ABSTRACT

The leprosy problem does not terminate with pill-swallowing or patients' compliance to treatment. Although, Leprosy Control Programme (LCP) has claimed success through chemotherapy in bringing down the prevalence of leprosy, a question persists in a common man's mind, as to what is cure in leprosy, when the normal functioning of the disabled or deformed, anaesthesized limbs have not regained, or the self-identity of the affected person not been restored.

People's prime concern in leprosy has been ulcers and deformities, which incapacitate the affected person physically, psychologically and socially. Deformity in leprosy has constituted the "hard-core" of the community's belief system: an aspect towards which people's perception do not easily change.

Change in perception has been possible only when the community experiences cure, gains confidence in the Leprosy Control Programme and comes forward to hold a dialogue with them. Community Participation has resulted, when the Health-Services have shown more concern towards the correction and prevention of deformities and healing of ulcers. However, these aspects have been lacking in the programme.

The study undertaken at Rajnandgaon district of Madhya Pradesh, reveal that the Health-Workers Approach to Leprosy Control Programme has been an Innovative one, as compared to the Blue-Print Model.

The demystification of leprosy through Skin Diagnosis and Ulcer-Care Camps have proved to be an important tool in fear-removal from the minds of the people. One of the unique technique in fear-removal has been the administration of Hydro-oleo-
physio-therapeutic exercises to the affected persons with anesthesia, ulcers and deformities by the health-workers. The community members witnessing such activities underwent dissemination of fear towards the infectivity and incurability of the disease and were motivated to come forward to participate in the LCP.

In the process of community participation, certain non-medical roles of Health Workers were shared by the community members. They took over the responsibility as "Gate-keepers" to community's health and actively participated in the early-case detection, case-holding and creating awareness towards the facts in leprosy.

Out of their own resources, community gave support in organizing leprosy camps, whereby, health-workers became autonomous from the hierarchical structure for financial aids; and became accountable to the community. This allowed flexibility for the health-workers to launch innovative methods for leprosy Control, on experimental basis.

Patients on the other hand, felt the importance of voluntarily reporting their cases for the prevention of nerve-damage, leading to deformities and ulcers.

The interactive relationships between the people, patients and health-workers has facilitated learning exercise, in contrast to an educative process (or more aptly: Health-Education), which is a top-down approach.

The present research studies the dynamics of the interactive processes in Leprosy Control Programme, which has emerged as people's programme rather than a Government Programme.