DETERMINE THE PROBLEMS FACED AND COPING STRATEGIES ADOPTED BY THE PATIENTS WITH HANSEN’S DISEASE WHO ARE ATTENDING THE SELECTED LEPROSY HOSPITAL, MANAMADURAI

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ABSTRACT

Leprosy is often called a “social disease”. There are social factors which favour the spread of leprosy in the community such as poor housing, lack of education, lack of personal hygiene and above all fear, guilt and unfounded prejudices regarding the disease. Social isolation is a major problem experienced by leprosy-affected persons.

Stigma still remains a major factor leading to delay in patients seeking treatment. Stigma towards persons affected by leprosy and their families has also adversely affected their quality of life due to its impact on their mobility, interpersonal relationships, marriage, employment, leisure and social activities.

Adequate social support in terms of emotional, physical and financial help and encouraging appropriate use of coping strategies enable him to cope better to the illness.

KEYWORDS: Determine the Problems Faced and Coping Strategies Adopted, Leprosy, “Social Disease”.

INTRODUCTION

The objectives of the Study Were

- To assess the problems faced by the patients with Hansen’s disease.
- To assess the coping levels adopted by the patients with Hansen’s disease.
- To find out the relationship between the problems faced and coping levels adopted by the patients with Hansen’s disease.
- To find out the association between the demographic variables and problems faced by the patients with Hansen’s disease.
- To find out the association between the demographic variables and coping levels adopted by the patients with Hansen’s disease.
- To develop an enhanced self instructional module on coping strategies.

ASSUMPTION

- Patients with Hansen’s disease will face problems such as physical, mental, social, spiritual and economical
• They need to adapt certain coping strategies to cope with the problems.
• Demographic variables of patients may influence the problems faced and coping levels adopted.

RESEARCH HYPOTHESIS

H₁: There will be a significant relationship between problems faced and coping strategies adopted by the patients with Hansen’s disease.

H₂: There will be a significant association between the problems faced and selected demographic variables such as age, sex, education, occupation, marital status, types of deformity, grade, area of living, duration of illness, distance between hospital and the area of living, transport facility and support system available.

H₃: There will be a significant association between the levels of coping adopted and selected demographic variables such as age, sex, education, occupation, marital status, types of deformity, grade, area of living, duration of illness, distance between hospital and the area of living, transport facility and support system available.

METHODOLOGY

Research design: Descriptive study with survey approach
Research setting: Selected leprosy hospital in Manamadurai.
Sample size: 50 leprosy patients.
Sampling Technique: Convenient Sampling Technique.

Sampling Criteria

Inclusive Criteria
• Patients who are willing to participate in this study.
• Patients with Hansen’s disease having deformity.

Exclusive Criteria:
• Patients who are newly diagnosed and having no deformities.

Development & Description of the Tool

Consists of 2 parts

Section I: Demographic variables

Section II:

Tool – I: Rating scale to assess the problems.

Tool – II: Rating scale to assess the level of coping.

Tool I consists of 53 items to determine the problems faced by leprosy patients. Tool II consists of 26 statements to assess the coping levels.

Scoring Key

Part I: Demographic variables do not carry any marks
Determine the Problems Faced and Coping Strategies Adopted by the Patients with Hansen’s Disease who are Attending the Selected Leprosy Hospital, Manamadurai

Part II

Tool I

Green Pastures activity Scale (modified) contains totally 53 statements, with four points scale. The activity scale score was scaled as 1 - not difficult, 2 - a bit difficult, 3 - very difficult and 4 - impossible. Relationship scale score was scaled as 1 - no problem, 2 - some problem, 3 - more problem, and 4 - no such relation. Use of assistive devices the scale score was scaled as 1 - not necessary, 2 - not difficult, 3 - difficult, and 4 - very difficult. Spirituality and Mental status scale was scored as 1 - never, 2 - sometimes, 3 - often and 4 - always. The maximum score was 212 and minimum score was 53. The score was then interpreted as follows:

- Mild problems = 1 - 65
- Moderate problems = 66 - 130
- Severe problems = 131 - 212

Tool-II

BRIEF-COPE inventory was used to assess the level of coping.

It consists of 26 statements regarding coping strategies and scoring will be done using four point scales. The maximum score was 104 and minimum score was 26. The score was then interpreted as follows:

- Low level = 26-62
- Medium = 63-78
- High = 79-104

DATA ANALYSIS PLAN

Both descriptive and inferential statistics was used.

Descriptive Statistics

- Frequency and percentage distribution was used to analyze the demographic variables.
- Frequency and percentage distribution was used to assess the levels of problem and coping.

Inferential Statistics

- Correlation was used to find the relationship between the problems faced and coping strategies of leprosy patients.
- Chi-square test was used to associate the levels of problem and coping strategies with the selected demographic variables.

FINDINGS OF THE STUDY

It was found that 24% patients had mild problems, 68% patients had moderate problems and 20% had severe problems. Majority 64%) patients had moderate level coping, 20% patients had low coping and 16% had high level coping. There was a negative correlation exists between the problems faced and coping levels adopted. There was a significant association between the problems faced and the demographic variables such as age, type of deformity, grade
and support system available. There was a significant association between the coping levels adopted and the demographic variables such as age, sex, education, occupation, area of living, and grade of deformity at P<0.05 Level.

**Objective 1:** To assess the level of problems faced by the patients with Hansen’s disease.

**Frequency and Percentage distribution of level of problems faced by patients with Hansen’s disease**

<table>
<thead>
<tr>
<th>Problems</th>
<th>Frequency(N=50)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILD</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>MODERATE</td>
<td>34</td>
<td>68</td>
</tr>
<tr>
<td>SEVERE</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

Figure 1: Percentage Distribution of Level of Problems

**Objective 2:** To assess the level of coping adopted by the patients with Hansen’s disease.

**Table 2: Frequency and Percentage Distribution of Level of Coping Adopted by Patients with Hansen’s Disease**

<table>
<thead>
<tr>
<th>Coping Level</th>
<th>Frequency(N=50)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>MODERATE</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>HIGH</td>
<td>8</td>
<td>16</td>
</tr>
</tbody>
</table>

Figure 2: Percentage Distribution of Level of Coping
Objective 3: To find out the relationship between the problems faced and coping levels adopted by the patients with Hansen’s disease.

Correlation by Pearson’s ‘r’ to find the relationship between the problems faced and coping strategies adopted by the patients with Hansen’s disease

**Table 3**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Correlation ‘R’</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems faced and Coping strategies adopted</td>
<td>-0.57**</td>
<td>Highly Significant</td>
</tr>
</tbody>
</table>

r (48) =P>0.05(1.43)

There was a highly negative and significant relationship between the problems faced and coping levels adopted.

CONCLUSIONS

From this study, the researcher found that the leprosy patients with deformities face physical, psychological, social and financial problems. Hence it is concluded that when the problems increase the coping level decreases. Nurses are playing vital role in caring patients with Hansen’s disease by assisting their activities of daily living, counselling, promoting their mental health, and improving family and social support.

REFERENCES
