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Activity Report

Knowledge of leprosy among Non Formal Healthcare Providers and their perceptions about the National Leprosy Eradication Programme in India

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This pilot study reports the knowledge of the Non Formal Health Practitioners (NFHPs) about leprosy and their willingness to be involved in the National Leprosy Eradication Programme (NLEP). These twenty NFHPs belonged to 2 districts of West Bengal. Among the 20, 12 were involved with the Revised National Tuberculosis Control Programme but none had any exposure to the National Leprosy Eradication Programme (NLEP). Most of the NFHPs (80%) considered leprosy not infectious, 50% felt that it was hereditary or occurred in families, 25% were aware of patches and anaesthesia being early signs of leprosy, 60% were confident it was curable, but did not know how disability could be prevented. Only 20% knew about MDT and its being available at Government health Centres free of cost. Participants were willing to be involved in the programme. The potential usefulness of NFHs needs to be evaluated by prospective well designed studies.

Keywords : Non Formal Health Practitioners , NFHPs, NLEP, leprosy, knowledge

Introduction

Leprosy is curable and associated disabilities can be prevented by early diagnosis and treatment. Early diagnosis is possible only if health service providers are equipped with the necessary knowledge of the disease and of the National Leprosy Eradication Programme (NLEP). Due to various factors most of the rural population and underprivileged city-dwellers often choose Non Formal Health Practitioners (NFHPs) as the first stop for any illness. So adequate knowledge of leprosy among these healthcare providers to whom Leprosy suspects initially present, would complement the National Leprosy Eradication Program's (NLEP) efforts to promote early detection. This study briefly explores the extent of leprosy knowledge of the NFHPs and their willing ness to be involved in the National Leprosy Eradication Programme.

Methodology

A qualitative study was conducted using face-to-face, semi-structuredin depth interviews, by a trained interviewer among NFHPs in 2 districts of West Bengal, India. The subjects were randomly selected from a list of NFHPs in each district.

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Results

20 NFHPs were interviewed. Their average age was 46 years and only one was a female. Their experience in health care ranged from 2 to 40 years, with the majority having more than 20 years experience. Among the 20, 12 were involved with the Revised National Tuberculosis Control Programme but none had any exposure to the National Leprosy Eradication Programme (NLEP). Their technical qualifications were as follows - Community Medical Services 6, Rural Medical Practitioner 9, Bachelor in Indo-Allopathic Medicine, 3 and Vocational Health Training 2.

Knowledge about leprosy

Most of the NFHPs (80%) felt that leprosy is not infectious, though 50% felt that it was hereditary or occurred in families. Only 25% were aware of patches and anaesthesia being early signs of leprosy. 60% were confident it was curable, but did not know how disability could be prevented. Only 20% had heard of MDT and knew it was available at Government health Centres free of cost. 90% of the respondents felt that community education was essential to overcome stigma.

Willingness to be involved in NLEP

All the participants suggested that there is a need for awareness generation on leprosy among the informal health care providers, as patients from remote areas come to them. With the appropriate knowledge of leprosy they could identify and refer leprosy patients to the nearest NLEP centre. They felt that training to improve diagnostic skill is essential for them. 90% had only heard of NLEP, but had negligible knowledge of the functioning of NLEP. They were very willing and enthusiastic to get involved in NLEP. The benefit they expected for their involvement was mostly social recognition and increased faith in them from patents and the larger community. They were willing to contribute to the eradication of leprosy from their catchment areas. None of subjects have any financial expectation for their involvement with NLEP.

Conclusion

The knowledge of leprosy among NFHPs was not of a high level but they were enthusiastic about being trained and providing support to the NLEP. Since they are a resource which has not been assessed adequately, the NLEP could try to improve early case detection and prevent disability, especially in remote and under served areas by training these Non Formal health Practitioners. Their usefulness merits to be assessed by well designed studies in different settings.

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