

FAMILY PLANNING IN RELATION TO LEPROSY, VENEREOLOGY AND DERMATOLOGY

K. R. PRASAD

Summary

The futility of compulsory sterilization of leprosy patients as a method of controlling leprosy is pointed out. However leprosy patients do need family planning advice and methods as do the general population. In addition infectious leprosy patients need to postpone marriage or pregnancy till they become non-infectious. The possible way in which family planning may influence sexually transmitted diseases and skin disorders are briefly indicated.

Family Planning Programme has acquired an urgency with the declaration of the National Population Policy according to which the population growth rate has to be brought down to 1.4% by 1984. Another important element of the policy is that all departments should take up family planning motivation as an integral part of their normal programmes. Likewise all specialities of the medical profession should also actively participate in the great motivational campaign.

As far as family planning in relation to leprosy is concerned, there are two aspects to be considered. One is family planning applicable to leprosy patients just as it is applicable to general population; another is family planning as a method of controlling the disease.

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Department of Social & Preventive Medicine
Rangaraya Medical College, Kakinada.

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The second aspect should receive special attention to clear some misconceptions among the public. A private bill was introduced in Parliament in 1960s providing for compulsory sterilization of leprosy patients. Again recently there was a talk about a bill on the same subject but this was denied by the Union Health Minister.

Measures of compulsory sterilisation of leprosy patients are opposed by leprosy workers because of the following reasons:—

1. Leprosy is not hereditary; children of leprosy patients are born healthy and may get infected due to contact only.
2. Only a proportion of patients are infective and these can be rendered non-infectious in about six months with treatment.
3. Leprosy is not primarily a disease of childhood. Majority of patients are infected after fifteen years of age. 60 - 70% of patients are above age of twenty years at the onset of the disease.

4. Majority of households of leprosy patients children do not get the disease. In 80% of cases there is no second case in the family.
5. Of the children who get the disease majority get infection through sources outside their family. The source of infection is not known in 75—80% of cases.
6. Even repeated casual contacts may suffice for transmission, prolonged close contact being not essential.

The above facts disprove the popular notion that "due to close contact with their parents a large proportion of children develop leprosy". In addition, compulsory sterilization of leprosy patients will lead to concealment of the disease when the need of the hour is to detect and treat cases. It also causes further humiliation to leprosy patients who are already stigmatized.

In conclusion it can be said that family planning methods are applicable to leprosy patients just as they are to general population depending on factors like family size, socio-economic status, health status, etc., as per national guidelines. Infective patients should be advised to postpone marriage till they become non-infectious and likewise infective patients desirous of children should abstain or otherwise postpone having children till they become non-infectious.

Sexually Transmitted Diseases

Family Planning will influence sexually transmitted diseases in the following ways :—

1. As family planning broadly includes sex education, family life education, marriage counselling and premarital examinations it will help to lower the incidence of sexually transmitted diseases.
2. Family Planning may result in less of extramarital relations due to the absence of non-availability of wife due to repeated child-bearing and the happier home environment and better financial and health status. However experience in advanced countries has shown that removal of the fear of pregnancy has increased promiscuity and venereal diseases.
3. Condoms may have some personal prophylactic value.

The opportunities for advice regarding family planning are good with respect to patients with venereal diseases because of the great confidence reposed by them in their doctors.

Dermatology

Successful family planning programme leads to better living standards, less overcrowding, better personal hygiene, etc., and contributes to reduction in diseases like scabies associated with filth. Certain genetic diseases associated with consanguinity and advanced maternal age also will be reduced greatly by adoption of the small family norm.

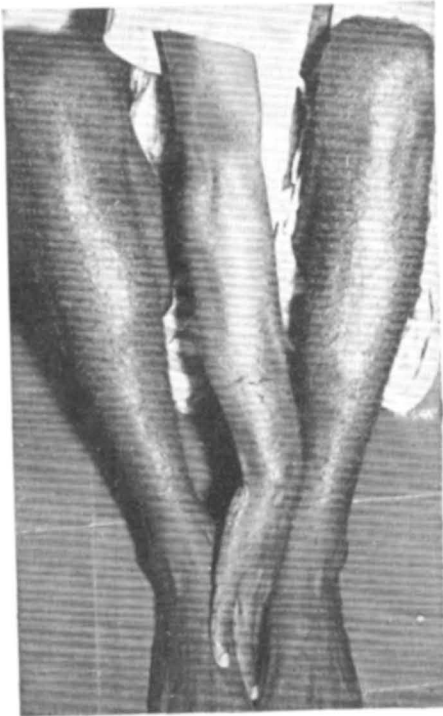


Fig. 1 Clinical photograph showing swelling over skin on both sides and ulnar region of forearm.

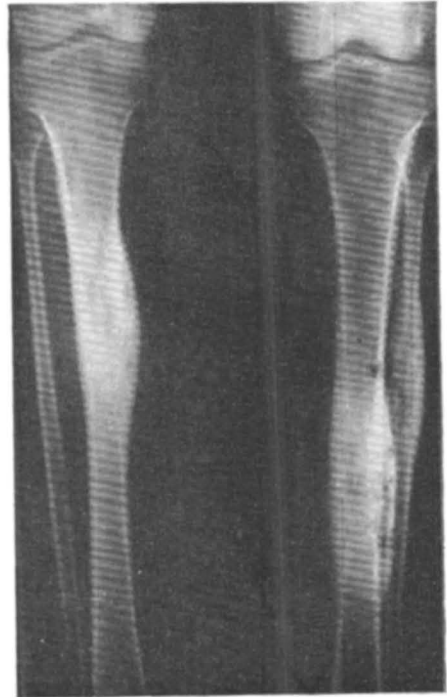


Fig. 2 X-ray showing marked sclerosis with relatively few areas of destruction in both tibiae and left fibula. There is an abrupt change to normal bone at the ends of the lesions.

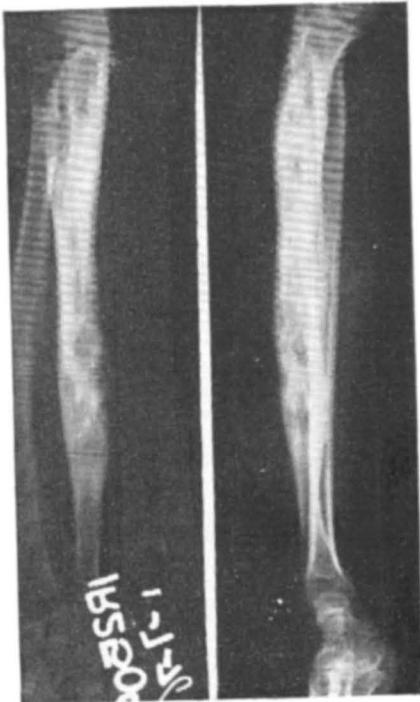


Fig. 3 X-ray forearm shows extensive involvement of ulna with an abrupt change to normal at the lower end.