106 - QUALITY OF LIFE IN VISUALLY IMPAIRED ADULTS

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INTRODUCTION

The idea of inclusion is a very contemporary social manifestation that has been defended and disseminated among various sectors of society. However, we live in times of great innovations, of many special effects, where the visual is highly prioritized. Being so, the sense of sight is highly required. Many times those who do not posses it may feel unable to fully participate of social activities.

The sense of sight is the greatest promoter of the integration of the individual in motor, perceptual, and mental activities and its loss may cause major alterations, diminishing their capacity for social adaptation. (BITTENCOURT; HOEHNE, 2006)

The quality of life covers many factors, as stated by the World Health Organization: “the perception of the individual of their position in life, inside the context of the culture and the system of values they live in and in relation to their objectives, expectations, standards, and perceptions." (BITTENCOURT; HOEHNE, 2006). Being so, quality of life means the way they live, feel, and understand their everyday life, involving aspects related to health, education, transportation, housing, work, and the participation in decisions that concern them and determine their integration with the world. (GONCALVES;VILARTA, 2004)

In this sense it has been growing in importance as a method of evaluation for interventions in the area of health, in a way to contribute in the field of health promotion. In this sense, the physical activities may contribute to this evolving process, strenghtening self-esteem and self-image. Besides, in a more concrete dimension, it decisely contributes to higher levels of physical mobility and autonomy. These benefits reflect on the working relationships, love life, and in the resolution of the poblems that appear during the course of life. This way, having a more active life means aspects such as health condition, longevity, satisfaction at work, family relationships, and disposition for life.

CRÓSetal,(2006), believe that sports for the visual impaired may come to be understood as a phenomenon, sociocultural of multiple possibilities, which social dimensions may include education, leisure, and performance, and which main references are, respectively, training, participation, and performance.

Considering the above, rehabilitiation programs are essential in health promotion so the blind or low-sighted people may develop and have actual participation in society. This study has as its objective to evaluate the quality of life of visually impaired adults through the WHOQOL-bref instrument.

METHOD

The investigation was characterized by quantitative approach of descriptive nature, with visually impaired people of an Association for the Visually Impaired in a city of Vale do Rio do Sinos/RS area. The population studied covered a sample of 14 visually impaired people who accepted to participate of the study. The criterion for inclusion was to regularly attend the association and sign the given consent terms.

For the collection of the data the questionnaire developed by the Quality of Life Group from the World Health Organization, the WHOQOL-bref, was used, made of 24 questions including the domains: physical, psychological, social relationships, environment, and two general questions. From the application of the questionnaire of quality of life, a collection of data was made about the characteristics of the participants related to age, gender, marital status, type of impairment, main cause, if physical activities were practiced, type of physical acitivity practiced, as well as the reason why practicing the physical activity or not.

For the analysis of the data, the descriptive statistics was used in order to present the results through the absolute (n) and relative (%) frequency distributions, as well as the arithmetical means and their respective standard deviation.

RESULTS

Below, in Table 01, the profile for the study participants is described, involving the characteristcs of a sample of 14 Visually Impaired persons, ranging in age from 22 to 74 years old (average = 49,3 ± 13,4 years old), represented as 71,4% male and 28,6% female.

Table 01 – Profile of participantes (n = 14).

Variable	Categories	n	%
Gender	Male	10	71,4
	Female	4	28,6
Marital status	Married	6	42,9
	Single	5	35,7
	Divorced	2	14,3
	Widowed	1	7,1
Aging group	22 to 44 years old	4	28,6
	45 to 59 years old	7	50,0
	60 years old or above	3	21,4
Impairment	Blind	10	71,4
	Low sighted	4	28,6
Type of impairment	Acquired	10	71,4
	Congenital	4	28,6
Cause of impairment	Retinal detachment	2	14,3
	Glaucoma	2	14,3
	Retinal infection	2	14,3
	Retinal burn	2	14,3

	Degenerative related to age	1	7,1
	Cataract	1	7,1
	Fall	1	7,1
	Diabetes	1	7,1
	Toxoplasmosis	1	7,1
	Tumor	1	7,1
Practice of Physical Activity (PA)	No	9	64,3
	Yes	5	35,7
Type of PA	Walk	3	60,0
Basis (n = 5, yes)	Water aerobics	1	20,0
	Weightlifiting	1 1	20,0

Source: developed by the author

Regarding these characteristics, it may be emphasized the type and cause of impairment, showing 71,4% blind people and 28,6% low-sighted people, being 71,4% of the acquired type and 28,6% of the congenital type. The most mentioned causes of impairment were: retinal detachment, glaucoma, retinal infection, and retinal burn, respectively represented as 14,3%. The other cases, equally distributed in 7,1%, were: degenerative related to age, cataract, fall and diabetes.

Recent data from the World Health Organization, appointed by Paranhos Jr. (2009), show that glaucoma is the second cause for blindness in the world (12,3%), behind cataract with 47,8%. An estimative indicates that there will be 60.5 million people with open-angle and closed-angle glaucoma in 2010, with an increase in numbers to 79.6 million in 2020.

Regarding the practice of physical activities 64,3% of the interviewed do not practice any physical activities and 35,7% do, and out of these 60% walk, followed by weightlifting and water aerobics with 20% each.

In this perspective, it is observed the need to promote physical activitiy and sports programs in the sense of privileging the relationship and integration of the visually impaired with the environment and society. Based on this, authors such as Gorgatti and Costa (2005), Diehl (2008) state that the benefits physical activities may promote are undeniable, especially in psychosocial aspects, highlighting visible improvement in self-esteem, development in self-image, sense of cooperation, better acceptance of the impairment condition, better interaction with people, gaining self-confidence and independence. In the motor aspects they start to have higher confidence to go out alone when they need to perform their everyday life tasks.

Chart 01 – Importance of Physical Activity for those who practice it (n = 5 cases)

Importance of PA	Nb. cit. (rang 1)	Freq.	Nb. cit. (rang 2)	Freq.	Nb. cit. (rang 3)	Freq.	Nb. cit. (somme)	Freq.
Friendship	2	40,00%	0	0,00%	0	0,00%	2 (1,00)	13,30%
Well being	2	40,00%	0	0,00%	0	0,00%	2 (1,00)	13,30%
Leisure	1	20,00%	1	20,00%	0	0,00%	2 (1,50)	13,30%
Others	0	0,00%	0	0,00%	1	20,00%	1 (3,00)	6,70%
Aesthetics	0	0,00%	1	20,00%	0	0,00%	1 (2,00)	6,70%
Health	0	0,00%	3	60,00%	2	40,00%	5 (2,40)	33,30%
Medical advice	0	0,00%	0	0,00%	2	40,00%	2 (3,00)	13,30%
Total	5		5		5		15	100,00%

Source: developed by the author

Assuming that the Physical Activity contributes for a better Quality of Life and that the Physical Activity is according to Hoffman and Harris (2004) “an intentional movement made to reach an identifiable objective.” In this sense it is considered important to highlight the study of Garcia et al (2009), for we see that 27,5% of the adults relate importance of health in first place, second well being with 22% regarding the practice of physical activities.

The authors still state that the feelng of well being is very important for the community in its perception of what quality of life is and that there is the appreciation regarding health. In the same way, they highlight the personal fulfilment towards friendships and the presence and role of the physical education professional in the performance of this context.

Table 02 – Reasons for not practicing physical activities (n = 9).

	n	%
Others	5	55,6
Financial situation	3	33,3
Lack of time	1	11,1

Source: developed by the author

According to what was described in Table 02, it was verified that the self indulgence and transportation problems are factors that hinder the visually impaired from getting involved in physical activities, representing 55,6% of the cases, such as others. Another aspect that deserves attention is related to the financial situation, shown as 33,3%.

In this perspective, it is considered very important to emphasize that the transportation conditions, the lack of specialized physical activities as well as a place with specific activities for the visually impaired, is due to the lack of interest by the institutions and trained professionals to provide such activities.

Table 03 – Descriptive statistics of the domains of Quality of Life (n = 14).

	Minimum	Maximum	Average	Standard Deviation
Physical	42,9	82,1	63,5	10,6
Psychological	50,0	91,7	71,4	13,4
Social	33,3	91,7	66,1	15,2
Environmental	40,6	81,3	58,5	11,6

Source: developed by the author

Table 03 shows the results related to the domains of quality of life. In this field it is observed the predominance of the psychological domain with 71,4%, followed by the social domain with 66,1%, the physical and environmental ones with 63,5% and 58,5% respectively.

Despite many studies about Quality of Life of the visually impaired, blind and low-sighted, there is in literature few investigations that focus on quality of life and the participation in physical activities. In this study, the generic WHOQOL–Bref instrument was used to statistically evaluate the quality of life, that comes to prove in a statistcal way, in the comparison of the domains of quality of life, that the practice of physical activity did not point to a significant difference. Possibly, there are other factors influencing this result.

Based on these findings Araujo; Araujo (2000), shows that when we broaden the effects of a physically active life beyond health matters and we place the effects of the properly done exercises, as an indispensable factor for the improvement of Quality of Life of a certain individual, then we assume that someone physically inactive and sedentary does not have good Quality of Life. However, the classification of a good or bad Quality of Life is directly related to the way an individual understands the meaning of life.

In this sense, it is considered important to evidence the statement of Minayo, Hartz and Buss (2000), contextualizing the quality of life as an evidently human notion, that has been related to the level of satisfaction found in family, love, social and environmenal life, and the very existential aesthetics. It assumes the capacity to create a cultural synthesis of all the elements that a certain society considers as its comfort and well being standards. The term covers many meanings that reflect individual and collective knowledge, experiences and values that report to it in different times, spaces, and histories, thus being a social construction with the pattern of cultural relativity.

CONCLUSION

Facing the findings, the Quality of Life of the study subjects was rated as good, a fact that may be related to the context in where the visually impaired is inserted, for they effectively participate of several activities provided by the association they attend. However, the results presented show a lower perception of the quality of life in the environmental and physical domains. In relation to these conditions the people lack public political policies for the improvement of environmental conditions that include physical safety and transportation conditions, as well as access to health services, showing a lack for programs that involve prevention and rehabilitation activities of individuals with special needs.

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QUALITY OF LIFE IN VISUALLY IMPAIRED ADULTS

ABSTRACT:

The present study sought to evaluate the quality of life of visually impaired adults through the WHOQOL-bref instrument. It also sought to identify aging group, gender, and nature of impairment, as well as being acquainted with the reasons for the practice of physical activities and the importance given to it. The sample covers 14 subjects who attend an association for the visually impaired in a city in Vale do Sinos/RS area. For the analysis of the data the use of descriptive statistics was done through the absolute (n) and relative (%) frequency contributions, minimum and maximum values, arithmetical means, and

standard deviation. The results found in the research characterize the sample as ranging in age from 22 to 74 years old (average = 49,3 ± 13,4 years old), represented as 71,4% male and 28,6% female; married 42,9%, single 35,7%; 71,4% blind people and 28,6% low sighted; 71,4% of acquired impairment and 28,6% congenital impairment; retinal detachment, glaucoma, retinal infection and retinal burn, respectively represented with 14,3%. The other cases, equally distributed in 7,1%, were: degenerative related to aging, cataract, fall and diabetes. It was observed that in the results related to Quality of Life there is a predominance of the psychological domain with 71,4%, followed by the social domain with 66,1%, the physical and environmental domains with 63,5% and 58,5% respectively. Considering the exposed results in comparison with the averages related to gender, it is observed that women show better results in physical domain in relation to men. Regarding the variables aging group, type of impairment, and practice of physical activities there are no significant differences. Facing the results, it is observed that the Quality of Life of the study subjects was rated as good, a fact that may be related to the context in where the visually impaired is inserted, for they effectively participate of several activities provided by the association they attend.

KEY WORDS: Visual impairment, quality of life, physical activity.

QUALITÉ DE VIE CHEZ DES ADULTES DÉFICIENTSVISUELS

RÉSUMÉ

Cette étude a pour objectif l'évaluation de la qualité de vie d'adultes déficients visuels à partir de l'instrument WHOQOL-bref. En plus d'identifier l'âge, le sexe des personnes concernées ainsi que la nature de la déficience, elle tente de déterminer les intérêts liés à la pratique d'une activité physique et l'importance qui lui est attribuée. L'échantillon est constitué de 14 sujets fréquentant une association pour déficients visuels d'une ville de la région du Vale do Sinos (sud du Brésil). L'analyse des données se base sur la statistique descriptive à travers les notions de fréquences absolues (n) et relatives (%), valeurs minimales et maximales, moyennes arithmétiques et écarts types. Âgés de 22 à 74 ans (moyenne = 49,3 ± 13,4 ans), les sujets sont majoritairement de sexe masculin (71,4 %, contre 28,6 % de sexe féminin) ; 42,9 % sont mariés et 35,7 % célibataires ; 71,4 % sont aveugles et 28,6 % présentent une faible vision. La nature de la déficience est acquise pour 71,4 % des cas et congénitale pour 28,6 % ; déplacement de la rétine, glaucome, infection rétinienne et brûlure de la rétine représentent respectivement 14,3 %. Les autres cas, distribués de manière égale à hauteur de 7,1 % sont : déficience dégénérative liée à l'âge, cataracte, chute et diabètes. En matière de Qualité de Vie, les résultats ont montré une prédominance du domaine de la santé psychologique (71,4 %), suivi de celui des relations sociales (66,1 %), de la santé physique (63,5 %) et enfin de l'environnement (58,5 %). Par rapport aux moyennes et au sexe, les femmes ont présenté un meilleur résultat que les hommes dans le domaine de la santé physique. En termes d'âge, de type de déficience et de pratique d'une activité physique, aucune différence signiticative n'a été observée. Dans l'ensemble, les sujets de l'étude évaluent positivement la Qualité de Vie, une donnée qui peut être expliquée par le fait qu'ils sont insérés dans un contexte associatif et participent de manière effective aux activités proposées.

MOTS-CLÉS : déficience visuelle, qualité de vie, activité physique.

CALIDAD DE VIDA EN ADULTOS DEFICIENTES VISUALES

RESUMEN

El presente estudio buscó evaluar la calidad de vida de adultos deficientes visuales, a través del instrumento WHOQOL-bref. Se buscó, también, identificar la faja etaria, sexo y naturaleza de la deficiencia, bien como conocer los motivos para la práctica de actividad física e importancia atribuida a ella. La muestra fue constituida por 14 sujetos que frecuentan una asociación para deficientes visuales en un municipio de la región del Vale do Sinos/RS. Para el análisis de los datos se utilizó la estadística descriptiva a través de las contribuciones de frecuencia absoluta (n) y relativas (%), valores mínimos y máximos, medias aritméticas y desvíos-padrón. Los resultados encontrados en la investigación caracterizan la muestra con variación de edad de 22 a 74 años (media = 49,3 ± 13,4 años), representados con 71,4% del sexo masculino y 28,6% del sexo femenino; casados 42,9%, solteros con 35,7%; 71,4% personas ciegas y 28,6% con baja visión; 71,4% del tipo adquirida y 28,6% congénita; dislocamiento de la retina, glaucoma, infección de la retina y quema de la retina, respectivamente representados con 14,3%. Los demás casos, distribuidos igualmente con 7,1%, fueron: degenerativo relativo a la edad, catarata, caída y diabetes. Se observó que en los resultados relativos a la Calidad de Vida hay una predominancia del dominio psicológico con 71,4%, seguido del dominio social con 66,1%, el dominio físico y ambiental con 63,5% y 58,5% respectivamente. Considerando los resultados expuestos, en la comparación en relación a sexo, se observa que las mujeres presentaron mejor resultado en el dominio físico en relación a los hombres. En relación a las variables faja etaria, tipo de deficiencia y la práctica de la actividad física no hay diferencias significativas. Frente a los resultados, se percibe que la calidad de Vida de los sujetos del estudio fue clasificada como buena, hecho que puede estar relacionado al contexto en que el deficiente visual está inserido, visto que participan efectivamente de diversas actividades proporcionadas por la asociación que frecuentan.

PALABRAS CLAVES: Deficiencia visual, calidad de vida, actividad física.

QUALIDADE DE VIDA EM ADULTOS DEFICIENTES VISUAIS

RESUMO:

O presente estudo buscou avaliar a qualidade de vida de adultos deficientes visuais, através do instrumento WHOQOL-bref. Procurou-se ainda identificar a faixa etária, sexo e natureza da deficiência, bem como conhecer os motivos para a prática de atividade física e importância atribuída a ela. A amostra foi constituída de 14 sujeitos que frequentam uma associação para deficientes visuais em um município da região do Vale do Sinos/RS. Para a analise dos dados utilizou-se a estatística descritiva através das contribuições de freqüência absoluta (n) e relativas (%), valores mínimos e máximos, médias aritméticas e desvios-padrão. Os resultados encontrados na pesquisa caracterizam a amostra com variação de idade de 22 a 74 anos (média = 49,3 ± 13,4 anos), representados com 71,4% do sexo masculino e 28,6% do sexo feminino; casados 42,9%, solteiros com 35,7%; 71,4% pessoas cegas e 28,6% com baixa visão; 71,4% do tipo adquirida e 28,6% congênita; deslocamento da retina, glaucoma, infecção da retina e queima da retina, respectivamente representados com 14,3%. Os demais casos, distribuídos igualmente com 7,1%, foram: degenerativo relativo a idade, catarata, queda e diabetes. Observou-se que os resultados relativos a Qualidade de Vida há uma predominância do domínio psicológico com 71,4%, seguido do domínio social com 66,1%, o domínio físico e ambiental com 63,5% e 58,5% respectivamente. Considerando os resultados expostos na comparação das medianas em relação a sexo, observa-se que as mulheres apresentarem melhor resultado no domínio físico em relação aos homens. Em relação as variáveis faixa etária, tipo de deficiência e a pratica da atividade física não há diferenças significativas. Diante dos resultados, percebe-se que a qualidade de Vida dos sujeitos do estudo foi classificada como boa, fato que pode estar relacionado ao contexto em que o deficiente visual está inserido, visto que participam efetivamente de diversas atividades proporcionadas pela associação.

PALAVRAS CHAVES: Deficiência visual, qualidade de vida, atividade física.