CONCLUSION

Leprosy problem does not terminate with bringing down the prevalence and incidence rates of leprosy cases, or patients' compliance to treatment. It extends beyond the lepra bacilli. Although, leprosy is a disease within the purview of medical science, it embodies social and psychological implications on account of associated deformity and disabilities. People are concerned with the result of deformity and ulcers which lead to social isolation. The fact that a microscopic germ is responsible for "social death" is incomprehensible to them, in the view of their experiences with other communicable diseases.

In the wake of the new drugs in leprosy, the multidrug therapy, National Eradication Programme (NLEP) has set the goal of eradication of leprosy by AD 2000, to be achieved. However, it is felt that unless the efforts are directed towards changing the socio milieu and making it less hostile and more supportive to leprosy affected persons and the NLEP, the above goal would seem difficult to reach.

"The critical change in leprosy has to be the change of perceptions by people about the causation of disease, about treatment and cure. The current perceptions have been anchored by the groups and they have to be changed by the groups". (Mutatkar and Patankar 1991: 44).

The case-study of the Innovative approaches to NLEP at Rajnandgaon reveals that:

1) Rajnandgaon approach to NLEP is the Learning Process Approach, in contrast to the Blue-print Model of a Government Health Programme. Learning of new values and norms and un-learning of old values and norms with regards
to causation, treatment, cure and deformity and ulcer aspects of leprosy have been key elements of such an approach.

The organization of learning approach has included three steps:

i) learning from past experiences: embracing errors
ii) planning with people: community involvement
iii) knowledge linked with action

2) The group therapy method adopted for control activity has been one of the effective methods in social action. There has been a partnership between the 3 Ps:

- people: who have exhibited the potentialities in sharing non-medical roles with leprosy workers.
- patients: who have turned into health-educator and motivator for other patients
- providers of health services (in leprosy): who in the process of working with the community have acquired an autonomous status, which reduces his dependency on the hierarchical administrative authority to support his activities at the grass-root level.

3) Leprosy workers have acted as "change-agents". First of all change has occurred in their attitude towards leprosy and leprosy affected persons through critical incidents in their life. They shifted their focus on leprosy affected persons from being as recipients of sympathy and pity ("Daya") to persons with self dignity and social values.

Through practicals of HOPE, they have convinced the community about the non-infectivity and curability of leprosy. Thus, community participation has resulted when the
health-services have showed more concern towards the deformity and ulcer component of leprosy: which has been people's prime concern.

4) Health-education has been replaced by interactional communication, which has facilitated learning exercise in contrast to educative process (which is a top-down process leading to one-way communication)

5) General surveys have been replaced by surveys through Skin Diagnosis Camps, self-surveys by family members in each household, surveys through different groups of people like school children, teachers, members of local Youth Clubs, Ladies Clubs, community leaders, etc.

6) Demystification of leprosy has been through intervention processes, like the medical, medico-social and socio-cultural.

7) Change has occurred in two aspects as the result of intervention Programme:

- change in the infrastructure of NLEP at Rajnandgaon.
- change in the normative belief system of the community.

The role of a social scientist (a behavioral scientist) in the process of Social Action at Rajnandgaon has been a significant one. The Social Scientist, as facilitator, has played a useful role in building up the capabilities of health workers, patients and community to play the roles that have made them autonomous for leprosy control. The experiment on community action launched by the DANLEP programme officers in Rajnandgaon district has empowered the community and groups to identify, understand,
analyze and solve its own problem. Social action, as such, has aimed at changing social perceptions.

Outcome of the study:

The researcher recommends that the present study should not be viewed only as an academic exercise but to be applied in the following areas:

1) Designing training materials for health workers in leprosy to facilitate participatory research in the areas of:
   i) Health-education
   ii) Deformity prevention
   iii) Rehabilitation

2) Conceptualizing a model for community participation in LCP to be replicated in other leprosy control areas.

3) Planning intervention programmes which would form the normative part of the community for bringing about change in people's perception towards leprosy.

Suggestions for future research in leprosy:

Participatory research in leprosy: Most of the researches in social science are evaluative studies. Studies should be designed to incorporate process documentation of on-going health programmes which would help a researcher to suggest corrective inputs during the implementation process and not a "post-mortem" study of the programme.