



an Analysis of Socio-Demographic Correlates, Misconception and Discrimination Related to Leprosy Patients

**Ashok kumar
singh**

Research Scholor Mahatma Gandhi Kashi Vidyapeeth, Varanasi, (U.P)

ABSTRACT

Aim : To study the socio-demographic variables of leprosy patients and existing misconception and Discrimination towards disease. Subject : Fifty leprosy patients who belongs to Chitrakoot region dist. Satna, M.P. Materials and Methods : Interview schedule containing items related to misconception and discrimination was prepared which was interpreted qualitatively. Result : The present study is qualitative based on field investigation. The findings revealed that 42% cases were in age group of 40-60 years, 60% believe that leprosy is an incurable disease. 56% believe that this disease in due to result of curse from God. 40% believe that due to deeds of previous life. 60% leprosy patients were having discrimination for touch, 40% cases were facing discrimination from their neighbors, 28% cases were having one or more than one type of discrimination.

KEYWORDS: Disease, Misconception, Discrimination

INTRODUCTION

Leprosy is still one of the major health problems of developing countries. More than 1.6 billion people of live in countries where the estimated prevalence is greater than 1 case per 1000 of the population. Over 83% of all registered leprosy cases in the world are only in five countries (India, Brazil, Nigeria, Myanmar and Indonesia : in descending order of magnitude) and nearly three quarters of the world's known leprosy patients are in South-East Asia. Many People, living in countries leprosy common still believe that this disease is due to misdeeds in their present life or in a previous incarnation, witchcraft, evil spirits or as a punishment by God. Leprosy is caused by small germs (microorganism).

Social Pathology:

Leprosy in often called a "Social disease", in India leprosy is known since ancient time as "Kushtha Roga" and attributed to punishment or curse from God. Many leprosy patients also experience rejection from the society and are not able to find employment due to the stigma attached to the disease (Myint T et al., 1992, Ulrich M et al., 1993, Valencia L.B 1989).

The illness is experienced and is shaped by the socio-cultural influences of the person; and the sickness is perceived by the society and is expressed as social stigma. (Valencia L.B 1989). This distinction is also defined by (Kleinman A, Sung LH, 1979) as follows: "illness" is the culturally constituted, socially learned response to symptoms that includes the way we perceive, think about, express and cope with 'sickness', while 'disease' is the technical reconstruction of sickness into terms of the theoretical system used by health practitioners"

DISCRIMINATION AND STIGMATISATION

The health-care seeking behaviour of people affected by leprosy is influenced by many factors, including the patient's and the society's beliefs and perceptions about leprosy; the availability, accessibility, acceptability and affordability of health services, quality of the health care provider-patient relationship and the patient's socio-demographic characteristics. (Bakirtziev Z, 1996, Bijleveld I, 1977). In a society, which discriminates against leprosy sufferers, patients would conceal their condition and not seek or adhere to the treatment for fear of, or as a result of social rejection.

Stigma-

The chronic symptoms of untreated leprosy often afflict individuals in their most productive stage of life and limit or prevent them from fulfilling their normal roles in society: they may lose their economic independence as a result of losing their jobs, their physical independence as a result of disabilities, their self esteem as a result of social isolation and generally live a lower quality of life (Bainson KA, Van Den Borne B, 1998). Persons affected by leprosy experience unsympathetic reactions, insults, hate and rejection from society (Myint T et al., 1992, Ulrich M et al., 1993, Kant VP, 1984). The stigmatisation in leprosy is frequently extended to the families having members suffering from leprosy. A study revealed that families with

a patient who had deformities faced 10 times higher societal problems than those having patients with no deformities (Kopparty SM et al., 1995).

Misconception about leprosy-

The stigma against Leprosy is partly due to cultural beliefs and misconceptions about the causes and transmission of leprosy. Leprosy has been commonly considered a punishment from God in many cultures (Browne SG, 1975, Richard P, 1997). In India, the Hindus consider deformity resulting from leprosy as divine punishment (Muthankar RK, 1979). Another common belief is that Leprosy is hereditary (Chen PCY, 1986, Gussow Z, 1989). This belief is prevalent among people in India, Malaysia, China and Africa. Ironically, even in Norway where Hansen identified the leprosy bacilli, the medical profession firmly believed that leprosy was hereditary and promoted the idea of segregation to prevent procreation (Gussow Z, 1989). The concept of heredity is also deeply rooted in Indian culture (Gussow Z, 1989). Since the social structure is based on the principle of hereditary inequality, it makes it difficult to change people's misconceptions about the hereditary nature of leprosy.

Material :-

During the fieldwork practice in social work, author obtained information in civil dispensaries of Nayagawn on the basis of it, in Paldev village Chitrakoot, many leprosy patients were founded and from them total 50 leprosy patient (25 male and 25 female) were selected for the research

Method:-

Interview schedule containing items related to misconception and discrimination was prepared which was interpreted qualitatively.

Aim:-

To study the socio-demographic variables of leprosy patients and existing misconception and Discrimination towards disease

Research area:-

Chitrakoot is a Religious place, because Lord Rama the sage of Chitrakoot region is supreme in the hearts of Indian people. It is located at the boundary line of Uttar Pradesh and Madhya Pradesh states. The research area is located in MAJHGAWN block of Satna district (M.P.). Total leprosy patients are 3,122. Prevalence rate is 2.4/10,000.

ResultS & Discussion

Table 1 : Socio-demographic profile of Leprosy patients.

Items	Area	N = 50	Percentage (%)
Sex	M	25	50
	F	25	50

Age group	10-20	12	24
	20-40	9	18
	40-60	21	42
	60-80	8	16
Religion	Hindu	45	90
	Muslim	05	10
Caste	S.C.	18	36
	O.B.C.	08	16
	S.C.	19	38
	S.T.	5	10
Education	Illiterate	29	58
	Primary	08	16
	Junior High School	03	06
	High School	04	08
	Intermediate	03	06
Occupation	Graduate	03	06
	Farming	30	60
	Services	5	10
	Domestic work	15	30
Marital Status	Unmarried	37	74
	Married	12	24
	Widow/Widower	01	02
Type of Family	Nuclear	42	85
	Joint	08	16

Above table shows socio-demographic profile of leprosy patients, maximum 42% leprosy patients were in age group of 40-60 years, minimum 16% were in age group of 60-80. Most of these were Hindus (90%), comprising of general caste (36%), backward caste (16%), Schedule caste (38%) and Schedule tribe (10%), Majority of the leprosy patients were illiterate (58%), while only 6% each Junior High School, Intermediate, and Graduate. In the entire study area majority (60%) consisted of farming, 30% were domestic work and only 10% were service class. Most of the community lived in nuclear setup (84%). Majority of the subjects (74%) were married, 24% were unmarried and minimum (2%) were widow/widower.

Table 2 : Misconceptions about Leprosy disease.

Items	Area	N = 50	Percentage (%)
About Disease	A Serious disease	10	20
	Incurable	30	60
	Result is death	06	12
	Curable	4	8
About Causes	Hereditary	2	4
	Result of cures	28	56
	Deeds of Previous Life	20	40
About Nature	Infectious	32	64
	Non Infectious	18	36
Attributed	Self	2	4
	Family	1	02
	God	45	90
	Environment	2	04

Table-2 Shows that maximum 60% believe that leprosy is an incurable disease, Cook A, (1982) also confirmed the same, 30% believe a serious disease, this may be due to the lower educational background of the subject they were not aware regarding their illness, because maximum 58% subjects were illiterate as our findings reported. About causes, maximum 56% believe that this disease is due to the result of curse, 40% believe that due to deeds of previous life. Majority 90% of leprosy patients believe that it is attributed by God. The research area of the present study Chitrakoot is a religious place and people have highly religious faith to God. This reason also reflects most of the components of our findings. Above table also indicates that maximum percentage (94%) of the subject believe that leprosy is non infectious disease. These result is conformity with findings of with findings of De Stigter DH(2000).

Table 3 : Frequency of discrimination in different social areas.

Area	N = 50	Percentage (%)
In Touching	30	60
From Neighbor	20	40
Form Family member	17	34
From Relative	19	38
In Occupation	29	58
One or more then one	14	28

Table-3 revealed that 60% leprosy patients were having discrimination for touch, 40% patients were facing discrimination from their neighbors. These findings is in favour of the study of Kushwah SS et al. (1981). 28% leprosy patients were having one or more than one type of discrimination, Kushwah SS et al. (1981) and Kumar et al. (1983) also reported the similar findings. In occupation 58% patients having discrimination at work place, Samart kar et al. (2005) also reported the similar findings. 34% and 38% of leprosy patients experienced discrimination from their family members and relatives. All these findings are consistent with that reported by Myint T et al. (1992), Ulrich M et al. (1993) and Kant VP(1984) for leprosy patients.

CONCLUSION

According to the findings of this study it shows the lack of awareness regarding leprosy disease in the community which led to a number of myths, misconception, apprehension and inhibition in the minds of people. Findings also showed that stigma, misconception and negative attitude towards leprosy patients are prevalent in community despite medical advances in leprosy treatment. Most misconception pertaining to leprosy, in particular the beliefs in result of cures incurable, deeds of previous life and a attributed by God. In addition deformities arising as consequence of untreated leprosy a significant part in increasing the stigma to leprosy.

REFERENCES

- Bainson KA, Van Den Borne B. (1998):Dimensions and process of stigmatization in leprosy. *Lepr Rev* 69: 341-350. | Bakirtzief Z. (1996): Obstacles to compliance with treatment for Hansen's disease. *Cad Saude Publica* 12: 497-505. | Bijleveld I. (1977): Leprosy care: patient's expectation and experience. A case study in Western Province. Kenya. Amsterdam: Royal Tropical Institute. | Browne SG. (1975): Some aspects of the history of leprosy: the leprosy of yesterday. *Proc R Soc Med*; 68:485-493. | Chen PCY. (1986): Human behavioural research applied to the leprosy control programme of Sarawak, Malaysia. *Southeast Asian J Trop Med Public Health* 17: 421-26. | Cook A. (1982): An urban community's thought about leprosy: A study in Guyana. *Lepr Rev* 53: 285-296. | De Stigter DH, de Geus L, Heynders ML. (2000): Leprosy: between acceptance and segregation. Community behaviour towards persons affected by leprosy in eastern Nepal. *Lepr Rev* 71: 492-498. | Gussow Z. (1989): Leprosy, racism and public health: social policy in chronic disease control. London: Westview Press. | Kant VP. (1984): Socio-economic problems of leprosy patients and their relatives in Gujarat state. *Indian J Lepr* 56: 889-899. | Kleinman A, Sung LH. (1979): Why do indigenous practitioners successfully heal? *Soc Sci Med* 13: 7-26. | Kopparty SN, Kurup MA, Sivaram M. (1995): Problem and coping strategies of families having patients with and without deformities. *Indian J Lepr* 67: 133-52. | Kumar, A and anbalagon M. (1983): social economic experience of leprosy patients. *Leprosy India*, 55,[25suppl.] 314-321. | Kumaresan JA, Maganu ET. (1994): Socio- cultural dimensions of leprosy in North- Western Botswana. *Soc Sci Med* 39: 537- 541. | Kushwah SS, Govilla AK, upadhyay S, Kushwah. (1981 April): A study of social stigma among leprosy patients attending clinic in Gwalior. *Leprosy India*. 53(2):221-5. |