CHAPTER-3
THE RESPONDENTS

This chapter deals with the demographic, socio-economic, cultural and disease related characteristics of the respondents in the sample. They included data on the native district, age, gender, educational qualifications, marital status, type of family, occupation, status in the family, caste, religion, annual household income, number of earning members in the family, educational, medical & health and transport facilities available in the native village, time of the onset of the disease, mode of detection, deformity status, present complaints, reasons for visiting the hospital, place and duration of earlier treatment, present disease status and history of any other diseases suffered by the respondents etc., In this chapter an attempt was made to examine the similarity or possible variation between the experimental and control group with regard to various socio-cultural and economic characteristics of the sample, thus the selection procedure of the respondents for both the groups may be said unbiased.

3.1. DEMOGRAPHIC PROFILE:

3.1.1. Native district of the respondents: It is observed that 80.7% of the total respondents are from Wardha district followed by Nagpur with 6.6%. The rest of the respondents are from Chandrapur, Yeotmal, Amaravathi, Bhandara and Akola districts of Maharashtra state and Chindawara district of Madhya Pradesh. Similarly 78.1% and 83.2% from experimental and control groups respectively are from Wardha district. However, the respondents of different districts are distributed more or less equally in the experimental and
control groups, and the chi-square test shows no significant variation between the two groups (Table-3.1).

3.1.2. Sex distribution: While there are a total of 219 (72.8%) males and 82 (27.2) females in the study sample, 76.1% of the control group respondents are males and 23.9% are females. In the case of experimental group 69.2% are males and 30.8% are females. However, chi-square test shows no significant difference in the sex distribution on the respondents between the two groups (Table-3.2).

3.1.3. Age distribution: The sample consisted of patients from teenagers to 90 years old people. The patients are grouped into those with <20 years, 21-25 years, 26-30 years, 31-35 years, 36-40 years, 41-45 years, 46 to 50, 50-60 years and those above 60 years. Higher proportion of the respondents are from below 20 years age group (23.3%) followed by 21-25 years age group (16.9%), and by 26-30 years age group with 11.3% of the respondents. Distribution of the respondents in experimental and control groups is more or less the same among all the age groups except for those of above 60 years with 73.3% of them in control group and 26.7% in the experimental group. However, the chi-square test shows no significant variation in overall distribution of respondents in the experimental and control groups (Table-3.3).

3.1.4. Educational status: As many as 109 (36.2%) respondents happened to be illiterates followed by 67 (22.3%) studied up to primary classes. Majority of the remaining patients studied up to high school level to 12th class. There are only 13 patients (4.3%) who had graduation and above. However, the distribution of the
patients in both the groups has no significant variation as per the chi-square test. (Table-3.4).

3.1.5. Marital status: More than 60% of the respondents are married living with their families and 33% of them are still unmarried. About 5% of the sample are widowed and 1 case each in experimental and control groups are separated. The chi-square test shows that, distribution in experimental and control groups has no significant variation as far as marital status is concerned (Table-3.5).

3.1.6. Type of family: While only one patient from the sample had no family of his own or of his parents, as much as 71.1% of the patients lived in nuclear type of families with wife and unmarried children and 27.6% were from extended type of families living with the siblings and parents. There are 3 (1.0%) respondents who along with their family living with families of relatives, who are indicated as ‘others’. The distribution is found to be homogenous in both experimental and control groups with chi-square test showing no significant variation (Table-3.6).

3.1.7. Occupation: Barring 15.9% of the respondents who are dependants, the occupations followed by the patients in the sample could be categorised into 7 categories viz. House wife, Labourers (industrial and agricultural), service (teacher, police man, railway employ, pensioners etc.), class IV employees (attendant, waiter, sweeper etc.), self employed (cycle repair, grocery shop, Scooter mechanic etc.), and priest (in the temple).
In addition, there are also some occupations like rag-picking, toy vending, grazing cattle, cobbler and drummer in the villages, which are followed by those belonging to very low socio-economic category. They are categorised as others, accounting for 7% of the sample. However, the sample is dominated by labourers accounting for 36.5%, followed by self-employed with 17.9% and housewives, constituting 11% of the sample. The distribution of the respondents in both the groups, shows no significant variation as per the chi-square test (Table-3.7).

3.1.8. Caste: All the castes in the study sample can be grouped into 4 categories, viz. Schedule Castes (Mahar, Chambar, Mang/Matang, Mehtar, Burad, Gondhali etc.), Schedule Tribes (Gavari/Gond, Halba, Dhangar, Wadar, Koshti, Chhatri etc.), Backward Castes (Teli, Mali, Bhoi, Sutar/Wadi, Sheikh, Barber, Dhobi, Mana, Pardeshi Thakur, Gawali etc.), and other castes (Brahmin, Kunbi, Marwadi, Parwar (Jain), Gurav, etc.). It is observed that there are as many as 91 (30.2%) respondents from the other castes, followed by backward castes (27.9%), and Scheduled Castes with 25.2%. Schedule Tribes account for the least proportion of the sample with 16.6%. Chi square test shows no significant variation of distribution of the sample between experimental and control groups (Table-3.8).

3.1.9. Religion: The sample is predominantly dominated by Hindus accounting for 74.8% of the sample (which also included 1 Sikh patient), followed by Neo-Buddhists constituting 22.6% of the sample. There are only 8 Muslim patients (2.7%). However,
religion wise distribution of patients in the control and experimental
groups is similar, showing no significant variation exhibited by chi
square test (Table-3.9).

3.1.10. Annual Household Income: The sample patients are grouped
into 6 categories as per the income as shown below. Majority of
the patients of the sample (51.5%) are from the low economic
group with less than Rs. 12000/- per annum, followed by those
with income between Rs.12001-24000 per annum (28.6%), those
with income between Rs. 24001-36001/- per annum formed
13.3%. Only 5 percent of the sample has an income of Rs. 36001
to 60,000/- and only 1.3 percent had income of above Rs. 60001/-
and below Rs. 100000/-. Only one patient had an income above
Rs.1,00,000/-. The comparison of the patients distributed into
experimental and control groups shows no significant variation as
per the chi-square test (Table-3.10).

3.1.11. Number of earning members in the family: Table 3.11 shows
that in majority of the families (38.5%) of the sample there are two
earning members whereas single earning member families form
37.2%. Among 15.3% of the patients’ families there are three
earning members while 7% of the families had four earning
members. There are only 4 families (1.3%) with five earning
members in the sample. However, there is no significant variation in
the experimental and control groups with regard to the no. of
earning members in the patients family, as exhibited by chi-square
test (Table-3.11).
3.2. FACILITIES AVAILABLE IN THE PATIENT’S VILLAGE:

3.2.1. Educational facilities: As much as 30.6% of the villages where the sample patients lived are provided with facilities of secondary education and 27.2% of the families lived in the villages where only primary schools are available. About 14% had education facilities up to 12th class and almost 13% of the patients in the sample had facilities of college up to graduation in their living place. About 15% of the patients come from towns where all the facilities including university and medical college etc. are also available. Though small number, it is worth noting that 2 patients (0.7%) come from the place where no school, even for primary education is available. Chi-square test shows a significant variation ($\chi^2 = 13.25$ at $P = 0.0211$) between control and experimental groups, with regard to the facilities of education they had in their native villages, with more of primary, secondary education and higher education facilities for the control group patients and more of 10-12th class and graduation facilities for the experimental group patients. The level of availability of education facilities may influence the impact of communication and behaviour of patients to some extent, the dimension of which is worth studying (Table-3.12).

3.2.2. Medical & Health Facilities: Approximately 62% of the patients in the sample had medical and health facilities like PHC and other private hospitals/dispensaries in their native villages where as 38% did not have such facilities (Table-3.13).

Those who did not have facilities (37.2%) in their villages, include 23.9% (of the sample) who had to go up to 5 kms. for
medical/health assistance and about 6% who had to travel up to 10 kms. A small proportion of 2% had to go even up to 20 kms. to seek medical/health assistance. While availability of the medical and health facilities is one of the factors that influence patients behaviour considerably, there is no statistically significant variation with regard to the availability of the facilities between experimental and control groups.

3.2.3. Transport facilities: Among the sample 53.2% of them had bus facilities to travel from their native village, and 16.6% of the patients didn't have any means of transport, except on bicycle or by foot, which is likely to influence treatment compliance of the patients. Rest of the patients in the sample had, all sorts of transport facilities. However, no significant difference is found between the two groups with regard to the transport facilities available to them as revealed by the chi-square test (Table-3.14).

3.3. DISEASE CHARACTERISTICS OF THE SAMPLE:
3.3.1. Onset of the disease: The patients in the sample observed the symptoms of their disease, from 15 days to 2 years before they reported to GMLF referral hospital. A small proportion of them (6.6%) reported, within 15 days and another 6.6% of them reported within 15 to 30 days after suspecting the disease. A larger proportion (19.9%) reported within 4-6 months after onset, and another 18.9% reported within 2 years. However the time lapsed between noticing the onset and reporting of the disease at GMLF, is more or less equal in both the groups without significant variation as explained by chi-square test (Table-3.15).
3.3.2. Mode of detection: As many as 5.2% of the sample reported to GMLF referral hospital voluntarily, and 21.2% were referred by other physicians to whom they reported voluntarily, while the rest of them were referred by either friends or family members, or relatives, except for only 1.7% detected by NLEP staff during survey in their native villages. It shows that the sample perhaps is more motivated than the leprosy patients in the community who normally don’t report either on their own or with the help of family members at that large proportion. The distribution in both the groups has no significant variation as exhibited by chi-square test (Table-3.16).

3.3.3. Deformity status: It is worth noting that 89% of the patients in the sample had, no deformity when they reported in the GMLF referral hospital. About 7% of the sample had deformities of limbs which include deformities/ complications such as absorption of fingers, contracturs, foot droop, claw hand etc. Another 6% had deformities on the face which include loss of eye brows, flat nose, lagophthalmas and facial paralysis. The chi-square test, shows significant variation between the two groups at P = 0.02 (Table-3.17).

3.3.4. Disease status: Among the sample 44.5% suffered from infectious type of leprosy, whereas 53.5% of them suffered from non-infections type, when they started treatment at the GMLF referral hospital. Chi-square test shows significant variation between the two groups at P = 0.0118 (Table-3.18).
3.3.5. Duration of earlier treatment: There are 173 patients, out of the 301 sample, who didn’t take any treatment before coming to GMLF referral hospital. Rest of the patients took treatment earlier from some source or the other for a duration of 1 month to 2 years. There are 9 (7% of those who took treatment) patients who received treatment for more that 2 years. Majority of those who took treatment before (43%) are for a duration of one month. However both the groups have similar distribution of patients with regard to duration of their earlier treatment as per the chi-square test (Table-3.19).

3.3.6. History of any other disease: It was enquired whether the sample patients had any other disease apart from leprosy. It was found that 90.7% of the patients had no other disease, and the rest had other diseases like tuberculosis, elephantiasis and some gynic problems (Table-3.20).

From the above description of the characteristics of the sample, it may be inferred that the sample in both experimental and control groups is homogenous to a very large extent. However, significant variation was noticed in the educational facilities available in the respondents’ native places, deformity and disease status.