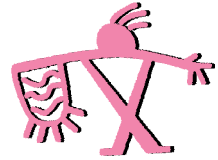


Introduction



The health seeking behaviour of individuals or communities is dependant on their current status of understanding or knowledge dimension, the socio-cultural factors that lead to formation of an attitudinal set, and the enabling social, technical and economic environment that helps convert the attitude into practice.

Therefore, an understanding of the Knowledge, Attitude and Practice (KAP) of specific social and cultural groups is essential for effective intervention. This is truer in the case of diseases like leprosy where the problems of stigma and ostracisation are more pronounced than the disease itself. This study is based among the Gonds of Chhindwara, Betul and Hoshangabad districts in Madhya Pradesh and focuses on the cultural and social determinants of attitudes and behaviour with respect to leprosy.

The study tries to understand the:

- ◆ The knowledge dimension which elicits the common knowledge of the target beneficiaries on issues related to leprosy.
- ◆ The attitudinal dimension which focuses on the existing attitudes of the target beneficiaries and the socio-cultural factors that help crystallise or de-crystallise this attitudinal set.
- ◆ The practice dimension which focuses on the enabling social, technical and economic environment that helps convert the attitude into practice.

Leprosy Eradication in India and Madhya Pradesh

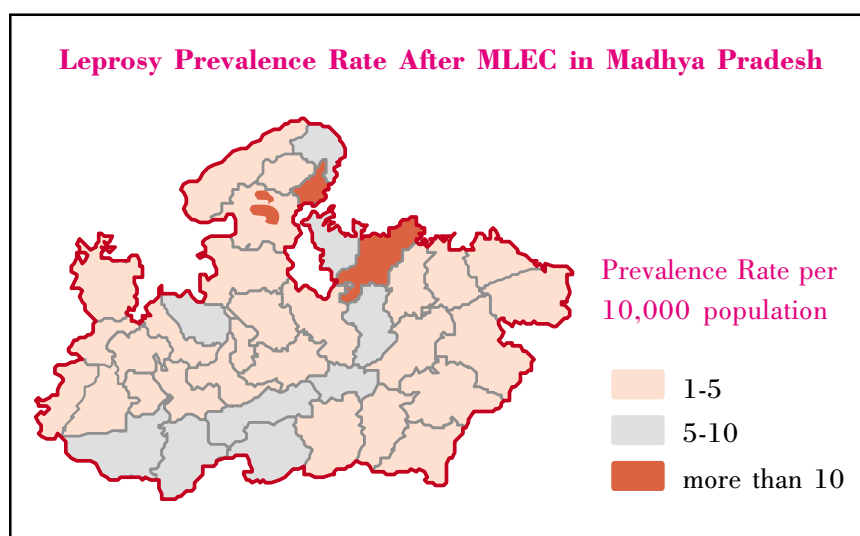
Ever since the launch of the National Leprosy Eradication Programme (NLEP) in 1982-83, the Indian Government has initiated many campaigns to reduce the prevalence rate of leprosy. Of the 556 districts in the country,

204 are considered high prevalence districts, with a prevalence rate of more than 5 cases per 10,000 population (March 2000). In India the average prevalence rate for leprosy was 3.8 (per 10,000 population) in September 2001.

The modern history of leprosy cure in India started in 1954-55 with the introduction of Dapsone therapy. In the same year, the Government of India launched the National Leprosy Control Programme (NLCP). Many leprosy patients have benefited from Dapsone therapy, which however has its disadvantages, the principal one being the long period of treatment, spread over 5-10 years. The length of treatment results in frequent discontinuation of medicines by LAPs, rendering many drug resistant.

Leprosy Prevalence Rate After MLEC II (2000) in Madhya Pradesh

In 1978, the World Health Organisation introduced Multi Drug Therapy (MDT), which was found to be far more effective than Dapsone therapy. In 1982-83, coinciding with the advent of MDT, the Government of India restructured the National Leprosy Control Programme into the National Leprosy Eradication Programme (NLEP). This programme has proved to be a major success. By Sept. 2001, 13.5 million leprosy patients had





been cured, 9.5 million of them through MDT. Danish Assistance to the National Leprosy Eradication Programme (DANLEP) has been supporting NLEP in Madhya Pradesh, Orissa and Tamil Nadu since 1986.

However, there are geographical and social pockets in India where the prevalence rate of leprosy is still high. Certain pockets of Madhya Pradesh (especially in the undivided state) too have a rather high prevalence rate. Select districts of Chhattisgarh region (erstwhile Madhya Pradesh) and some districts of the South Malwa region fall in this category.

The Modified Leprosy Elimination Campaign (MLEC II) carried out in January-February 2000 showed that the coverage of leprosy services in tribal areas was poor. DANLEP realised that it was necessary to individually focus on the high prevalence pockets. There was a felt need to understand the social and cultural configuration of these pockets. Hence, this study focuses on the Gond tribals, their culture, economy and health seeking behaviour.

Objectives

The study aims to:

1. identify the KAP or knowledge, attitude and practices regarding leprosy and in relation to leprosy affected persons (LAPs) among the Gonds in the Western Mahakoshal (old CP Berar) region.
2. identify the knowledge pathways by which information, beliefs about leprosy spread.
3. determine their views regarding the availability, accessibility, utilisation and effectiveness of government facilities for the treatment of leprosy, and the credibility of official media campaigns.
4. determine the treatment seeking behaviour of the Gonds and their dependence on alternative systems of medicine.
5. propose communication strategies for increasing coverage and acceptance of MDT services, including ways of improving coordination between government and non-government agencies.