Poster Presentations
Social Aspects & Health Education

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Political Perspective on Leprosy

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India, one of the high-endemic countries, declared elimination of leprosy as a public health problem on the 30th of January, 2006. In this campaign, the forerunners were the Central Government, the state governments, and NGOs. Political support and commitment for the cause was immense. But with India having officially declared the elimination of leprosy, there is a very strong possibility that this political commitment and support for the cause may be waning off. “Elimination”, Mr. Yohei Sasakawa says, “is a milestone towards Eradication.” This is true because leprosy control has reached a critical state, where, though, the number of leprosy patients has drastically reduced, the disease and the stigma attached to it remain. The need for political support is even stronger now that we have to work towards rehabilitation, integration of the leprosy-affected into mainstream society and for elimination of the stigma. Political intervention to prevent violation of human rights, to amend, modify and/or rectify the discriminatory laws of the Indian constitution related to leprosy is the need of the hour. Retaining the zeal and the dedicated political will for the work beyond ‘Elimination of leprosy’ is imperative.

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HIV and Leprosy: Commonalities and Differences

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In India there are nearly 14 million leprosy cured people and approximately 55 million close relatives of the leprosy cured people who suffer due to post leprosy problems. The leprosy cured people till today face the problem of discrimination stigma even to the extent of being ghettoized and excluded from mainstream society. HIV/AIDS is a dreaded yet manageable disease. Today people living with HIV/AIDS is more that 38 million in the world. India is the second highest in the world in terms of people living with HIV/AIDS infection. The factor of stigma is attached to both the diseases – Leprosy and HIV/AIDS. But in case of HIV/AIDS stigma is mostly related with the personal behavior, especially sex where as in case of leprosy it is considered as God’s curse. Early metaphors in both cases are death as horror, as punishment, as guilt, as slaves, and other have exacerbated these fears reinforcing and legitimizing stigmatization and discrimination. Once the person is affected by leprosy, he carries forever the adjectives of ‘Leprosy affected person’. The face, place may change but the story of those affected by leprosy HIV/AIDS remain the same, all over the world. To give a human face to fight against the stigma attached to leprosy and HIV/AIDS is our prime duty.

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Training and Communication Skills

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There is a perceived need that many Health Workers working in the field of Leprosy, have expertise in their own area of knowledge, but lack the skill to pass this knowledge on to others. This course is designed to assist such a workers to sharpen their communication skills and their ability to train others. The course content is inclusive of: Effective Communication; Communication and Persuasion, Knowing Your Audience; Active Learning Principles; Group Dynamics, Course Design, Message Design, PowerPoint Presentations. Students are expected to deliver live presentations to real life situations and are evaluated on their performance. Effective communication is an integral aspect of Health Promotion and this course is designed to facilitate active learning of this prerequisite skill. A poster about the course will be submitted.

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Advocacy, Communication and Social Mobilization, An Effective Tool to Address Stigma

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During our last visit to North Darfur, I was challenged by the General Director of health who said why we people working in Leprosy do not open our program to involve other sectors as it is being done in HIV/AIDS and Polio. Given that stigma against people affected by leprosy is strong in Khartoum, we decided to do Advocacy, communication and social mobilization for people affected by leprosy and other disabilities at the opening ceremony of the TLM staff and partners conference. We targeted leaders from the Government, UN agency, NGO, people affected by leprosy and those affected by other disabilities. We distributed awards to organizations and individual who have contributed to the fight against leprosy. As a result, three newspapers, one in English and two in Arabic covered the 3 days conference; Leprosy issues were on the front page of those well known newspapers. People affected by leprosy and other disabilities were able to share meals with officials from the Government, UN and NGOs and churches Leaders. Some churches have already contacted us as they want to include leprosy in their activities. Based on that experience I believe that we need to combine those kinds of approaches with traditional community awareness activities such as community talks, radio and television magazines. Keywords: Stigma, Advocacy, Mobilization.

Impact of IEC Activities in LEPSRA DTST Districts of Bihar

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Background: The stigma related to leprosy is the main obstacle to its effective elimination. The fear of rejection by the family & community may cause more stress than the disease itself, and may lead to the hidden cases. So IEC have to play significant role in overcoming that stigma by cooperation and collaboration with the community. Objective: To create awareness in communities for early reporting, remove myths, misconception and discrimination in the society. Method: To generate awareness in the community by various IEC methods, LEPSRA provides mobile IEC van, 5 jeeps with Public Address System, exhibitions in Hatts, sticker at PCO booth & public places, small hoardings at PHCs, Panchayat Bhawans etc. Result: After doing this all methods of IEC we found that LEPSRA districts referral of suspected cases and new case detection rate is high compared to other districts of Bihar. Conclusion: The use of IEC activities in the project has proved to be a good approach to detect early cases of leprosy and to bring down the stigma level in communities. Findings and detail study will be presented in details.

Level of Acceptance of Disabled Patients (Lep) by the Family

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Introduction: In the Indian society, especially in the state of Bihar various myths & misconceptions are still there in regard to the leprosy. The people are not having sufficient knowledge about the cause & consequences of the disease. Even also after treatment the disable peoples are not accepted in the family. It happens only due to the myths & misconception. Objective: To study the level of awareness among the people regarding leprosy. To know the level of acceptance of disable patients due to leprosy in the family. Methodology: Developing of specific formats in order to know the level of awareness as well as acceptance of disable peoples by the family members. 1. Collection of data on random sample basis in 9 districts. 2. FGD 50% should be women. 3. Opinion collection through prescribed format from the disable peoples due to leprosy. 4. Compilation of the data. 5. Photograph collection on any case of acceptance / non-acceptance in the community and case study preparation. Conclusion: The study will help to move foreword with some appropriate IEC/BCC activities. Also it will provide the right direction to know the needy areas for creating awareness and sharing information. Details will be presented during presentation.
Level of Acceptance of Disable Patients (Lep) by the Community

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Introduction: In the Indian society, especially in the state of Bihar various myths & misconceptions are still there in regard to the leprosy. The people are not having sufficient knowledge about the cause & consequences of the disease. Even also after treatment the disable peoples are not accepted in the society. It happens only due to the myths & misconception. **Objective**: 1. To study the level of awareness among the people regarding leprosy. 2. To know the level of acceptance of disable patients due to leprosy in the community. **Methodology**: 1. Developing of specific formats in order to know the level of awareness as well as acceptance of disable peoples in the community. 2. Collection of data on random sample basis in 9 districts. 3. FGD. 4. 50% should be women. 5. Opinion collection through prescribed format from the disable peoples due to leprosy. 6. Compilation of the data. 7. Photograph collection on any case of acceptance/non-acceptance in the community and case study preparation. **Conclusion**: The study will help a more to move forward with some appropriate IEC/BCC activities. Also it will provide the right direction to know the needy areas for creating awareness and sharing information. Details will be presented during presentation.

Social Aspects of Leprosy and Health Education

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While medical efforts to conquer leprosy have made tremendous progress in recent decades, it is fair to say that efforts to tackle the disease’s social dimension have lagged behind. Due to the general public’s ignorance, misunderstanding, indifference and fear, millions of people cured of leprosy and even their families still suffer from the stigma associated with the disease. The problem of discrimination is still deep rooted in India and many countries all over the world. There are many examples where leprosy has been an excuse for Human Rights violations in child custody battles or dispute over property inheritance. From Brazil to Japan, laws were enacted that reflected prevailing attitudes towards leprosy, legitimizing the segregation of those with the disease. Those days of enforced isolation are now over, but they remain an uncomfortable legacy that continues to color the public attitudes. The monotherapy era (single drug, dapsone) improved our knowledge, the objective became one of the controlling the disease and the strategy shifted from institutionalization to case detection and out patient treatment based on survey -education -treatment (SET). The SET approach subsequently developed into Information –Education –Communication (IEC) strategy. The MDT era further refined our understanding of the disease. The era not only saw consolidation of IEC activities but also emergence of Community Based Social Action (CBSA) strategy. We now need to strengthen our system and focus our programmes on IEC activities and CBSA strategies to integrate leprosy affected persons socially, economically and legally.

Life in Leprosy Colonies of Bargarh Sub-Division, Orissa

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Introduction: Leprosy is a disease surrounded with unique social perceptions. Many disabled persons are either forced to leave their families and live in leprosy colonies. In Bargarh sub-division with 7,60,411 population there are 4 colonies of Jirandi, Jamurda, Rohinia and Jhanjore. This paper presents the various responses collected from 256 colony inhabitants. **Methodology**: The colonies were visited by the workers and information was collected through the questionnaires, personal interview and observation. The issues on which information was generated were vocation, sanitation, personal hygiene, education, self stigma and support they have received from govt. and philanthropists. **Results**: The number of families and population was 366 and 976 respectively. Colonies were supported mostly by the missionary organizations. Regarding occupation, begging is the most common one practised by 218 (81%) of 256 respondents. This was followed by manual labour adopted by 22 (8.6%). 142 (55%) expressed change in life style due to disability. Only 20 respondents (19%) have relation with the family, 10% still bear the hope of returning to the village. Only 7% hope that they will be accepted by the family. Regarding the disease status from the entire population of 976, 44 (45.5%) are cured persons of which 379 (85.4%) are disabled. All cured persons have received support from govt. and other agencies and some have availed from multiple sources. **Conclusions**: Disabilities make the people live in colonies Begging seem to be the commonest occupation for livelihood among the population living in leprosy colonies. Very small number keeps contact with the family. Many have received support from govt. and other agencies. **Key words**: Disabled, Vocation, Self stigma, Cured persons.
Leprosy Colonies In Bihar

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1. In Gaya which is about 110km from Patna there are three leprosy colonies. In these three colonies there are altogether about 700 people living in these colonies with their families and children. Each leprosy-affected person has his own pucca house on his own land. There are facilities of water and electricity. There is a government leprosy hospital beside these leprosy colonies from where all the leprosy affected people get medicine. There is provision for children's education and some of them are studying in boarding schools. Old Age Pension and Social Security Pension is available to all the affected ones. About 200km away from Patna there is East and West Champaran where we have Chakly Leprosy Colony, Pipra Leprosy Colony, Gandhi Leprosy Colony (Kumar Bagh). In these leprosy colonies there is water facility but there is no electricity connection, none of them have pucca house. They live in huts made of straw and grass. They do not have their own land. Everyone gets old age pension. In Bargania and Chaimpur Leprosy Colonies there is no electricity, no land of their own and none are getting old age Pension. They have drinking water facility. Dhaka Leprosy Colony in East Champaran has pucca houses, electricity, solar lights, water and everyone is getting old age pension. In Ramgarhwa Leprosy Colony there is electricity, water and old age pension scheme. For children's education there is a school in the leprosy colony itself. The houses are quite old and water leaks through the roof during rain. Ghora Sahan Leprosy Colony has pucca houses but need urgent repair. There is water and everyone gets the old age pension. There is no ration card. Chauradanu Leprosy Colony has pucca houses but need urgent repair. Forty people get pension and rest are not. Janki Leprosy Colony in Sitamarhi has pucca houses, electricity, water, school for children and all get old age pension. But the houses are old and need urgent repair. Laxman Nagar Leprosy Colony in Sitamarhi has pucca houses but need urgent repair. There is electricity and water and old age pension scheme. Bhairon Ganj and Chanpatia Leprosy Colony have pucca houses but need urgent repair. There is a primary school in Chanpatia Leprosy Colony. None of them get old age pension. They have their own land. Arrah Leprosy Colony in Bhojpur district does not have their own land. This colony has huts. There are three hand pumps, ration cards and old age pension. 250 leprosy-affected people live here. Motipur Leprosy Colony has pucca houses, own land, old age pension, water, school for children but no electricity connection. About a little distance away from Patna there are two leprosy colonies in Khagaul- Ram Nagar and Prem Nagar Leprosy Colonies they have water facilities, electricity, old age pension, ration cards, a non-functional school. Children go outside to study. Very long time back a pucca school was built in Ram Nagar Leprosy Colony in which I taught the children of leprosy affected people for 22 (twenty two) years, now which is non-functional due to scarcity of fund. We are trying to re-open it and your kind help is needed. Leprosy affected people of Bihar do not get any help from any organization. I have visited all the 45 (forty-five) leprosy colonies of Bihar and got them made ration card, old age pension, red cards and in many got installed hand pumps for drinking water. I do not get any help to visit these leprosy colonies. Frequently I keep visiting the S.D.Os, D.Ms and Chief Minister. About 20 colonies in Bihar need urgent repair work. We would like that each leprosy colonies of Bihar should have vocational training centers, good education facilities for children employment for their unaffected family members and cease of begging.

Aim for a World with Inclusion

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As the world-wide number of newly diagnosed cases with continue to decline, the impact of stigma remains stable, or in some instances, increases. The effects of stigma do not only impact the person carrying these stigmas, but his/her extended family as well. With this in mind, it is important for organizations that fund/provide HD related programs to practice the art of inclusion. This “art” can be embraced by small and simply run organizations, as well as large, complex entities that may operate on an international level. The purpose of this presentation will be to show how these practices of inclusion can play an important part in the decrease of stigma. These practices can include, but are not limited to: printed materials in a common language, verbal communication in non-technical terms, acceptance of volunteerism, active search for guidance in policy development, and assignment of legitimate status in program implementation. Exclusionary efforts, like devalued paper money, can quickly lose its luster if the appropriate support is not present. The presenter will also discuss some examples of personal involvement on boards.
Sustaining Leprosy Awareness Through Selective Special Drives (SSDs) in Rural Areas of Maharashtra State, India

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The key success of the leprosy control programme was early detection and prompt treatment with MDT. Promoting voluntary reporting of new leprosy cases through leprosy awareness activities is the only means of detecting new leprosy cases after the integration. It has been realized that general IEC campaigns has not resulted in increasing the number and timely self-reporting of new cases. ALERT-INDIA has implemented Selective Special Drives (SSDs) in the rural districts of Maharashtra through selected NGOs under LEAP partnership programme. Focused IEC campaigns were undertaken by the NGO staff during SSDs and reached the people with basic information on the signs and symptoms as well as facts about leprosy through specially trained community volunteers. An intervention study was conducted to measure the effect of focussed IEC under SSD in the community. 1200 randomly selected individuals from 4 villages (2 non SSD and 2 SSD) in Gondia and Wardha districts were assessed for their level of leprosy awareness using a pre-structured questionnaire. The questionnaire survey was repeated at regular interval to know the sustainability of leprosy awareness. At the end of 3rd round, there was a 4 fold increase in sustaining the awareness among communities exposed to SSDs. The study also confirms the influence of focussed IEC activities carried out by community based NGOs and volunteers in increasing the level of knowledge and sustaining the leprosy awareness that has resulted in voluntary reporting of new leprosy cases.

Local Print Media Coverage on Leprosy – Study in West Bengal, India

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Introduction: After introduction of MDT the face of leprosy has changed & the world is running towards leprosy-free. The deformity of the society is still prevailing in many areas despite many efforts. Local media (both electronic & print) can play a vital role in opinion building by covering leprosy related positive news. Methodology: 50 randomly selected news from state level Bengali news paper were analyzed. Covers were mostly negative attitude of the society towards lepers, media conferences of health officials, some exemplary dedication of some people. Details of the result will be shown by chart & graph. Conclusion: local media must be more sensitive, updated, should be constructive minded to built peoples opinion to fulfill “leprosy free world” Key-words: Print Media, “Leprosy free world”.

Evaluation of Participation Restriction in Hansen’s Disease After MDT: A Brazilian Experience

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Participation restrictions are problems experienced in any life situation or context. The application of a scale to measure social participation is necessary for use in rehabilitation, stigma reduction and social integration programmes. The objective of this study was to evaluate the social participation of people reached for hansen’s disease (HD) after MDT in a Municipality of the Northeast Region from Brasil - Sobral, Ceará. We use the Participation Scale (v 4.6) to quantify the restrictions in people reached by HD, based on the participation domains of the International Classification of Functioning, Disability and Health. This scale is a new 18-item interview-based instrument. Sixty-nine subjects, 10% of the total number of cases from 2003 to 2005 in this municipality, were evaluated. As a result of the final classification: 64 (92.8%) had no participation restriction, 4 (5.8%) had mild restriction and 1 (1.4%) had severe restriction. The case with great restriction was directed for psychological attendance. The scale allows collection of participation data and impact assessment of interventions to improve social participation. We consider the participation scale easy to be applied in the health services and can be used as useful tool for the integral attention of the people reached for HD. Keywords: Hansen’s Disease; Participation Scale; Stigma; Disability
The Use of Internet to Teach Leprosy in Brazil

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Hansen's disease is still a problem to some countries in the world and nowadays internet is everywhere giving access to information to everyone: a solution to that problem. Teaching is the only way to achieve controlling this endemic disease and by using internet even those people who live far away from big cities can known the first signs and symptoms of the disease making possible early diagnose when patients don't have disabilities. For these reasons Fundação de Ensino Superior de Passos (FESP-UNENG), Secretaria de Estado da Saúde de Minas Gerais (SES-MG) and Netherlands Leprosy Relief (NLR) created the Portal da Hansenise. Portal da Hansenise is a web site open to whom wants to know about Hansen's disease and it also has free of charge courses to those who works with the disease. Since it was inaugurated in August 2007 it has received more than 11,000 visits and has more than 500 persons attending to its classes. Its official language is Portuguese but it's our intention to translate all classes to Spanish and English. Authors: Maria Aparecida de Faria Grossi Pieter A. M Schreuder Carlos Alberto Faria Rodrigues Jorge Luiz Costa Key words: leprosy, internet, teaching.

A Model of Information Communication Programme to School Teachers in Urban Leprosy Projects

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Introduction: Since total population survey is not acceptable in large cities and towns, advocacy work needs to be done through Electronic Media, Print Media and folk media (meetings with various groups in the community). Objective: School teacher are the strong opinion builders whose help should be sought to make -- Leprosy a discussable subject in the community, providing the knowledge of mode of transmission, infectivity, complete curability and the need of psycho social support of the patients. Material & Methods: In each school of project area, with the consent of management, 1 1/2 Hrs lecture programme may be conducted. After signing in the participant's register, the teachers are first asked to attempt and return a constructed, printed questionnaire within 10 minutes, asking as to what he or she knows about leprosy. 1. Whether it is a (multiple choice) 1. Curse of God 2. VD 3. Hereditary 4. Caused by germs 5. Don't know. 2. It's mode of transmission is through: 1. Water 2. Air 3. Contact 4. Mosquitoes 5. Don't know 6. Affects which organ ? 1. Blood 2. Vital organs 3. Intestine 4. Skin 5. Don't know 4. Its common skin patch is : 1. White 2. Itching 3. Pale sensation-less patch 4. No patch 5. Don't know. The questionnaire continues as ask in Yes or No or Don't know whether 5. Whether a patient with deformity is highly infection, 6. Leprosy is totally curable? 7. A student patient should be separated? 8. Would you like to purchase vegetables from a normal looking person known to be taking treatment for leprosy? After collecting the answer sheets (K.A.P) a 4-50 minutes talk with the aid of album or slides may be delivered particularly describing the various causative organisms like cholora, plague, syphils, mycobacteria of TB and leprosy? The immunity and how the two types emerge etc. The session ends with distribution of hand bill containing also the list of clinic points in the area. Conclusion: This methodical education programme to the well-educated group seems to have a firm place in the urban leprosy elimination programme giving it a positive look, promoting voluntarism in the people for examination of skin patches and achieving other objectives.

Awareness & Attitudes to Leprosy in Rural Maharashtra India

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Introduction: Despite great investments in IEC activities, knowledge and particularly attitudes to Leprosy is poor among different strata of the society in rural Maharashtra. Methodology: Using a specially prepared questionnaire in vernacular and qualified investigators, 485 general community members, 214 teachers, 197 Government Officials And 93 Grassroot health staff were randomly chosen and interviewed on Knowledge about signs,symptoms, cause of Leprosy its mode of spread, treatment & Attitude towards people affected by Leprosy. Results: About 35% of the General Community and teachers as compared 50% among officials and health staff have actually seen leprosy. Their knowledge was thus quite poor even in recognizing leprosy or listing the early signs. Even among health staff, the knowledge on causation and transmission seems quite low. Only 50% stated that leprosy is curable, and the treatment is free. The attitudes of the people from all strata of society are negative and based on ignorance and misconception on the transmission of the disease. Conclusions: Widespread ignorance and negative attitudes still prevail in rural areas of Maharashtra and unless corrected can impede eradication of leprosy and its consequences and be the main invisible barrier to their getting equal rights and a life of dignity.

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Impact on Awareness and Advocacy in Relation to Social Acceptance and Improved Quality of Life

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Objectives: This study was designed to study the impact of awareness and advocacy with the families affected by leprosy and the physically challenged, the effectiveness of social acceptance of the leprosy community, the social integration of the marginalized in society and evaluate the effectiveness of the micro enterprise activities and Self Help Groups. Methodologies: Tools for health promotion activities carried out for the public, by available means, including word of mouth, including experiences shared by former patients, school activities, including quizzes and essay competitions with prizes, public talks, announcements, plays, puppet shows, posters and leaflets (less useful where literacy is low) and mass media, IEC materials, including newspapers and local radio, TV, video, DVD. Result: Information, Education and Communication (IEC) materials played an active role in awareness. The Community Learnt that the leprosy was curable and can be cured with drugs that are widely available and are free-of-charge. Key words: impact of advocacy programmes, social acceptance in leprosy.

Self Help Group - An Integrated Approach For Socio-Economic Development of People With Affected by Leprosy And Disability

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Introduction: Self Help Group (SHG) is not new for Indian community but it’s a new experience for the people affected by leprosy and disability. Several Govt. schemes implemented for poverty alleviation in Chhattisgarh like (RDRP, SGSY, RMK, SWA SHAKTI and Now Nawa Anjor) but these section of people were left behind. After the implementation of the State wide SHG Project Chhattisgarh from October 2005 there is a significant change in the life of the people. Methodology of the study: 800 beneficiaries were interviewed (with equal number of both genders). Leprosy affected and those with other disability were interviewed in Hindi by qualified social workers in eight districts. Results: Change in the attitude of the people, in economic conditions, in social participation and in the attitude of the community towards the Leprosy affected and disabled were seen. Also affected were the accessibility/ and utilization of services and resources available in the community. Key words: socio economic development in leprosy, self-help groups in leprosy.

Leprosy Awareness Among Urban School Children in Nepal

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Introduction: School children form an important section in a community and change agents. A study was done to assess their knowledge on leprosy transmission and perception of leprosy. Methods: A random sample of 40 (18 boys and 22 girls) students studying in grades 8-10 in a school in Kathmandu were studied. Sixty percent respondents reported that business was the main occupation of their father. Majority of the respondents were from Newar ethnic group (62.5%) followed by Chhetri (20%). Results: Although, all of the respondents reported that ‘they have heard about Leprosy’, only 10 (25%) students knew about the causative organism of leprosy. 55% of the respondents came to know about leprosy through TV. More than 60% of the students were well aware about the complications of leprosy. They said that all the persons infected will get leprosy and some of them would die. A remarkably high 100% of the respondents were in favor of introducing Leprosy awareness topics in school curriculum. Key words: Leprosy awareness, awareness in school children.
Mainstreaming of Leprosy Affected Using Development Approach

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Leprosy mission Nepal launched a 5 years project called CAP from July 2005 in the Bara district of Nepal with the aim of mainstreaming leprosy affected persons by developing resources within communities. A detail feasibility study was carried out and the project was designed based on the findings collected. After the selection of areas, a series of meetings were held with leprosy affected, physically disabled and marginalized groups of people as well as with influential community members regarding project concepts. Once beneficiaries were convinced, a self-help group (SHG) comprising 15 to 20 members from 3 aforesaid categories in each village development committee were formed. All together, 31 SHGs were formed and different activities were conducted to empower the beneficiaries. Then all groups were registered as Community Based Organization in local government. When each group become matured, they formed a cooperative and register in government. Now each SHG were focused and health aspects were cooperative started micro-finance and community welfare activities. Now this project has completed only 2 years. However, some lessons are learned that covering whole community instead of working only with specific clients would be more effective. Similarly, some impacts have been seen. Now, the leprosy affected are not hesitant to disclose their disease status and heir social participation is increased.

A Comparative Study Between UNCRPD and Other International Instruments

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United Nations has brought out various Conventions and Treaties to address specific problems of the society and its population. The legally binding international document in the name of “United Nations Convention on the Rights of People with disabilities” guarantees a number of rights that could help people with disabilities to live a life with dignity. Proper Survey should be taken to find the genuine figure of disabled persons, district, state and Nation wise with door to door certification on disability carried out by a team of doctors. There should be specific and time bound guidelines to developing countries in respect of providing the basic needs such as food, clothing and shelter to people with disabilities. Provision of basic needs to people with disabilities should be immediate. Thickly populated countries like India should be observed whether they support all or only few for names sake keeping very strict selection criteria. The current history that a poor disabled person has to live on begging should be rewritten. Financial assistance should be given directly by the governments through banks not through any other agencies to avoid further exploitation and misuse. People affected with leprosy should be given special consideration as their situation is peculiar. Once ratified, there should be more strict monitoring system in place on member countries and they should be made more answerable for violations. Key words: UNCRPD, disability, rights.

Knowledge of and Attitude to Leprosy and Vocational Training Among VTC Students: A comparative Study

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In order to know the knowledge and attitude about leprosy among the VTC students, this study was carried out among 297 VTC students from Nashik and Vadathorasalur. The Questionnaire consisting of Basic Knowledge about Leprosy, its Psychosocial and vocational aspect were prepared, tested and administered in local languages. The data was compared on the basis of students Affected with leprosy, Leprosy background and physically challenged and students among 2 VTCs. Statistical Analysis were done in each group by gender, poverty, educational status of the parents and compared. It was found that the knowledge of leprosy among the students were inadequate in the cause, communicability, MDT treatment, MCR chapel wearing and eye involvement in leprosy.50% of the students does not perceive key goal of vocational Training. A majority of the students feel fear about future is the main cause of worry followed by people’s rejection. Social stigma and poverty were the greatest threat to the leprosy affected people. Only around 30% of students feel that the leprosy affected people can stay in common residential area. Only 110/296 students feel free to buy from leprosy affected vendor. Majority of students were referred by TLM Hospitals followed by public health centres (Comparisons to be done between students of 2 VTCs., between Leprosy affected, Leprosy background and with Age, Sex, educational status of parents and the poverty level of parents). The study reveals that the inadequate knowledge and social stigma still remains even with the persons with leprosy background. Proper understanding about leprosy should be taught to family members. A Comprehensive Occupational Therapy Programme with the Wholistic approach is essential for the VTC to functionally empower the students. Key words: awareness of leprosy, VTC students.
Awareness and Attitude to Leprosy Among the Industrial Employers in Nashik

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It is observed though quality training is being provided in Vocational Training Centres meant for the leprosy afflicted, job placement has still been a problem and leprosy related social stigma can be a reason. To know the reasons for unemployment 200 Industrial Employers randomly selected from the NIMA (Nashik Industrial Manufacturers Association) Directory have been studied using a questionnaire that consisted of 10 simple questions about awareness and attitude towards leprosy through direct interview with the subjects i.e. General Managers, Chief Executives, HRs from Big, Medium and Small Scale Industries. The findings revealed that majority of the employers know that leprosy is caused by an Infectious Bacteria followed by poor hygiene & hereditary, is highly communicable, needs about 5 years treatment and deformity becomes normal in Long run. Almost all of them agree with the fact that it affects the people who have less body resistance; cured leprosy patient rarely spread disease. Majority of them feels sympathetic when they see leprosy affected persons and feels sorry for them. About employing a leprosy afflicted person, only about 30% said 'yes' while the remaining said 'No' or 'Can't Say' with the main reason being that other employees do not cooperate with them. Key words: awareness to leprosy, in industrialists.

Quality of Life of Residents at an Aged Home for Destitute Leprosy Patients (Snehalaya) at Faizabad, India

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Due to stigma and lack of effective treatment for leprosy and its deformities in bygone era, several patients were rejected by the families & societies, who became homeless or lived in colonies provided by Government or NGOs like the Leprosy Mission. The study examines the quality of life of TLM home for aged destitute patients (Snehalaya) and how it differs from those living elsewhere. A questionnaire, adapted from 'WHO QOL-100' was used on all 40 residents. A random sample of 40 patients from nearby government colonies and another sample of 40 persons were interviewed from the communities, where the persons lived with their respective families. In general, persons in Snehalaya or in colonies showed poorer quality of life in most of the domains examined as compared to those living with their families. With the early detection availability of MDT and all the associated support services being provided by the Govt & the Leprosy Mission, our aim should be to keep the patient placed in the family and community, no matter how difficult the problem, putting in more effort through advocacy, counseling and health education. Key words: old aged homes, leprosy homes, quality of life.

Awareness and Attitudes to Leprosy Among Urban Slum Dwellers in West Bengal, India

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Urban slums have proliferated in all cities of India. The residents of these slums generally migrants, mostly illiterate, with poor amenities. Leprosy is a disease of poverty, shrouded in stigma leading to gross disabilities, if not treated early. A representative group of slums were chosen from different parts of Kolkata, the capital of West Bengal state, and a door-to-door survey carried out using a special research proforma to interview a random sample of heads of households to assess knowledge and attitude towards leprosy; and to identify untreated cases of leprosy, enquiring the reason for not reporting. A sample of 600 persons were interviewed, 299 men and 301 women. Only 20% had high school education, and mostly in unskilled labor. 90% knew about leprosy but only a third could mention the causative agent. Only half could state correctly the early signs and symptoms. Only 55% felt the deformity or ulcer was preventable. 40% stated that the affected person will hide the disease due to fear of stigma. There were 6 cases of leprosy in the areas studied, 2 not yet reported. The study emphasizes the need to educate and motivate slum populations to report promptly and take regular treatment. Key words: urban slums, attitudes to leprosy.
Community Based Rehabilitation is an Effective Intervention to Increased Community Participation & Social Acceptance of Leprosy Affected to Improved Quality of Life

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Introduction: Individual interests of the people affected by leprosy are usually ignored in the collective interest of the family and the community. Efforts to reduce such problems of the leprosy affected require systematic documentation of facts relating to the factors underlying such problems. The Study emphasizes that people disadvantaged by leprosy across India gain a sustainable improved quality of life due to CBR intervention. Methodology: Research designed and methodology has adopted which applies to social science. Case study methods have been used for collection of data in the proposed study in nine selected units. Result: The CBR Programme has reduced the incidence of poverty through increase in income, enabled the poor to build assets. 80% beneficiaries have increased independence in daily life through educational support. 75% beneficiaries have increased the participation in community decision making. 65% beneficiary increased in their ability to meet common needs and 80% beneficiaries have reported increased social acceptance and involved in the planning. Conclusion: The Study has revealed that the leprosy affected and other disabled has shown increased participation in the decision-making process in South India. Key words: community participation, quality of life in leprosy, increased community participation in leprosy.

Development of an Action Plan for CBR, TLM India: Bringing Culture and Participation into Focus

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Background: It has been said that the way people behave and participate in programmes in largely dependent on the local culture of the community they live in, which includes people's beliefs, practices, and traditions. The way in which culture affects and works is important as community development activities take place in a cultural context. This preliminary study explores the importance and influence of culture and participation in development projects. Methods: Relevant literature on culture and participation were reviewed. Three TLM centers were chosen by purposeful and convenient sampling for situation analysis. The situation analysis was done, by circulating a questionnaire by email, to explore the importance and influence of culture and participation in TLM programmes. The collected data was summarized and was analyses on themes drawn from research questions. Findings: There is a clear link between local cultural values and the challenges people with disabilities (PWDs) face, and they are not the same across the country (India). Explicit acknowledgement of cultural aspects in TLM CBR projects in not found from the available data. Stakeholder analysis reveals that local community and community health workers have high importance and high influence in TLM projects. 'Women's participation' and 'migratory populations' are some of the major challenges analysed. Key words: rehabilitation, disability, action plan.

Extent and Correlates of Leprosy-Related Stigma in India

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Leprosy is perhaps the most stigmatized of all diseases even after several decades of successful leprosy control work. Further, progress towards eradication of leprosy will depend on a significant reduction of societal stigma. In order to know the level of stigma prior to intervention, an exhaustive baseline survey was conducted in three states viz. West Bengal (Purulia dist), Uttar Pradesh (Faizabad dist) and Chhattisgarh (Jangir dist). Nearly 2,400 community member (heads of households) and 600 leprosy patients were interviewed. Further, 60 key informants were interviewed in depth and 100 focus group discussion were held to probe into origin of stigma, how it could be reduced and eventually eliminated. Restrictions are observed with regard to vital aspects viz. domestic work, level of participation in rituals and puja, place of sleeping and bedding, sharing food and articles, using services of barber, taking bath in the same pond, participation in casual recreational/social activities as peers etc. Services of priests are available for use for all the respondent patients. Data revealed that patient's appearance such as deformity, dirty look and bad smelling ulcers are the main reasons of stigma which has strong correlations with state, religion, caste, economic dimension and literacy level etc. of patients and the community. Generally, there was a favorable attitude towards reducing leprosy stigma and communities are enthusiastic to take initiative in the above programmes. Key words: extent of stigma in leprosy.
Assessment of the Extent and Correlates of Participation Restrictions of Leprosy Patients

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There are many stigmatizing conditions which result in social participation restrictions of the affected and their family members. It is often believed that leprosy patients are one such group the most suffered from social participation restrictions. However, since there has not been any agreed measurement to assess the extent of restrictions, the TLM has developed an interview based culture free Participation Scale (P-Scale) to quantify the extent of participation restrictions at individual level. A study of application of the standardized P-Scale, for identifying participation restrictions and their associates with leprosy characteristics has been conducted. A total sample of 300 leprosy patients randomly selected by representative sampling from those taking treatment from The Leprosy Mission Hospital, Shahdara, have been interviewed. Simultaneously an equal sample of 300 patients taking treatment from the same hospital for diseases other than leprosy, served as a control group for comparison. Based on the total P-Scale score secured by each respondent, ranging from 0-90, the respondents are categorized into 5 categories i.e. no significant restrictions(0-12), mild restrictions(13-22), moderate restrictions(23-33), severe restrictions(33-52) and extreme restrictions(53-90). The results show that the visible deformed leprosy patients face extreme participation restrictions and significant variation between the leprosy afflicted and other diseased. Key words : community participation in leprosy.

Perceived Stigma of Leprosy Patients with Visible Deformities in Three States of India

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Apart from the stigma manifested by the community, patients' perception of being stigmatized, a result of their physical appearance and visible deformities could contribute to overall leprosy stigma, which needs special attention. To assess the perceived stigma of leprosy patients, 265(45%) visible deformed and 325(55%) without visible deformities have been randomly selected from hospital records and studied from three states viz. West Bengal (Purulia dist), Uttar Pradesh (Faizabad dist) and Chattisgarh (Jangir) have been studied in depth. Quantitative data analysis confirms presence of restrictions with in the family, community and workplace on those with visible deformities as well as without visible deformities. The degree of restrictions as perceived by the patients with visible deformities and without visible deformities has been compared with regard to movement & domestic life in the family, sharing and participation in the family, movement in the community, participation and receiving the civil services such as barber, bathing pond etc from the community, sharing and participation in workplace, admission of children in schools, and treatment in hospitals etc. Chi-square test shows that the level of stigma as perceived by patients is significantly more among those with visible deformed than the others, in most of the contexts and the situation is more or less the same in all the three states. Key words: stigma in leprosy, deformity in leprosy, deformity and stigma.

Prevalence Of Stigma in Relation to Religion and Social Class in Three States of India

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While stigma against leprosy patients and families is a universal phenomenon, nature of stigma varies as per the culture in which religion and social class play a significant role. In order to weed out intervening factors, a baseline survey analysis was conducted prior to intervention programme, in three states viz. West Bengal (Purulia dist), Uttar Pradesh (Faizabad dist) and Chattisgarh (Jangir dist) covering nearly 2,400 heads of households. Community's experiences and attitudes towards accepting the leprosy patients in the family, community, and workplace have been analyzed against the social class and religion. The castes in India are categorized into 4 groups i.e. Higher Castes (HC), Scheduled Castes (SC), Scheduled Tribes (ST) and Other Backward Castes (OBC). To cite an example, on an average 324(57%) of the respondents from Faizabad, 501(72.8%) from Purulia and 291(60%) from Champa, agreed with playing of healthy children with children of leprosy afflicted, the caste wise analysis shows different influence of caste in between the states. While, it is slightly higher among HC(60%) and least among ST(46%) in Faizabad, higher among HC(72.8%) and least among BC(58.3%) in Purulia and least among higher caste(4%) and higher among SC(64%) in Champa. This paper also presents several instances where the influence of caste is found to be different due to probable social reasons. Key words: stigma and religion, leprosy and religion, stigma in leprosy.
Inhabitants of a Former Leprosy Colony in Northeast Brazil: Isolated and Stigmatized

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Despite abolishment of compulsory segregation of leprosy patients in 1962, we still find 33 former “leprosy colonies” in Brazil, voluntarily inhabited by around 3,000 ex-patients. These people have been expelled from the public sphere in the past, since then not being reintegrated. We performed a cross-sectional study to describe life circumstances in a state-run former leprosy colony in Redenção (Ceará State). It is inhabited by 90 ex-leprosy patients and 86 non-affected family members. Data were collected from records, and a questionnaire was used to collect demographic, clinical, and socio-economic variables, and information on social networks. Leprosy-affected inhabitants were significantly older than non-affected (mean age=61.5 years and 20.0 years, p<0.001). Of the 77 (86%) interviewed leprosy-affected individuals, 56% never attended school and 86% received a state pension. Seventy-three percent presented visible physical deformations, 34% were not in contact with their families outside, and 40% expressed lack of social integration. Due to the state pension, residents are not considered extremely poor, but leprosy control programmes urgently need to include social integration of the inhabitants of former leprosy colonies.

Leprosy and Estatal Imposition

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The present study aims to examine the relationship between the Brazilian state and public health in the first half of the twentieth century, having as joint question the politics of obligatory isolation of the carrying patients of leprosy and the reactions to the same one. The theoretical instrumental chosen can be summarized through the definitions of State and bureaucratic field developed by Bourdieu.P. coercion and consensus from the indications of Antonio Gramsci A and developments of Godelier M. The documentary corpus of this work consists of oral sources, interviews from the research project “Memories and history of Hansen’s disease in Brazil. From these theoretical assumptions, we found in the documentation rather than mere acceptance of state policies that are violent (the compulsory isolation), but the operation of mechanisms that by the naturalization of such practices, creates and maintains a popular demand for these types of domination and imposition. The construction of the state is only possible through their naturalization undertaken by physical and symbolic coercion. However, the acceptance (or even demand) required for the establishment and reproduction of state power can only be built and distributed by consensus. Leprosy; Health Public Policy; Patient Isolation; State.

Help-Seeking Behaviour: Patients’ Enlightening Stories

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While studying help-seeking behaviour amongst leprosy cases in a low endemic district or northern Bangladesh, we identified several themes which suggest possible methods of intervention for improving early case detection. Trained health workers interviewed a consecutive series of 38 recently-diagnosed leprosy cases to discover the sequence of actions/events which had led to their diagnosis, or had delayed their diagnosis, and to identify those people most influencing the patient’s behaviour. Thirteen stories indicated that the new patient was led to the leprosy clinic by a previously-treated person (of whom 6 were related to him/her). Most of the patients (15) who had earlier sought advice from a general health worker, had wasted money on inappropriate treatment or received misleading advice. Six sample stories will be presented. Those who have already been treated for leprosy are an unrecognized effective force for bringing new cases to the attention of the leprosy programme. With encouragement, these people could do more to help with early diagnosis. A deliberate effort to harness this resource led to 22 more patients being detected in the area over 6 months. Key words: help seeking behaviour, early case detection, treated patients.
Role of a Health Education Media Centre Towards Eradicating Leprosy From This World

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Role of Eradicating Leprosy from this world. For the last 6 years media Centre affectively providing vital information to the grass root community through TLM projects and centres providing creative & effective communication material in video, audio and print media. Secondly organizing various advocacy events in community level and school. Providing most effective training for community representatives (Panchayati Raj) different faith, Religious Leader, Health workers and Volunteers for their capacity development on behavioral change and communication skills and also good media advocacy component. Simultaneously the research unit providing need base information for developing IEC materials along with pre and post test of communication materials. Key words: role of education, leprosy eradication.

Testing LEC Materials for Optimum Effectiveness

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Introduction: Information Education & Communication commonly abbreviated, as IEC is an integral part of leprosy control program. To facilitate this program, several audio-visual aids are produced. Many of them may not have been properly field tested for better reach and greater impact. Without such scientific assessment prior to dissemination, the outcomes may result in poor effectiveness and wastage of scarce resources. Such an evaluation must be done scientifically with proper methodology. Methods: In this paper, findings from a study testing selected IEC materials (posters, pamphlets, booklets, docudramas and spots) were tested. Four target groups (children, leaders, women and men) were used in three states of India. Effectiveness of the aid in terms of message clarity as well as on visual appeal, language, characters used if any, comprehension, reaction/opinion to the format used etc. were determined. Conclusions: Research is imperative in production of effective IEC materials. Key words: audiovisual aids, IEC material, field testing.

The Role of English Translation in the Promotion of Stigma

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As increasing attention is paid to the role that language plays in either promoting or reducing stigma, it is important to look at how translators may have contributed to the stigma associated with leprosy. More than 300 pages of letters, written in Hawaiian by the early residents of Kalaupapa, have been translated into English. Some letters that had been translated previously were retranslated. It was observed that the residents of Kalaupapa referred to themselves in a number of ways that used the word “person” prior to mentioning the disease, i.e., “the people sick with leprosy” and “the people overtaken by the leprosy illness”. However, in many cases, the translators chose to simply use the word “lepers”, thus imposing the stigmatizing Western terminology on the Hawaiian culture, a culture that did not have a tradition of stigmatizing individuals because they were sick. It is likely that this has happened in other countries where Westerners translated the words of indigenous people and, in so doing, attributed behavior and values regarding leprosy to people that were not originally a part of their culture. Recommendations are made to sensitize translators today so that they do not unintentionally contribute to the stigma associated with leprosy. Key words: Stigma, Language
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A Survey of the Knowledge and Attitude About Leprosy for a Part of Floating People in Beijing

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Objective: To understand the status of leprosy health education in the floating population and to study the improving way to leprosy health education in them in order to control the disease transmitting. Methods: The investigation of the floating population in more than 60 person was done by the investigation forms about the knowledge, opinion and behavior of leprosy. Results: They showed that knowledge of the disease was not widely known. More than half the respondents did not know the early symptom of leprosy and how to preventing leprosy. Although most respondents did not display prejudice in their own responses, many implied that prejudice was still present in the wider community. It is evident from the study that some prejudices and misconceptions still exist. Conclusion: It's an important way to popularize and improve the knowledge of leprosy among the floating population through publicizing. It is these population which health education should focus upon. Also doctors in the hospital will be trained for diagnosis leprosy in the early stages and at the same time it will be to set up the inspecting way for the floating population. Keywords: Leprosy Floating population Health education.

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The Influence to the Lepers Economy, Disability Recovery and Social Communication After Provide a Miniature Loan to the Family

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Objective: To increase the economical income of the leprosy family and accelerate the ability of their deformity recovery and strengthen their sociability. Methods: The loan contract was signed by The Amity Foundation and the local leprosy control unit. According to the application of the leprosy patients, the local leprosy control unit confirmed the target of the family and signed the loan contract. Results: In the year of 2005 and 2006, after enforced the loan in miniature, the incomes of the 131 leprosy families has increased up to 14.45% and 16.42% respectively; the average number of the patient's social communication has also increased up to 15.5% and 20% each. The popular rate of the patients self-attendance was obviously rise after the loan. The rate of the leprosy knowledge of the villagers was 24% and 70% before the loan and the later.4 patients were revelation in the whole year. Conclusions: Provide a loan in miniature to the leprosy family can increase their family's income and accelerate the ability of their deformity recovery and strengthen their sociability. Keywords: miniature loan; leprosy family; economy; recovery from disability; social communication.

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High Degree of Social Restrictions in a Former Leprosy Colony  
Ceará State, Brazil

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Throughout history, leprosy patients have been suffering not only from physical disabilities, but also from social exclusion. This study aims to measure the social restriction perceived by ex-leprosy patients residing in a former leprosy colony in Redenção Municipality, Ceará State (North-East Brazil). We used Van Brakel’s Participation Scale, an interview-based instrument assessing client-perceived social participation on a score system (0-90 points). It is used in leprosy patients, but has so far not been applied in a former leprosy colony. We obtained data from 77 (85.6%) of the 90 leprosy-affected residents of the colony who have been successfully treated. In total, 52% showed social restrictions, indicated by a score >12 points. Restrictions were mainly related to working and travelling and less common in activities in the closer community. Social participation was significantly lower in individuals with mobility restrictions (p=0.001), and visible deformations (p=0.01). The perceived restriction of social participation is an important consequence of leprosy among the population of a former leprosy colony in North-East Brazil.
Teleassistance and Teleeducation in Leprosy:
A Strategy of Public Health Program

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Leprosy is a chronic infectious disease, which provokes disability, a problem of public health in endemic countries, such as Brazil. The diagnosis is based on anamnesis (anesthesia) and clinical examination (macula on the skin). The sending of the patient’s history and digital images to advanced technology centers stimulates an interactive discussion and the discharge of an effective and quick second opinion. The data of 106 suspions cases of leprosy sent from Health Unity to Clinical Hospital are compatible with the ones from the literature in Teledermatology, Kappa medial agreement, especially because leprosy is a polimorphos disease hence it is difficult to make a diagnosis in the indefinite forms and initial lepromatosus being differentiated in general by the history of anesthesia. This project using Telemedicine and Teleeducation tools in the FMUSP-SP with the participation Municipal and State Health Secretariat of Sao Paulo, which are catalyzing this initiative to increase the chances of diagnosis and treatment, as one of the strategies of the leprosy program.

Immediate Active Mobilization of Common Tendon Transfers: Economic and Social Impact of the New Postoperative Therapy Protocol

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Purpose: To asses the economic and social impact of quicker rehabilitation, earlier discharge from care and more rapidly functional restoration with the new postoperative protocol of immediate postoperative active mobilization following tendon transfers. Methodology: In the years 2003-2006, 124 patients had immediate mobilization of tendon transfer following claw correction by Zancolli’s “lasso”; opposition transfer and tibialis posterior transfer for foot drop correction. The outcomes of surgery were similar to those of immobilization of the transfer with earlier discharge of patients after completion of rehabilitation. The economic impact of immediate mobilization versus immobilization was determined by the total man days saved, lower hospital cost, reduced therapist time and earlier return to work. Result: There is 49% reduction in hospitalization and 2444 man days saved with immediate postoperative active mobilization of tendon transfer. Therapist’s time per session is reduced by 50% and the overall savings for the programme in financial terms is enormous. Patients returned home three weeks earlier and this was a positive motivating factor for patients’ willingness to undergo similar surgery again. Conclusion: Immediate mobilization of tendon transfer is safe. The outcomes are similar to postoperative immobilization with significant economic and social advantages to the patient and service provider.