

**EMPLOYMENT STATUS OF LEPROSY PATIENTS WITH DEFORMITIES IN A SUBURBAN SLUM**R.M. CHATURVEDI<sup>1</sup> AND S. KARTIKEYAN<sup>2</sup>

**ABSTRACT :** *In a poor slum area in suburban Bombay, a study of 129 leprosy patients with deformities revealed that only 46% were employed before the appearance of deformities and most of them had lost their jobs after deformities had appeared. Health education on care of anesthetic extremities did not have the desired impact on the patients, many of them had worsening of their deformities during the phase of their employment because they had to take up any kind of work in order to make a living. They were mostly poorly educated and lacked special skills. The only feasible alternative in this kind of situation appears to be a selective community-based rehabilitation of leprosy patients with deformities.*

**INTRODUCTION**

This study was conducted at a S.E.T. clinic located in a comprehensive health care centre at Malwani, a suburban slum area in Bombay. The general prevalence rate of leprosy for Malwani is 10.9 per 1,000 and the deformity rate is 18.67%. This hyper-endemic area has a population of 63,321 and most of the inhabitants are poor and their educational status is also low. There is no segregation of the leprosy patients in the area. The epidemiology of leprosy in Malwani has been described elsewhere (Chaturvedi, 1988).

The objective of the present study was to assess the employment status of leprosy patients with deformities since physical handicaps may lead to economic hardship and may ultimately result in destitution (Srinivasan, 1984).

**MATERIAL AND METHOD**

Leprosy patients are identified and registered in this centre through mass surveys, school surveys and annual surveys of household contacts of registered leprosy patients. Those voluntarily reporting and those referred by other medical practitioners are also registered after clinical examination. A total of 691 leprosy patients have thus been registered at the clinic

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over a six year period (April 1979 to April 1985). This study was conducted on 129 leprosy patients who had Grade II and Grade III deformities according to the grading system recommended by the W.H.O. Expert Committee (1970). Data regarding their employment status before and after the appearance of deformities were collected from patient's statements.

For the purpose of this study, an unemployed person was defined as one who wanted a job, but could not get employed. Thus, housewives who did not want a job were not considered to be unemployed.

The monthly per capita income was the only available indicator for assessing the socio-economic status.

#### RESULTS AND DISCUSSION

The findings are shown in Tables I and II.

TABLE I. Employment Status before the Onset Deformities

EMPLOYMENT STATUS	MALES		FEMALES		TOTAL	
	N	%	N	%	N	%
Employed	33	45.2	26	46.4	59	45.7
Unemployed	40	54.8	30	53.6	70	54.3
Total :	73	100.0	56	100.0	129	100.0

"Employed" women include seven housewives.

Even before the appearance of deformities, only 59 of the 129 patients (45.7%) were employed. 52 of these patients worked mainly as unskilled or semi-skilled workers. Seven women were housewives (Table-I).

After the appearance of deformities, 30 of the 33 male and all the 19 female employed patients had lost their jobs. Only 3 male patients had retained their jobs. The remaining seven women were housewives. Thus, after the appearance of deformities, 119 of the 129 patients (92.2%) were unemployed (Table II).

Almost all the patients studied had deformities of the extremities, except 3 who had lagophthalmos (Grade II) and 2 who were blind (Grade III). The details of their deformities have been described elsewhere (Chaturvedi, 1988).

CHATURVEDI—EMPLOYMENT STATUS OF DEFORMED PATIENTS

TABLE II. Employment Status after Appearance of Deformities

EMPLOYMENT STATUS	MALES		FEMALES		TOTAL	
	N	%	N	%	N	%
Employed	3	4.1	7	12.5	10	7.8
Unemployed	70	95.9	49	87.5	119	92.2
Total :	73	100.0	56	100.0	129	100.0

All the seven "employed" women were housewives.

The average per capita income for the patients was Rs. 62.00 per month (about US \$ 4.00) while for Malwani it was Rs. 99.05 per month (about US \$ 6.50). Thus, the patients belonged to the poorest section of society in this slum area.

The deformities were found to be aggravated partially during the phase of employment. The observation period of this study was 6 years. The deformities had worsened inspite of health education by health personnel at the S.E.T. clinic. Interview with the patients revealed that since they eked out a hand-to-mouth existence they had no choice but to take up any type of work, including hard and rough physical labour, inspite of the advice by health personnel. We also found that patients with other earning family members did not want to be financially dependent on them since they felt that would make them lose status in their family and society.

CONCLUSION

Education of the general population can bring about a change in attitude so that the leprosy patients do not have to lose their jobs just because of their deformities. But, health education of patients alone in deformity prevention cannot prevent worsening of deformities in these patients from the lowest socio-economic stratum. Their desperation for a source of income makes them disregard advice from health personnel and forces them take up any low-paid unskilled jobs eventhough it may worsen their condition. The only feasible alternative appears to be a selective community-based rehabilitation of leprosy patients with deformities.

## REFERENCES

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