

Does Socio-Demographic Factors Influence Treatment Seeking Behaviour among Leprosy Patients?

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Introduction

Leprosy is a disease, which still strikes fear in the societies as a mutilating, disfiguring, contagious and incurable disease. It is estimated that between 11 and 12 million people living in the world today have suffered from leprosy. Although most of that number will not now have active disease, for many the stigma of leprosy is still real and needs to be addressed. It is simply not enough for the medical profession and society to treat the disease and ignore the patient as a whole person. Many, despite their leprosy being dealt with, are still living a sub existence, mere shadows of their former selves and their true potentials. Leprosy mainly affects the skin and nerves; if untreated, there can be progressive and permanent damage to the skin, nerves, limbs and eyes. Humiliation and fear can prevent diagnosis and treatment, leading to more severe manifestations of the disease and causing deformities. Where social stigma persists, patients are compelled to hide their condition and avoid diagnosis, allowing a completely curable disease to worsen to the point of disfigurement. The AIIMS are to assess the socio-demographic factors and treatment seeking behaviour of leprosy patients attending out-patient, Department of Dermatology, K.G.H. in terms of age, sex, occupation, and place of seeking treatment, marital status and place of living. Study site is out-patient, Department of Dermatology, K.G.H, Study Period is 01-05-2011 to 31-05-2011, Tools are Pre-tested questionnaire, Variables are Diagnosis of Leprosy, treatment seeking behaviour, follow up and Analysis will be done using percentages and no tests of significance are applied.

Results

Male: female ratio is 50:15, different occupations are Agricultural & related 10, Day labourers 26, Basket weaving 4, and Clothes weavers 2. Dhobi 10, Lorry / Auto drivers 5, Flower / veg sellers 5, Carpenters 3, people are unwilling to divulge social status, religion and income. Rural and urban 50: 15. The Source of treatment Private: Gov. is 20: 45, Paucibacillary: multibacillary is 30:35, regular treatment 62, Irregular in taking treatment are 3, Time lag between diagnosis and treatment Zero in 5, 0= 2 months in 20, 2months - 1 years in 35 and 1-2 years in 5 patients. Age Vs. average delay includes

Age Group	Average Delay (in months)
25-34	4
35-44	6
45-54	6
55-64	8

Sex Vs. average Delay Sex

Average Delay (in months)

Male	6
Female	4

Occupation Vs. average Delay

Occupation Average Delay (In months)

Agri-Labourers	2
Daily-labourers	8
Basket weavers	4
Cloth weavers	4
Dhobi	4
Lorry/auto Drivers	6
Vegetable sellers	8
Carpenters	2

Diagnosis Vs. average delay

Diagnosis	Average delay (in months)
Pauci-Bacillary	6
Multi-Bacillary	4

Marital Status

Status	No. of patients
Refused marriage	20
Separated/divorced	3

Conclusions

Based on the above study on 65 patients attending opd. Dermatology, K.G.H factors affecting delay include age (51-65), sex (males), Occupation (daily-labourers and vegetable sellers), and nature of diagnosis (paucibacillary). Though stigma is not shown in the analysis it still remains to haunt their day to day life in terms of quality of life and disabilities are not uncommon.