

Christian Fellowship Community Health Centre, Ambilikkai, Tamilnadu, has its Leprosy Rehabilitation Centre established about quarter of a century ago, way back 1968. Taking care of the ulcers of anaesthetic feet and hands are the most common problems, we have to face in our project area. Of course, poor socio economic status is another obstacle in our way of rehabilitation. The vast majority of the patients are farmers or daily labourers, so care of the cured patients feet and hands are important. Even though we supply a pair of micro cellular rubber chapels to all such patients free or partially free and educate them how to prevent the ulcers of their extremities, they frequently visit our hospital with such problems. Bed rest, good food and clean dressing of ulcers are enough for their rapid healing. The well-to-do literate leprosy patients are also subjected to foot ulcers; their number is much less and recurrence is rare. Now-a-days, the number of patients coming for reconstructive surgery are few for various reasons. All correctable deformities and willing patients are already corrected by surgery. Our main rehabilitation is employment of the ex-patients. We have employed 46 cured leprosy patients in our various institutions like hospital, lathe and welding workshop, agriculture, shoemaking, and in dairy farm, etc. some of them are watchmen, security staff and ward aides.

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GENDER ISSUES IN THE SERVICE DELIVERY TO LEPROSY PATIENTS

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In the context of the recent increased awareness of gender issues, this study was taken up to discover what, if any, were the gender issues in the service delivery to leprosy patients, so that suitable solutions could be worked out.

Hospital and Leprosy Control Unit records of The Leprosy Mission, Calcutta, for 1999 were examined and gender wise statistics for Hospital attendance, new case registration at hospital, and the leprosy control unit, and hospital admissions were noted. 100 patients, 50 male and 50 female, taken randomly from OPD were interviewed and asked questions regarding the time lag before seeking treatment and the reasons for delay if any.

The total number of patients receiving MDT at the hospital was 477, of these 364 (76%) were males, and 113 (24%) females. Likewise taking the total hospital attendance figure of 6672, of which 5424 were males and 1248 females, only 19% were women. The number of women attending the hospital was 23% of the number of men attending the hospital. Significantly,

the new case registration at the leprosy control unit, where the patients are detected and started on treatment at home, showed the following figures - 404 males and 240 females, which are much closer to the expected ratio, of the number of female patients being approximately half the number of male patients. The number of women being admitted for complications of leprosy was also much lower than expected. The average delay in seeking treatment was much greater in the case of females than males. 57% of male patients consulted a doctor before 6 months while only 27% females patients did so. The reasons females gave for the delay in seeking medical help and for not being admitted when necessary were also noted.

This as a preliminary report giving us some tangible figures showing that women leprosy patients do have a more difficult time obtaining and continuing with their treatment than men have. So if we are to aim for elimination of leprosy worldwide we will have to think carefully and find some solutions for these women.

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KAP STUDY IN A TRIBAL LEPROSY PROJECT FOR EVALUATION OF IMPACT OF IEC INTERVENTIONS

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LEPRA India is running a leprosy project in the tribal districts of Koraput and Malkanagiri in Orissa for the last 8 years. The project covers 1.5 million population in 6096 villages located in very difficult terrain. The tribal people speak 8 tribal dialects.

MDT is implemented since inception of the project and 14000 cases were recorded and treated. IEC activities were implemented by different approaches. A specially equipped IEC van was utilized to screen films and conduct public meetings.

A KAP study was conducted in the project to assess the impact of IEC interventions. A questionnaire was administered to 280 persons, comprising of teachers, leaders and community members selected by random sampling. The responses were analysed.

The findings and the areas needing special emphasis for IEC interventions have been summarized.

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So 201**COMMUNITY LEPROSY
ELIMINATION ACTION PROJECT BY
ROTARY DISTRICT - 3200**

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Leprosy is still a major problem of the developing countries which find that the physical and social disabilities consequent to the disease are extremely difficult to cope with. The age-old stigma attached to the disease leads to many a broken home and the economic loss to production.

VHS, Leprosy Project, Sakthi Nagar, IDEA-INDIA, Erode, GLRA, Chennai with the help of 103 Rotary Clubs of Rotary International District.-3200 have embarked on an ambitious Project - CLEAR for Leprosy patients.

AIM : A unique Leprosy project for supporting community action in leprosy elimination & to make this a model project so that other RI Districts (worldwide) can implement this project.

There are 3 million disabled leprosy patients all over the world. This programme can be implemented by Rotary Clubs in the sixteen top endemic countries recognized by WHO. Rotary has almost eradicated polio. One of the great achievements of this millennium.

Let us join hands and fight this ancient disease which has caused enormous disabilities and disfiguration.

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So 224**KNOWLEDGE AND ATTITUDE OF SCHOOL
CHILDREN TOWARDS LEPROSY**

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Leprosy presenting as an anaesthetic, hypo-pigmented patch is not uncommon in the school going age group. Approximately thirty percent of all new cases detected are among the school going age group and sixty percent of these are detected during school surveys. While skin problems in this age group are a major concern for most children and their parents, the medical attention sought is low. Immediate medical attention is given only when the person complains of itching, while other symptoms are given low preference. This

study was done to assess the knowledge of leprosy and attitude of children towards leprosy. 26 schools were randomly selected from Gudiyatham Taluk in Vellore District of Tamil Nadu State to include both rural and urban schools. The Headmaster was asked to select among the senior classes (Std 8-12) 10-20 children to participate in the program. The children were given a questionnaire, adapted from the Mutatkar questionnaire which included 30 questions on knowledge of the disease, attitude towards an affected person and attitude that society should have towards affected persons. The participants were then educated on basic aspects of leprosy and taught to examine for hypo-pigmented patches and suspect leprosy. 1145 children participated, 445 rural and 700 urban. While there were no significant differences between males and females in both groups, knowledge on basics of leprosy were poor among the rural than among their urban peers. However, there were no differences in their attitude towards leprosy.

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So 260**HEALTH EDUCATION ABOUT LEPROSY IN
RECENT TEN YEARS**

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Leprosy is as much of a social problem as a chronic disease. For control and eradication of leprosy, the most essential is timely detection of all established cases to the degree possible. And in this respect, health education about leprosy has played a prominent role. Health education programme carried out in Bijie prefecture in recent 10 years indicated that this programme has made contributions in disseminating knowledge about leprosy in the community, supporting patients return to the society and improving early case finding..

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So 272**A SURVEY OF THE KNOWLEDGE AND
ATTITUDE ABOUT LEPROSY OF THE
RESIDENTS IN THE EPIDEMIC AREA**

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Objective : To find out the knowledge and attitude about leprosy of the residents in the epidemic area and try to find the best method of health education on leprosy.

Methods : 300 residents are randomly sampled to fill in the questionnaire on-the-spot analysing the data by computer.

Results : 292 questionnaires received are valid showing that it is common for the residents to fear leprosy and discriminate against leprosy patients and many factors influencing it.

Conclusion : We should carry out the health education on leprosy widely and deeply, centering on that leprosy is preventable and curable, not fearful to let the patients and ex-patients return to the community. This is the main condition and also the major step to eliminate leprosy as a social problem.

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A SURVEY OF THE KNOWLEDGE AND ATTITUDE ABOUT LEPROSY OF THE RESIDENTS IN THE EPIDEMIC AREA

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Objective : To find out the knowledge and attitude about leprosy of the health workers in the epidemic area and the factors influencing on it.

Methods : Health workers are surveyed on the spot by questionnaire at country, town and village level, analysing the data by computer.

Results : 902 questionnaire received are valid, 292 are control ones, showing that health workers fear leprosy in different level and detest the leprosy patients.

Conclusion : Health workers not belonging to the leprosy control have wrong knowledge and attitude on leprosy. It is the major step to train these workers about the knowledge of leprosy, changing the patterns in order to eliminate leprosy.

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DOES DISCRIMINATION AGAINST WOMEN WITH REGARD TO DURATION OF HOSPITAL ADMISSION, EXIST IN LEPROSY?

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Objectives : To establish systematic differences with regard to gender, and age for hospital length of stay, for a variety of admission criteria.

Design : A retrospective cross-sectional study, from all in-patient data, at a tertiary referral hospital in Nepal over a six year period. The study analyzed the length of stay by gender, age and admission criteria for each year in the study period. Difficulty in admission and early discharge were seen as possible areas of discrimination based on gender.

Setting : Anandaban Leprosy Hospital, Nepal

Participants : In-patient data, 1994-1999.

Main outcome measures : Median length of stay for admission criteria, yearly and over the study period, in days. Bed occupancy analysis for gender and age.

Results : The median length of stay for ulcer healing in male in-patients was 36 days and 37 days for female in-patients, for reaction management for both male and female was 30 days (p value non significant). For re-constructive surgery, male 54 days and for female 65 days (p > 0.05)

Conclusions : The results fail to show a significant difference based on gender for hospital length of stay for ulcer or reaction management criteria for admission. A small but not statistically significant difference is shown for length of stay for re-constructive surgery and reasons for this are presented.

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NON-COMPLIANCE WITH THE WHO MULTI-DRUG THERAPY (MDT) AMONG LEPROSY PATIENTS IN CEBU, PHILIPPINES : ITS CAUSE AND IMPLICATIONS ON THE

LEPROSY CONTROL PROGRAMME*Honrado E.R., Tallo V.L., Balis A.C. & Chan G.P.*

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Background : Non-compliance of patients with prescribed treatment is a barrier to effective health care and has implications in the efficient use of resources. The success and failure of the major leprosy control strategy at present, i.e. the WHO-MDT regimen, depends to a large extent on the efficiency of health care delivery services and patient compliance. The need to do operational research to identify the reasons for non-compliance for improved implementation of the MDT regimen, has been raised by the UNDP/World Bank/WHO/TDR. This study is an answer to that need.

Objective : To investigate non-compliance to the WHO-MDT regimen among leprosy patients in Cebu, Philippines and to relate its possible impact on the leprosy control programme.

Materials/Methods : Study areas: Twenty highly endemic leprosy areas in Cebu.

Study design : A community-based, cohort, descriptive study using a pre-tested structured interview line was piggy-backed into a project investigating the risk factors for the development of leprosy among household contacts in Cebu.

Results : The noncompliance rate of the 233 subjects enrolled in the study was 30%, while that of compliance was 70%. The reasons for non-compliance are categorized into 3 groups :

1) drug-related 2) health care provider-induced 3) patient-induced. The most common one is due to adverse effects (40%) followed by complying with advice of physician (15.7%). Problems of availability and access to drugs have been cited.

Two factors were found to be associated with increased probability for non-compliance, namely source of MDT and being informed of name of their disease. The non-compliance rate among those who did not get their drugs from the health centres (57.1%) was significantly higher ($p=0.02$) than among those who procured their medications from the health centres (27.3%). Those who obtained their MDT supply from sources other than the health centres had 3.6 times higher probability of becoming non-compliant than those whose source of MDT were the health centres (O.R.= 3.6[95% C.I.=1.38 -4.88]).

Continued on next page The non-compliance rate among those who were not informed about the name of their disease was significantly higher than those who were informed of the name of their affliction (44.4% vs 23.6%, respectively, $p=0.002$). The probability that those who were not informed of the name of their disease would become non-complaint was 2.6 times higher than those who knew the name of their condition (O.R. 2.6[95% C.I. =1.06 -12.18]).

Conclusion/Recommendations : Non-compliance with treatment can set the stage up for emergence of drug resistance. Awareness of what causes it provides us with a weapon to prevent it from happening and ensure success of the leprosy control programme. Research studies and control strategies designed to obviate and offset the causes of non-compliance need to be devised.

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So 360**LUIZ MARINO BECHELLI' LEAGUE FOR THE COMBAT OF LEPROSY : AN EDUCATIONAL PROJECT**

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This presentation describes the creation, organization and execution of an educational project directed at medical students for the teaching of leprosy through extracurricular activities. The League for the Combat of Leprosy has been active for 8 years at the Faculty of Medicine of Ribeirao Preto, USP. Supervised volunteer work is carried out in order to provide the students with a general overview, with activities in the Program of Leprosy Control in the municipality of Ribeirao Preto, Sao Paulo, Brazil.

The activities involve care for leprosy patients and their relatives as well as educational actions directed at the students, health professionals and the population in general. As an educational project linked to the University structure, the League has three basic objectives: patient care, teaching, and promotion of research, thus integrating the University with the other levels of health and community services. The members of the League are stimulated to learn about leprosy both as a social disease and public health problem within the community context at the socio-economic level. Learning involves practical work such as supervised assistance, activities aiming at the prevention of morbidity and disability, and educational and health-promoting actions executed at a District Unit for primary health care. This type of work may contribute to medical training, helping the diffusion of knowledge, and expanding the services provided by the University to the academic-scientific medium and to the community. A first evaluation indicates that this project is feasible and stimulates education in the area of leprosy, having become a reference model that cooperates to Program of Leprosy Control in the Ribeirao Preto region.

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So 406**HEALTH EDUCATION OF THE R.F.T. CASES DURING FOLLOW-UP**

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Health education is an essential tool of community health. The earliest possible detection of relapse is important both to the individual patient and to the leprosy programme. During the follow-up of R.F.T. cases, the following conditions must be checked-up.

1) Skin condition, 2) Flexibility, 3) Strength, 4) Condition of shoes or other protection,

5) Presence or absence of wounds, 6) Complaints.

The R.F.T. cases must be explained about exercises which put the joints through their full range of movement several times a day will prevent contractures. Simple exercises particularly for the hands, take only a minute or two a day will be much more helpful to the patient. They must be educated about care of hands, feet and eyes. The patient should know in particular that the drug alone will not reverse deformity, prevent or cure ulceration or cure anaesthesia. We must make every R.F.T. case as a propagandist so that he can explain how he is free from the disease after taking regular schedule course of treatment under multi-drug therapy.

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So 407**FINANCIAL REVIEW OF INCOME AND EXPENDITURE (SALARIES)**

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A study of the economic dynamics of a large referral leprosy hospital was done retrospectively over 9 years.

The center started seeing general (NLP) patients only in 1995 and the change in the dynamics is obvious with significant increase in income and a healthier financial situation. Introduction of ophthalmology in 2000 will make it even better. The ratio of major expenditure heads has been plotted to give an overview of its distribution.

With the decreasing leprosy work and an existing infrastructure it is prudent to commence general work along with the leprosy work. This helps subsidize the leprosy care, without compromising on quality.

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Me 142**EVALUATION OF IMPACT OF THREE WEEKS TRAINING PROGRAMME IN POD/ POWD ON ENHANCING COMPETENCIES OF FIELD STAFF AND PROGRAMME IMPLEMENTATION**

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LEPRA India has been implementing POD/POWD programme as a focussed activity. In-depth three week training programmes exclusively on POD/POWD have been organized with a view to develop the skills of the paramedical staff in three specific areas - standardized methods for sensory testing to identify NFI in the early stages, identification of MFI by VMT, nerve palpation for identification of early neuritis - and provide appropriate treatment interventions and self care practice by affected persons. The POD / POWD programme was implemented in the projects after imparting this training. The strategy of the programme comprises of screening all living cases and assigning risk grades as per guidelines, providing necessary interventions in accordance to the risk grade and frequent follow up to assess the impact of interventions. Specific documentation procedures have been laid down to monitor the progress of each affected person brought under this programme.

In Adilabad Leprosy Project of LEPRA India, three week training programme was conducted and the POD programmes are implemented since last two years. The team of Physiotherapy Consultants of LEPRA India has evaluated the impact of the training programme, the competencies developed by the staff, the implementation and results of the programme.

The findings of this evaluation about training, competencies and results of the programme implementation are discussed in this paper.

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