

CHAPTER-VII

Chapter VII : Objectives : Hypotheses & Methodology.

7.1 Objective : The objectives of the study can be stated as follows.

1. Study the distribution of leprosy in varying environment such as urban and rural areas of Vadodara district.
2. Study the influence of physical features on the occurrence of the disease within the district.
3. Understand the socio-economic conditions of the incidence and diffusion of the disease.
4. Assess the socio-psychological environment in which affliction of the disease has been associated with social stigma.
5. Study the effects of sustained treatment and latest therapy (MDT) used to cure the disease.
6. Study the degree of accessibility and utilisation of health care facilities in the light of their spatial distribution patterns.
7. Study how far knowledge, awareness and perception (KAP) of the health workers have helped in the control of disease, both spatially and temporally.

7.2 Hypothesis :

1. Males are more prone to this disease.
2. Family contacts is one of the main causes for the spread of leprosy.
3. BCG vaccination acts as a protection against the occurrence of leprosy.
4. Humidity is the major climatic element influencing the incidence and prevalence of leprosy.
5. Poor living conditions, inadequate diet and ignorance about the disease are the major socio-cultural factors that lead to the incidence and prevalence of the disease.

7.3 Methodology :

In order to collect primary data on leprosy in Vadodara district, a door to door survey was done with interview schedules and questionnaires in both urban and rural areas of the district among sufferers, non sufferers and leprosy medical and para-medical staff.

Pre-testing of schedules, both in urban and rural areas of the district, highlighted the following difficulties met in collection of data in various talukas.

1. Majority of sufferers did not respond at all, when approached individually.
2. Some of the sufferers were very reluctant in responding in spite of presence of leprosy health worker. Sometimes they even run away.
3. Large numbers of sufferers were found to be busy at their work for their livelihood and hence refused to answer any queries.
4. Some sufferers, due to premanent deformity, were in a state of frustration and hence refused to cooperate.
5. Owing to the stigma attached to the disease, It was very difficult to get information from the non-sufferers who are residing in the same area/locality/Mohalla.
6. Persons who had taken treatement from an area are not necessarily residents of the same area. Hence villagewise secondary information of the sufferers who had already taken treatment or have been released from treatment (RFT), was not possible to get. Also it was very difficult to trace them even if some prior infomation was avaiable with the worker.

7.4 Sampling Procedure :

Owing to these handicaps it was very difficult to obtain talukawise leprosy data systematically. Hence a stratified sampling method based on villagewise prevalence rates was adopted for selecting the samples for the study.

Thus villagewise information about active leprosy cases (The cases who are registered for treatment and are taking treatment regularly) for one year was collected using the performa as shown in appendix-2, at an interval of three months (1st April to 31st March 1993). Then villagewise prevalence rate (P.R) was calculated and the villages were classified according to these rates in to four strata, viz., low, moderate, high and very high using standard deviation method. This information was depicted in the villagewise district map of Vadodara as shown in figure 7.1, 7.2, 7.3, 7.4. With the help of leprosy health workers it was decided to take detailed information regarding the active cases which includes adult, child and relapse cases of leprosy. Along with this it was decided to have information from non-sufferers and the persons who had in the past undergone treatment for leprosy, ie, patients released from treatment (RFT).

Besides this, leprosy medical and para-medical staff were also interviewed in order to know their experience about the disease in all aspects.

GUJARAT

DISTRICT VADODARA

DISTRIBUTION OF LEPROSY

(1st April 1992 to 30th June 1992)

(ACTIVE CASES)

Scale: 0 1 2 3 4 5 6 7 8 9 10 MILES

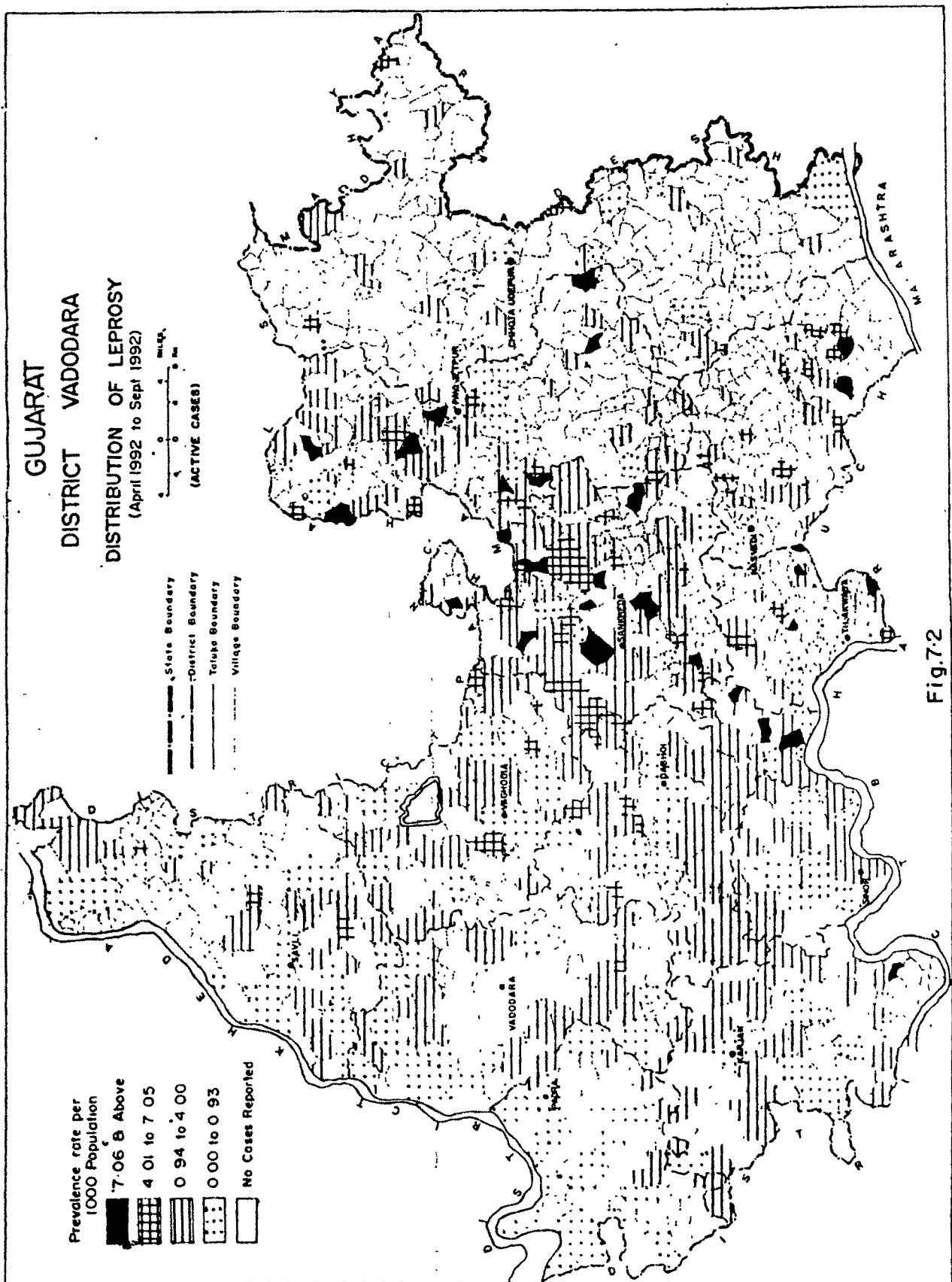
State Boundary
District Boundary
Taluka Boundary
Village Boundary

Prevalence rate per 1000 Population

- 7.44 & Above
- 4.06 to 7.43
- 0.68 to 4.05
- 0.00 to 0.67
- No Cases Reported

Fig. 7.1

Fig. 7.1



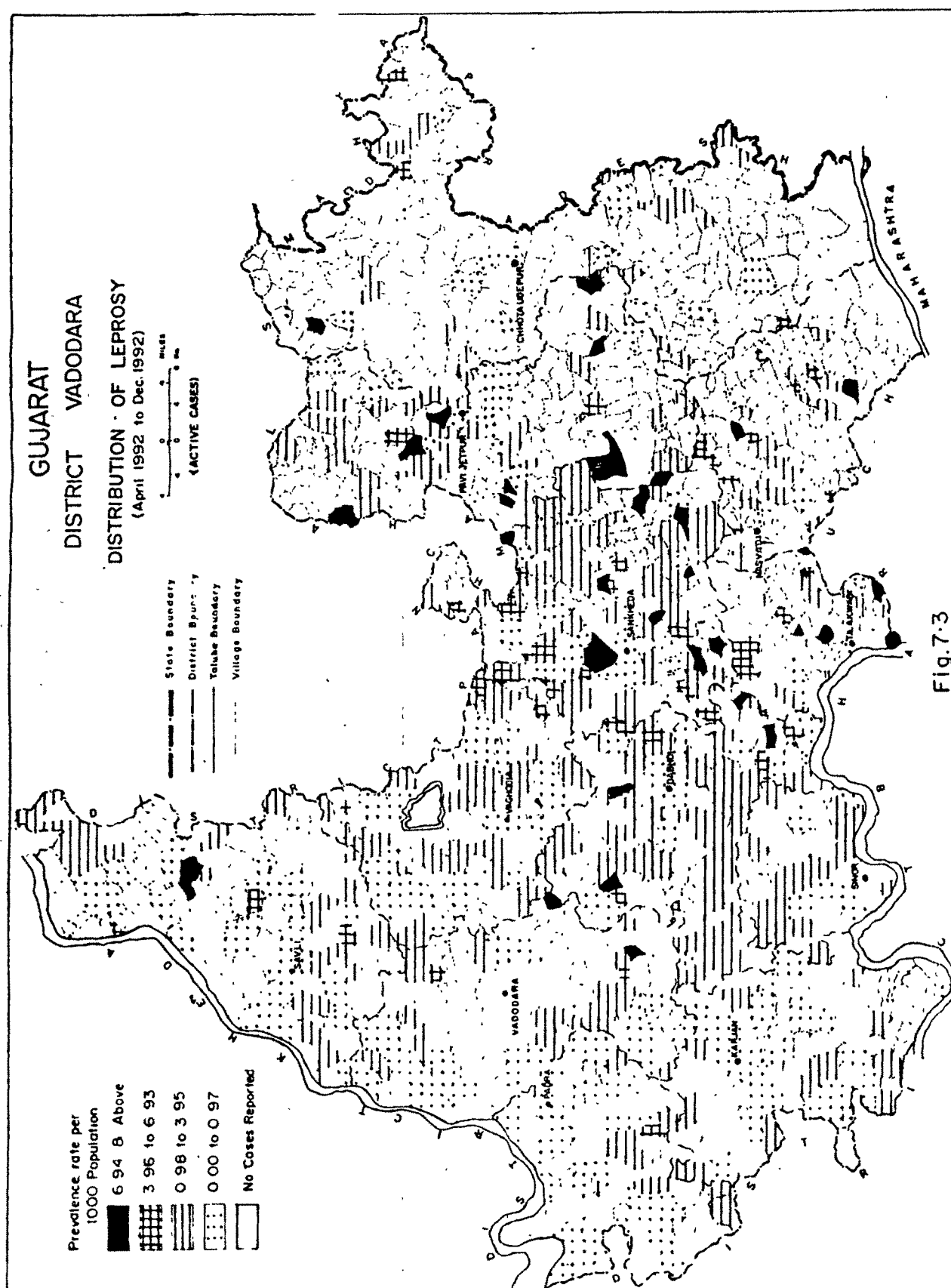


Fig.7.3

GUJARAT
DISTRICT VADODARA
DISTRIBUTION OF LEPROSY
(April 1992 to March 1993)

Prevalence rate per 1000 population

- 6.33 & Above
- 3.63 to 6.32
- 0.95 to 3.62
- 0.00 to 0.94
- No Cases Reported

State Boundary
District Boundary
Taluka Boundary
Village Boundary

0 50 100 km

Fig. 7.4

Fig. 7.4

7.5 Sample Size :

The present study is an area specific study where Vadodara district is taken as a unit. It was decided to take around 10% of the leprosy cases, (Active + RFT cases) from the total cases present among the four strata (low, moderate, high and very high prevalence areas) in both urban and rural areas of the district. Nearly 20 percent of the affected rural areas (i.e, villages) and 80 percent of affected urban areas were to be covered in order to collect data on physical, clinical and socio-economic aspects of the disease.

7.6 Survey Details :

As stated above the affected villages were classified into four strata according to the prevalence rates of leprosy. Table 7.1 shows that out of total 1655 villages and 19 towns nearly 50% of the villages and 80% percent of the towns are affected by the disease. Taking all type of cases, about 40% of the villages and 80% of the towns have been surveyed But in case of active cases about 20% of the villages and 30% of the towns were surveyed. The talukawise details of village and towns surveyed are shown in table 7.2 and 7.3.

Table 7.4 gives the details of the number of leprosy cases found in urban and rural areas of Vadodara district before and after survey in the four classified strata. It was found for all

Table 7.1 : Number of Village town/cities affected by Leprosy in Vadodara district in all four strata.

Status of area	All cases				Active cases			
	Area in existence		Area Surveyed		Area in existence		Area Surveyed	
	R	U	R	U	R	U	R	U
(A) Total nos of areas	818	17	353	15	701	16	152	14
% of Total	49.4 ^a	89.4 ^a	43.11 ^b	88.2 ^b	42.3 ^a	84.0 ^a	21.6 ^b	87.6 ^b
No. of Low PR areas	180	11	85(47.2)	9(82)	151	9	24(15.8)	9(100)
% of " " " (b)	22.0	64.7	24.0	60	21.5	60	15.7	69.2
No. of Mod PR areas	478	6	202(42.2)	6(100)	421	6	96(22.8)	5(83.3)
% of " " " (b)	58.4	30.3	57.2	40	60	40	63.1	35.8
No. of High PR areas	113	0	52(46.0)	-	88	0	25(28.4)	-
% of " " " (b)	13.8	-	14.7	-	12.5	-	16.4	-
No. of V. High P.R areas	47	0	14(29.7)	-	41	0	7(17.0)	-
% of " " " (b)	5.8	-	4.1	-	6	-	4.8	-

N.B a - Calculated from a total of 1655 Villages and 19 urban areas in the district.

b - Calculated from the total number of Leprosy affected Villages & towns.

- Figures in brackets indicate perecentage of total rural/urban areas surveyed.

P.R - Prevalence Rate.

R - Rural.

U - Urban.

Table 7.2 : Talukawise position of Villages and towns existing and surveyed classified according to prevalence rates.

Sr No	Name of Taluka	Position of District	Low P.R			MODERATE P.R			HIGH P.R			VERY HIGH P.R			Total position					
			Exit	Surveyed	U	R	U	R	U	R	U	R	U	R	Exit	Surveyed	U	R	U	
VILL. City/Town																				
1.	Vadodara	102	8	28	5	16	3	37	2	16	2	5	2	1	0	71	7	34	5	
2.	Karjan	93	1	20	1	16	1	37	-	19	-	1	0	1	1	59	1	37	1	
3.	Padra	82	1	25	1	6	1	15	-	5	-	2	0	0	0	42	1	11	1	
4.	Savli	137	0	27	-	10	-	31	-	8	-	7	3	2	1	67	0	22	0	
5.	Vaghodia	95	1	11	1	5	1	39	-	24	-	8	5	1	0	59	1	34	1	
6.	Dabhoi	118	1	9	1	4	1	59	-	27	-	14	8	5	2	87	1	41	1	
7.	Sankheda	184	3	8	-	3	-	67	3	31	3	28	14	16	3	117	3	51	3	
8.	Pavi	212	1	19	1	9	1	74	-	21	-	8	4	10	3	111	1	37	1	
Jetpur																				
9.	Chhota Udepur	276	1	13	1	5	1	44	-	20	-	11	3	-	-	68	1	28	1	
10.	Naswadi	219	1	4	-	3	-	36	-	17	-	24	12	6	2	68	-	34	0	
11.	Tilakwada	97	0	5	-	4	-	22	-	8	-	4	0	6	2	37	-	14	-	
12.	Sinor	40	1	11	-	4	-	20	1	6	1	1	0	-	-	32	1	10	1	
Total			1655	19	180	11	85	9	478	6	202	6	113	52	47	14	818	17	353	15

NB : U - Urban.
R - Rural.

Table 7.3 : Talukwise position of number Villages and towns having active leprosy cases classified by prevalence rates.

Sr No	Name of Taluka	Position of District	Low P.R			MODERATE P.R			HIGH P.R			VERY HIGH P.R			Total position					
			Exit	Surveyed	U	Exit	Surveyed	U	Exit	Surveyed	U	Exit	Surveyed	U	Exit	Surveyed	U			
VILL. City/Town																				
1.	Vadodara	102	8	25	3	4	3	32	2	6	2	3	1	1	0	61	6	11	4	
2.	Karjan	93	1	14	1	2	1	36	-	10	-	1	0	0	0	52	1	12	1	
3.	Padra	82	1	23	1	1	1	15	-	2	-	2	0	0	0	40	1	3	1	
4.	Savli	137	0	26	-	4	-	28	-	4	-	6	3	2	0	62	0	11	0	
5.	Vaghodia	95	1	11	1	4	1	37	-	13	-	7	3	1	0	56	1	20	1	
6.	Dabhoi	118	1	9	1	2	1	57	-	16	-	12	8	5	0	83	1	25	1	
7.	Sankheda	184	3	8	-	1	-	65	3	17	2	21	7	15	2	109	3	28	2	
8.	Pavi	212	1	7	1	1	1	42	-	6	-	6	2	5	2	60	1	11	1	
Jetpur																				
9.	Chhota Udepur	276	1	13	1	1	1	37	-	5	-	10	-	-	-	60	1	6	1	
10.	Naswadi	219	1	3	-	2	-	34	-	8	-	15	1	5	1	57	0	12	0	
11.	Tilakwada	97	0	2	-	1	-	18	-	4	-	4	0	6	2	30	0	7	0	
12.	Sinor	40	1	10	-	1	-	20	1	5	1	1	0	0	0	31	1	6	1	
Total			1655	19	151	9	24	9	421	6	96	5	88	25	41	7	701	16	152	13

NB : U - Urban.
R - Rural.

Table 7.4 : Number of Leprosy cases found in Urban & Rural areas of Vadodara district classified by prevalence rates.

Status of cases	All cases				Active cases			
	Cases in existence		Cases Surveyed		Cases in existence		Cases Surveyed	
	R	U	R	U	R	U	R	U
Total nos of areas	1389*	349*	683	197	1151	364	217	107
% of Total	26.6 ^a	15.0 ^a	49.1 ^b	56.4 ^b	23.7 ^a	15.6 ^a	24.4 ^b	29.6 ^b
No. of Low PR cases	267	279	172(64.6)	156(56)	210	281	41(19.5)	90(32)
of " " " (b)	19.2	80	25.1	79	18.2	77	18.8	84
No. of Mod PR cases	860	70	392(45.5)	41(58.5)	743	83	128(17.2)	17(20.4)
% of " " " (b)	62	20	57.3	21	64.5	23	60.0	16
No. of High PR cases	173	0	95(55)	-	127	0	38(30)	-
% of " " " (b)	12.4	-	14	-	11	-	17.5	-
No. of V.High PR cases	80	0	24(27)	-	71	0	10(14)	-
% of " " " (b)	6.4	-	3.6	-	6.3	-	3.7	-

NB a - Calculated from total of cases in rural 4847 & Urban 2330.

b - Calculated from the total number of Leprosy affected cases found in Urban & rural area

R - Rural.

U - Urban.

* - All RFT cases are not included in this total.

Table 7.5 : Talukawise breakup of ^{total} leprosy cases found in Urban and rural areas of Vadodara district classified according to prevalence rates.

Sr No	Name of Taluka	(A) Total no of cases as on 30/6/94		(B) Low P.R Exit Traced		(C) Moderate P.R Exit Traced		(D) High P.R Exit Traced		(E) Very High P.R Exit Traced		(F) Total no of cases traced in between 1/4/92 - 31/7/93	
		R	U	R	U	R	U	R	U	R	U	R	U
1.	Vadodara	936	789	56	212	35	113	92	44	43	17	5	3
2.	Karjan	390	220	23	10	23	12	68	-	48	-	1	0
3.	Padra	201	100	38	4	8	4	28	2	10	-	2	0
4.	Savli	487	-	46	-	33	-	55	-	13	-	16	5
5.	Vaghodia	317	162	17	7	9	11	73	-	46	-	13	15
6.	Dabhoi	482	246	8	36	9	7	143	-	59	-	30	15
7.	Sankheda	504	240	11	-	6	-	137	21	53	21	47	26
8.	Pavi Jetpur	486	247	26	5	14	4	103	-	41	-	18	12
9.	Chotta Udepur	185	101	13	5	7	5	54	-	29	-	12	4
10.	Naswadi	247	-	6	-	13	-	49	-	25	-	24	15
11.	Tilakwada	67	-	5	-	6	-	26	-	15	-	4	-
12.	Sinor	345	225	18	-	9	-	32	3	10	3	1	-
Total		4847	2330	267	279	172	156	860	70	392	41	173	95
												683	197
												880	

NB : U - Urban.
R - Rural.

- Since village wise RFT data were not fully available, the classification of RFT cases present in column A as on 30/6/93 among all four classes (column (B), (C), (D), (E)) of the prevalence rates, shown do not tally with total number of cases noted in column A.

Table 7.6 : Talukawise breakup of number of active cases of leprosy, found in Urban and rural areas of Vadodra district classified according to prevalence rates.

Sr No	Name of Taluka	Total no of cases as on 30/6/94		Low P.R			MODERATE P.R			HIGH P.R			VERY HIGH P.R			Total no of cases traced in between 1/4/92 - 31/7/93.		
		R	U	R	U	R	U	R	U	R	U	R	R	U	R	U	R	U
1.	Vadodara	138	256	49	212	8	69	83	44	10	5	2	1	4	0	19	74	93
2.	Karjan	73	10	12	10	2	4	60	0	15	0	0	0	1	0	17	4	21
3.	Padra	60	6	34	6	2	2	25	0	3	0	1	0	0	0	5	2	7
4.	Savli	102	-	40	0	9	0	48	0	4	0	14	3	0	0	16	-	16
5.	Vaghodia	90	7	12	7	6	6	68	0	16	0	10	8	0	0	30	6	36
6.	Dabhoi	176	36	7	35	2	5	134	0	21	0	27	9	8	0	32	5	37
7.	Sankheda	201	32	11	0	1	0	123	32	23	7	41	10	26	3	37	9	46
8.	Pavi-Jetpur	131	5	18	5	1	3	81	0	9	0	17	6	15	4	20	3	23
9.	Chotta Udepur	48	5	6	5	1	1	37	0	7	2	5	0	0	0	8	3	11
10.	Naswadi	60	-	5	0	7	0	37	0	8	0	9	1	1	9	17	-	17
11.	Tilakwada	25	-	1	0	1	0	16	0	7	0	0	0	8	2	10	-	10
12.	Sinor	47	7	15	0	1	0	31	7	5	3	1	0	0	0	6	3	9
Total		1151	364	210	281	41	90	743	83	128	17	127	38	71	10	217	107	326

NB : U - Urban.
R - Rural.

type of cases nearly 40% of the cases have been surveyed from villages and 55% of the cases from Urban areas from the four strata. But while tracing active cases only 20% of cases are covered in the villages and 30 percent in urban areas. The talukawise classification of the number of leprosy cases surveyed in Vadodara district (both for total and active cases) is shown in table 7.5 and 7.6.

As leprosy cases are broadly classified into two categories, i.e., infectious type (Multibacillary-MB) and non-infectious (Paucibacillary-PB), 10.3% of MB cases and 11.2% of PB cases have been surveyed (Table 7.7) overall picture indicates that nearly 10.7% of the leprosy cases (from the total cases) have been surveyed (For talukawise break-up, refer Appendix- 3.). The number of Village & Town taken as sample for collection of leprosy details is shown in figure :7.5.

Table 7.7 Information on the total cases in existence & traced during survey in Vadodara district.

Sr No	Type of Cases	In Existence			Traced		
		MB	PB	Total	MB(%)	PB(%)	Total(%)
1.	Active Child cases	36	106	142	27(75)	86(81)	113(79.5)
2.	Active Adult cases	836	484	1320	125(15)	52(10.7)	177(13.4)
3.	Relapse cases	39	14	53	31(79.4)	5(35.7)	36(68)
4.	RFT cases	3127	2535	5662	233(7.5)	211(8.3)	444(8.7)
Total		4038	3139	7177	416(10.3)	354(11.2)	770(10.7)
Non Sufferers							110
Grand Total							880

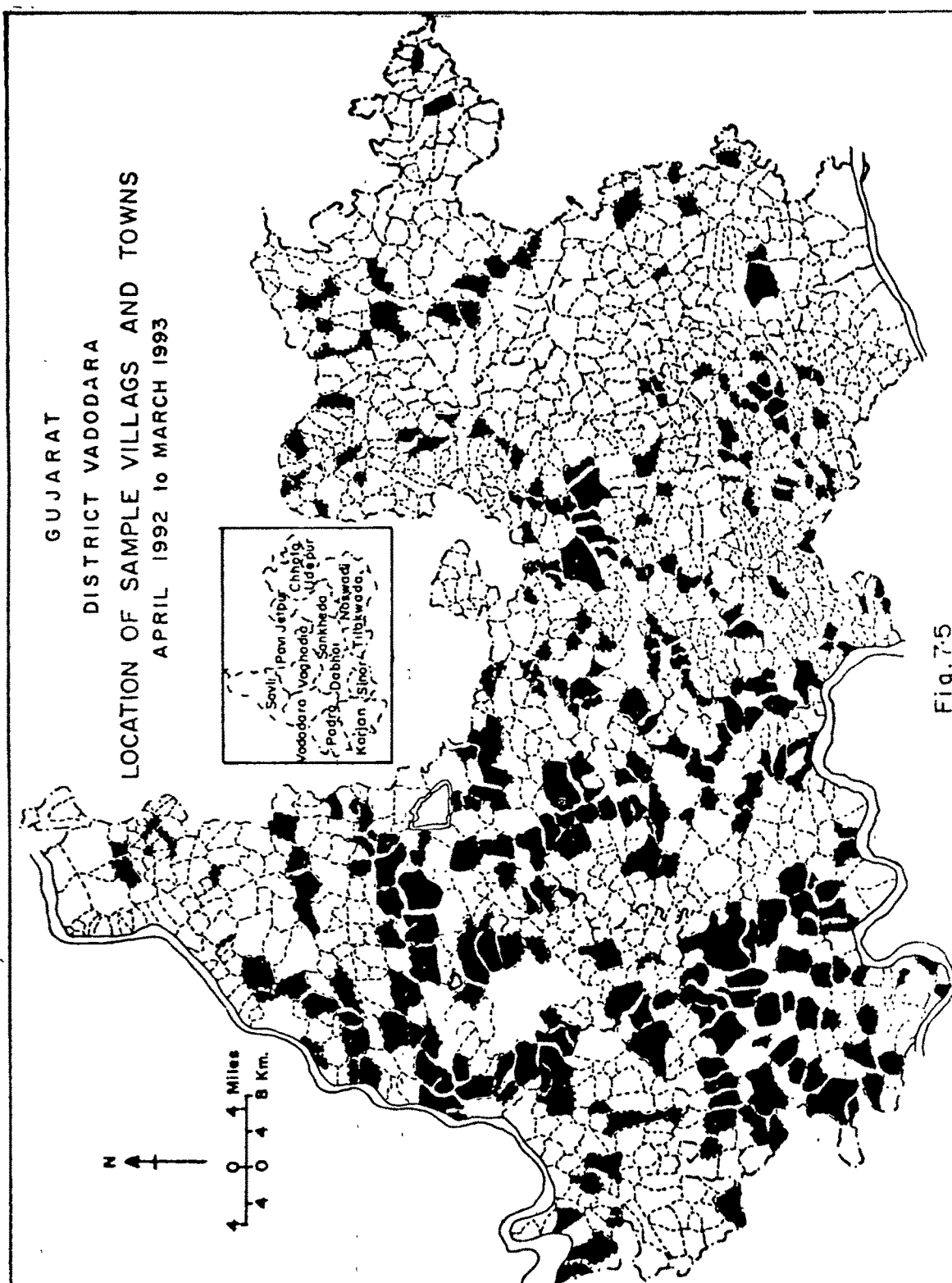


Fig. 7.5

Note : Percentage = $\frac{\text{Total cases (MB/PB) traced}}{\text{Total cases (MB/PB) in existence}} \times 100$

Irrespective of the strata if the number of villages and cases which were surveyed during the course of study are considered, it is found that nearly 40% of the affected villages and 88% of the affected towns have been surveyed as shown in table 7.8

Table 7.8 : Talukawise distribution of areas surveyed.

Sr. No.	Name of Taluka	Total number according to 1981 census		Total number Affected as on 1992		Total number of area surveyed during 1/4/92 to 31/7/93.	
		Village	City/Town	Village	City/Town	Village	City/Town
1.	Vadodara	102	8	71	7	34(48)	5(71)
2.	Karjan	93	1	59	1	37(62.7)	1(100)
3.	Padra	82	1	42	1	11(26)	1(100)
4.	Savli	137	0	67	0	22(33)	0
5.	Vaghodia	95	1	59	1	34(58)	1(100)
6.	Dabhoi	118	1	87	1	41(47)	1(100)
7.	Sankheda	184	3	117	3	51(43)	3(100)
8.	Pavi Jetpur	212	1	111	1	37(33.3)	1(100)
9.	Chhota Udepur	276	1	68	1	28(41)	1(100)
10.	Naswadi	219	1	68	0	34(50)	0
11.	Tilakwada	97	0	37	0	14(38)	0
12.	Sinor	40	1	32	1	10(31)	1(100)
Total		1655	19	818	17	353(43.1)	15(88)

Note : Figures in bracket indicate percentage of affected village and town.

Table 7.9 highlights the problem faced during the survey with in the villages and towns in order to trace both active and RFT cases. It was found that in Vadodara district nearly 1515

Table 7.9 : Details of persons interviewed in Vadodara district.

Sr No	Name of Taluka	Total no of leprosy cases as on 30/6/92			Total no of cases cont-acted during survey			Unable to trace/not available			No of cases refused to give details			Total cases interviewed			No of non-Sufferers. Taken		
		ACT	RFT	TOT	ACT	RFT	TOT	ACT	RFT	TOT	ACT	RFT	TOT	ACT	RFT	TOT	ACT	RFT	TOT
1.	Vadodara	394	1331	1725	185	528	713	22	375	397	70	68	138	93	85	178	33		211
2.	Karjan	83	527	610	52	256	308	13	137	150	18	61	79	21	58	79	5		84
3.	Padra	66	235	301	34	107	141	9	52	61	18	43	61	7	12	19	3		22
4.	Savli	102	385	487	68	179	247	16	87	103	36	61	97	16	31	47	4		51
5.	Vaghodia	97	382	479	72	203	275	8	117	125	28	46	74	36	40	76	5		81
6.	Dabhoi	212	516	728	168	223	391	46	136	182	85	41	126	37	46	83	10		93
7.	Sankheda	233	511	744	184	211	395	53	108	161	85	56	141	46	47	93	20		113
8.	Pavi Jetpur	136	597	733	97	236	333	26	103	129	48	93	141	23	40	63	15		78
9.	Chotta Udepur	53	233	286	42	183	225	13	93	106	18	62	80	11	28	39	6		45
10.	Naswadi	60	187	247	47	116	163	7	57	64	23	22	45	17	37	54	3		57
11.	Tilakwada	25	242	267	94	109	203	48	68	116	36	31	67	10	10	20	3		23
12.	Sinor	54	516	570	37	127	164	10	87	97	18	30	48	9	10	19	3		22
Total		1515	5662	7177	1080	2478	3558	271	1420	1691	483	614	1097	326	444	770	110		880
% From A		-	-	-	71.2	43.7	49.5	17.8	25.0	23.5	31.8	10.8	15.2	21.5	7.8	10.7	-		-
% From B		-	-	-	-	-	-	25.0	57.3	47.5	44.7	24.7	30.8	30.1	17.9	21.6	-		-

NB : ACT - Active cases, RFT - RFT cases & TOT - Total cases.

active cases were present before survey started. During survey it was attempted to contact nearly 71.2% of them. But 17.8% of the active cases could not be traced and 31.8% refused to respond. So only 21.6% of active cases could be interviewed. Similarly out of a total 5662 RFT cases it was attempted to contact 43.8% cases but 25.2% of cases could not be traced and 10.8% refused to respond while only 7.8% of RFT cases gave information. Thus out of the 7177 cases in the district, attempts were made to contact about 50% of the cases, out of which 23.6% were unable to be traced and 15.3% refused to respond, while 10.7% of the sample cases, set at the outset, could be met. Along with this about 85.5% of the leprosy medical and para-medical staff were interviewed which is shown in Table 7.10

Table 7.10 : Talukawise break - up of leprosy staff position and number interviewed.

Sr No	Name of Taluka	Number present						Number Interviewed					
		MD	LS	HE	Phy	PMW	Total	MD	LS	HE	Phy	PMW	Total(%)
1.	Vadodara	4	4	2	2	17	29	4	3	2	2	13	24(83)
2.	Karjan	-	1	-	-	6	7	-	1	-	-	2	3(43)
3.	Padra	-	1	-	-	3	4	-	1	-	-	1	2(67)
4.	Savli	-	1	-	-	5	6	-	1	-	-	4	5(83)
5.	Vaghodia	-	1	-	-	4	5	-	1	-	-	4	5(100)
6.	Dabhoi	1	1	1	1	7	11	1	1	1	1	7	11(100)
7.	Sankheda	-	1	-	-	6	7	-	1	-	-	6	7(100)
8.	Pavi Jetpur	-	1	-	-	4	5	-	1	-	-	4	5(100)
9.	Chhota Udepur	-	1	-	-	6	7	-	1	-	-	6	7(100)
10.	Naswadi	-	1	-	-	4	5	-	1	-	-	4	5(100)
11.	Tilkwada	-	1	-	-	2	3	-	1	-	-	2	3(100)
12.	Sinor	-	-	-	-	3	3	-	-	-	-	1	1(100)
Total		5	14	3	3	67	92	5	13	3	3	54	78(85)

Note : MO-Medical Officer, LS-Leprosy supervisor, HE- Health Educator, Phy -Physiotherapist, PMW-Para-Medical Worker.

7.7 Sources of Secondary Data :

Secondary data of leprosy were taken from the District, Leprosy Office of Vadodara, Leprosy division Directorate of Health (Gujarat) at Gandhinagar, and Centre for Social Science Research on Leprosy , Gandhi Memorial Leprosy Foundation at Wardha in order to know the position of leprosy within the district, state, national and international levels. Apart from this, information on leprosy was gathered from the library of Bombay leprosy project.

In order to have adequate ground details of Vadodara district, satellite data of the district were taken from Space Application Centre (SAC) ISRO at Ahmedabad in the form of false colour composite (FCC) of IRS-IA, LISS-I, 9th April 1990. Besides this, other ground details of Vadodara district were collected from the reports of Sardar Sarovar Narmada Nigam Limited.

Meteorological data such as daily minimum and maximum temperature and relative humidity were collected from the Indian Meteorological Department (IMD) at Ahmedabad. Talukawise rainfall data were obtained from the Panchayat office of Vadodara district.

7.8 Questionnaires :

Since five types of respondents were being dealt with viz., active adult cases, active child cases, active relapse cases, RFT cases and non-sufferers, five types of questionnaires have been used. Apart from this a separate questionnaire was used in order to evaluate leprosy medical and para-medical staff. As shown in Appendix-5.1 to 5.6

The questionnaires for active cases (Appendix-5.1) have been divided into five sections, viz., personal background, medical history, knowledge and awareness, effect of disease and socio-cultural status.

The questionnaires for active child cases (Appendix-5.2) have only two sections viz., their personal background and medical history.

The questionnaires for active relapse cases (Appendix-5.3) have two sections, one on their personal background and the other on individual experiences.

The questionnaires for leprosy cases released from treatment (RFT) (Appendix-5.4) had two sections one on their personal background and the other on individual experience when cured after treatment of the disease.

The questionnaires of non-sufferers (Appendix-5.5) have been divided into three sections, viz., personal background including socio-economic conditions, knowledge and awareness and related experiences about this disease.

The questionnaires of medical and para medical staff (Appendix-5.6) have been into three section viz their personel background, their working attitude and about their knowledge and awareness.

These interview was through structured pre-coded questionnaires.

7.9 Place of Interview :

Owing to the stigmatized nature of the disease, it is very difficult to get leprosy patients to respond to querries regarding their ailment. In order to economise on time and at the same time obtain maximum possible information as well as authentic responses, different places were selected for the interviews related to the present study. The places from where the samples were draw are given in tabel 7.11.

Table 7.11 : Place of detection of leprosy cases.

Sr No.	Name of the place	Type of cases							
		Child (2)	Adult (2)	Relapse (2)	RFT (2)	Total (2)			
1.	P.H.C.	8	(7)	7	(3)	10	(28)	32	(7)
2.	L.C.U/U.L.C	10	(9)	28	(16)	15	(42)	20	(4)
3.	Govt Hospital	4	(4)	18	(10)	9	(25)	58	(13)
								89	(11)

cont...

Sr No.	Name of the place	Type of cases									
		Child (2)		Adult (2)		Relapse (2)		RFT (2)		Total (2)	
4.	Residence	91	(80)	114	(65)	2	(5)	282	(64)	489	(65)
5.	Work place	-	-	10	(6)	-	-	52	(12)	62	(8)
Total		113	100	177	100	36	100	444	100	770	100

Note : P.H.C.-Primary Health Centre, L.C.U - Leprosy Control Unit

and U.L.C.-Urban Leprosy Control Unit.

From table 7.11 it is quite evident that maximum possibility for taking information from leprosy patients is at their residence (65%). But it was noticed that they always had a fear lest their neighbours or some members of their locality or their community, should know about their suffering. At work places, it is very difficult to discuss with respondents as they are engaged in their work and pay less importance to the queries. Another important point was that at the clinic (PHC, ULC, LUC, Govt. Hospital), patients were quite free to talk without any hesitation. The reasons for this was that they are away from their localities in which they live and hence have no fear of being discovered.

7.10. : Mode of Detection

The case cards of 770 leprosy patients taken for the study reveal how the patient was initially detected or brought under treatment for leprosy. (Table 7.12)

Table 7.12 : Mode of detection of leprosy cases.

Sr. No	Mode of disease detection	Type of cases						Total			
		Child		Relapse		Adult		RFT		cases	
		No	%	No	%	No	%	No	%	No	%
1.	Contact Survey	23	20	10	30	46	26	89	20	168	18
2.	General Survey	62	55	12	34	89	50	256	58	419	54
3.	School Survey	26	23	-	-	-	-	22	5	48	11
4.	Industrial Survey	-	-	-	-	-	-	-	-	-	-
5.	Self reporting	2	2	14	39	42	24	77	17	135	17
Total		113	100	36	100	177	100	444	100	770	100

7.11 : Data Analysis

The pre-coded questionnaires were processed and analysed by computer using SPSS package to give information related to leprosy in the district.

7.12 : Testing of Hypothesis

Seeing the difficulties met during data collection, as mentioned earlier, it was decided to test the various hypotheses at ninety five (95%) percent confidence level for the results obtained from primary data.