

# LEPROSY & MIGRATION STUDY

## Research Findings



Person\* who migrates from one location to another location temporarily or permanently—irrespective of district/state and place of diagnosis.

\*Men, women, transgender, children, also includes contact/cohabitants

Definition of migrants in context of **LEPROSY**

A person affected by leprosy who moves outside his place of residence to another district/state for purposes of treatment\*\* and management of conditions caused during treatment\*\*.

\*\* includes MDT, disability care, etc.

## GOAL AND OBJECTIVES OF THE STUDY

To conduct a three-year pilot study to understand the impact of migration on people affected by leprosy and its consequences on treatment

**1** To study the availability, access, and delivery of treatment among migrant leprosy patients at the source, route and destination of migration

**2** To understand impact of migration on access to leprosy services for persons affected by leprosy and their households

**3** To influence the NLEP programme design related to management of migrant leprosy patients and their households through evidence-based recommendations

# GEOGRAPHIC COVERAGE



Selected districts in UP

- This pilot study is conducted in Chandigarh, Delhi, and Uttar Pradesh.
- Migrant patients coming to Delhi or Chandigarh from Bihar as well as UP were interviewed at the destination.
- The patients could not be interviewed in Bihar in the absence of permission from the State Government.
- Patients from the selected districts in UP coming to Delhi or Chandigarh were interviewed at the source.

## SAMPLE COVERED – QUANTITATIVE

State	Total Patients Invited by Health Facility	Patients currently on treatment interviewed	Achievement (%)	F2F+ telephonic	Workers	Panchayati Raj
Delhi	514	349	68.0	193	9	9
Chandigarh	63	47	75.0	28	2	2
UP#				15	24	24
	<b>577</b>	<b>396</b>	<b>69.0</b>	<b>236</b>	<b>35</b>	<b>35</b>

\*48 patients who could not be contacted in Delhi and Chandigarh, were followed up in UP and 26 patients could be interviewed. Response rate was 54%.

## PROFILE OF THE PATIENTS

**91%** of the respondents **staying with** family members/relatives/friends at present

**N=396**

**76%** Currently married\*

**77%** living with spouse

**91%** have children<sup>§</sup>

**Average age**

Men (N=277) - **35 years**

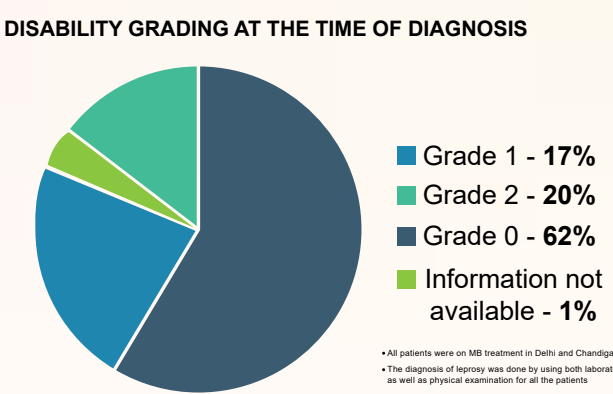
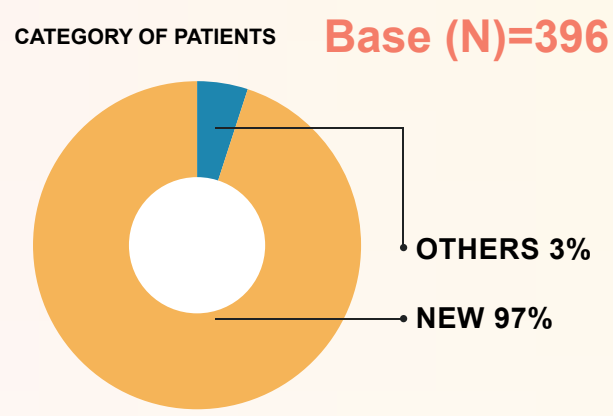
Women (N=119) – **33 years**

**70% Men**  
**30% Women<sup>§</sup>**

- The average family size is slightly higher than the national average of 4.4
- Average people sleeping in the same room 4.7

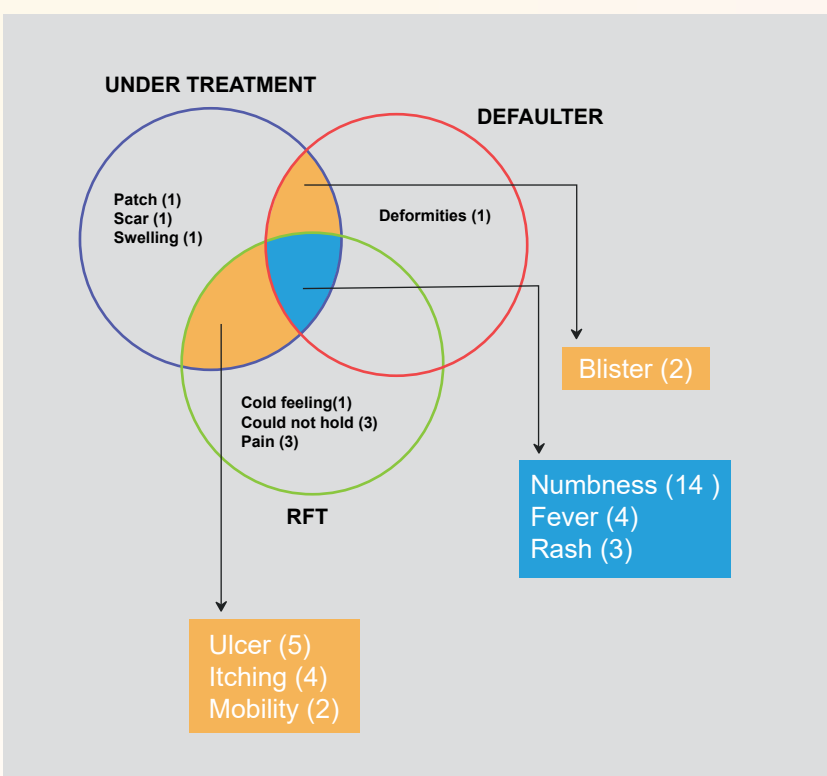
**43%** sole earners 36% dependent on the income of HH 16% make some contribution 2% make biggest contribution

## MEDICAL PROFILE OF THE PATIENTS AS PER RECORDS



\* All patients were on MB treatment in Delhi and Chandigarh both.  
 § The diagnosis of leprosy was done by using both laboratory testing as well as physical examination for all the patients

## CLINICAL MANIFESTATION OF CONDITIONS AMONG PARTICIPANTS



# REASONS OF MIGRATION

## ONLY FOR TREATMENT

I am having trouble getting the medication I need from my current location. They have told me multiple times that the medicine is unavailable and suggested I visit another facility to obtain it. They have also advised me to find the medication elsewhere, which makes it difficult for me to manage my healthcare needs – **58 years old Man from Etah, UP**

## MARRIAGE

I CAME HERE AFTER MARRIAGE – **19 YEARS OLD WOMAN, FROM BABARPUR, BIHAR**

## LACK OF FACILITIES & OPPORTUNITIES TO WORK AT STATE OF ORIGIN

In the village, there are no facilities. There is no company, nothing to earn. So, that's why we had to come here. – **25 years old men from Khagaria, Bihar**

## JOB OPPORTUNITY

"I came to Chandigarh to stay with my uncle, hoping that he could help me find some work. I was feeling down about my situation at the time. However, once I arrived here, I learned about the excellent facilities in Chandigarh and decided to continue my treatment" – **33 years old men from Darbhanga, Bihar**

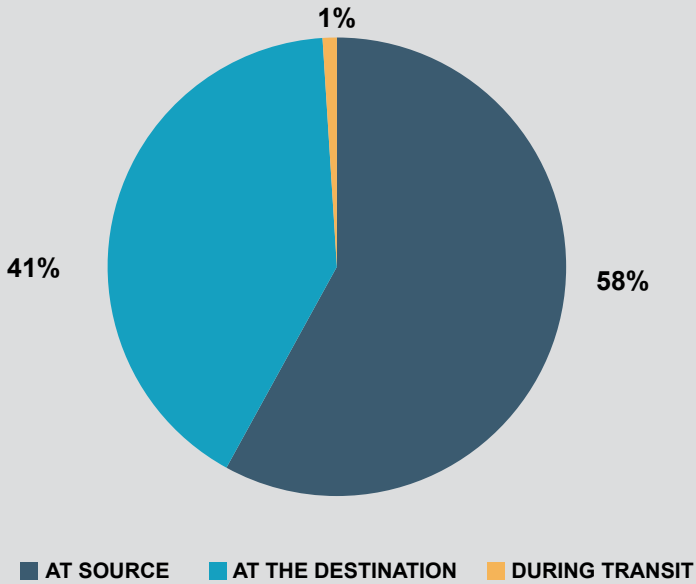
## EDUCATIONAL PURPOSES

I did not come to Chandigarh for treatment but for my higher studies. Then my problem relapsed and I started treatment again. **26 years old men from Kishanganj, Bihar**

## REFERRED BY SOCIAL NETWORKING

There is a person in my family who is receiving treatment at PGI, and I have learned that it is a large hospital where I can receive treatment as well. – **46 years old men from Araria, Bihar**

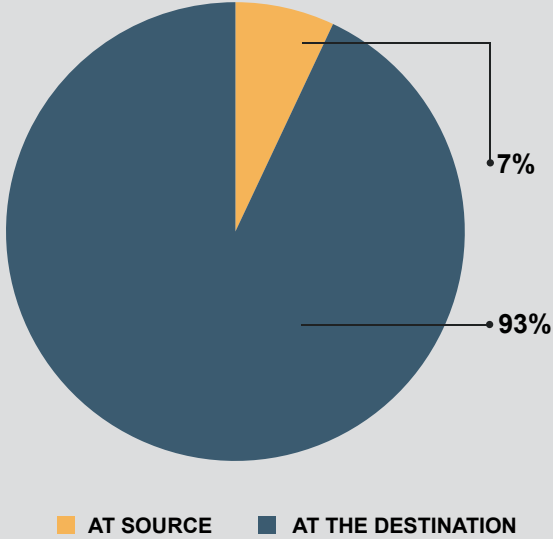
## PLACE OF SEEING SYMPTOMS



## KEY PLACES OF MIGRATION



## PLACE OF CONFIRMATION

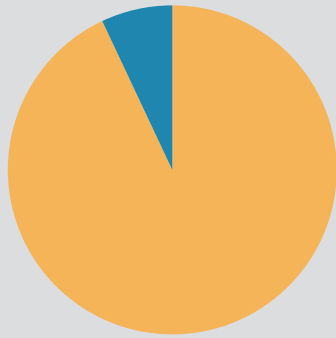


## TREATMENT SEEKING BEHAVIOUR

NUMBER OF HEALTH FACILITIES VISITED FOR THE DIAGNOSIS		
Particulars	N	%
Visited any other facility before coming to current place of treatment	272	68.7
<b>N (All the patients interviewed)</b>	<b>396</b>	<b>100.0</b>
Health facilities visited (Average) $\bar{\delta}$	2.2	N=272
Health care providers visited (Average) $\bar{\delta}$	3.2	
Note: $\bar{\delta}$ Calculated for the patients who reported visiting other facilities		

Slightly less than half of the respondents reported seeing the symptoms at the source. However, out of them only 7 percent got diagnosed at the source.

## WHETHER ANYONE ELSE IN THE FAMILY HAS/HAD LEPROSY EVER



Base (N)=396

- Yes 7%
- No 93%

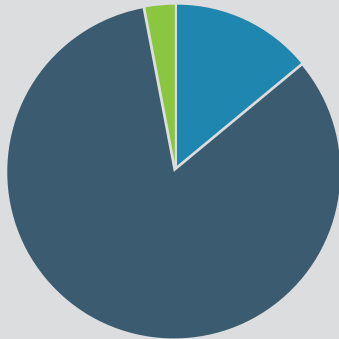
- Less than one-tenth of the respondents reported any other family member had/have leprosy
- Out of the 27 patients reported anyone else in the family have/had leprosy, 14 said the person is currently on treatment, while remaining 13 said the treatment is completed

**SIX OUT OF 23**

participants reported incidences of leprosy in the family among close relatives



## WHETHER THE HOUSEHOLD MEMBER WAS SCREENED (%)



Base (N)=236

- Don't Know...
- Yes 14%
- No 83%

1

Only **14%** reported they were screened

2

The main reason reported by not getting screened was they were **not informed** about the screening by anyone"-89%. The respondent had some other problems - 9%

3

**23%** of the HH members reported taking SDR. Out of this, 74 percent of the HH members reported changing of the colour of their urine post taking SDR.

## CHALLENGES TO ACCESS TREATMENT



### Limited resources at the place of origin

Patients seek medicine and centralised treatment facilities in their native place, which is often lacking due to inadequate resources



### Complex healthcare system navigation

Patients struggle with navigating the healthcare system and finding the right doctor or department.



### Lack of Awareness

There is a lack of awareness about this condition, which underscores the need for more extensive community education and outreach programs.



### Delay in treatment due to lack of healthcare providers who can provide treatment for leprosy

Patients often waste their time and resources by visiting multiple hospitals before finding the appropriate healthcare provider



### Logistical and Financial Challenges

Participants were concerned about travel tickets, and associated cost of fooding and lodging at place of destination

## PI/CO PI OF THE STUDY

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