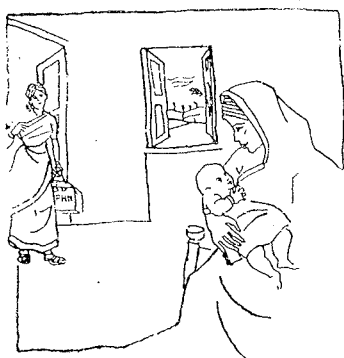




Intensive Health Education Programme on Leprosy

by

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IN olden days leprosy was considered to be caused because of one's past sins or due to some divine curse. As a result of much research work on the disease, it has been found out to be caused by germs. In spite of that, due to the deformity and disfigurement caused by leprosy, people still believe that it is caused by past sins, immoral conduct and touching the articles handled by patients with leprosy.

A small village was chosen by the Hand Research Unit of Christian Medical College Hospital to find out how the attitudes of the people towards leprosy can be changed through health education using a variety of methods and audio-visual aids. Before initiating a planned programme of health education, a survey was done to find out the existing ideas among the villagers towards leprosy. After an intensive programme of health education on leprosy for a period of three months, the same kind of survey will be repeated. Two Public Health Nurses and a Social Worker were appointed to implement the educational programme.

The small village selected for the experiment covers an area of one square mile and has a population of 1,100. Houses are built very close together. Water is supplied in the village from two common wells. People use separate ropes and buckets. There is no drainage system. The open field is used for defecation. Thus, communicable diseases are spread easily. Other than the village midwife who takes care of the domiciliary midwifery, there is also a doctor from the nearby Rural Health Centre who holds a clinic once a week in this village. For

all the major health problems, they have to visit a General Hospital eighteen miles away. No public health work has been done in this village so far. In spite of the available medical care, many people continue to use primitive methods of treating disease, such as magic and religious rites. They seek medical advice only as the last resort.

In general, people believe that leprosy is caused by past sins, immoral conduct and the anger of God. They do not know that it is caused by germs nor do they understand what germs are. They believe leprosy is spread by sexual contact with women having leprosy, walking on the excreta or sputum of leprosy patients, through flies, breathing their expired air, and by touching them or food and any other articles handled by patients with leprosy. People are hesitant to reveal the disease and so they try to get native treatment from quack doctors.

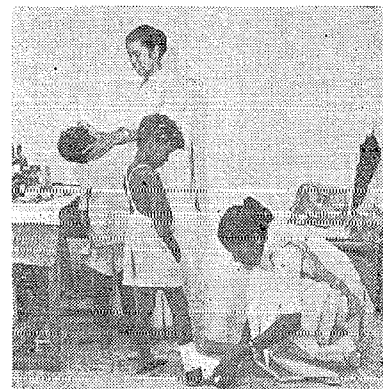


Visiting a family

First we met the Panchayat Board President and village leaders who agreed to co-operate with us and make the programme a success.

One hundred families were selected in the village for the purpose of the study. With the help of one of the villagers, house to house visits were made to get to know the people and the surroundings of the village. It took about four days for us to visit all the houses. After that we began our health education programme of visiting each house once in ten days to teach them about leprosy.

People did not welcome us at first, as they were not accustomed to having Public Health workers in the village. In the beginning we had to spend a lot of time visiting, just to get their co-operation, as leprosy is something that they don't want to talk about. In each house we began by asking them a few questions in a friendly way about themselves, their families and their work. We tried to make them conscious of the preventive aspect of disease by showing some interest in their health affairs, although our main aim was to teach about leprosy. We considered the immediate needs of the family and did incidental health teaching. During the day, the people had very little



Meeting some of the immediate needs of the family

time to listen to our talks as all of them are farmers and attended to their work in the fields early in the morning. Therefore, we had to adjust, finding out what time they are usually at home and not so busy. Non-literacy of the villagers was one of the problems which we had to face. They were not able to understand quickly and also they did not believe in the preventive aspect of illness. They felt at first that it was a waste of time to learn about leprosy. Many people thought that these talks were necessary only for leprosy patients. People were more interested in the medical care to be given. The

healthful living. Speeches, puppet dramas, dialogues and testimonials by person who had been cured of



One of the Weekly Public Meetings

leprosy were also helpful in conveying ideas to the villagers about leprosy. Towards the end of our programme, large crowds were attending to weekly public meeting compared to the beginning. One remarkable response was that the villagers themselves volunteered to act a drama on leprosy with our help, which was a great success. In the last meeting one of the villagers came forward and gave a good speech on how the teaching has brought changes in his ideas and attitudes towards leprosy.

Health talks were given in the village school twice a week on various topics in leprosy, hook-worm, well balanced diet, cholera, tuberculosis and sore eyes. It was really encouraging that the teachers and students co-operated so well and made the programme a success. Students were more receptive than adults and showed no hesitation to learn about leprosy. After each class students used to ask us questions on diet and some of the common diseases. The school programme helped a lot in changing the attitudes of the people, as the students spread the information to their families and the community.

The health education programme has brought about many concrete and definite changes in the ideas and the attitudes of people of this village towards leprosy, as well as other diseases. Now people think it is harmless talking about leprosy and they have grasped many important and useful facts about the disease. They have

learned the cause, the mode of spread, the susceptible age group, signs and symptoms, prevention and treatment of leprosy. Consciousness about the preventive aspect of all diseases, especially leprosy, has been increased considerably among the villagers. Anybody with a patch now, does not hesitate to come forward and get treatment. They realise now that leprosy is caused by germs and is completely curable. By the end of the three months, about twenty four cases of leprosy were detected and ten of them are taking treatment. They say they have no money to pay for the treatment and have no time to go to the hospital.

We can win the co-operation of the villagers only if we are sympathetic, tactful and accept them as they are. Though we had to face many problems in the beginning there were many satisfying end-results. We became welcome visitors in most of the houses and many people invited us in, to show them pictures on leprosy. Many who were strongly against us at first became our best friends and gave full co-operation. People who did not want us to enter the village are now grieving on our departure. What a remarkable change! Very encouraging and satisfying indeed! From this experience we have learned that the attitude of the people towards leprosy can be changed through a planned programme of health education implemented by trained personnel.

(Contd. from page 258)

of Psychology, University of Lucknow, Lucknow.

19. The Child Guidance Clinic, King Edward Medical College, Lucknow.
20. The Child Guidance Centre, (under Jail Dept.) Varanasi, U.P.
21. The Child Guidance Centre, Central Institute of Education, Chatra Marg, Delhi.
22. Bureau of Child & Family Guidance, Shakti Nagar, Delhi.
23. Family and Child Welfare Centre, Faiz Bazar, Delhi.
24. Delhi Mental Hygiene Clinic, Pusa Road, New Delhi.
25. The Bapu Samaj Sewa Kendra Guidance Clinic, Community Hall, Panchkuin Road, New Delhi.
26. The Child Guidance Clinic, College of Nursing, (Ministry of Health) 12 Jaswant Singh Road, New Delhi.
27. The Child Guidance Clinic, Department of Psychiatry, Willingdon Hospital, New Delhi.



Giving Health Education to the family

First-aid Clinic which we started was very helpful to get the co-operation of the people. Cases which could not be handled by us were referred to Rural Health Centre and all the possible help was rendered. Patients were followed-up in their homes to encourage them to take regular treatment. Also a few injections were given in the homes with the doctor's orders. Demonstrations like preparation of clear fluids, feeding the baby with green juice, and giving leg bath to the baby were also done in the homes.

Various audio-visual aids played an important role in our teaching programme as they are effective to attract and create interest among the non-literate village population. Flash-cards, flannel-graphs, and posters on leprosy and other diseases were used in the houses daily. Many people listened to our talks because of the colourful pictures and stories. Film shows were conducted in the village once a week on various diseases and methods of