

# Awareness Of Leprosy Among The Middle Aged South Indian Population

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## Abstract:

### Aim:

To study the awareness of Leprosy among middle aged South Indian population

### Objective:

To analyze the awareness of Leprosy among middle aged South Indian population

### Background:

Leprosy, is a chronic, communicable infection caused by the bacteria *Mycobacterium leprae* and *Mycobacterium lepromatosis*. It primarily affects the skin, mucous membranes (eg nose), peripheral nervous system (nerve function), eyes and testes. It spreads through a cough or contact with fluid from the nose of an infected person. Though Leprosy occurs at any age, it presents most often during two different periods of life, between the ages of 10 and 14 and in those aged 35-44 years old. It is rarely seen in infants. And moreover it is very prevalent in South Indian population.

### Reason :

Leprosy is a common infectious, communicable disease more prevalent in South India especially among the middle Aged people. Hence it is necessary to study the awareness of leprosy among middle aged South Indian population.

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## INTRODUCTION:

Leprosy otherwise known as Hansen's disease is a chronic infectious disease caused by *Mycobacterium leprae*<sup>1</sup>. It multiplies very slowly and the incubation period of the disease is about five years. Symptoms can take as long as 20 years to appear. This granulomatous disease affects the peripheral nerves and mucosa of the upper respiratory tract; skin lesions (light or dark patches) are the primary external sign<sup>1,2</sup>. If untreated, leprosy can progress and cause permanent damage to the skin, nerves, limbs, and eyes. The main symptom of leprosy is disfiguring skin sores, lumps, or bumps that do not go away after several weeks or months. The skin sores are pale-colored<sup>2</sup>. Since Hansen's disease affects the nerves, loss of feeling or sensation can occur. Transmission of leprosy occurs during close contact with those who are infected. It is believed to be mainly by droplets from the nose and mouth<sup>3</sup>.

Until 1940s there was no effective cure for leprosy<sup>5</sup>. Later anti-leprosy drugs like dapson, clofazimine and rifampicin were discovered<sup>6</sup>. However Multidrug therapy (MDT) was recently introduced i.e., combining all three drugs<sup>7</sup>. It was first recommended by a WHO Expert Committee in 1981. With MDT, patients are cured within 6-12 months depending upon the type of leprosy. The origin of leprosy and its early spread, often thought to go back to the Neolithic period, nevertheless remains an enigma for historians tracing the literary and social evolution of this complex, pathological reality<sup>8</sup>. It

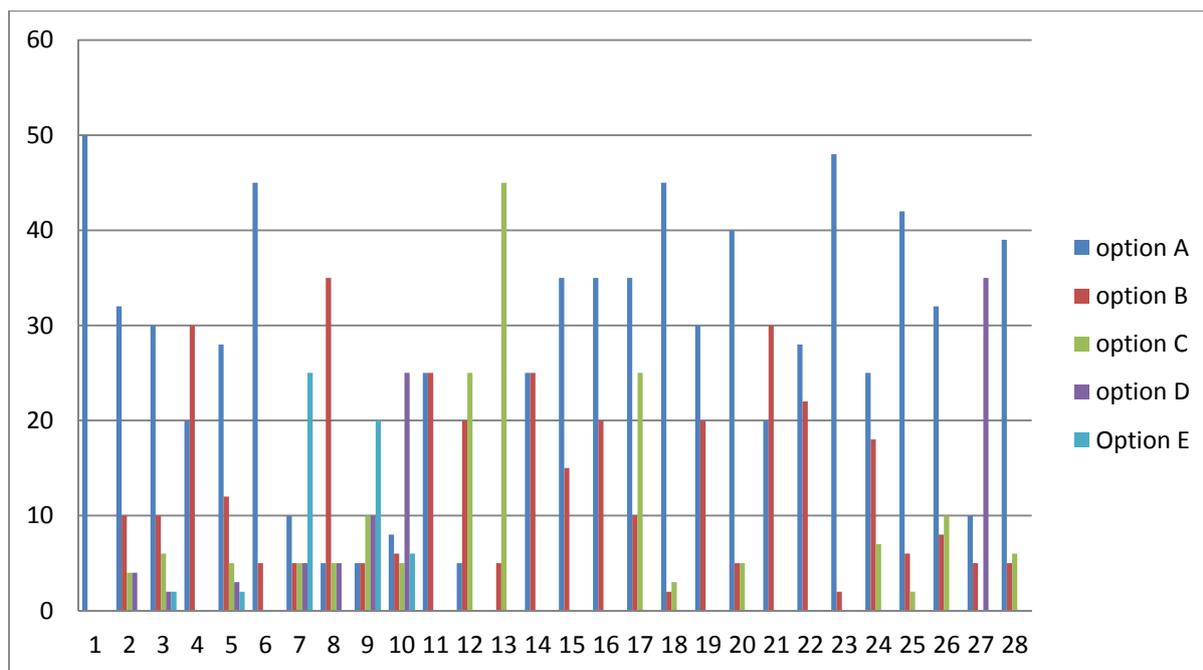
is difficult to pinpoint precisely where leprosy originated. Leprosy now has been believed to be a disease of prevalence since the dawn of human civilization in India, China and Africa (before 600 BC)<sup>9</sup>.

Leprosy, which was known to ancient India as "KusthaRoga" is thought to be its origin from India also<sup>11</sup>. It is, still, a major public health problem in India affecting many people every year. India is, now, having maximum numbers of leprosy cases worldwide and accounts for 67% of total prevalence. But compared to the previous years, there has been a decline in the prevalence rate which is mainly through many government and private undertaken initiatives.

In a country like India, with high prevalence rate, leprosy elimination is a must. Leprosy elimination means reduction of case transmission to a predetermined low level, i.e. PR of less than 1 case/10,000 population. This can be achieved mainly through awareness campaigns<sup>10</sup>. Hence this study was conducted with an objective to assess the awareness level of leprosy -- attitude towards the disease and the afflicted, among the middle aged people, who are the most often ones to be affected<sup>13</sup>.

## METHODOLOGY:

A questionnaire with a set of 29 questions was distributed to random 50 middle aged people in Tamil Nadu (Chennai).



### RESULTS:

The results are based on the analysis of questioner obtained from 50 middle aged people.

Out of 50 people, almost 99 % were aware of the disease

67% were aware of the cause of leprosy

80.% were aware about the symptoms and signs of leprosy

40% were aware of its treatment

35% were against isolation of leprosy patients from their families and communities. 85% felt that the leprosy patients must stay away from the society.

### DISCUSSION:

In a country like India, were leprosy continues to be an important and more prevalent public health problem, leprosy elimination and prevention strategies are to be employed. This can be achieved mainly by :

1. Awareness through public health education
2. Rehabilitation
3. Enhancing cost-effectiveness, sustainability and equity of leprosy services through integration and combination with other disease control programmes
4. training of health care workers
5. increasing medical services
6. Stimulating relevant research

#### 1.Awareness Through Public Health Education

Health Education should be directed towards the general public but particularly the patient and their family<sup>14</sup>.They are to be educated about the causes,transmission,diagnosis, signs and symptoms,etc<sup>15</sup>. The people are mainly to be informed about the following:

- Leprosy is curable
- it is not hereditary
- transmission is not through casual contact with a patient

#### 2.Rehabilitation

It must be carried out as soon as the disease is diagnosed<sup>15</sup>.

The cheapest and surest rehabilitation is to prevent physical deformities and social and vocational disruption by early diagnosis and adequate treatment<sup>14</sup>.In some countries socio-economic rehabilitation is covered by the government through social welfare, NGOs or community-based rehabilitation (CBR) programmes, which address severely deformed and destitute patients living at home or in leprosaria, and may include vocational training, income-generating projects and charity<sup>16</sup>.

#### 3.Enhancing Cost-Effectiveness, Sustainability And Equity Of Leprosy Services Through Integration And Combination With Other Disease Control Programmes

The combination of leprosy activities with tuberculosis has shown to be a promising option. Both disease control programmes target chronic diseases and are often traditionally linked; they are based on a public health perspective with similar principles<sup>18</sup>. In several countries, integration at the level of service delivery and the combination of technical support to leprosy and tuberculosis control go hand in hand.

#### 4.Training Of Health Care Workers

More health workers are to be trained in treating leprosy.They should be trained to suspect leprosy and refer to a health unit capable of diagnosing and providing treatment<sup>14</sup>.

#### 5.Increasing Medical Services

Medical services for the treatment of leprosy has to be increased<sup>14</sup>.This involves the high availability of antileprosy drugs , health care workers,vaccines for leprosy -Bacillus CalmetteGuerin (BCG), etc<sup>19,20</sup>.

## 6. Stimulating Relevant Research

Research should be conducted on the factors that cause delay in early detection or diagnosis and shortened treatment schedules, leprosy reactions and recent nerve damage focusing on the development of tools for diagnosis and the treatment of such reactions<sup>20</sup>.

### CONCLUSION:

Level of knowledge of leprosy in India is still inadequate. Leprosy awareness must be extended further for complete elimination of this disease.

Elimination of leprosy when achieved will remain one of the greatest achievements in public health. Hence, each and every individual must contribute towards the eradication of leprosy not only from India but this planet!

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