual activity but without having the necessary information about important matters related to sexual health [19].

3.8 Education and Health Services Special Blind

Blind People expect health education, especially personal hygiene done continuously, both in theory and

practice. As the following interview excerpts:

"...Pengarahan sama praktek langsung, tidak cukup kalo teori saja harus ada kegiatan membersihkan yang dipraktekan langsung..."

Both direct education and practice. Not enough only theory but also direct practice.

(HI, 21 years)

Similar studies indicate that the practice-based learning, students total blind and low vision gives them a chance to contribute as a normal person [20].

Blind People expect continuous education through the media booklet that can be distributed to other blind people. As the following interview:

"...Bagus juga kalo ada dibagikan buku tuntunannya, jadi kalo ada mau ajarki' kayak mitra dikasi lihat saja, atau ada anak baru disuru baca saja..."

It is good if the guide book is given, so if the volunteer come we just show or new comer asked to read.

(AL, 23 years)

Health problems in YAPTI dominated by complaints due to poor personal hygiene. The complaints include: scabies, vaginal discharge, fleas, ketombe, toothache, diarrhea, and intestinal worms. Health services are expected blind counseling clinic in a dorm with the concept of accessibility and service friendly. Here's the interview:

"... gatal-gatal, keputihan, tipes, gatal vagina biasa luka kurasa karena perih kalo kena air, muntah, cacangan, sakit perut..."

"itches, typhus, vagina itches some times wounded and hart when wet, vomit and stomach ache.

(AA, 16 years)

The results of a similar study states that the top health problems in the blind is a disease of poor personal hygiene that include dental caries, skin infections and worm [21].

Health care is expected to close access to provide clinics in the dorm with the concept facilitate blind (accessibility), and friendly service considering the number of discrimination as well as the difficulty of orientation and mobility for the blind. As the following interview excerpt:

"...dibangun klinik di asrama, yang aksesibilitas bagi tunanetra, jadi ada tulisan braille ini ruangan pemeriksaan, di sini administrasi, pelayanan yang baik, dokter ramah, kalo konsultasi rasa dekat..."

Clinic is developed in the apartment that easily accessed by us, so there is a Braille indicated such as ; eating room, administration room, good services, good doctor when consultation is friendly.

(FS, 18 years)

The same pattern of disability in general as research confirming disabilities do not have the same access to health care, because of the separation of socially associated with the services they need [22].

3.9 Orientation and Mobility

Blind mobility outside the hostel is still limited because they still need a companion, the orientation of the road, as well as sticks and shoulder friends as a crutch to avoid obstacles that will confront, as the following interview excerpt:

"...Belum bisa kalau jarak yang jauh, belum pernah ke puskesmas sendiri harus orientasi jalan dulu..."

I cannot go to health centre if it is away, I should firstly orientation

(RA, 20 years)

"...Pakai tongkat sama pegang pundak teman baru bisa ke sana..."

I used a stick and hold friend's shoulder to go there

(MA, 22 years)

This is in line with research that states that the blind difficulties in terms of transportation, independent travel skills, and social skills [23].

In general, the orientation mobility of the visually impaired in the dorms can be said to be independent. Although blind is still a new partner requires orientation and guidance of his friend who is also a resident of time.

"...Kalo di dalam asrama dikuasai karena sudah latihan penguasaan orientasi mobilitas, kecuali yang masih baru masih biasa dituntun dia..."

For the dormitory room is well known since we have a mobility orientation mastering at the early stage, except those who cannot we guide them

(HI, 21 years)

This is in line with research that states that the orientation mobility of the blind will be mastered if these places have been oriented to him and was familiar with the environmental conditions in its path. If, not the counterpart

to the more controlled an important part to help the orientation mobility disabilities [22].

3.10 Mental Block

Visually impaired mental block divided into two imprint and misunderstanding. If the imprint is good experience or receive social support is good then good also the concepts themselves and their interactions with others, and vice versa. This is in line with research that states there is a very significant positive relationship between social support and self-concept and confidence in blind people [23]. Misunderstanding e.g., blind feel insecure and shy when meeting new people because of fear brought low, keep your distance, and get to know people "sighted" because it requires help. This is consistent with research that suggests that there is some picture of the nature of such blind children are in doubt, low self-esteem, and suspicious of others [24]. While Sommer said that blind people tend to have traits of excessive fear, avoiding social contact, defend themselves and blaming others [25].

Here are excerpts of interviews saying that the blind feel insecure when meeting new people. So take the liveliness scolds courtesies of new people to break the ice:

"...Malu-malu ka karena belum kenal. Jadi harus ditegur duluan ka, malu-malu ka juga bertanya kalau sama orang baru..."

I feel shy because do not know each other, so they have to say hello first and I also feel shy to ask other.

(RA, 20 years)

3.11 The concept of Health Education Personal Hygiene

Special education is designed according to the needs of visually impaired blind with fun and creative models for the visually impaired. The concept of education that is designed for the visually impaired using methods lecture, discussion / question and answer, demonstration, counseling, and simulation. Media design education in the form of booklets alert, braille, and electronics. This is in line with Unicef disabilities stating that education can help the development of disability. How to develop a disability through the stimulation of creative learning process [26].

4. Conclusions

Based on the results of research conducted for the visually impaired in Makassar YAPTI can be concluded that the driving factor is more dominant than the factor of retention within the blind to adopt health education. Visual impairment requires special education appropriate to their needs to improve his knowledge. Education given to the Blind uses lectures, discussion / question and answer, demonstration, counseling, and simulation. Media design education in the form of booklets alert, Braille, and electronics. Because of the lack of health services for the blind in the dorm, so recommended for clinical counseling with the concept of accessibility for the visually impaired as well as the findings of this study.

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