



'A STUDY TO ASSESS ADHERENCE REGARDING MULTIDRUG THERAPY AMONG LEPROSY PATIENT'S REGISTERED IN VARIOUS LEPROSY CENTRE AT UJJAIN (M.P.)

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ABSTRACT

There are increasing cases of leprosy in world and in India and the patients have less knowledge about the leprosy & Present study is aimed to assess the adherence regarding multi drug therapy among leprosy patient registered in various leprosy centre's at Ujjain

KEYWORDS : Patients adherence regarding multi drug therapy, leprosy and patients registered in various leprosy centre's at Ujjain (M.P.).

INTRODUCTION

Leprosy is a ceaseless granulomatous bacterial contamination that principally influences the skin and fringe nerves. The ailment is caused by a commit intracellular bacillus, *Mycobacterium leprae*, which was distinguished in the nineteenth century by the Norwegian doctor Gerhard Henrik Armauer Hansen.¹

MDT is a successful and an effective instrument in curing sickness, particularly when patients report early and begin incites treatment. Adherence its effective fulfilment are similarly vital. Sadly, because of various individual, psychosocial, financial, and therapeutic and wellbeing administration factors, a critical end up plainly sporadic and default from MDT. The treatment adherence and finishing differ generally all inclusive: <70% in multibacillary uncleanliness and 90% in paucibacillary infection.²

The current worldwide sickness methodology expands on past five-year procedures. The Final push methodology for the end of infection, 2000-2005 concentrated on MDT and latent case identification. The Global system for additionally decreasing the uncleanliness trouble and managing sickness control exercises, 2006-2010 combined the standards of auspicious discovery and powerful chemotherapy with regards to incorporated infection administrations. The Enhanced worldwide procedure for additionally decreasing the illness trouble because of infection, 2011-2015 refined joint activities and upgraded worldwide endeavors to address challenges looked in uncleanliness control with an attention on early discovery to diminish inabilities because of sickness.³

NEED OF THE STUDY

a standout amongst the most socially defamed illnesses known today. Social disgrace is related for the most part pervasive fantasies like its innate and infectious nature, divine cure alongside the physical distortions caused. The influenced individuals confront physical hindrance endure mental repercussion group's.⁴

Early conclusion and incite treatment of every single new instance of uncleanliness with multidrug treatment (MDT) remain the key methodologies for disease control. The solid commitment of national governments, together with specialized direction from WHO, managed support of contributors, accessibility of MDT, long haul joint effort with nongovernmental associations and the interest of systems of people influenced by disease, lessening in predominance rates from >5 million cases in 1980 s to <200 000 cases toward the finish of 2016. The diminishment in pervasiveness to <1 10 000 populace at worldwide level by 2000 and therefore in most endemic nations by 2005 denoted a critical turning disposal of disease as a general medical issue. None-theless, new cases keep on occurring.⁵

OBJECTIVES

The objectives of the study are:

- To assess the adherence of the leprosy patient among multidrug Therapy in registered leprosy centre's at Ujjain (M.P.).
- To find out the association between adherence regarding multidrug Therapy among leprosy patient with the selected socio

demographic

HYPOTHESIS

- H₁**- There will be significant adherence regarding multi drug therapy.
- H₂**- there will be a significant association between the adherence regarding multi drug therapy and selected socio demographic variables

ASSUMPTIONS

The registered leprosy patients may have little knowledge regarding *multi drug therapy*.

DELIMITATIONS

The study is delimited to:

- 60 registered leprosy patients from selected leprosy center at Ujjain.
- Who are taking MDT
- Patients who are willing to participate in study.

METHODOLOGY

In this study, non – experimental research design was used to assess the adherence of patients regarding multi drug therapy among leprosy patient registered in various leprosy centre's at Ujjain. Probability sampling was use for data collection. To assess the adherence of patients who are registered in various leprosy centre's at Ujjain. Data was collected by using socio-demographic variables and structured knowledge questionnaire. The sample size for the study was consist 60 patients who are registered in various leprosy centre's at Ujjain. The study was conducted at Govt. Madhav Nagar hospital dist. Ujjain

RESULTS:

: Findings related to socio-demographic variables was found that the majority of patients 30 (50%) were having age between 41-50 years, 38 (63.3%) patients were male, 42 (70%) patients were belong rural area, 28 (46.7%) patients were Hindu, 42 (70%) patient were married, 32 (53.4%) patients were employed and 46 (76.7%) patients were joint family. Finding related to adherence of the patients were found that 38 (63.3%) having adequate knowledge and 22 (36.7%) patients were having inadequate knowledge regarding multi drug therapy. Finding related to adherence with selected socio-demographic variables there was significant association in level of the adherence with age and not-significant association in the level of adherence with gender, residential area, religion, marital status,

SECTION-A

DESCRIPTION OF DEMOGRAPHIC VARIABLES OF RESPONDENTS

SECTION-A

Table 08: CUMULATIVE TABLE ACCORDING TO DEMOGRAPHIC VARIABLES

S.no.	Demographic variables	frequency	Percentage
1.	Age		
	21-30 years	5	8.3
	31-40 years	15	25.0

	41-50 years	30	50.0
	Above 50	10	16.7
	Total	60	100.0
2.	Gender		
	Male	38	63.3
	Female	22	36.7
	Total	60	100.0
3.	Residential area(Urban)		
	Madhav nagar hospital	42	70.0
	District civil hospital ujjain	18	30.0
	Total	60	100.0
5.	Religion		
	Hindu	28	46.7
	Muslim	22	36.6
	Christian	7	11.7
	Others	3	5.0
	Total	60	100.0
5.	Marital status		
	Married	42	70.0
	Unmarried	8	13.4
	Widow/widower	4	6.6
	Divorce	6	10.0
	Total	60	100.0
6.	Occupation		
	Employed	32	53.4
	Unemployed	12	20.0
	Home maker	10	16.6
	Retired	6	10.0
	Total	60	100.0
7.	Type of family		
	Nuclear family	14	23.3
	Joint family	46	76.7
	Total	60	100.0

DISCUSSION

The above presented table shows that there were 5 (8.3%) in the age group 21-30 years, 15 (25.0%) were in the age group 31-40 years, 30 (50.0%) were in the age group 41-50 years and 10 (16.7%) were in the age group above 50 years. Majority of the patients were in the age group 41-50 years, followed by 31-40 years 38 (63.3%) male patients and 22 (36.7%) female patients. There was a male preponderance in the present study

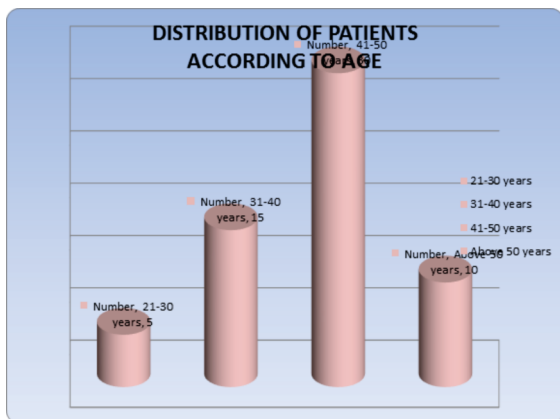


Figure 03: Column diagram showing distribution of patients according to age

Table 02 :Distribution of patients according to gender

(N=60)

Gender	Frequency	Percentage
Male	38	63.3
Female	22	36.7
Total	60	100.0

The above table shows the distribution of patients according to gender. There were 38 (63.3%) male patients and 22 (36.7%) female patients. There was a male preponderance in the present study.

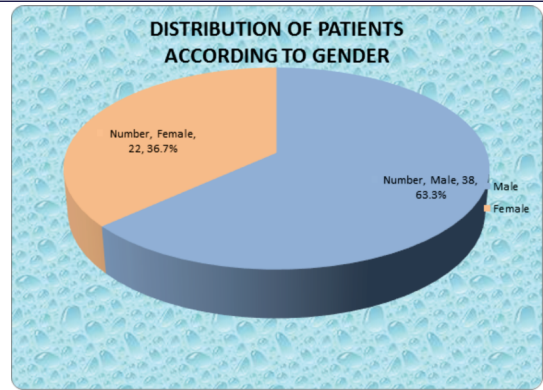


Figure 04: Pie diagram showing distribution of patients according to gender

SECTION-B

ANALYSIS THE LEVEL OF ADHERENCE REGARDING MULTIDRUG THERAPY

Table 09: Adherence to the multidrug therapy

(N=60)

Adherence	Frequency	Percentage
Adequate (13-24)	38	63.3
Inadequate (1-12)	22	36.7
Total	60	100.0

The above table shows the distribution of patients according to adherence to the multidrug therapy. Of the 60 patients, 38 (63.3%) patients were having adequate adherence to the multidrug therapy, while 22 (36.7%) patients were having inadequate adherence to the multidrug therapy. Majority of the patients were having adequate adherence to the multidrug therapy.

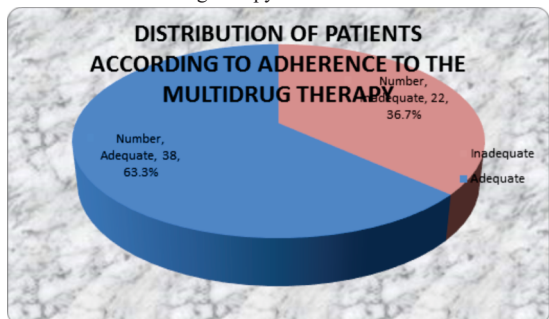


Figure 10: Pie diagram showing distribution of patients according to adherence to the multidrug therapy

SECTION C

FINDINGS RELATED TO ASSOCIATION BETWEEN THE LEVEL OF THE ADHERENCE AND SELECTED SOCIO DEMOGRAPHIC VARIABLES

This section deals with analysis and interpretation of the data collected to find out the association between knowledge score and different demographic variables age, education qualification, type of family, occupation, marital status and income. A parametric chi square is used to describe the association between knowledge score and demographic variables.

Table 10: Association between the level of the adherence with age

Age Group	Adherence		χ^2 value	P value
	Inadequate (1-12)	Adequate (13-24)		
21-30 years	1	4	10.622, df=3	0.014*
31-40 years	3	12		
41-50 years	10	20		
Above 50 years	8	2		
Total	22	38		

Pearson Chi-square value = 10.622, df=3, P value = 0.014, Significant

The above table shows the association between level of adherence to the multidrug therapy with age of the patients. There was a statistically significant association seen between age group and the level of adherence to the multidrug therapy ($p < 0.05$), showing that level of adherence to the multidrug therapy is dependent on the age of the patients.

Table 11 : Association between the level of the adherence with gender

Gender	Adherence		χ^2 value	P value
	Inadequate (1-12)	Adequate (13-24)		
Female	5	17	2.907, df=1	0.088, NS
Male	17	21		
Total	22	38		

Pearson Chi-square value = 2.907, df=1, P value = 0.088, Not Significant

The above table shows the association between level of adherence to the multidrug therapy with gender of the patients. There was no statistically significant association seen between gender and the level of adherence to the multidrug therapy ($p > 0.05$), showing that level of adherence to the multidrug therapy is independent of the gender of the patients.

Table 12 : Association between the level of the adherence with area

Area	Adherence		χ^2 value	P value
	Inadequate (1-12)	Adequate (13-24)		
Government Madhav Nagar, Ujjain	15	27	0.055, df=1	0.815, NS
District Civil Hospital, Ujjain	7	11		
Total	22	38		

Pearson Chi-square value = 0.055, df=1, P value = 0.815, Not Significant

The above table shows the association between level of adherence to the multidrug therapy with area of the patients.

There was no statistically significant association seen between area and the level of adherence to the multidrug therapy ($p > 0.05$), showing that level of adherence to the multidrug therapy is independent of the area of the patients.

Table 13 : Association between the level of the adherence with religion

Religion	Adherence		χ^2 value	P value
	Inadequate (1-12)	Adequate (13-24)		
Hindu	6	22	5.958, df=3	0.114, NS
Muslim	12	10		
Christian	3	4		
Others	1	2		
Total	22	38		

Pearson Chi-square value = 5.958, df=3, P value = 0.114, Not Significant

The above table shows the association between level of adherence to the multidrug therapy with religion of the patients.

There was no statistically significant association seen between religion and the level of adherence to the multidrug therapy ($p > 0.05$), showing that level of adherence to the multidrug therapy is independent of the religion of the patients.

Table 14 : Association between the level of the adherence with marital status

Marital Status	Adherence		χ^2 value	P value
	Inadequate (1-12)	Adequate (13-24)		
Married	18	24	4.045, df=3	0.257, NS
Unmarried	3	3		

Widow / Widower	0	4		
Divorcee	1	5		
Total	22	38		

Pearson Chi-square value = 4.045, df=3, P value = 0.257, Not Significant

The above table shows the association between level of adherence to the multidrug therapy with marital status of the patients.

There was no statistically significant association seen between marital status and the level of adherence to the multidrug therapy ($p > 0.05$), showing that level of adherence to the multidrug therapy is independent of the marital status of the patients.

CONCLUSION:

On the basis of the findings the researcher concluded that majority of the patients having adequate knowledge regarding multi drug therapy among leprosy patient registered in various leprosy centre's at Ujjain.

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