Assessment of the Depression Among Leprosy Affected Subjects
Using Three (3) Depression Measurement Scale

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Introduction: In leprosy affected subjects, it is possible to develop depression due to stigma, fear, disability. Hence there is a need to assess the levels of depression using the various scales available for this purpose. Methods: A sample of patients affected by leprosy and their close relatives from the leprosy projects managed by LEPRA Society were selected. Three popular scales for assessing depressions were used on the subject. Simultaneously participation scale and SALSA scale was also noted for some of the subjects. Results: The analysis of data based on the depression scale and prevalence of depression in subjects affected by leprosy and some of their close relatives. This data will be correlated with participated scale which assess in directly the stigma and SALSA score which assess activity limitation for knowing the possible role of stigma and activity limitation in the development of depression. Key words: Leprosy, Depression, Depression scale, Stigma, Activity limitation.

A Study on Psycho - Social Barriers in Practicing Self Care
Among Leprosy Affected People

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Introduction: Factors that have been suggested for contributing to leprosy stigma includes deformities, which also affects the psychological well being of the patient. Self-care plays a vital role in the prevention of deformities. However, little is known about the self-care barriers of patients with leprosy. The objective of the study was to identify perceived barriers in practicing self-care activities among leprosy patients, at personal, family and community level. Descriptive research design is used for the study. Methodology: A questionnaire on barriers in self care was developed based on the responses collected from patients by the free listing technique, about the barriers perceived by them in different areas. Conclusion: Analysis reveals barriers to self-care, including effects of dominant individual conditions such as depression, anxiety, fear, guilt & shame and other factors such as lack of financial, family, community and emotional support. The results suggest the need for an intervention with a comprehensive team approach to self care which includes increasing emotional and family/social support through counseling.

When is Psychological Support Necessary for People
Affected by Hansen’s Disease?

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When I rented a small house in the town of Corumbá, I was asked to leave after only one day because I put up a poster saying - Hansen’s disease has a cure. I saw fear in the eyes of the family who had rented the house to me — fear that the place was stigmatized. This made me think about how the population of Corumbá feels about Hansen’s disease. Research was carried out to investigate the attitudes of the population of Corumbá towards Hansen’s disease. We focused on three categories of people: a) those who never had Hansen’s disease; b) those who have had Hansen’s disease, are without disability and have been discharged as cured; c) those who were undergoing treatment. The findings indicate two common feelings: fear and the lack of realistic concepts with regard to Hansen’s disease. There were imaginary and real fears. The feeling of fear provokes instability in the emotional state of people. It brings insecurity and self-segregation. How do we help people overcome fear? How do we assist people who say “With Hansen’s disease, something died within me”? How do we create conditions whereby people can cope with fear, prejudice and stigma? Key words: Psychological Support, Fear, Prejudice.
O-296  Stress as a Correlate of Self Care Habit of People Affected with Leprosy

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People with anesthetic feet are often at risk of developing planter ulcers. Therefore, learning of good self care habits is one of the most effective ways of prevention of ulcer formation and/or its recurrence. Although these practices seem simple and easy in a community setting, the fear of rejection and discrimination due to the stigma of the disease causes more stress than the disease. This study therefore has been designed to establish a correlation between stress and self care habit of an individual affected with leprosy. This was done in 105 patients from the out patients department and for inpatients of the Leprosy Mission Hospital in Purulia. The patients were divided into 3 groups of 35 patients each and the last group comprised those who had more than 3 episodes of ulceration. The results will be presented for the conference. Key words: recurrent ulcer in leprosy, stress, causes of recurrence.

O-297  A Study on Counseling Needs of Leprosy Patients at A Referral Hospital in Uttar Pradesh, India

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Introduction: Leprosy is still most stigmatized. Further, some patients continue to have recurrent, serious complications e.g. reactions and ulcers leading to socioeconomic losses. In practice, leprosy patients are given medical treatment but not counseled adequately. Objective: To determine the counseling needs of leprosy patients newly diagnosed or during treatment for recurrent complications. Methodology: 50 patients newly diagnosed to have leprosy and 50 patients with chronic reactions or ulcers admitted in the hospital were studied through in-depth interviews. The counselor subjectively assessed the need for follow up counseling for those who had significant problems. The data were analyzed using computer. Results: Over 90% of patients had poor knowledge of leprosy. More than 80% of patients had wrong and negative perceptions of leprosy. They had poor acceptance of the disease and had anxieties and fear of loss of self-esteem, socioeconomic problems. More than half were depressed. A few also had suicidal ideation. Almost all expressed satisfaction with the counseling, and a majority wished to have follow-up sessions to cope with their problems. Conclusions: Counseling should be an integral part of leprosy care to ensure better acceptance of the disease and to cope with psychological and social problems. Key words: Counseling needs, leprosy.

O-298  Concept Note on Behaviour Change Communication (BCC)

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Behaviour Change Communication (BCC) makes use of mass media, new technologies and creative ideas in communication to influence social behaviour change towards a positive life. BCC has evolved from information, education and communication (IEC) programmes to promote more tailored messages, greater dialogue and fuller ownership. The variables that contribute to behaviour are far more difficult to change than simply improving one’s knowledge or increasing awareness about a particular issue or concept. Communication for behaviour change often involves reaching out to marginalized populations whose needs and behaviours are different from those of the rest of the community. TLM has been delivering BCC in its training programmes provided to volunteers via inter-personal communication conducted by Media Centre for some of its programmes so as to make the intervention more effective in contributing towards wider reach and acceptance. It has been observed that the volunteers have been able to mobilize the target audience through effective IPC and bring about changes in the socio-economic status of individuals and families (afflicted by disability caused by leprosy). Key words: behavioral changes.