Knowledge and Health Practices of Leprosy Patients

A Study to Assess the Knowledge and Health Practices of Leprosy Patients, conducted at Sivananda Rehabilitation Home, Hyderabad, Andhra Pradesh.

* A. Gnana Laxmi, ** K. Drakshayane Devi, and *** Dr. M. Prakasamma.

Leprosy is a chronic infectious disease caused by Mycobacterium Leprae and mainly affects the peripheral nerves. Leprosy holds a unique position among communicable diseases because of the incidence of deformity. Physical disability, social stigma and ostracizm. Leprosy has been known in India since ancient times as 'Kushta roga'. The disease was thought to be a punishment or curse of God. Leprosy is a social and public health problem in India because one third of the World's Leprosy patients are present in India.

Leprosy causes disfigurement and cripples a person causing social unsettlement in his/her life. Hence the patients resort to begging and vagabondism. So far the studies conducted in this field were limited only to the out-patient departments of Hospitals. Hence this study was undertaken at Sivananda Rehabilitation Home, Hyderabad, Andhra Pradesh with the following objectives:-

- To assess the knowledge and Health practices of Leprosy patients regarding their disease condition.
- To analyse the relationship between knowledge and Health Practices and Health Practices and deformity of the Leprosy clients.

Materials and Methods

A descriptive survey was carried out at Sivananda Rehabilitation Home, Hyderabad, Andhra Pradesh. Systematic sampling method was used to select altogether 50 leprosy patients equally distributed between both the sexes. An interview schedule and a W.H.O. disability grading scale were used for data collection.

Discussion:

Sample Characteristics:- Majority of the respondents were in the age group of 36-45 years, 92% of female respondents were illiterates, 40% of the male respondents and 2.0% of the female respondents have been suffering from the disease for more than 21 years, 12% of male Leprosy patients had been staying in the Rehabilitation Home for more than 21 years.

Cause and mode of transmission:- As per Table - I, out of 50 Leprosy patients, 30% believed that leprosy was caused by God. Only 4% were aware that the disease was caused by Germs. From the above findings it can be inferred that the stay in a Rehabilitation Home has little effect on the knowledge of Leprosy patients regarding the cause as supported by another study conducted in the leprosy clinics of Nigeria. Where the response for the same was only 3.1% (Reddy & Satpathy, 1983).

Regarding the mode of transmission 4% were aware that leprosy spreads

1. Assessment of Leprosy Patients' Knowledge regarding Leprosy

Table I

Percentage Distribution of Leprosy Patients' Knowledge regarding Leprosy

Item	Response	%age
Cause	God	30
	Germs	4
	Karma	6
	Sin	2
Mode of Transmission	Droplet Infection	4
	Contact with infectious patient	10
Signs and Symptoms	Hypopigmented patches	18
	Anesthesia in the affected area	48
	Presence of thickened nerves	30
	Presence of acid-fast Bacilli in the smear	2
Diagnosis	Pin Test	40
	Smear Test	54
Treatment	Effective drugs are available to cure Leprosy completely	94
	'Dapsone' is the drug used in the treatment of Leprosy	80
	Leprosy is curable	58
Cause of Deformities	Negligence in starting treatment	30
	Interruption in the treatment	34
Measures to Control Leprosy	Regular treatment & health Education	48
	Regular treatment, Health Education + Social Support	14

* Asst. Prof., College of Home Sciences, Bapatala.
** Lecturer in college of nursing, Hyderabad.
*** Lecturer in college of Nursing, Hyderabad.

through droplet infection whereas 10% of the patients stated it was due to contact with infectious leprosy patient. That physical contact causes leprosy, is common belief among the public. In the study of sen & Deshmukh (1959), 17.28% of Patients were aware of the physical contact as mode of tranmission in leprosy.

Signs and Symptoms and Diagnosis:- The present study showed that 98% of clients possessed correct knowledge about the signs and symtoms of leprosy. This could be due to the fact that 60% of leprosy patients had been suffering from the disease for more than 21 years. Due to this long stay in the Home and due to mixing with other patients there were more chances for them to know about the signs and symptoms of disease. Moreover, the signs of leprosy can easily visualised in themselves and others.

Knowledge about the methods used in the diagnosis of leprosy among selected leprosy patients was found to be high; as 40% of them were able to tell about Pin Test and 54% of them about Smear Test. The reason for this increased awareness about the methods used in diagnosis could be attributed to their regular visits to the follow-up clinics.

Treatment of Leprosy:- Table - I depicts that 94% of leprosy patients knew that effective drugs were available to cure leprosy completely and 80% were able to mention Tablet Dapsone as the Drug used in the treatment of leprosy. Knowledge about drugs may be high because most of the leprosy patients being treated for more than ten years and so knew very well the names of drugs and the inside effects. In the present study only 58% of the leprosy patients knew that leprosy is curable. Whereas in another study conducted by Fernandes and Panjwani (1984) at a large engineering organisation the response for the same was 83%.

Deformities:- It can be inferred from Table - I, that knowledge regarding the cause of deformities was identified by 30% of clients' negligence in starting treatment and 34% of them as interruption in treatment. Most of the leprosy patients knew that regular treatment, i.e. Physiotherapy and reconstructive surgery would correct the deformities.

Measures to control leprosy:- From the Table - I, 48% of the leprosy patients suggested regular treatment and health education as measures to control leprosy and 14% of them emphatically suggested social support in addition to regular treatment and health education.

When asked about the most distressing factor about leprosy, all the patients in the present study revealed that the social isolation they had faced after the confirmation of leprosy was far more painful than having the disease itself. Whereas 64.1% of leprosy patients revealed similar feeling in the study conducted by Marshall in 1966.

II. Assessment of Leprosy Patients' Health Practices

Leprosy patients' living in Sivananda Rehabilitation Home were practising health practices in order to maintain health and prevent further complications. The following table gives a resume of the findings.

Table - II

Percentage Distribution of Leprosy Patients Health Practices

S #	Area	% age
1.	Diet	100.00
2.	Care of feet	88.00
3.	Precautions while walking	86.00
4.	Care of Hands	77.66
5.	Care of Nose	76.00

It is interesting to note that the entire sample had no diet prejudices and restrictions probably because the diet was invariably provided by the Home.

It can be seen from the Table - II, that maximum care next to diet being given to feet. Health practices for feet include wearing rubber shoes made of microcellular rubber to prevent further complications. But the patients expressed unwillingness to wear these shoes out doors for fear of being recognised as leprosy patients which hindred their outside work.

It was found that 77.66% of leprosy patients were taking regular care of their hands which shows their realisation of the importance of hands in their life and their work. Table - II also reveals that 76% of patients were taking care of their nose regularly, may be because people would easily recognise them as leprosy patients by seeing the deformity of nose. Only 64.44% of leprosy patients were taking care of their eyes.

Some health practices like using protective devices such as gloves, wooden handles for hands, protective shoes for feet could not be followed because these were not supplied by the Home.

III. Relationship between knowledge and Health Practices

The present study shows that there is low positive (r=0.38) relationship between knowledge and health practices of the selected leprosy patients. It appears that a high knowledge regarding leprosy did not mean that better health practices would be followed.

IV. Relationship between Health practices and deformities

The present study also shows that there was a negative Relationship (R= -0.02) between the health practices and the deformities present in the selected leprosy patients. This may be due to the opinion of the leprosy patients that as they had already developed deformities, it was a waste