CHAPTER-VI
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MAJOR FINDINGS, DISCUSSION AND RECOMMENDATION

6.1.0. Introduction

6.2.0. Restatement of the Problem

6.2.1. Objectives

6.2.2. Hypotheses

6.2.3. Methodology and Analysis

6.3.0. Limitations

6.4.0. Findings

6.5.0. Discussion

6.6.0. Suggestions for Further Research
CHAPTER-VI
MAJOR FINDINGS, DISCUSSION AND RECOMMENDATIONS

6.1.0. INTRODUCTION

In order to minimise the problem of the absenteeism among leprosy patients a study was undertaken. Three health education strategies were tried out in the experimental investigation.

6.2.0. RESTATEMENT OF THE PROBLEM

Title

"Developing Health Education Strategies to Minimise Absenteeism among Leprosy Patients in Devakottai Revenue District".

6.2.1. Objectives

To find out the effectiveness of the different health education strategies in minimising the problem of absenteeism among leprosy patients in Devakottai Revenue District.

Additional Objectives

1. To identify appropriate health educational strategies to minimise the problem of absenteeism among leprosy patients in Devakottai Revenue District.

2. To test the effectiveness of the health education
strategies identified, by applying them in experimental situation to a selected group of leprosy patients (experimental group).

3. To assess the attitude of leprosy patients in Devakottai Revenue District towards taking medicines for the disease.

4. To find out the post-test difference in the attitude of leprosy patients in Devakottai Revenue District towards taking medicines.

5. To find out the problems faced by para-medical workers and medical officers in administering medicines to the leprosy patients, using statistical procedure.

6. To assess the relative effectiveness of the strategies identified in minimising the absenteeism among leprosy patients in Devakottai Revenue District using statistical procedure.

7. To assess the relative effectiveness of the strategies identified in changing the attitude of leprosy patients towards taking medicines.

6.2.2. Hypotheses

Major Hypothesis

Health educational strategies employed by the investigator will significantly minimise the problem of absenteeism among leprosy patients in Devakottai Revenue District.
Additional Hypothesis - 1

There will be significant improvement in attendance of leprosy patients in Devakottai Revenue District after the application of health education strategies identified by the investigator.

i) There will be significant difference in the post-test attendance of Experimental and Control Groups.

ii) There will be significant difference between the pre-test and post-test attendance of Experimental Group.

iii) There will not be any significant difference between the pre-test and post-test attendance of Control Group.

Additional Hypothesis - 2

The attitude of the leprosy patients towards taking medicines is significantly low.

Additional Hypothesis - 3

There will be significant improvement in the attitude of leprosy patients in Devakottai Revenue District after the application of health education strategies identified by the investigator.

i) There will be significant difference in the post-test attitude scores of Experimental and Control Groups.

ii) There will be significant difference between the pre-test and post-test attitude of Experimental Group.
iii) There will not be any significant difference between the pre-test and post-test attitude of control group.

Additional Hypothesis - 4

There will be significant difference in effectiveness of the three health education strategies identified in improving the attendance of leprosy patients in Devakottai Revenue District.

Additional Hypothesis - 5

There will be significant difference in effectiveness of the three health education strategies in improving the attitude of leprosy patients.

Additional Hypothesis - 6

The problems faced by medical officers and para-medical workers in administering medicines to leprosy patients in Devakottai Revenue District are significantly high.

6.2.3. Methodology and Analysis

This is a parallel group experimental study, the investigator obtained a list of leprosy patients from the District Leprosy Officer. The investigator selected a sample of sixty long absentees in the leprosy Sub-Centre of Devakottai. They are homogeneous in respect of age, sex, literacy, occupation, income, family, period of absenteeism, state of disease, intensity of disease and caste.
The subjects were assigned to Experimental and Control Groups randomly through lottery method. The Experimental Group was further divided into three groups so that three health education strategies could be tried out on each group i.e. Post Card Campaign, House Visit and Group Discussion.

The pre-test attendance for both the groups was recorded. Also an attitude scale was administered to both the groups.

The attendance was marked for every month for both the groups. After one year, the attendance pattern was examined.

The results were obtained using parametric and non-parametric statistics techniques.

The analysis revealed that there is significant improvement in the attendance of leprosy patients in Devakottai Revenue District and their attitude towards drug in-take after the application of health educational strategies by the investigator.

6.3.0. LIMITATIONS

1. The study was restricted to Devakottai Sub-Centre only and no broad generalisation of findings are claimed.

2. Though there are other sub-centres in Karaikudi Control Unit, the investigator selected Devakottai Sub-Centre
on account of access to the patients since the investigator belongs to Devakottai.

3. Only three health education strategies were tried out. They are:

i) Post Card Campaign
ii) House Visit Campaign
iii) Group Discussion

6.4.0. FINDINGS

1. There is significant improvement in the attendance of leprosy patients of Devakottai Revenue District after the application of health education strategies identified by the investigator (0.05 level).

   i) There is significant difference in the post-test attendance of Experimental and Control Groups (0.05 level).

   ii) There is significant difference between pre-test and post-test attendance of Experimental Group (0.05 level).

   iii) There is no significant difference between the pre-test and post-test attendance of Control Group (both at 0.01 and 0.05 levels).

2. The attitude of leprosy patients towards taking medicines is far below the mean.

3. There is significant improvement in the attitude of leprosy patients in Devakottai Revenue District after the
application of health education strategies identified by the investigator at 0.05 level.

i) There is significant difference in the post-test attitude of Experimental and Control Groups.

ii) There is significant difference between the pre-test and post-test attitude of Experimental Group (0.05 level).

iii) There is no significant difference between the pre-test and post-test attitude of control group (0.05 level).

4. There is no significant difference in the effectiveness of three health education strategies. They are equally effective in improving the attendance of leprosy patients in Devakottai Revenue District. Hence the additional hypothesis has not been confirmed (at 0.05 level).

5. There is no significant difference in the effectiveness of the three health education strategies. They are equally effective in improving the attitude of leprosy patients in Devakottai Revenue District. Hence the additional hypothesis has not been confirmed (0.05 level).

6. The problems faced by medical officers and paramedical workers in administering the medicines to leprosy patients in Devakottai Revenue District are significantly high. Out of the 45 problem given in the cheque list, 20 problems are faced by more than 50% of the leprosy personnel.
6.5.0. DISCUSSION

In the review of literature presented elsewhere in this report, most of the studies stressed the need for creating an awareness through health education, removing social stigma and a basic change in he attitude of the public and the patients. Studies revealed that health education is 'a must' for removing absenteeism and ignorance.

Foreign studies focussed their attention, on chemotherapy, microbiology, histopathology and rehabilitation. Health education is not a big problem for them as literacy rate is high and their people have good knowledge about the scientific facts about leprosy. Moreover, they co-operate well with the government in health programmes.

But in India since the literacy rate is low, the government faces problems such as absenteeism resulting in lack of co-operation on the part of the patients.

Due to superstitious beliefs about the disease, the stigma, distancing and ostracism education attached to the disease, the attempts to eradicate the disease have been hindered. Many Christian missions and public/charity organisations have been working for leprosy in India with a true missionary zeal.

Several Indian authors studied the problems of leprosy and confirmed the need for health education. Many leprologists
surveyed the drop-out problems.

However, the strategies suggested have not been tried out scientifically in research context. The efficacy of the strategies will be brought out only when they are applied.


However, the present investigation has tried out empirically the different health education strategies and they have been shown to be highly effective in minimising absenteeism among leprosy patients.
There are many studies suggesting a change in the attitude of the public and the patients so that they will be regular in visiting the clinics.

A few studies are by Myrdal (1962), Wardekar (1972), Choudhary (1980), Dharmshaktu and Mittal (1984), V.N. Jajoo (1985), Matthews (1988) and Barr and Etiba (1990) have suggested health education strategies as important in the attitude change.

In the present investigation the three health education strategies applied by the investigator have proved to be effective in changing the attitude of the patients.

The impact of the strategies is visible even after the study is over; that is, the long absentees who became regular through intervention strategies by the investigation continue to remain regular which was revealed through informal interviews with the patients as well as para-medical workers in the drug delivery points.

Generally in experimental studies there is an observation that the impact of the experimental factor tends to be seen only temporarily. But in the present investigation, the strategies tried out are so effective as to have long term impact. The last attendance taken for the purpose of the study was in December 1992. But most of the patients continue to be regular in visiting the clinics.
This shows that the three strategies, or one or two of them at least, deserve to be tried out in other centres also for bringing about a change in the attitude of leprosy patients. The cheapest of the strategies is the 'Post Card Campaign' which deserves a fair trial. Such attempts will certainly prove to be cost effective in the leprosy eradication programme.

The reasons for absenteeism have been explored by many researchers. Shanmugha Sundaram and Subramaniyan (1988) in their study found out social rejection as one of the problems for absenteeism. Bhagolimal and Chandran (1979) in their investigation concluded that illiteracy and ignorance were the problems for absenteeism. Robert Chambers (1981) found out season as a factor for absenteeism. Studies by Bhatia and Velecha (1977) revealed that higher age group of patients was responsible for long absenteeism. In the present investigation it was found that 68% of the para-medical workers stated monsoon season as one of the reasons for the patients absenting themselves from visiting the clinics for getting medicines. Illiteracy and ignorance also contribute directly and indirectly to absenteeism which are in the form of false assumptions about the disease and pessimistic outlook in life, as revealed by the present study.

Thus the present investigation corroborates the findings as earlier studies. It was possible through the study to find
out twenty causative factors for the drop-out problem of leprosy patients as felt by 50% to 83% of the para-medical workers.

While framing fresh policies for leprosy eradication programmes, these factors identified in the present investigation may be considered to ensure total success of the National leprosy Eradication Programme.

6.6.0. SUGGESTIONS FOR FURTHER RESEARCH

1. An investigation may be done to explore the possibility of changing the attitudes of long absentees and modules developed to teach leprosy patients through health education strategies to reduce long absenteeism.

2. An investigation may be done to find out how patient behaviour is moderated in terms of the behaviour of health personnel. The findings will serve as guidelines in future for medical officers and para-medical workers in leprosy eradication.

3. Separate investigations may be done to find out the effectiveness of any one strategy in minimising absenteeism.

4. Since the 'Post Card Campaign' is the cheapest strategy suited to our economy and is equally effective like other strategies as revealed in the present study, this may be tried out on a larger sample.

5. Some of the health education strategies may be tried out on experimental basis for similar public health issues.