

O-071

**DEVELOPING COMMUNITY EDUCATION AND BEHAVIOURAL CHANGE INTERVENTIONS FOR LEPROSY PREVENTION AND MANAGEMENT**

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**Objective:** Leprosy remains a public health problem in many countries. The use of traditional medicine, low awareness of modern treatment, unawareness of leprosy, a belief in self-cure, unavailability of services,

unavailability of skilled health care workers, stigma and the influence of traditional or community leaders are potential causes for delayed diagnosis of leprosy and thus hinder the eradication of leprosy. This study aimed to design effective public messages on leprosy using the most acceptable channels of communication to optimise early case detection in leprosy. The study was conducted in Fatehpur and Chandauli districts, Uttar Pradesh state, India.

**Methods:** An exploratory study (December 2017 - June 2018) consisted of a baseline study to assess perceptions regarding leprosy and persons affected by leprosy, as well as a study to explore what means of communication people have access to, are using and prefer to receive information on leprosy. This was followed by a workshop with input from people affected, their community member representatives and experts in communication and leprosy. Development of the interventions consisted of the following steps: (1) The exploratory studies in which the health problem is assessed, key concepts to be communicated are identified and the most suitable settings and methods to reach the intended audiences are explored; (2) conceptualization of interventions; (3) design and refinement of interventions; (4) implementation; and (5) evaluation. Finally, we developed a stepped-wedge design to assess the effectiveness of the messages and materials, in which the interventions will be implemented one-by-one from February 2019 onwards.

**Results:** The baseline studies into perception revealed poor knowledge regarding leprosy among index patients, close contacts, community members and health care workers. Knowledge on mode of transmission, cause and symptoms of leprosy was especially poor. The communication methods assessment showed that TV and radio were not used frequently in the communities. Loudspeakers, community group meetings and posters were considered the most acceptable means of communication. Participants of the workshop on the development of interventions selected training of health workers, interpersonal contact with people affected, posters, mobile messages and community meetings with discussions, a testimonial video and loudspeakers as the most appropriate interventions. Draft prototype posters were developed and pre-tested among the campaign target audience between June and November 2018. The visuals and content of the posters were adjusted based on the pre-test.

**Conclusion:** Introducing the newly developed interventions in a stepped wedge design will allow us to determine what the relative effect is of the individual interventions such as the posters will contribute to improvement of early detection of leprosy.

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O-092

#### COMPARISON OF PERCEPTIONS AND KNOWLEDGE OF LEPROSY BETWEEN LEPROSY ENDEMIC DISTRICTS IN INDIA AND INDONESIA

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**Objective:** Sufficient knowledge of early clinical leprosy presentation and leprosy services and low levels of stigma are essential for early detection of leprosy. This study is one component of the PEP++ project comparing the knowledge, attitudes and practices regarding leprosy in Chandauli district, India with those in Pamekasan and Pasuruan districts, Indonesia. This study seeks to compare the nature and extent of leprosy-related stigma between the two countries.

**Methods:** The study used a cross-sectional design with a mixed-methods approach. We assessed knowledge, attitudes, and practices with the KAP measure, and stigma with the Explanatory Model Interview Catalogue community stigma scale (EMIC-CSS) and the Social Distance Scale (SDS). In addition, semi-structured interviews



and focus group discussions were conducted with all participant groups. The quantitative data were analysed using stepwise multivariate regression. The qualitative data were analysed using open, inductive coding and content analysis.

**Results:** A total of 827 participants were included in the three study areas: 100, 119 and 119 persons affected by leprosy, 100, 119 and 119 close contacts and 50, 50 and 51 health care workers respectively in Chandauli, Pasuruan and Pamekasan districts. In addition, in each district 24 in-depth interviews and three in focus group discussions were conducted. Almost all participants were from rural areas (93-97%). Most participants (96%) from India were Hindu and all participants from Indonesia were Muslim (100%). Levels of adequate knowledge of leprosy ranged from 19% in Chandauli, to 23% in Pasuruan and 16% in Pamekasan; poor knowledge levels ranged from 18% in Chandauli, to 25% in Pasuruan and 25% in Pamekasan. The mean SDS score was highest in Indonesia with 7.9 in Pasuruan and 7.3 in Pamekasan compared to 5.1 in Chandauli. The mean EMIC-CSS score was similar in the three districts, with 12.2 in Chandauli, 11.9 in Pasuruan and 12.8 in Pamekasan.

**Conclusion:** This study revealed poor knowledge regarding leprosy and high levels of stigma in all three study districts. Participants of Pamekasan district, Indonesia, had lower levels of leprosy-related knowledge and higher levels of stigma towards persons affected by leprosy compared to participants from the other two districts. In order to improve knowledge, reduce misconceptions and positively influence the perception of leprosy, context-specific community education is needed and will be an integral part of the wider PEP++ initiative.