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A STUDY TO FIND OUT
THE KNOWLEDGE, BELIEFS AND ATTITUDE OF
COMMUNITY PEOPLE ABOUT THE
LEPROSY (HANSON'S DISEASE) IN BALKOT VDC
BHAKTAPUR

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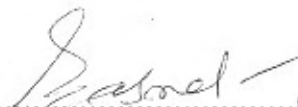
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Recommendation Letter

This is to certify that Mr. Shyam Lal Shrestha has been prepared dissertation in partial fulfillment of degree of Bachelor in Nursing in titled "A study to find out the knowledge believes and attitude of community people about the leprosy (Hansen's disease) under my guidance and supervision. Therefor I forward to final approval and acceptance.


.....
Lecturer: Sabitri Basnet

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Acceptance letter of dissertation

This dissertation on “ A study to find out the knowledge believes and attitude of community people about the leprosy (Hansen’s disease)” prepared by Mr. Shyam Lal Shrestha as partial fulfillment for the requirement of the Bachelor degree of Nursing under Tribhuvan University, Nursing Campus has approved .

1. Campus Chief: - Miss Archana Bhattacharya.....*Archana Bhattacharya*
2. Internal Advisor: - Mrs. Sabitri Basnet.....*Sabitri Basnet*

ACKNOWLEDGEMENT

This study entitled "A study to find out the knowledge, belief and attitude of community people about leprosy in Bal Kot VDC Bhaktapur District" is under taken as the partial requirements for the Bachelor's degree in Nursing.

First of all, I would like to gratitude towards the research section of Nursing Campus, Maharajgunj, Kathmandu for providing me an opportunity to conduct this research study for the partial fulfillment of bachelor degree in Nursing.

I express my heartiest gratitude and sincere thanks to my research guide lecturer Md. Sabitri Basnet for her continuous guidance; suggestion and valuable help through out research process.

I am grateful to Miss Geeta Panday, Campus Chief and Mrs. Kamala Tuladhar, Assistant Dean, IOM. Who accepted my proposal and encouragement for completing on timely.

I would like to extend my cordial thanks to library section, IOM Nursing Campus who provided me all documents for completing the research writing.

I would like to extend my cordial thanks to Mr. Shyam Bdr. Thapa, Chair Person of Bal Kot VDC and all the people of ward numbers 1,2,3,4 and 8 for their valuable support in data collection and providing encouraging a support to complete for this study.

I would like to extend my wife Mrs. Sangita Shrestha for her valuable efforts for typing providing encouraging a support to complete for this study.

Once again I express my sincere thanks to my daughter Miss Angila Shrestha for her kind help and to household activities during my study period that made me to complete it.

At last, but not least thanks goes to all personals, who have helped me directly/indirectly for my research study.

- SHYAM SHRESTHA
B.N. STUDENT.

ABSTRACT

The researcher presents a small scale; exploratory, descriptive and quantitative study of 50 respondents of Bal Kot VDC ward no 1,2,3,4 and 8 Bhaktapur district. The aim of the study was to find out the knowledge and belief on leprosy by using household survey for 50 respondents. Among them, 15 persons are educated and new generation as well as 35 persons is uneducated and old generation. Every ward has taken 10 sampling population for study.

The main findings show poor knowledge, negative attitude and traditional belief on leprosy. The majority of the respondents (52.63%) could recognize the senseless skin patch as a sign of leprosy but sometime they confused with other skin problems. So on 19.29% of respondents recognized the deformities of extremities and they also knew that the leprosy is a highly communicable disease (20%). However 12.28% of people commented unknown about cause of leprosy. 40% people have absolutely correct idea about the cause of leprosy they believed that the bacteria are the cause of leprosy 14% of people have concept of previous sinful act.

As a result of 50 respondents survey show only few young and literate group had basic knowledge on leprosy and modern believe and shown positive attitude otherwise majority of community had not appropriate concept about leprosy.

The findings reflect the situation of community. The independent variables play the significant role on dependent variables on leprosy.



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CHAPTER - I

1. INTRODUCTION

Leprosy is a major public health problem mainly due to the disability caused by the disease. Previously leprosy patients were ostracized from the society because it was believed that leprosy occurred due to curse of god. This led to leprosy patients being isolated in leprosaria. A survey conducted by His Majesty's Government of Nepal in collaboration with WHO in 1960/61 revealed that the prevalence rate of leprosy was about 7-14 /1,000 population and estimated cases were about one hundred thousand among ten million population. Consequently in 1966 the leprosy control program was started as pilot project and leprosy patients were treated with Dapsone.

In Nepal, leprosy is one of the major health problems with 6.2/10,000-population prevalence and 9.4/10,000 grade II disability rate (visible deformity of hands and feet and severe visual impairment). According to National data in 1995/96 but according to National Data of 1997/98, the prevalence rate is 3.9/10,000 population, which is taken through National Leprosy Control Program (NLCP) which was started in the whole country 1975 AD

A country is considered major epidemic country where the estimated prevalence rate 1/10,000 population and above (annual report of MOH 1995/96 page 101). The tremendous physical and social burden this disease places on individuals, families' and communities should be fully recognized. It can not be adequately expressed in terms of prevalence or incidents statistics. The disease even if it does not kill is capable of causing permanent and progressive physical disability and consequent psychological damage. We have never come so close to see leprosy conquered. Even though, the disease contributes to affect large number of people (Dr. S.K. Noor Dean, WHO/SEARO, Geneva, 1995, page 4).

1.1 Situation of Nepal in Leprosy

Before 46 years ago (1953) the western region of Nepal was started one of the skinning hospital to provide service for leprosy and T.B. patients. In 1957, the Green pasture "Leprosarium" was established in Pokhara. This later on expanded into hospital. These all works were done by international Nepal fellowship under United Mission to Nepal.

A survey conducted by MOH of Nepal in collaboration with WHO in 1960/61 revealed that the prevalence rate of Leprosy was 7-14/10,000 population and estimated cases were one hundred thousand among ten million populations. So on according to the latest data 1997/98, the prevalence rate of leprosy is 3.9/10,000 population.

The male, female ratio is lowest in the Terai. National data also showed the female ratio is lower than male. The ratio of male to female patients which remains considerably higher in the referral center (3:4) than in the field 2:0 in western region. But as a whole country the male, female ratio is 2:1 according to National data 1997/98.

In 1975, the NLCP was established in the whole country. The international Nepal fellowship was given responsibility for the work in the western half of Nepal by MOH of Nepal.

In 1995 October, the second international conference, on the elimination of leprosy was organized by the WHO in New Delhi, which was participated by MOH and Director of the leprosy control division of Nepal. They supported the resolution of conference and started to develop policy and strategy for elimination of leprosy. Various National and international organizations have been contributing in this field.

To achieve the objectives and target of MOH, leprosy control Division, Teku, Nepal. All citizens of Nepal would take some responsibilities to make aware for community members aware of all aspects of the disease such as knowledge as well as belief and attitude. If it is very critical and challenging job where the literacy rate is very low that is 37%. Hence, in this research the researcher has attempted to study on knowledge and attitude of community members towards the leprosy.

Leprosy has been a problem that affected the community for all ages. Leprosy is called "Maharog" or Kustharog that means big disease that decayed. Once a person suffered from the leprosy, people reject and exclude the patients from the society. Therefore, the tendency was to hide and not to come for treatment.

1.2 Rational for Study:

The statement of problem is "A study to find out the knowledge, believe as well as attitude of community people about the leprosy (Hansen's disease) in Bal Kot VDC of Bhaktapur District)

Nepal is an underdeveloped country, especially due to the lack of knowledge and proper awareness. The prevalence rate of leprosy is 3.9/10,000 population according to National data of 1997/98. (Annual report of MOH 1995/96 page-101). A country is considered major epidemic country where the estimated prevalence rate 1/10,000 population and above. It is due to the lack of knowledge and negative attitude towards patient because of fear of disease transmission.

Leprosy is one of the chronic communicable diseases perhaps second only to T.B. in the Nepalese context. Strategies to eliminate leprosy are being implemented through government health facilities, poor health infrastructure, lack of adequate knowledge attitude and public believes related to leprosy are recognizes garriers to leprosy elimination in Nepal!

In this context, I selected the Bal Kot VDC Bhaktapur for my study area. It's because maximum researchers have investigated, On the rural area, where the facility of media and proper communication is inadequate. But according to many researches Kathmandu, Lalitpur and Bhaktapur is the developed area even though in village site. There is so underdeveloped area. The place where the communication media is not sufficient naturally high level of illiteracy rate. But unfortunately people become illiterate though sufficient communication facilities as well as other plenty of developed area, Bal Kot is one of the VDC of Bhaktapur. So I have interested to know or investigate the proper knowledge of that village area.

1.3 Objectives of the study:

General Objectives:

The overall objectives of this study is to find out the knowledge, attitude and believe about the leprosy (Hansen's disease of the community in Bal Kot VDC Bhaktapur).

Specific Objectives:

- To make questionnaires on knowledge and belief of leprosy.
- To consult the questionnaires with advisers and other related personal for reliability and validity.
- To conduct pilot study by taking 10 personals from other community

- To belief the data about knowledge and belief of community people.
- To analyze, tabulate and finalize the data by utilizing the percentage statistical method.

1.4 Hypothesis

The Ministry of Health and varying NGO as well as INGO has continuously tried to give proper knowledge about the leprosy to the community people. They have being using their different methods of health education, although the limited number of aged and illiterate persons have still negative or wrong concept and belief about the leprosy, it's causes, mood of transmission etc.

1.5 Operational Definition:

1) Study Population:-

Those persons who are 15-70 years, male and female; literate and illiterate lived in Bal Kot VDC Bhaktapur especially ward no 1,2,3,4 and 8.

2) Society:-

A group of people of Bal Kot VDC ward no 1,2,3,4 and 8 Bhaktapur, who have lived long enough to become organized and considered themselves and be considered as a unit more or less distinct from other human units, society is an organized group of people who is act a culture.

3) Literate:-

Those people who can read and write.

4) Illiterate:-

Those people who can't read and write.

5) Knowledge:-

Knowledge is that previous concept of people who can understand the leprosy its cause transmission process, nature of disease so on treatment process etc.

6) Belief:-

Belief is the inner feeling about leprosy, which is towards the cause of disease transmission from one to another persons.

7) Attitude:-

It is the behave of personals which is shown towards the leprossy patient.

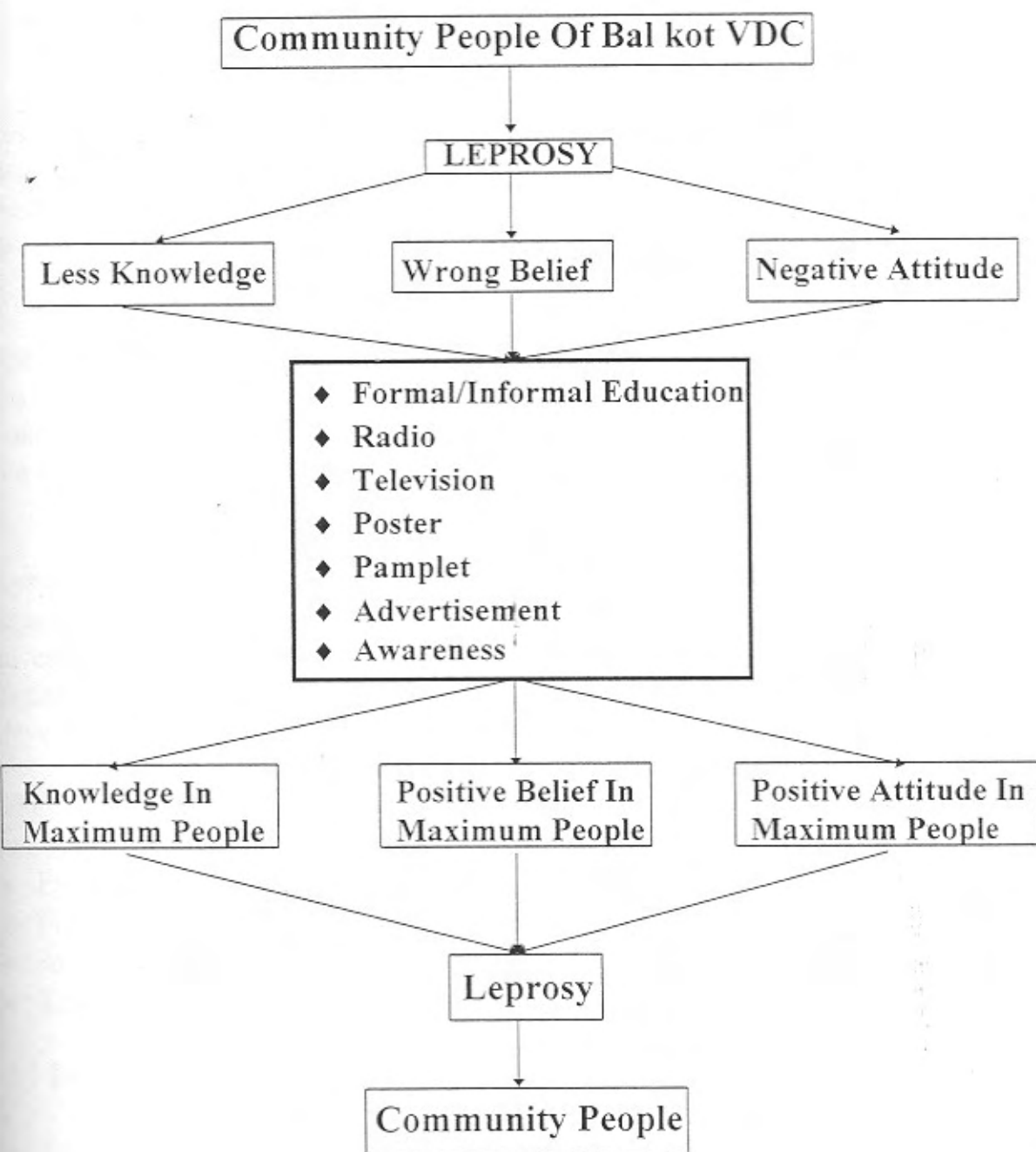
CONCEPTUAL FRAME WORK

1.6 Limitation of the Study:-

- The result of this study can't be generalized, as it is a small-scale study done for partial fulfillment of the academic requirements within short period of time and facilities.
- This study is concerned only with sampling survey done in persons involved in group discussion of the Bal Kot VDC ward No. 1,2,3,4 and 8 for just 50 respondents in Bhaktapur district.
- The responses of the interview in this study might not be 100% true, because of some bias and errors in the interpretation of concept between interviewee and interviewer. There might be inappropriate words in Nepali languages when the tool was translated in to Nepali.
- There are multi types of ethnic group among the respondents. They had different words in their own practice according to ethnicity for various technical words used in the tool. The researcher had to elaborate or modify the stated words and statements in their own understandable language during data collection. Therefore, there might be some bias in the perception of the question and answer during process of data collection.

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CONCEPTUAL FRAME WORK



Summary of conceptual framework

Community people of bal kot vdc had less knowledge, wrong belief and negative attitude toward the leprosy (Hansen's disease) when formal and informal health education was given by Radio, Television, Poster, Pamphlet, Advertisement etc. then maximum people have gained positive knowledge, attitude and belief although limited number of people have wrong belief, negative attitude and less knowledge about the Leprosy.

CHAPTER – II

2) REVIEW OF LITERATURE

Literature review was done regarding both data base literature and conceptual literature materials to find the problem for study and writing proposal, sampling and developing instrumentation as well as the application of the methodology for the study. It was the continue throughout the study process. The literature was used both from primary and secondary sources like reports, articles, journals, magazines etc.

In Nepal, there was wrong concept in maximum people about the leprosy. They had conservative concept and misbelieve towards the leprosy. Since one year, they have changed in concept about leprosy because of the maximum communication, information by the media. Although some of the old generation have not changed their old or previous concept.

Before one year, there was so scarcity of research towards the leprosy but after one year, this disease is highlighted to achieve the goal to reach less than 1/10,000 leprosy case till 2000 AD. Many places of Nepal were done the investigation/research that is why, there are available of some materials or documents, which helped me in formulating the frame of reference designing and developing tool.

The related literature had been organized and presented under the following headings:

- Evolution and concept of Leprosy.
- Prevalence of Leprosy.
- Acceptance of treatment of Leprosy.
- Knowledge, attitude and belief of study result.

2.1 Evolution and Concept of Leprosy:

- Leprosy spread from Egypt and Asia Minor aided by the crusaded and caused sufficient terror in Europe to cause laws to be passed declaring leprosy to be civilly dead and banished from human communities. Leprosy was compelled to be identifying clothes and to warn of their presence by means of home, bell or clapper or by crying the word "unclean". Their isolation and rapid death from hunger and exposure almost eradicated leprosy from Europe by the 16th century.

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 3. Public Health Report Vol. 95 No 3.
 4. Andrew – C. Sarper – the health of population and introduction Churchil Livingstone.

- During the Middle Ages, Europe was ravaged by an epidemic of leprosy that lasted for several centuries; it ultimately died out except for small endemic foci in Spain, Portugal and Greece, which persist to this day.
- Leprosy was introduced to Hawaii about 140 years ago, its origin is uncertain, but it is generally believed that the disease began its spread from infected Chinese laborers imported to work on the plantation, because of a high degree of susceptibility among people of Hawaii, an epidemic developed which finally resulted in a decree by King Kamehamehev that called for the isolation of all victims of the disease and inaccessible peninsula Jutting, Out from the north side of the island of Molokai was selected and the first patient were sent there in 1866.
- Leprosy is one of the oldest diseases of humanity. It has been described in various writings since ancient times. Nearly 2000 years ago, Chinese observers discussed clinical states that they could scarcely have been describing any other condition. Other ancient writings from the Far East would conform the fact that leprosy has always been endemic to that part of the work.
- In primitive medicine, the concept of disease in which the ancient man believed in known as "Super natural theory of disease". The believed on god, witch, craft, evil, spirit and these are the causes of disease therefore they practiced to prayers, ritual sacrifices driving out evil spirit from the human body by witch craft and other crude means and using charm and amulets to protect himself against the influence of evil spirit. Gradually, the development of words civilization influences the development of epidemiological studies in every where such as Asia, Europe, Meddle east (Greece, Rome, Egypt) and America. Every body tried to find out the cause of disease and relationship between environment and man. Leprosy has been described in "Charak Samhita and Sushusta Samhita" written in 800 B.C. If the person did not maintained healthy or good personal habits like food, sleep, drink etc, the environmental hygiene the changes of Leprosy occurrence were more.

2.3 Prevalence of Leprosy:-

- During the 3-5 years, the average new case detection rate was 3.2 to 3.9/10,000 population. During the NLEC average new case detection was found to be 10/10,000, the highest in central region being 12.09/10,000 and lowest being in western region with 7.2/10,000 which is even more than twice the national average case detection.
- The national prevalence was 3.9/10,000 during the end of the last fiscal year and the average prevalence in the NLEC selected area was 4.26/10,000 where as after

- The NLEC the national average prevalence increased to 8.8/10,000 and in the selected area to 14.34/10,000 indicating high percentage of backlog case being detected during the activities.
- The children proportion ranged from 5.13 to 7.9% and G II disability among new cases 7.9-12.14% and average was (9.44)% which is not much different from the reported national figure.

The distribution of leprosy was still high in the Terai areas, even the Terai districts from the mid western, western and eastern region shows a high new case detection rates similar to Terai districts of central region.

- In the hilly area Darchula district, yield high numbers cases the disability G II among the new case was highest in this the hilly district. This indicates late bag log cases are detected in the hilly areas.
- Among five developmental regions, highest values for number of new case detected is central region (5112) MB proportion in mid western (65.21%) children proportion in mid western (11.19%) and disability G II in western region (14.33%).
- According to study in Hawaii, Dr. Joseph H. White, Dr. George T. Vaugen and Dr. Milton J. Rosenau to make the first nation wide study of its prevalence in 1901. A total of 278 known cases of leprosy were tallied. Only 72 of the patients were isolated. At that same time, more than 850 cases existed in the territory of Hawaii.
- The male/female ratio is lowest in the Terai area where travel is generally easy, faster and where cultural changes in more rapid than in other areas. The incidence rate of Terai is 56% on 1995 and in this study showed 30% of higher caste and 13% are of lower caste. The middle class are more prevalent (52%) than the other two categories.
- Leprosy prevalence in the far western development region of Nepal the study of 4 year program of Leprosy in multi drug therapy (MDT) showed higher case detection in Terai (250) than hills (179) and mountain (39). In the adult male to female ratio was (2:1), multi basically cases were more than paucibacillary in mountain (23.16) and in hills (91.11), while in Terai paucibacillary cases predominated (157093) new cases were more in Seti Zone (53) during 3rd year of multi drug therapy programme during the 1987-1988.

- According to ten years of the eastern leprosy control project reports about 95% of the registered leprosy patient in eastern region of Nepal live in the five Terai districts the remainder being scattered throughout the eleven hilly districts with a slightly greater concentration in Udayapur and Okhaldhunga in eastern Nepal. Therefore, leprosy is a problem of the plains. This is probably largely due to the close proximity of Bhhar, an area of high prevalence and poor quality leprosy services and the open frontier which has allowed free movement to all, including those carrying mycobacterium leprosy in their upper respiratory tract.
- In 1949 to 1957 an epidemiological study of leprosy in the United States in begun at the communicable diseases center (CDC), Atlanta, FA, by Dr. Badger. His studies produced convincing evidence to show that in the U.S.
 - I. Leprosy can not considered to be feebly contagious because in families the attack rate is about 5%.
 - II. Leprosy is not necessarily the result of exposure in early child hood because in the United States about one half of the patients become infected after the age of 20 years and one third after the age of 30.
 - III. Prolonged intimate contact may not be necessary because in two of three patients admitted to carville no family or known contacts were discovered.
- According to Dr. I.B. Mali, Leprosy survey and control pilot project HMG/Nepal, 1963 described that about prevalence of leprosy, A door to door survey was conducted at Lubho (3 miles east of Patan, Lalitpur) from Magh 2020 to Jestha 2021. Some 4263 of the 5000 population were examined. The leprosy rate was found to be 5.7/10,000 population. An earlier WHO survey showed the rate in the Katmandu Valley to be 1% and a later School survey reported a rate of 1.5/10,000. According to study of Khokana Leprosarium patients showed the 20-40 age group was most affected.
- Leprosy affects 10-15 million people in the world, primarily in tropical and sub tropical developing countries. In areas for Leprosy the incidence may reach four to six cases for 1000 population and the prevalence of the disease frequently exceeds 10/10,000 population in parts of Africa and Asia, while these figures are high in relation to those for other tropical disease. Many developing countries consider Leprosy a major health problem because a significant proportion of cases results in deformity and subsequent social stigmatization.

- Of the total new cases, 36% were found by referral centers, 31% by the mobile clinic, 27% by the health post and 61% in the health education campaign. About the male female ratio which remains considerably higher the referral centers (3.4) than in the fields 2.0. Time, money domestic duties and socio - cultural constraints on travel are a bigger problem for women than for men when considering a trip away from home. This explains why our referral centres consistently see a greater proportion of male patients than do the closer to home field health posts.
- In regards, to prevalence of others country Guyana (Northeast coast of South America), an average of 34 new cases per year were registered with the number of male being approximately equal to that of female. The 48 patients recorded in 1992-may be a reflection of an increase in case detection activity. About 70% of the new cases are detected through self-refereed or referral from other health personal. Area and school survey is only carried out upon indication. For instance, following the detection of a few new patients from fort island in the Essequibo Rivers a survey of the remaining 90 inhabitants was carried out and one further new case was identifies. Generally, the program achievement regarding case finding has been satisfactory. More than 90% of the cases are detected before disabilities have occurred. However, some cases could be detected earlier if contact examinations are done systematically.

2.2 Acceptance of Treatment of Leprosy

- According to HMG, MOH, Leprosy control division has free supply of anti - Leprosy drug in the country. In theperiphery while it diagnosed once the health post and sub-centers provides anti-Leprosy drug free of cost to all. Although the remaining problem of Leprosy treatment or acceptance of treatment will be far more difficult as it includes hithertho to neglected areas, population groups and communities. It is important that program manager develop especial intensive operations to reach then through such mechanisms as leprosy elimination campaigns (LEC) to detect hidden cases and action projects (SAPEL) to reach difficult to access patients among under several population groups such as refugees' migrant etc.
- According to study of eastern Leprosy control project Dr. Richard, out of 61000 registered Leprosy patients' only 1895 patients were receiving anti Leprosy drug treatment from Biratnagar clinic.
- According to recommendations of 2nd international conference on the elimination of Leprosy New Delhi, India 11-19 Oct. 1996. As the supplies of anti Leprosy drug, the technology employed to reach the Leprosy elimination goal is essentially through the treatment of patient with multi drug Therapy (MDT) is

Extremely important that the free supplying of WHO recommended MDT drugs in blister packs (dapson, rifampin and clofazimine for MB) to patient be continuous without interruption to ensure every patient has access to MDT.

- Probably a significant proportion of these is taking self-administered drug irregularly. For decade this has been a constant difficulty in Leprosy projects and also in the control of other chronic diseases. Thus the efficacy of treatment would be reduced while the risk or relapse would be increased.
- In relation to acceptance of treatment of Leprosy, there is still an unacceptable depth of ignorance about these diseases, as well as with so many other public health problems in the community. There is often still a long delay between the first symptoms of the diseases and the patients seeking help from allopathic health services. There is often a long delay before correct diagnosis and management is instituted. All too often complication of the disease, most notably neuritis with nerve function deterioration is not promptly identified and treated there are still for many patients, on inadequate treatment.
- Nepal is a high mountainous country and had not developed a transportation and communication system well all over the country. People have to walk 8-10 hours or even one day to get health services. Therefore, they could not get timely medication, information and lack of awareness of disease complication medicine do not use continue. It may develop relapse and resistance of drug. It compares very favorably with 14% relapse rate among tuberculoid patients treated with Dapsone mono therapy for one and a half year and 28% for all those treated with mono therapy for less than five years. The overall relapse rate of 2.6 found in the western region of Nepal.
- 1965 According to WHO, statistics 1970 in more than 10 million people were suffering from Leprosy, the majority of these people are receiving no treatment not are they under proper medical supervision. So a large number of people suffering from Leprosy will probably slowly become blind or become completely blind in the years to come.

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- 1965 According to WHO, statistics 1970 in more than 10 million people were suffering from Leprosy, the majority of these people are receiving no treatment not are they under proper medical supervision. So a large number of people suffering from Leprosy will probably slowly become clippers or become completely blind in the years to come.

2.4 Knowledge and believe of study result:

Many developing countries consider Leprosy as major health problem. The apparent reason for this concern is that a significant proportion of case (20-30%) has serous sequense, particularly deformities of the hands and feet. Crippled patients and their families have traditionally been stigmatized because of strong historical prejudice. Leprosy is more than an affection of the body. It is a disease of the soul as well. Its existence presents therefor-unique social as well as medical problems in developing countries.

Knowledge

- Knowledge often comes from experience. We also gain knowledge through information provided by teachers, patients, friends books and newspapers. We can usually variety whether our knowledge is correct or not if we can't verify this directly ourselves, we know people who can.
- A nation wide mass education is needed to educate people on the true facts about Leprosy and remove, superstitions, wrong believes and the social stigma associated with Leprosy. The public should be made aware of that Leprosy is not a hereditary disease, it is a bacterial disease like TB, it is curable, not all Leprosy patients are infectious, regular and adequate treatment is essential to obtain cure and prevent disabilities and the puissance need sympathy and social support.
- Health education must begin with the people own etiological concepts even it these are not scientific. Ethno medicine is the term now widely use to refer to traditional beliefs and practices having to do with disease etiologies and therapies. The importance of these traditional beliefs and practices shown up again and again in the case of studies of health education programs.
- One of the most difficult problems affecting health programs is in insuring that people have sufficient knowledge concerning health promoting behaviors so as to strengthen the self care system. For this health education remains on of the most important means of achieving health for all. Still as noted before approaches must be adapted which reflect the perceived health education priorities of the users and health system as well as build up on the existing system of health knowledge.

Belief: -

- These usually derived from our parents, grand parents and other people we respect. We accept belief without trying to prove that they are true. Every country and community has its own beliefs. For example: in many countries there is beliefs regarding which foods pregnant women should and should not eat. Beliefs will classified such as some are harmful, some are helpful or neutral.
- Belief about causes and cures for common illness according to study research of Mary Catherine Murphy findings as follows among Major castes Leprosy is caused by gods and witches and spread from father to his children. They are unknown about cure of leprosy.
- Most Sherpas believe that illness is mainly caused by offending or neglecting on of the various spirit of other supernatural beings found in the Sherpa world in order to prevent an illness or if illness has already stuck to cure it, these beings must be appeared with appropriate offerings or sacrifices. There are numerous different categories of harmful demons, ghosts and evil spirits and when attacked, the Sherpa usually seek expert help to identify and deal with the threatening supernatural agents.
- Early sign of Leprosy like skin infection or it has and rashes on skin, they believed that witch's curse or certain gods have not been appeased. Banskada or spirit of forest and Banjhankri's spirit attack and also believed that Shimi Bhumi a ghost may cause it for its cure they offer a chicken to each spirit grind and apply a strachy root, panchaute to affected area. Grind and apply a wild berry-Suduwa to infection. Apply chicken blood or pineresin to wound to stop bleeding.
- Another method is to apply mixture of turmeric and mustard oil. Jhankri blows on affected area while reciting a mantra same as they apply egg and ghee. Cover it to prevent further harm from even spirit or witches do not wash affected part.
- The perceived low status of Leprosy suffers in the Hindu religion is perhaps exemplified by the fact that suffers are not allowed to be cremated on the burning ghost on the river Gangas at Baranasy, the most holy site in the Hindu religion.
- This type of religious stigmatization is well documented else where Big leveled reports that in Indonesia Leprosy is regarded as a course from god but points out that when challenged, no one is able to site a passage from the bible or Kuran to support the nation Leprosy as a course. He goes on to suggest that religious teachings may be able to use with the help of local spiritual leaders to overcome nations about health that are unfounded in the respective faith.

Summary of Literature:-

According to reviewed literature using reports Articles Magazines, Abstract, Books, Thesis etc. as primary and secondary sources for the finding of problem for the study writing proposal development of sampling and methodology it was found that the Leprosy is a major public health problem in Nepal. Superstition traditional belief and practice still existing in our society therefore, Leprosy is considered as disease with social stigma, which may affected in health care delivery system.

Nepal is one of the highly endemic Countries of Leprosy in the world. However the disease problem has been reduced gradually such as the prevalence rate is 7.2/10,000 population in 1994/95, 6.2/10,000 population in 1995/96 and 3.9/10,000 in 1997/98.

People hide/ deny of the condition due fearing of rejection and exclusion from the society which may lead to severe disability. According to national data grade II disability is also very high in Nepal. I.e among new cases 7.9-12.19% and 9.44% in 1997/98 while national figure is 7.3% in 1994/95 but this percent increased up to 9.3% in 1995/96, which is not much different from the reported national figure. This is the great challenge and painful condition for health service planner and implementers also. This is big economic burden for nation. Due to lack of awareness

Among the people of Nepal simple communicable disease like Leprosy is playing the war with us.

In Nepal, Leprosy is playing a magnetic role within the health sector. To destroy the magnetic power health education is the best goal post. To increase the knowledge and believe in positive way. Mass health education program has been lunched.

The researcher has shown the latest data about leprosy, which was taken by His Majesty Government, Ministry of Health, Department of Health Services, Leprosy Control Division, final report or nationwide Leprosy elimination Campaign in Nepal.

- Year - 1997/78
- Total population of the Country - 21670316
- Total Numbers of Districts - 75
- District covered with leprosy control program - 75
- No. of patients at end of the year - 8446

- No. of patients under MDT end of the year - 8446
- Patients released from treatment during the year - 8376
- Coverage of MDT - 100%
- Prevalent rate - 3.9/10,000
- Case detection rate - 3.2/10,000
- Male female ratio - 2:1
- Cumulative RFT cases - 55666

3. METHODOLOGY

3.1 Study Design:-

This study is exploratory descriptive. The data collected in the study in terms of knowledge and belief of community members may help to provide a base line data of community.

3.2 Study Site

Community is setting for Balkot VDC wards no. 1,2,3,4 and 8 of Bhaktapur District.

3.3 Study Population

In this study the population studied was 50 respondents belonging to ward no. 1,2,3,4 and 8 of Bal Kot VDC Bhaktapur. Every 10 persons (respondents) from each ward are taken in random sampling. The respondent are male and female as well as literate and illiterate above 15 years and below 70 years.

3.4 Sampling Procedure

Investigator had adapted to the systematic random sampling procedure was used to select the case for data collection. The data was taken from those personals who seems economically low states as well as uneducated in higher priority and educated in less priority (it means of persons are uneducated and 3 persons are educated from each ward).

3.5 Sample Size

There is no single route to determine the sample size in the study. Generally the use of largest sample possible is always good for the study. The larger the sample, the more representative is the population. Smaller sample produces less accurate results.

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But determination of sample size depends on feasibility in terms of subject availability, expense in time, money and complexity of data analysis. Therefore, the researcher decided to use maximum 50 respondents and 10 respondents in each ward. Total (5 wards 1,2,3,4 and 8) to be studied within five weeks period.

3.6 Instrumentation / Data Collection:

The whole process of collecting data is called instrumentation. It involves not only the selection or design of instrument, but also the conditions under which the instrument will be administered e.g. where, when, how often and who will collect the data. A structured and semi structured questionnaire form was developed by the investigator and used for data collection as a guidelines. The question on data collection tools was divided into three categories as demographic data, knowledge on leprosy and attitude/belief of community people towards Leprosy cases.

Before data collection, investigator met with chairperson of Bal Kot VDC Bhaktapur to get permission for the study. Investigator explained the purpose of study and its types, topic clearly. The chairperson gave the concept for study and he introduced with ward member of ward no 1,2,3,4 and 8 of Balkot VDC.

The time was scheduled for 056/12 to 056/2/29 but the summer vacation started from 056/1/5 to 056/2/5 (all total 4 weeks then after Jestha - 5 up to Jestha 30, all total 5 weeks of research period). Although the summer vacations, investigator conducted regular research in the vacation period for data collection as non-residential manner. "Face to Face" interview method was used for data collection with the support of structured and semi-structured questionnaires form and secondary information was collected from district public health office Bhaktapur, sub health post of Balkot VDC and VDC office Balkot.

3.7 VARIABLES

3.7.1 INDEPENDENT VARIABLES

a) Age:

According to "Oxford Advanced Dictionary" "Age" is defined as length of time a person has lived or a thing has existed. Age is a great or a long period of time, with special characteristics or events. But in this study, age described as the above the age of 15 years and below 70 years for responded member of the community.

b) Sex:

According to Oxford Dictionary "Sex" denotes the male or female. But in this study sex denotes either male or female participate as an interview for this study.

c) Education

According to Educationist John Dewey, education is the development of all those capabilities in the individual, which enable them to control the environment and fulfill possibilities. According to Pestazzi education is national harmonious and progressive development of man's innate power. Education denotes the knowledge and abilities are the development of character and mental power resulting from such training (Oxford Dictionary).

But in this study, education is described as the level of study obtained by the members of the community. Those are categorized in groups and gain education up to the higher secondary level in formal institution, illiterate denotes unable to read and write.

d) Occupation:

Occupation is an act of occupying; piece of work taking and holding possession of act (Oxford Dictionary). But in this study occupation denotes act of work, which is done by the community members in their day to day life.

e) Ethnicity:

Ethnicity was races of mankind according to Oxford Dictionary, in this study; ethnicity indicates the race of community members. In this study Newars and Chhetrys were the ethnicity.

3.7.2 DEPENDENT VARIABLES

Knowledge:

Knowledge means awareness of familiarity of persons or things persons range of information or understand of subject. But in this study it gives the meaning of familiarity on concerns like recognizing the signs and symptoms of leprosy, recognizing the types such as communicable or non-communicable.

3.7.3 BELIEF:

Belief is an individual perception of the relationship that exists between the phenomena with the universe. Phenomena are used in its broadest sense that is something which can be observed.

According to Oxford Dictionary "Belief is the feeling that is real and true confidence to oneself". But in this study belief described causes of leprosy, way of transmission, and cure from medicine or could not able to list taken as belief of community.

3.7.4 Attitudes:

The meaning of attitude is opinion ways of thinking or behavior reflecting to something. These reflect our likes and dislikes. They often come from our experiences or from those of people close to us. They either attract us to things or make us worry of them. Attitudes are some times based on limited experience. We may form attitudes with understanding the whole situation.

According to John F. Crober an attitude is first, an orientation or a "tendency to act" in some way toward some person or situation or object or idea, stated crudely, attitudes amounts to likes and dislikes, attractions and repulsion interests and apathies.

According to G. W. Allport definition of an attitude as a "mental neural state of readiness organized through experience exerting or directives of dynamic influence up on the individual's response to all objects with which it is related.

In this study "attitude denotes gaining the ideas of community by staying home of Leprosy patients should provide love and affection them, about the marriage by Leprosy patients and get treatment from hospital, how far negative or positive.

3.8 VALIDITY/RELIABILITY OF THE TOOL:

Validity refers to whether a measurement instrument accurately measures what it is supposed to measure when an instrument is valid then only the truly reflect the concept. There are three kinds of validity such as content, criterion and construct validity.

Reliability is defined as the extent to which the instrument gives the same result on repeated measures. Reliability is concerned with consistency, accuracy, stability, equivalence and homogeneity.

There are various methods of maintaining validity and reliability, but in this study validity and reliability was maintained through pretest method and consultation with advisor. Tool was developed by the investigator and checked by advisor.

Pre test was done in (10) ten persons within that VDC of Ward no 9. Tool were modified as needed according to the remarks given by the expert.

3.8.1 PRE TEST:

Pre test is the data collection done among the ten persons who are not going to participate in actual research. It is done for maintaining validity of tool before research. In this study pre test was carried out in ten persons.

3.8.2 DATA PROCESSING:

A logbook was maintained so that if there is arises any doubt and if the data is found to be incomplete, then asked delly to take more information. The collected data analyzed in descriptive method and organized in table with hand tally and hand sorting method for data processing. Typing made tables organized-analyzed data graph, charts have seen supplemented to visually illustrate.

3.9 ETHICAL CONSIDERATION:

During the study all ethical considerations were maintained through the study and precaution was considered that it would not harm to individual and institution. Respect and confidential of individual, family and institute were highly considered.

- Investigator himself met the chairperson of Balkot VDC; he introduced the ward member of ward No. 1,2,3,4 and 8 gave responsibility to help for investigator consent.
- Confidentiality of the subject was considered anonymity was maintained giving serial number in the data collection tool. Information was used only for necessary official and academic purpose.
- Personal informed consent was obtained verbally.
- No harmful practice and cohesion was anticipated.
- No information would be published which might break anonymity of respondent. The result would be used only for the stated purpose.

CHAPTER – IV

5. ANALYSIS AND INTERPRETATION OF DATA

The investigator tried to interpret this data through graph, pie chart, bar chart as well as tabulation. (Notes: The investigator has taken the needful data in three literate respondents among ten respondents in each ward).

5.1 Knowledge of community on Leprosy:

The study showed that maximum number of people gained knowledge by listening radio. Its because, recently the communication media plays vital role to transmit knowledge to community people. Among them the limited number of aged people had already heard by another persons in society.

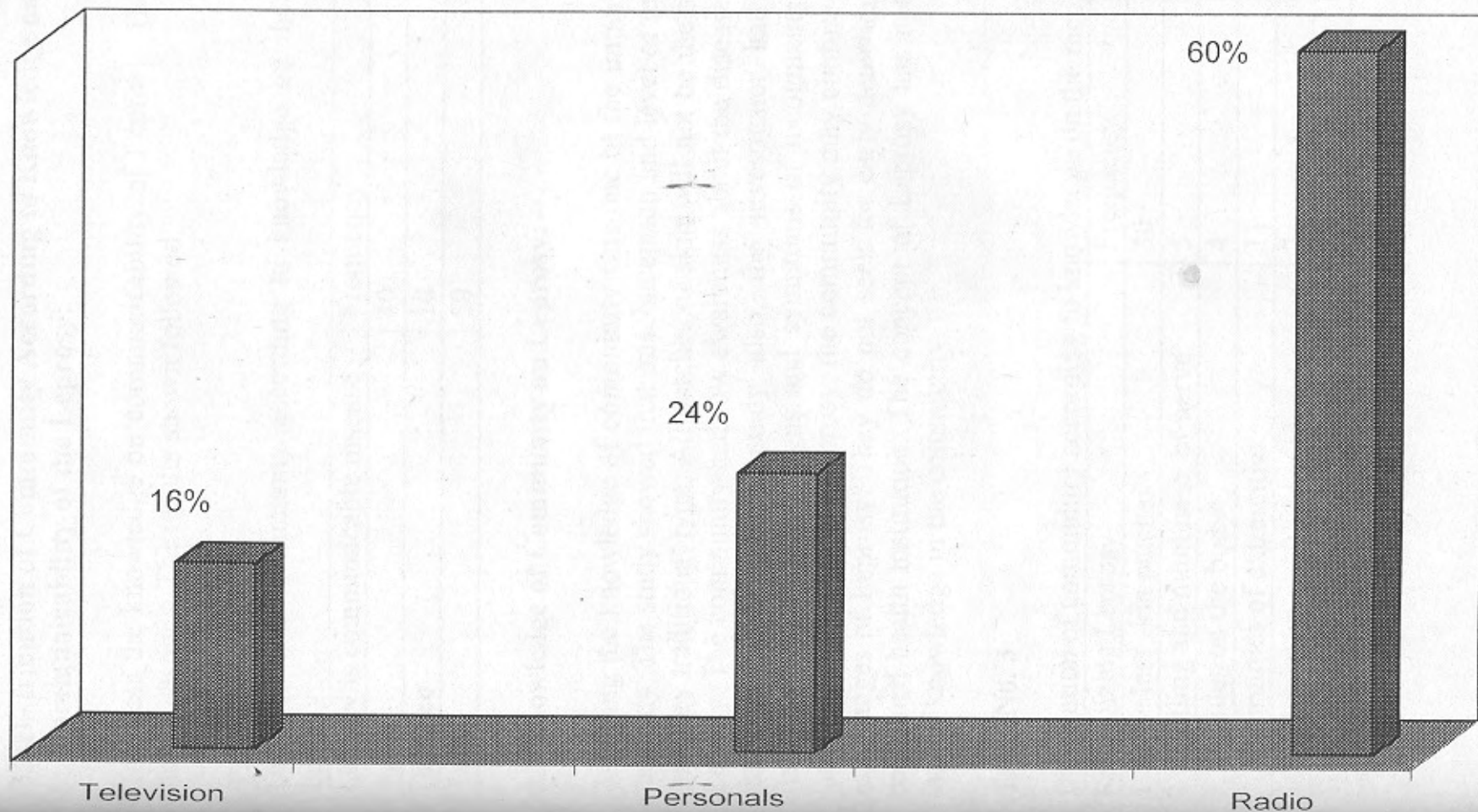
Table No: 1

Knowledge received from	Frequency	Percentage
1. Radio	30	60%
2. Television	8	16%
3. Books/ Magazines	0	0%
4. Personals	12	24%
5. School	0	0%
Total	50	100%

Source: Community survey may – June 1999.

In this study 60% respondents gained the knowledge by radio, so on 16% from TV as well as 24% respondents (especially aged people) gained from other personals.

Distribution of Community According to Knowledge About Leprosy Received From



5.2 Distribution of Community According to Knowledge on the Communicability of the Leprosy:

To assess the knowledge on communicability of Leprosy. The investigator includes these questions. The results shown followed.

Table No. 2

Distribution of community according to knowledge on the recognizing types of Leprosy

Leprosy is communicable disease	Frequency	Percentage
Agree	40	80%
Disagree	10	20%
Total	50	100%

5.3 Knowledge of Community on Leprosy:

Assessing the knowledge of community was one of the important and main parts of the study. The study showed that misconception and level of recognizing the Leprosy was very traditional type. All patches of skin will not be the signs and symptoms of Leprosy. The community had low awareness about the disease condition. That being the fact, in the present study also, the investigator had collected data from respondents about some signs and symptoms of recognizing Leprosy. Because of lack of awareness about Leprosy, the community may confuse skin diseases with the early stages of Leprosy. They do not seek for early detection and treatment in the concerned health institution. The concept of Leprosy has not ever changed due to lack of knowledge in the community.

Table No. 3

Distribution of community according to knowledge on the recognizing Leprosy.

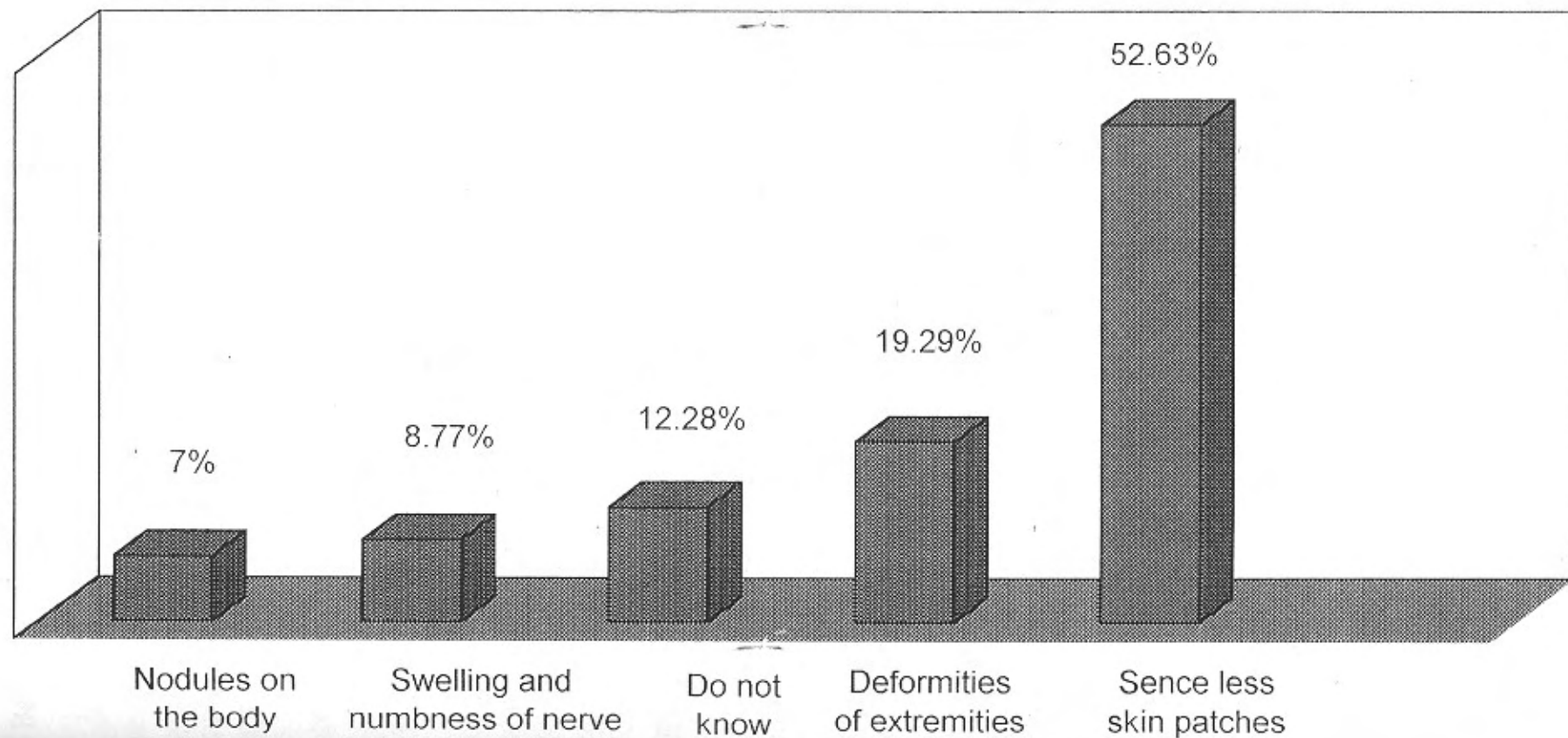
Recognizing Leprosy	Frequency	Percentage
1. sense less skin patches	30	52.63%
2. Swelling and numbness of nerve	5	8.77%
3. Nodules on the body	4	7.0%
4. Deformities of extremities	11	19.29%
5. Do not know	7	12.28%
Total	57	99.97%

Source: Community survey May - June 1999.

In this study 52.63% respondents stated the some symptom of Leprosy like senseless skin patch and 19.29% recognizes deformities of extremities to be sign/symptom of Leprosy 8.77% could list swelling of nerve, 7% listed nodules on the body and 12.28% did not know about symptoms. Some respondents were able to recognize more then one sign therefore the frequency has increased.

(Note: Total of the column is not equal to total respondents in the last row because multiple answers were reported).

Distribution of community according to knowledge on the recognizing Leprosy



5.4 Belief/Attitude of community towards Leprosy patient:-

To identify the belief of community towards Leprosy patients, investigator developed some statements about different behavior of the community in positive statement. According to the data, some mixed responses were seen but the majority of community had negative attitude/belief towards Leprosy. The analysis and interpretation was done according to statements below listed.

Table No. 4

Belief / Attitude of community towards Leprosy patients.

Description	Agree	%	Disagree	%
1. Family should keep the pt. at home	23	11.5	27	13.5
2. Ready to eat food cooked by Leprosy patients	20	10	30	15.0
3. Ready to marry with Leprosy treated patients.	12	6	38	19.0

According to the at:
Statement No - 1

The respondents were asked open questions to identify the belief and attitude towards Leprosy. Majority of the respondents was disagreed to keep patients at home. According to them, the patient should send in Leprosy center a hospital as soon as possible. According to the data 11.5% of respondents are agreed to stay home to the patient and regular treatment. As well as 13.5% of respondents strictly said to send Leprosium to the patients for complete treatment.

Statement No - 2

Majority of the respondents is disagreed to eat food cooked by Leprosy patients because they were fearful from such patient due to highly communicability. As well as among them some respondents also disagreed that the Leprosy patients seems to dirty. But 10% of respondents are agreed to eat food with out any hesitation.

Statement No - 3

Leprosy patient can marry was also prepared as positive information about marriage. Regarding this the data showed 19% disagreed and 6% agreed. According to answer the statements supported the community more negatively.

Because of Leprosy patient usually deformed who will marry. They asked to Investigator such question and disabled person could not earn and care for his/her babies and main thing community thought newborn baby also born with Leprosy. There fore they stressed not to marry by Leprosy patients.

5.5 Belief about causes of Leprosy way to transmission and cure of Leprosy:

Leprosy is a disease. The community believed that it is caused by organism and the community people believed that it is a result of previous sinful act but some of the people also believed “ that it is caused by snake got “Nag” when any body passed urine/stool near the residence of Nag then Nag angry and developed skin disease, for the cure of these skin problem, they will go to worship Nag in the fields.

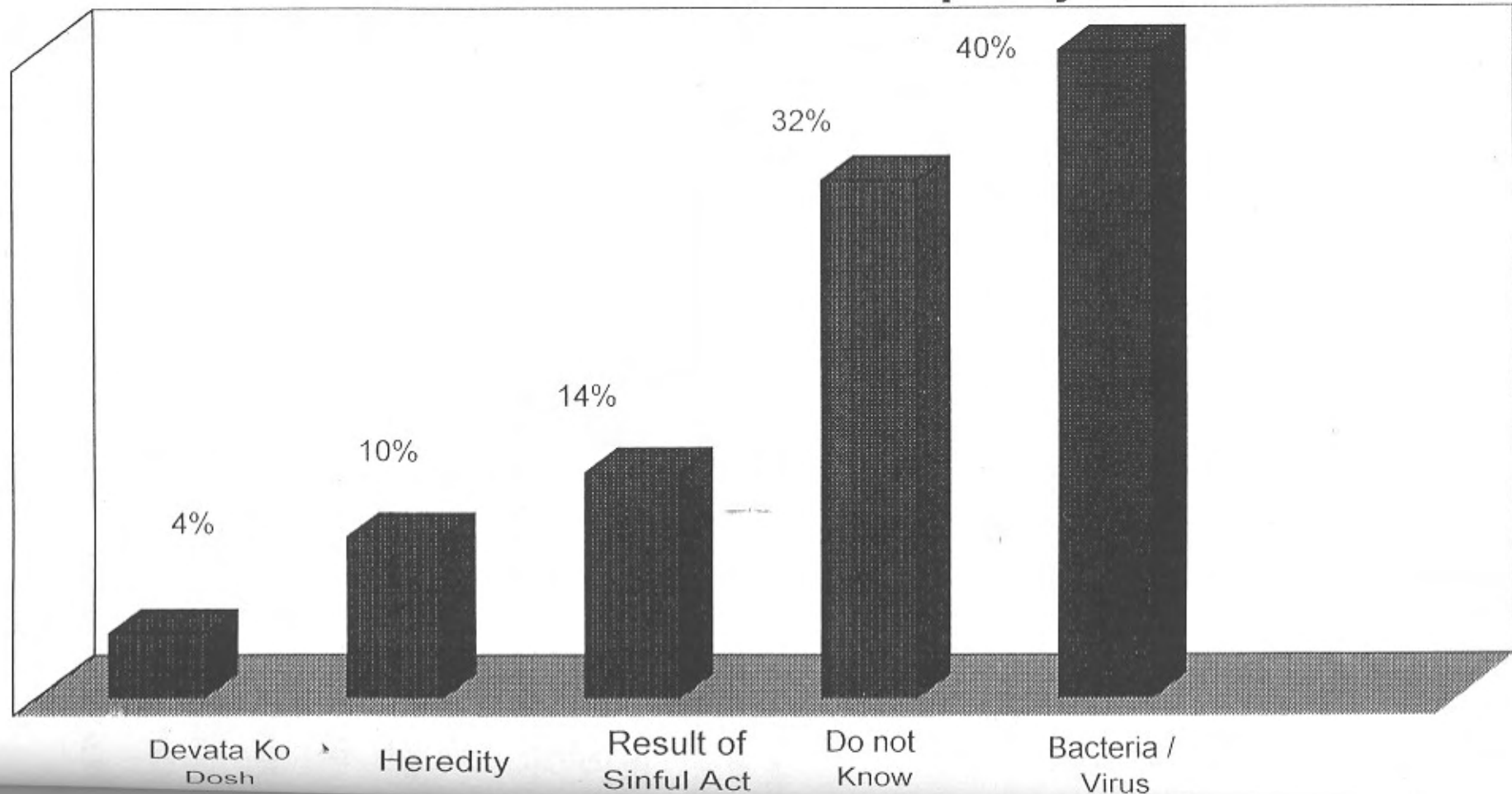
Table No – 5

Distribution of community according to belief about cause of Leprosy.

Belief or cause of Leprosy	Frequency	Percentage
1. Result of sinful act	7	14%
2. Heredity	5	10%
3. Devata Ko Dosh	2	4%
4. Bacteria / Virus	20	40%
5. Do not know	16	32%
Total	50	100%

According to the data shown 40% of respondents believed that the Leprosy occurred due to Bacteria/Virus (organism) 32% of respondents are not sure, 14.0% of respondents still believed that it occurs due to results of previous sinful act 10% believed heredity and very limited number of respondents (4%) are believed that the Leprosy is occurred due to Devata Ko Dosh.

Distribution of Community According to Belief About Cause of Leprosy



5.6 Way of transmission of Leprosy:

In this study to identify the belief of the way of transmission of community some structured questions asked to the respondents.

Table No - 6

Distribution of community according to belief on the way of transmission of Leprosy

Belief/cause of Leprosy	Frequency	Percentage
1. Direct skin contact	24	48%
2. Hereditary	5	10%
3. Contact with blood/pus	8	16%
4. Contact with clothes	6	12%
5. Do not know	7	14%
Total	50	100%

According to data shown majority (48%) respondents direct skin contact were the way of transmission, 16% by contact with just blood, 14% respondents replied unknown of transmitting process and 12.0% by contact with clothes.

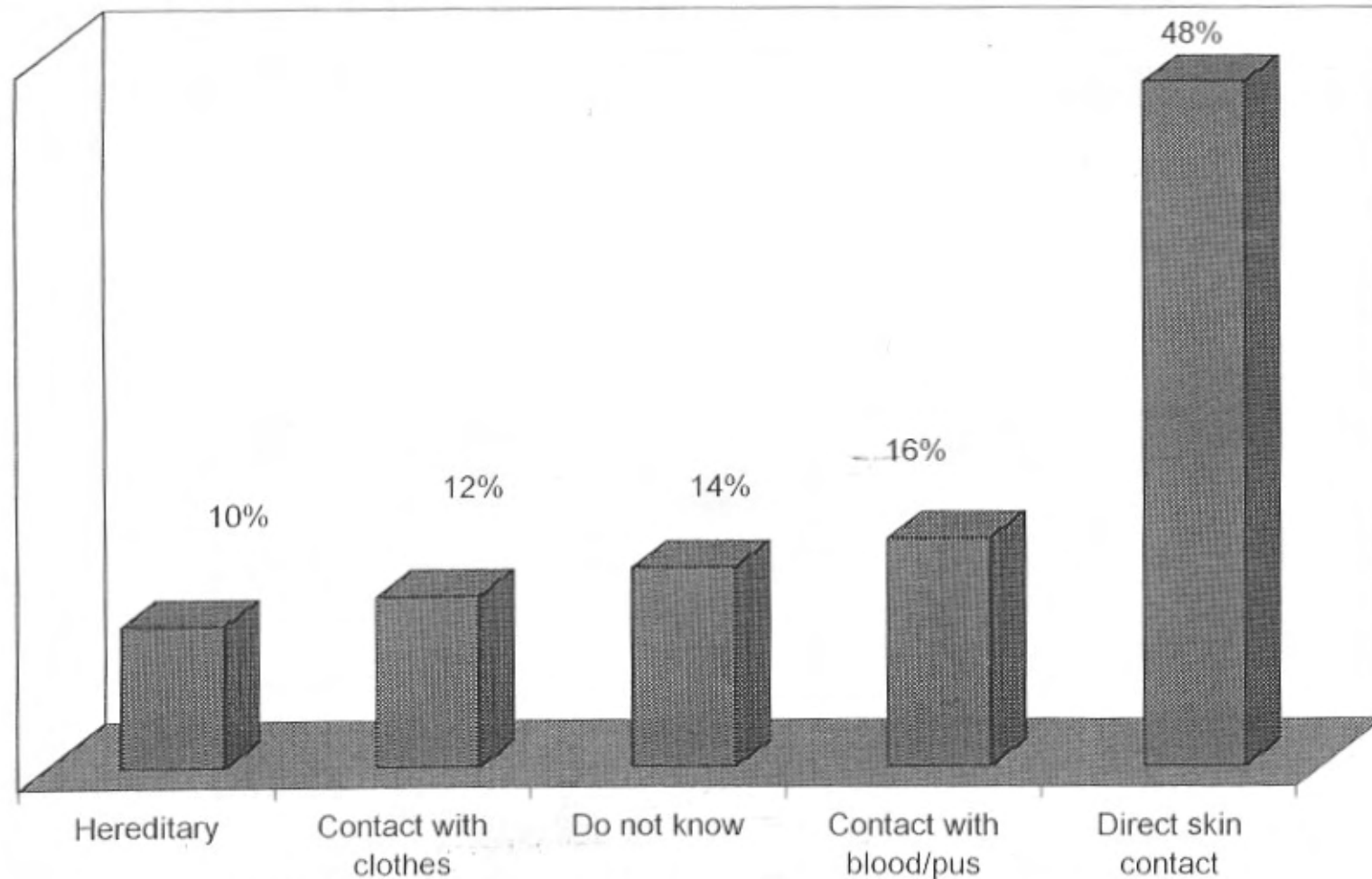
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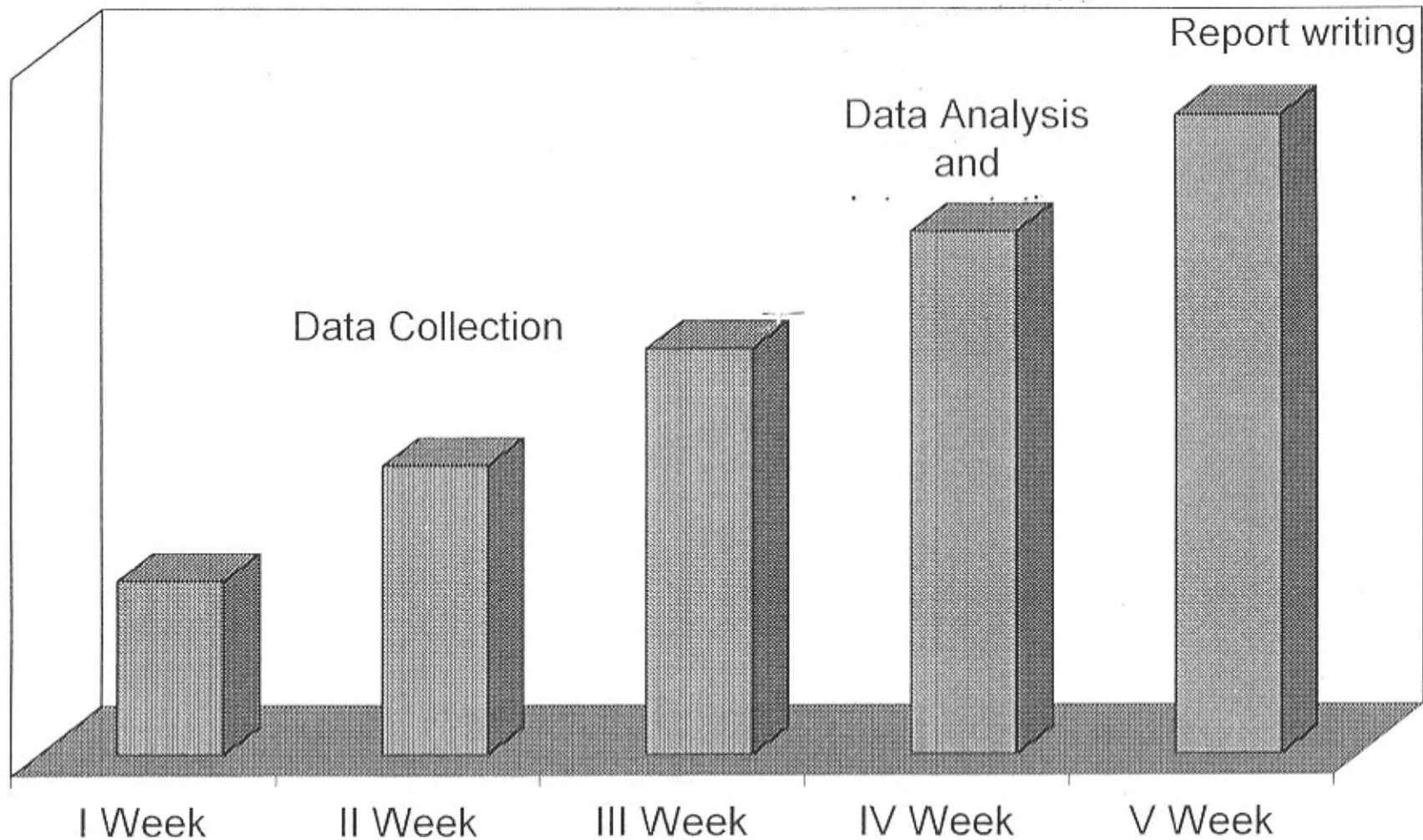
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Distribution of community according to belief on the way of transmission of Leprosy



Work Plan for Completing the Research Study



CHAPTER - V

SUMMARY / RECOMMENDATION

Summary:

The descriptive and qualitative study was carried out in Balkot VDC ward No 1,2,3,4 and 8 Bhaktapur district. The main objectives of the study was to find out knowledge and believe as well as attitude about Leprosy (Hansen's disease). The study involved 50 respondents by using household survey method. Structured, semi structured questionnaires were used on data collection tool. The characteristics of study population were male and female, illiterate and illiterate about the age of 15-70 years. This study had been carried out from BS 2056-2-5 - 056-2-30 (May-June 1999).

In relation to knowledge of community on leprosy 52.63% respondents recognized the some early sign and symptom like senseless skin patch over the body where as more people were unaware about other early signs/symptoms of Leprosy and 19.29% respondents recognized the deformities of extremities as a sign of Leprosy but deformities were the complication of late stage.

According to respondents view (knowledge on the recognizing types of Leprosy, majority of respondents 80% knew the leprosy is highly communicable disease, 20% told it is less communicable disease but all respondents were not aware about once the treatment start for some months, it will be not communicable.

In regarding attitude of community towards Leprosy mixed results was shown. About 13.5% respondents still did not allow staying home for Leprosy patients. 19% still did not maintain marital relationship with such case.

RECOMMENDATION:

1. This type of knowledge attitude and belief reflected in the study should be carried out nation wide.
2. Health awareness program should be lunched immediately from different sectors using different Information Education Communication (IEC) materials and develop IEC materials on different languages of various ethnicity regarding Leprosy prevention early diagnosis, treatment and control or elimination of Leprosy.
3. Adult Literacy class (ALC) should be organized to arise the literacy in different community according to basis (needy area), more privilege group.
4. Training should be organized for traditional healers, priests about Leprosy.

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GLOSSARY: -

DC	- Communicable Disease Center.
ELP	- Elimination of Leprosy Program.
HMG	- His Majesty's Government.
INF	- International Nepal Fellowship.
LEC	- Leprosy Elimination Campaign.
MOH	- Ministry of Health
MDT	- Multi Drug Therapy.
NLCP	- Nepal Leprosy Control Programme
NLRA	- Nepal Leprosy Rehabilitation Association.
RPR	- Register Prevalence Rate.
SEARO	- South East Asia Regional Office.
UMN	- United Mission to Nepal.
VDC	- Village Development Committee.
WHO	- World Health Organization.

CHAPTER - VI
QUESTIONNAIRS

Trivuban University Institute of Medicine
Nsg Campus Maharajung (Bachelor in Hospital Nsg)

Name of data Collector
Serial no
Date of interview.....
Place.....

Demographic information

Full name of interviewee:-

- (a) Age/ Sex :-
(b) Ethnicity :-
(c) Education :-
(d) Occupation :-
(e) Religion :-

Knowledge about Hensen's disease (leprosy):-

Do you know about leprosy?

Yes No

If yes, How?

- (a) From radio (d) From Pamphlets
(b) From T.V. (e) From other persons
(c) From school (f) From health institution

Leprosy is caused by:-

- (a) Previous sinful act
(b) Organism
(c) Ghost / Witches
(d) DEVATAKO DOSH

Is the leprosy communicable disease?

(a) Yes (b) No

If yes, how the leprosy is transfer?

- (a) From direct contact
(b) From heredity
(c) Contact with blood / pus
(d) Contact with clothes
(e) Do not know

How do you recognize the leprosy?

- (a) Sense less skin patch
- (b) Swelling and numbness of nerve
- (c) Nodules on the body
- (d) Deformities of extrimities
- (e) Do not know

Leprosy patient can treated by:-

- (a) Regular use of medicine
- (b) Regular concern with traditional healer
- (c) Do not know

Belief / Attitude toward leprosy

Are you agreeing to keep the leprosy pt in home?

- (a) Yes (b) No

If no, where do you send to pt?

- (a) Leprosy center / hospital
- (b) Out of village

Are you agree to eat food, cooked by leprosy pt?

- (a) Yes (b) No

If no, why?

- (a) Because of dirty
- (b) Because of chance of transmission

Are you agree to establish marital relationship with leprosy treated patient?

- (a) Yes (b) No

Leprosy patient must treat with:-

- (a) Doctor
- (b) Traditional healer

त्रिभुवन विश्व विद्यालय
नर्सिङ क्याम्पस, महाराजगंज

विषय : कुष्ठ रोग बारे ज्ञान, व्यवहार साथै धारणा बारे परीवारको सदस्यसंग लिन तयार गरीएको प्रश्नावलि

खाका तयार गर्ने व्यक्तिको नाम:

क्रम संख्या :

अन्तरवार्ता लिइएको मिति :

ठाउँ :

(क) भौगोलिक जानकारी

(१) अन्तरवार्ता लिने व्यक्तिको -

उमेर लिइ :

जात :

शिक्षा :

पेशा :

धर्म :

(ख) कुष्ठरोगको बारे ज्ञान

(१) कुष्ठरोगको बारेमा थाहा छ ?

(a) छ

(a) छैन

(२) यदि थाहा छ भने कसरी ?

(a) रेडियो बाट

(b) टेलिभिजनबाट

(c) पम्पलेट बाट

(d) अन्य व्यक्तिबाट

(e) विद्यालयबाट

(f) स्वास्थ्य संस्थाबाट

(३) कुष्ठरोगके कारणले हुने गर्दछ ?

(a) पुर्व जुनिमा पाप गर्नाले

(b) किटाणको कारणले

(c) भुत प्रेत तथा बोक्सीको कारणले

(d) देवता रीसाएर

(४) कुँ कुष्ठ रोग सरुवा रोग हो ?

(a) हो

(b) हैन

(५) यदि हो भने, यो कुष्ठ रोग कसरी सछ्छ ?

(a) प्रत्यक्ष छोएर

(b) वंशानुगत बाट

(c) रगत वा पिप छोएर

(d) कपडामा छोएर

(e) थाहा छैन

(६) कुष्ठ रोगको लक्षण तथा चिन्हहरु कसरी चिन्ह हुन्छ ?

(a) छालामा लाटो दाग देखा पर्नु

(b) नसा सुन्नीएर भ्रमभ्रमाउनु

(c) शरीरमा गांठा - गांठी देखा पर्नु

(d) हात खुट्टा भरेर जानु

(e) थाहा छैन

(७) कुष्ठ रोगी लाई कसरी उपचार गर्न सकिन्छ ?

(a) नियमित औषधिको सेवन गरेर

(b) धामी भाकिसंग नियमीत सम्पर्क गरेर

(c) थाहा छैन

कुष्ठ रोग बारे धारणा तथा व्यवहार

१) कुष्ठ रोगी लाई लाई घरमा राख्नु हुन्छ भन्ने कुरामा तपाईं सहमत हुनु हुन्छ ?

(a) छुं (b) छुइन

२) यदि छैन भने, कुष्ठरोगी लाई तपाईं कहाँ पठाउनु हुन्छ ?

(a) अस्पताल वा कुष्ठ रोग नियन्त्रण केन्द्रमा

(b) गाँउ बाट टाढा

३) कुष्ठ रोगीले पकाएको खाना खान तपाईं तयारी हुनु हुन्छ ?

(a) छुं (b) छुइन

४) यदि छैन भने किन ?

(a) उनिहरु फोहरी हुन्छन्

(b) उनिहरुबाट अरुलाई पनि सर्न सक्छ

५) कुष्ठ रोग सन्चो भै सकेको व्यक्ति संग वैवाहिक सम्बन्ध जोड्न तपाईं सहमत हुनु हुन्छ ?

(a) छुं (b) छुइन

६) कुष्ठ रोगीको उपचार अनिवार्य गर्नु पर्छ ?

(a) चिकित्सक संग

(b) धामि भाकिसंग