Identifying Gaps and Challenges in Knowledge around Leprosy in Chhattisgarh, India

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Introduction:

In Durg district of Chhattisgarh in India, a needs assessment conducted with the state government identified significant gaps in leprosy-specific communication activities, among many challenges. Public health facilities lacked information, education, and communication (IEC) materials for awareness-building, especially in local languages. Formative research, including a communication needs assessment (CNA), was conducted to understand these communication challenges.

The CNA assessed existing knowledge, attitudes, and barriers related to leprosy at the state and block levels, involving consultations with key stakeholders across Durg. The project aimed to create gender-sensitive, culturally inclusive, and linguistically appropriate communication strategy to raise awareness and improving leprosy knowledge in the targeted community.

Objectives:

- 1. Identify preferred sources to health information and other communication channels.
- 2. Identify key beliefs, attitudes and practices influencing the treatment of leprosy/health seeking behaviour for leprosy in the community.
- 3. Gain insights into current knowledge, attitude, practices and health seeking behaviour regarding leprosy in the community.
- 4. Understand the community's approach to seeking healthcare services including barriers and stigmas surrounding leprosy.
- 5. Identify appropriate communication mediums, materials, tools, and approaches considering gender, cultural inclusiveness, and language to strengthen the Government's National Leprosy Eradication Programme's communication, and IEC initiatives and campaigns.

Methodology:

- a) Focused group discussions (FGDs): Eleven FGDs were conducted with key community groups at state and block level. These discussions explored knowledge, attitudes, perceptions regarding leprosy, and awareness of available health services. They provided valuable insights into social stigma and identified common miscon ceptions and attitudes within different community segments.
- b) In-depth interviews (IDIs): Thirty IDIs were conducted, with six at the state level and 24 at the block level. Int erviewees included health officials, faith leaders, persons with deformities, and leprosy champions. The IDIs offered a nuanced view of communication barriers, especially from those directly involved in healthcare and public health programming.

Limitations:

• Availability of key stakeholders in the government for interviews.

Conclusion:

The formative research findings identified communication gaps in enhancing public health services and promoting better health-seeking behaviour with informed development of a strategic, region-specific communication plan for Chhattisgarh region.