Effectiveness of an Intervention Package on Life Skill Education among Children with Specific Chronic Illness

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Abstract

Life skill education develops young people's capacity o engage in positive behaviours that nurture their own well-being, set personal goals, and grow successfully as self-sufficient adults. The life skills education of children helps develop a concept of oneself as a person of worth and dignity. In the present study 28 Government high school children of 8 and 9 standard of both genders in the age group 13-15 with asthma and epilepsy were selected for the study. Once the children and parents expressed the interest in taking part in the study, home visit and school visits were conducted to collect information from the parents. In-depth interview and FGD (Focus Group Discussion) were conducted for children, parents and teachers to obtain the information as complete as possible on the participants' past and current illness and its management. The results were classified under four themes 'perception on children with chronic illnesses', 'first aid management in the school', 'Safety and security during first aid management' and 'Peer group support'. FGD with parents arrived with three themes were 'Perception on children with specific chronic illness', 'First aid management in the school' and 'Peer group support'. In-depth interview with class teacher: 50 percent teachers were ready to give care for children but 50 percent of the teachers stated that they have no time to give special care besides some risky involved in providing care. There was no special system of education for the children with chronic illness.

Key words: Intervention package, Life Skill Education, Specific chronic illness

All children are likely to have different health problems during infancy and adulthood, but in most cases, these problems are mild, they come and go without interfering with their life and development. But for some children, chronic health problem affect everyday life throughout their childhood. Children with chronic illness are less likely to clear high school, attend college or graduate from college. As the world faces a massive increase in the level of death and disability resulting from chronic disease, there is an urgent need for nurses everywhere to stay proactively engaged in the community to address the issue of chronic illnesses and disability among children.

Objectives

The study was set out to evaluate the effectiveness of an intervention package on Life Skill Education among children with specific chronic illnesses.

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Need of the study: Living with a long lasting health condition viz. a chronic illness presents a person with new challenges. Understanding the condition, and taking relevant steps to manage it, can help. The life skills of children are essentially those abilities that help promote mental wellbeing and competence in young people as they face the realities of life. Life skills are content areas in education that directly prepare a child to function in a real world. Parents recognise that independence and confidence are the pillars of leadership. Hence all look at some very fundamental new learning skills for children that will allow them confront the world on their own and with confidence. The child's education must go beyond what he or she learns in school. In order to learn, a child must be taught at school and home through experiences and training exercises. Only few studies have correlated Life skill education to chronic illnesses, hence this study was undertaken.

Review of Literature

Life skills empower young people to take positive action to protect them and promote health and positive social relationships. These skills direct-

ly prepare a young person to function in the real world (Janet 2012). Health attitudes and beliefs vary with age and illness experiences. Health care professionals should be aware of the tendency of young children and children with chronic illness as the children's families rely heavily on care providers decisions. Delivering quality, serving communities, nurses leading chronic care was the theme of the international nurses' day in the year 2010 (Janet, 2010).

School-aged children and adolescents affected by non-communicable diseases (NCD) require access to quality care, treatment, and support to effectively manage their diseases growing to adulthood. Strengthening research and the capacity of countries, especially low- and middle- income countries, for early screening, risk education and management of disease are crucial for NCD prevention and control. General well-being and health literacy are highly correlated, and have implications for the understanding one's health condition, treatment adherence, and transitioning to self-care, which is especially important for children with complex and/or chronic illness (Jain, 2022).

Methodology

Research approach: Qualitative research approach was used for this study. Qualitative methods of focus group discussions, in-depth interviews and informal conversational interview were carried out with study children, their parents and class teachers after obtaining written consent. For taking photo and video recording process consent was obtained.

Study setting: The study was carried out among the children selected from 28 Government high schools in the revenue District of Coimbatore (TN).

Study design: Focus group design (FGD) was used for this study to investigate the children with chronic illness to view about their illness, first aid measures in school, how to enhance school first aid facilities and the criteria of selecting people for first aid management group.

Study sample: Number of consented children with chronic illness (asthmatic and epileptics) studying in 8 and 9 standard was 1491. Parents of the above mentioned children inclusive of both father and mother were the study subjects. The class teachers of the children with specific chronic illness were teaching in the selected Government high schools at Coimbatore. The peer group consisted of the classmates of the study children.

Qualitative data from 15 FGDs with parents and 17 with sample children were collected, 28 and 48 in-depth interviews with peer groups studied in 8 and 9 standard respectively, was conducted. The process was stopped as information with this number was redundant.

Sampling technique: Non-probability purposive sampling method was used in the study.

Inclusion Criteria

- The children who attended the Government high schools in Coimbatore district.
- Children suffering from asthma and epilepsy, and have been under treatment for minimum period of six months.
- Both male and female children studying in 8 and 9 standard.
- The children who were willing to participate for the study.
- Parents who had given consent for the study.

Exclusion Criteria

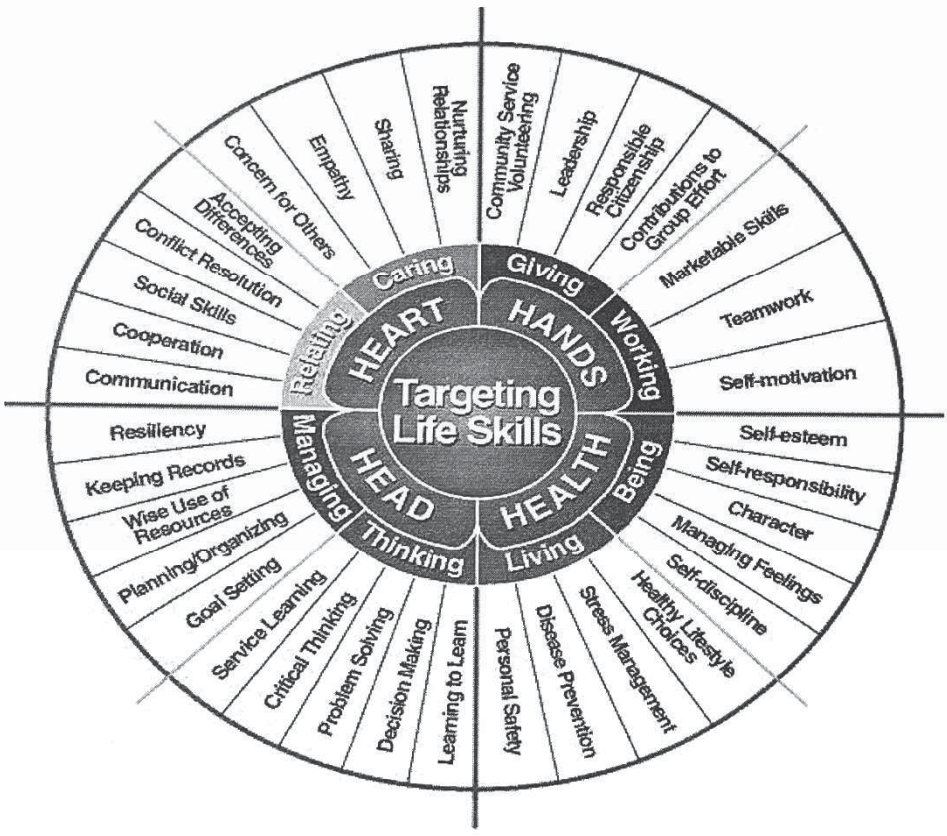

Figure 1: Targets of life skills

(Source: Janet J. Need for life skills intervention for adolescents. Nightingale Nursing Times 2010; 6(7): 48-51

- Mental illness and physically handicapped children.
- Children who suffer from illness apart epilepsy, asthma.
- The children who are staying in the hostel.

Data collection: Triangulation method used for this study to collect data from specifically chronic ill children, their parents, their class teachers and their peer group. Minimum of 3-month time was used in each school.

Instrument: An FGD guide for parents and children and in-depth interview guide for class teachers and peer group were used. The FGD guide and in-depth interview guide included the following broad elements:

- Perspective on chronic illness
- First aid management in school
- Safety and security during first aid management
- Peer group support.

Procedure: After brief introduction, the purpose and scope of the discussion was explained. Participants were asked to introduce them. The facilitator made familiarity of the topic. Participants are contacted in advance, two weeks before the session. The discussion structured around the key themes using the probe questions prepared in advance. All participants were given the opportunity to participate. Variety of moderating tactics facilitated the group. During FGD and in-depth interview, immediate debriefing after each focus group with the facilitator as well as note taker and debriefing notes were made. Debriefing notes included comments about the focus group process and the significance of data. Listened to the video recorder and verbatim transcribed the content of the voice recorder. Checked the content of the video with the observer noting considering any non-verbal behaviour. The benefit of transcription and checking the contents with the observer was picking the parts of words, non-verbal communications, gestures and behaviour. There were five key stages used for FGD: familiarisation, identifying the thematic framework, indexing, charting, mapping & interpretation. Socio gram was drawn for study children and parents of the children with help of note taker.

Intervention: Intervention package given to the children with specifically chronic ill children (8 and 9 standard school children with asthma and epilepsy) given by lecturing, demonstration, games, storytelling, life experiences, lecture-cum-discussion, lecture demonstration, practice session on life skills, health education with flash cards, peer group discussion, FGD with parents and children with chronic illness, issued booklet on life skills for the children, booklets on first aid management for class teachers and finally a documentary showing seven life skills with help of LCD projector. It is of 1 hour, 10 minutes and 30 seconds, prepared by the researcher. Intervention package on life skill education was prepared with the content of seven life skills namely health management skill, education planning skill, emergency and safety skill, interpersonal skill, self-care management skill, cognitive skill and emotional coping skill. The whole package of life skill consisting of seven components was handled separately.

Results and Discussion

Most of the students were girls (95%) and boys were few (5%); age group was 13 to 15 years. Most of the parents who participated were fathers (95%) and mothers were few (5%) with age between 35 to 45 years. The themes from the focus group as perceived by parents were “Perception on children with specific chronic illness”, "First aid management in the school”, and “Peer group support”. The qualitative analysis led to the emergence of four themes: “Perception on children with chronic illnesses”, “First aid management in the school”, “Safety and security during first aid management” and “Peer group support”.

Theme I: Perception on children with chronic illnesses

In the focus group discussion participants described the difficulties experienced in the beginning of schooling, worry about the wrong information and lies to the friends, teachers and peer group regarding illness as well as first aid management in school. Almost all of the children with specific illness in the focus group sessions felt their stress reduced after the life skill training.

Theme II: First aid management in the school

All the participants reported improvement in the first aid management facilities in schools and trained peer group or teachers can have trained to do first aid measures inside school premises if asthmatic or epileptic attack happens.

Theme III: Safety and security during first aid management

The participants expressed that safety and security during first aid management is recognised as a precaution and preparation to develop comfort and provide privacy for the treatment.

Theme IV: Peer group support

The participants including specific chronic ill children, their parents, teachers and peer group reported that the students with attitude of helping others are merciful and kind enough to help the sick students. This kind of students can be selected as first aid giver.

In-depth interview with class teacher: Half (50%) of teachers were ready to give care for children but the other half (50%) of the teachers stated that they have no time to give special care and some risks are involved in providing care.

In-depth interview with peer group: Majority of the children were ready to give first aid management for their friends. But fear of parents and teachers and lack of knowledge itself is not possible to provide care. Among students there were social stigma about chronic illness. The differing data were collected by different methodological triangulation.

Recommendations

1. School-based clinics should be started in all the schools in India.
2. Full time School Health Nurse, at least one in each school, based on the numbers of the students with all clinical facilities in all schools is desirable.
3. The teachers and peer group must be trained by Nurse trainers about first aid management at school.
4. One emergency 'School ambulance' should be readily available in all schools.
5. 'Specific Therapeutic play therapy' and 'Recreation therapy' for children with chronic illness in school must be given by trained professionals.
6. Child Nurse in every school is the need of our age. Volunteer children can be trained in providing care for other children with chronic illness.

Ethical Consideration: Ethical permission was obtained from IRB, Government District Chief Educational Officer, Coimbatore; permission from head master/headmistress of the respective schools was also obtained for the study.

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Conclusion

The intervention package on life skill is an effective method for managing asthmatic and epileptic children and helping their overall development mainly in academics and health. Improving preventive endeavours for chronic illness or conducting awareness campaign for school children by life skill intervention package may be appropriate strategy to mitigate the gravity of the chronically ill children. Its use should be investigated in future research. The intervention package on life skill for children with chronic illness should administered by the Nurses as an innovative method.

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