

## A SOCIAL WORKER'S EXPERIENCE OF LEPROSY

By

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It may well be asked what is the propriety of a Medical Social Worker being asked to speak at a conference of eminent Medical Specialists.

The reason justifying a Medical Social Worker speaking at such a conference is that the Medical Social Workers have been taken advantage of very recently in India by Medical Departments and the administrators of these departments have according to my experience in Greater Bombay a very vague idea about the utility of our personnel in their Institutions.

What I shall now be talking about is only one of the many examples of the utility of a Medical Social Worker in the Scheme of Leprosy Control.

Literature is replete with information regarding the effectiveness of sulphones in the treatment of leprosy and yet experience in India reveals that only 3 lakhs out of 20 lakhs of patients are under treatment. The main reason for this indifference is considered to be the reluctance of patients to come forward and identify themselves, the reluctance being ascribed to fear of social ostracism.

Wardekar in his booklet titled 'Protection against leprosy' states that "The fear of being socially ostracised thus prevents thousands of early cases from taking treatment." But my experience reveals that factors other than social ostracism are responsible for the attitude of therapeutic nihilism displayed by the patients. For example I have found that of the 3830 patients who had ceased attending for treatment during the last five years and who could be contacted regularly,

1. 945 were taking treatment with private practitioners.
2. 30 repeatedly avoided health visitors.
3. 356 were indifferent to treatment as they did not realise the seriousness of the disease (which was in the early stages or had personal problems which are more important to them than treatment.
4. 206 did not believe in the diagnosis (they had no deformity)
5. 145 had no time to attend.
6. 513 thought they had improved sufficiently and did not need further treatment.
7. 232 had no faith in treatment (some considered they had given treatment sufficient trial and found no benefit etc.)
8. 59 were afraid of biopsies being taken for bacteriological examination.
9. 89 were bedridden.
10. 1255 restarted treatment after the visits of the Health Visitors.

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\* Report read at the IV All India Conference of Dermatologists & Venereologists 1962 Bombay.

It will be noted that 975 patients (item 1 and 2) can be said to have felt the effects of social ostracism. Thus among the patients that attend the clinic of the Acworth Leprosy Home social ostracism operates in only 25.5%. It must be pointed out that this 25.5% of patients belong to the higher social stratum of society and the majority of such patients take treatment through private practitioners and consultants. In fact this class of patients are very anxious about regular treatment and examination of their relations than those of any other class but they desire that the treatment and examinations be done secretly. In order to deal with poor patients of this class, treatment centres are provided in General Hospitals and dispensaries. There are 8 such centres in Greater Bombay.

2855 patients (item 3 to 10) did not take treatment for reasons not connected with social ostracism. These belong in the main to the lower social stratum of society. It will also be noted that some had no time to attend. These and some other were willing to take treatment if given at their homes. Thus domiciliary treatment commenced in Greater Bombay and at present 790 patients receive treatment in this manner.

On account of the findings enumerated in items 3 to 8 which were revealed through the efforts of the Health visitors over the course of years it was realised that steps would have to be taken to deal with the attitude of therapeutic nihilism displayed by the patient by engaging additional staff of a specialised type.

Thus Medical Social Workers were employed and have justified their appointment.

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