

# **A Study to Assess the Effectiveness of Information Booklet on Knowledge and Attitude Regarding Leprosy and Its Prevention Among Rural Community People in Selected Area of Machandur, Utai Distt, Durg (C.G)**

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## **ABSTRACT**

*Leprosy is one of the oldest diseases known to man. However, it still continues to be a serious public health problem in the developing world. This is primarily because leprosy is medical problem with grave social overtones since permanent and progressive disability consequent psychological damage is recognized sequel of untreated leprosy. Hence leprosy irrespective of the occurrence of deformities, often result in intense stigma and social discrimination of patients and their families, causing tremendous social problems not only to the affected individuals but also to their families and the community at large WHO, 1996.this influenced to take up this ' a study to assess the effectiveness of information booklet on knowledge and attitude regarding leprosy and its prevention among 60 rural community people in selected area of Machandur, Utai Dist, Durg (C.G)''a purposive sampling technique was adopted to collect the sample. data was analyzed by MS Excel software using descriptive and inferential statics.*

*Keywords: leprosy, information booklet, attitude, knowledge, community people.*

## **INTRODUCTION**

Leprosy is oldest disease known to men. M. leprae affects the nerve of the hands, feet and face and also the skin, there is often much fear and misunderstanding about leprosy because it can cause disabilities, however it is not very contagious and it is easily treatable with antibiotics. Leprosy is curable and treatment provided in the early stages prevent and permanent damage to the skin, nerves, limbs and eyes. Leprosy global situation WHO collects statistics on regular basis from all member states on the prevailing leprosy situation, using data prepared by the national leprosy elimination programme, situated within the within the ministry of health. This data includes any information submitted to the MoH from non-government organization working with the national programme. Leprosy situation in India as per the govt statistics 58.85% of new cases in the world are in India. 1.27 lakhs new cases of leprosy were reported in India during 2013-14. 12043 new cases of leprosy 2013- 14. were children. In 13 states/UT more than 10% of new cases detected were, children.46845 new cases of leprosy during 2013-14 were women. A total of 86,000 cases are on record as on 1<sup>st</sup> April 2014, giving a prevalence rate of 0.68 per 10000 populations. Leprosy in ancient India early texts, including the Atharva veda (circa 2000 BC) and the laws of Manu (1500 BC), mention various skin diseases translated as leprosy. the laws prohibited contact with those affected by leprosy and punished those who married in to their family. In India, which has the highest incidence of leprosy in the world, Hindus considered it as a divine punishment for evil acts committed in the previous life

## OBJECTIVES OF THE STUDY

- 1) To assess the pretest, posttest knowledge and attitude score regarding leprosy and its prevention
- 2) To assess the effectiveness of information booklet on knowledge and attitude regarding leprosy and its prevention.
- 3) To find out the association between pre-test knowledge score with selected socio demographic variables.
- 4) To find out the association between pre- test attitude score with selected sociodemographic variables.
- 5) To find out the association between knowledge and attitude regarding leprosy and its prevention.

## MATERIALS AND METHODS

### Methodology

**Research Approach:** quantitative research approach was use in this study.

**Research Design:** pre-experimental one group pre-test and post-test research design was used in this study.

**Research Setting:** selected rural community, area of Dist. Durg, Machandur Utai C.G.

**Population of Study:** the population for the study was rural community people.

**Sample Size:** the sample size consists of 60 rural community people.

**Sampling Technique:** non-probability purposive technique was used for this study.

**Criteria for Sample Selection:** in sampling criteria the researcher specifies the characteristics of the population under the study by detailing the inclusion and exclusion criteria.

### Inclusive Criteria

- Community people who are willing to participate.
- Community people those who were present at the time of study.
- Community people who were able to read and write.
- 60 community people.

### Exclusive Criteria

- Community people who are not able to read and write.
- Community people who are not willing to participate in the study.
- Community people who are not present at the time of study.
- Other area except Machandur
- Sample more than 60

### Description of the Tool

The tool consists of the three sections:

- Tool A: this section consists of demographic data which includes age, sex, education, religion, types o family, occupation, family monthly income in rupees, source of drinking water and source of knowledge.
- Tool B: this section consists of modified questionnaire related to knowledge to asses the level of knowledge and evaluating the effectiveness of information booklet.
- Tool C: this section consists of modified rating scale related to their attitude.

## METHOD OF DATA COLLECTION

- Written permission was obtained from principal Shri Shankaracharya college of nursing Amdi Nagar Hudco, Bhilai C.G.
- Written consent taken from CEO of utai.
- Written consent taken from participants confidentiality of the data was maintained. For ethical consideration.
- Pre- test was done by using all three tools to check sociodemographic knowledge and attitude after one-week post- test was done.

## STATISTICAL ANALYSIS

Data will be analyzed by significance assessed at the 0.05 (5%) level of significance using descriptive and inferential statistical analysis in MS Excel sheet.

## RESULTS

**Major Findings:** the analysis of data revealed the following headings

- On sociodemographic analysis, data revealed that the majority 20(33%) belongs to age group 41-50 years, majority of gender of peoples 34 (56.6%) are males, majority of peoples on the basis of religion are hindu 56(88.6%), majority of peoples 32(53.3%) has taken only secondary education, 51 (85%) peoples are labor, the majority of mothly income of 29(48%) peoples between 10000-15000, 49 (81.6) peoples were married and nearly 35 (58.3) peoples are residing in the nuclear type of family most of 35 (58.3) peoples revealed that the friends were the source of information regarding leprosy and its prevention.
- Pre test and post test knowledge analysis revealed that no one had excellent knowledge, 11% had good knowledge, 88.3 had average knowledge and in post test 78% were had excellent knowledge, 21.6% had good knowledge and no one had average knowledge.
- Pre test and post test attitude analysis revealed that in pre test 22.3% were had positive attitude and 83.3% had negative attitude and in post test 58.3% had positive attitude, 41.6% had negative attitude.

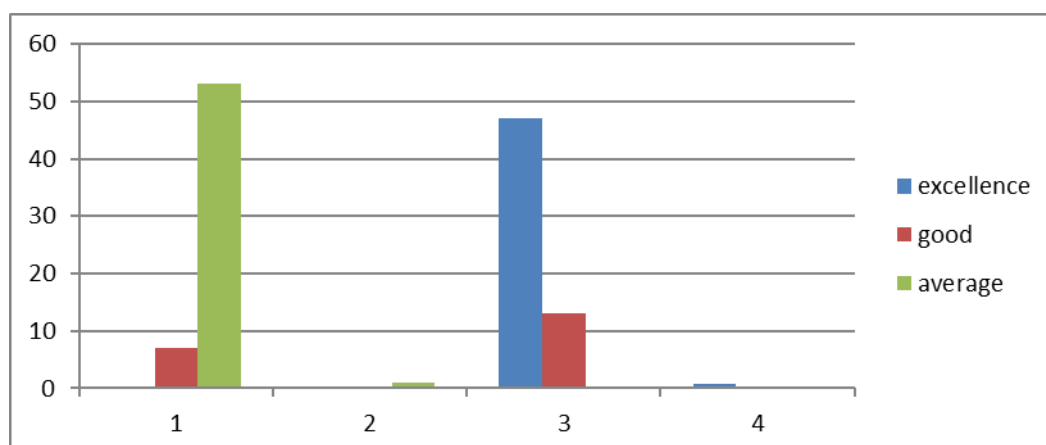
**Table 1: distribution of the subjects according to sociodemographic variables by using frequency and percentage.**

Demographic Variables	Frequency (N)	Percentage (%)
<b>Age of Community Peoples</b>		
20-30	15	25 %
31-40	18	30 %
41-50	20	33.3 %
51-60	7	11.6 %
<b>Gender</b>		
Male	34	56.6 %
Female	26	43.3 %
<b>Religion</b>		
Hindu	56	88.6 %
Muslim	4	11.6 %
Sikh	0	
Christian	0	
<b>Education</b>		
Primary	8	46.6 %

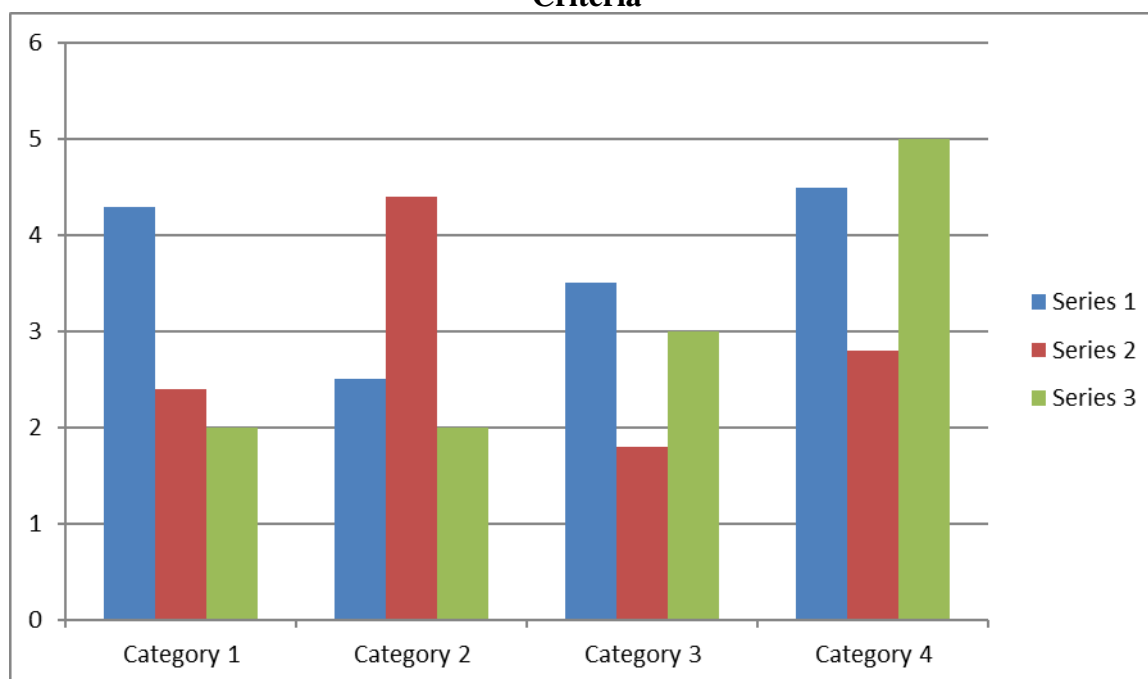
Secondary	32	25 %
High/ higher sec school	17	23.3 %
UG/PG	3	5 %
<b>Occupation</b>		
Labor/ farmer	51	85 %
Unemployed	3	5 %
Business men	2	3.3 %
Govt. job	4	6.6 %
<b>Income</b>		
<5000		
5001 – 10,000 rup/month	0	0 %
10,001 – 15,000 rup/month	28	46.66 %
15,001 – 20,000 rup/month	29	48.33 %
20,001 – 25000 rup/month	3	5 %
<b>Marital status</b>		
Married	49	81.6 %
Unmarried	8	13.3 %
divorcee	0	0 %
widow	3	5 %
<b>Family</b>		
Joint	25	41.6 %
Nuclear	35	58.3 %
<b>Source of knowledge</b>		
Family/relatives	0	0 %
Friends	35	58.3 %
Media	25	41.6 %
literature	0	0 %

**Comparison Of Over All Knowledge Score Between Pre Test and Post Test According to Criteria**

S/N	Knowledge Score	Pre Test		Post Test	
		Frequency	Percentage	Frequency	Percentage
1	Excellence	0	0	47	78.33 %
2	Good	7	11.66 %	13	21.66 %
3	Average	53	88.33 %	0	0



**Comparison of overall Attitude Score between Pre Test and Post Test according to Criteria**



**Table 4: Mean and Standard Deviation of Effectiveness of Information Booklet Related to Leprosy and its Prevention**

N= 60

Knowledge	Mean	Standard Deviation
Pre test	5.25	1.41
Post test	22	13

**DISCUSSION**

The study was conducted to assess the effectiveness of an information booklet on knowledge and attitude regarding leprosy and its management among rural community people in selected area of Mchandur, Utai Dist, Durg (C.G.). the frequency and percentage wise knowledge of rural community people according to pre-test level of knowledge regarding leprosy and its prevention were divided into 3 categories excellent, good, and average knowledge of rural peoples. Pre-test analysis revealed that among rural community peoples no one had excellent knowledge, 7(11.66%) had good knowledge and 53 (88.33%) had average knowledge with mean score of 5.25. post test revealed that majority of rural people 47 (78.33%) have excellent knowledge, 13(21.66%) have good knowledge and no one has average knowledge regarding leprosy and its prevention with mean score of 22.

There was attitude also assessed the frequency and percentage wise attitude of rural people according to pre-test of knowledge regarding leprosy and its prevention were divided in to 2 categories positive and negative attitude of rural community people. Pre-test analysis revealed that among rural community people very less peoples 13 (22.33%) had positive attitude and majority of peoples had negative attitude regarding leprosy and its prevention. post test revealed that majority of rural people 35(58.33%) have positive attitude.

There was association found between pre-test knowledge score and pretest attitude score the calculated value i.e. 20.17 was less than the table value of chi-square 9.49 at 0.05 level of significance. There was also association found between post-test knowledge score and post-test attitude score the calculated value i.e. 56.13 was less than the table value of chi – square 9.49 at 0.05 level of significance.

## CONCLUSION

After the detailed analysis of the study, we found the results that there is significant difference between pre test and post test knowledge and attitude score. After the distribution of information booklet regarding leprosy and its management knowledge and positive attitude remarkably increase it shows information booklet regarding leprosy is effective.

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