

LEVEL OF AWARENESS AND ACCEPTANCE OF GOVERNMENT HEALTH SERVICES FOR LEPROSY IN SULU, PHILIPPINES

Masnona L. Sabdani-Asiri, Sulu State College

ABSTRACT

The purpose of this study was to determine the level of awareness acceptance towards the Department of Health's (DOH) policies, programs, and projects for Post-Hansenites in Sulu. A descriptive exploratory research design was employed. Two hundred (200) Tau'sug respondents were drawn in the Province of Sulu using systematic purposive random sampling. The result showed that respondents were moderately aware of the government policies, programs, and projects on health service for Leprosy in Sulu; likewise, they had a moderate level of acceptance for government health policies, programs, and projects. The result revealed no significant relationship between the level of awareness and acceptance when respondents were categorized by age, gender, civil status, income, and educational attainment. It was observed that the most significant predictor among the demographic characteristics was income. It is recommended that the Department of Health should have a massive information drive and educational campaign on government policies, programs, and projects on health services for Leprosy in Sulu. The DOH should integrate a social program in their treatment scheme to integrate the Post-Hansenites into mainstream society. Both physical and social treatment of leprosy should be a dual function of the DOH in health services, thus treating the whole person and not just the disease itself.

Keywords: Awareness and Acceptance of Government Health Services, Post-Hansenites, Leprosy, Stigmatization of the Leprous

INTRODUCTION

The World Health Organization (WHO) in 1995 estimated that between two and three million individuals are permanently disabled because of leprosy. This number has increased noticeably in some parts of the world. Leper colonies and sanitarium remain worldwide in India, Vietnam, and the Philippines (Lockwood, 2020).

Leprosy is one of the oldest recorded diseases of humanity. It is a disease of antiquity, yet its uniqueness remains in mystery even today in the age of scientific advancement. It is a chronic infectious disease of man caused by the microorganism *Mycobacterium Leprae*; that is, it mainly affects the skin and peripheral nerves (Kumar, 2020). In advance cases, which have not had treatment, *Mycobacterium Leprae* can be found in the nasal mucus membrane, lymph nodes, testes, and small blood vessel walls (Rehabilitation Prevention of Impairment and Disabilities Manual, Philippine Leprosy Mission, 2000).

Globally, leprosy as a chronic infectious disease has been considered as a "Public Health Problem." The WHO held a global forum on eliminating Leprosy on May 26, 2006, in Geneva, Switzerland. However serious, this most feared and disabling disease of humankind is curable and eliminative. During that same assembly, it was noted that one hundred and sixteen (116) out of one hundred twenty-two (122) endemic countries had eliminated leprosy as a Public Health Problem (WHO, 2006). Quite recently, the WHO, encouraged by the effectiveness of Multidrug Therapy (MDT), conferred with its benefactors to plan for the eventual eradication of Leprosy (Herekar, Ashraf & Salahuddin, 2018).

Here in the Philippines, the leprosy problem can be traced back to the early American regime. To combat this, the American Colonial Government enacted Commonwealth Act 104 that provided for the strict and compulsory segregation of any individual affected with leprosy regardless of race, creed, and religion. Under Governor Frank Murphy, he followed it up by issuing an Executive Order that set aside reservation sites such as the Sulu Sanitarium for this purpose (Polycarpou, Walker & Lockwood, 2013).

In the 1990s, the Department of Health (DOH) issued Department Order Number 72, series of 1994, mandating the Sulu Sanitarium and expanding its services to general medical care, based on the premise and promise that leprosy is curable with the powerful multidrug therapy. To a limited extent, this department order helped to improve the Hansenites and Non-Hansenites' health services, especially those within the poverty line (World Health Organization, 2012; Sulu Sanitarium Manual, 2000).

In the Province of Sulu, it is a fact that leprosy is a common disease among its marginal sector. Worst is that even if the person is cured of leprosy, the social stigma remains. In other words, though the lepers were cured, the important question is, does the general public accept these cured or post-Hansenites now?

This is the social problem that this research focuses on to determine specifically the level of awareness and acceptance of social intervention measures formulated and implemented by the DOH under its policies, programs, and projects in its Sulu flagship center, which is Sulu Sanitarium to eradicate, if not mitigate the social stigma of the Hansenites and Non-Hansenites for them to be integrated into the mainstream Tausug Society and authentically respond to the social demands of the Post-Hansenites in the said locality.

METHODS

The study was undertaken in the municipalities of Jolo, Luuk, and Indanan, Province of Sulu. The descriptive exploratory-survey method was adopted to assess the Tau'sug level of awareness and acceptance of government health services for Leprosy in Sulu. The investigation used purposive and random sampling schemes in determining the respondents from the said municipalities, respectively. A total of two hundred (200) constituent respondents served as informants of the study. In the gathering of data, an interview schedule and self-devised questionnaire with a Tau'sug version were administered. Before its use, experts from the academe and the Sulu Sanitarium agency duly validated the contents of said instrument. To ensure reliability, a try-out was conducted, resulting in a Cronbach alpha of 0.79, suggesting higher acceptability. The test primarily solicited information from Sulu Sanitarium Leprosy Coordinators on the existing policies, programs, and projects of government health services for leprosy. Descriptive and inferential statistics like weighted mean, frequency count, simple percentage distribution, and multiple regression tests were used to analyze the data. In most calculations, the utilities of the Statistical Package for Social Sciences were maximized.

OBJECTIVES OF THE STUDY

The objectives of this study were:

1. Determine the level of awareness of Tau'sug towards the government policies, programs, and project as an instrument of health service for leprosy
2. Determine the level of acceptance of Tau'sug towards the government policies, programs, and project as an instrument of health service for leprosy
3. Probe whether a significant relationship exists on the Tau'sug level of awareness when grouped according to age, gender, civil status, income, and educational attainment in accepting Post-Hansenites to the society.
4. Make suggestions to reduce the social stigmatization of persons affected or cured of leprocy.

RESULTS

Demographic Profile

Table 1 provides the results of the demographic profile of the respondents. The survey shows that 49.5% were in the age group of 21-40, while 50.5% were 41-65. The male respondents constituted 43.0% and the female 57.0%. On the civil status, 9.5% were single, 68.5% were married, and 11.5% were separated. For monthly income, 1.0% had the least income of P1,000-2,249.99 while 8% percent had the highest income of over 14,750 pesos. The other detail on the respondent income is provided in Table 1 below. Lastly on the respondent educational level, 40.1% were college graduates, followed by 29.5% for high school graduates—the remaining detail outlined in table 1.

Characteristics	Frequency	Percentage
Age		
21-40	99	49.5
41-65	101	50.5
Gender		
Male	86	43.0
Female	114	57.0
Civil Status		
Single	99	9.5
Married	137	68.5
Divorced	21	10.5
Separated	23	11.5
Monthly Income		
P1,000-2,249.99	2	1.0
P2,250-3,749.99	14	7.0
P3,750-5,249.99	31	15.5
P5,250-7,249.99	44	22.0
P7,250-8,749.99	24	12.0
P8,750-10,249.99	37	18.5
P10,250-11,749.99	8	4.0
P11,750-13,249	24	12.0
P14,750-OVER	16	8.0
Educational Attainment		
Elementary Level	1	5.0
Elementary Graduate	3	1.5
High School Level	31	15.5
High School Graduate	59	29.5
College Level	10	5.0
College Graduate	81	40.5
Others	15	7.5

Level of Awareness of Government Health Services for Leprosy

Table 2 presents the results on the Level of Awareness of Government Health Services on Leprosy. The average mean was 3.53. For the individual areas and means, the Level of Awareness of Health Service for Leprosy in terms of its Policies, Programs, and Projects had 3.47, Level of Awareness of Post-Hansenites had 3.62, Level of Awareness of the Strengths, Weaknesses, Opportunities, and Threats of the Government Policies, Programs and Projects had 3.49 and Acceptance of the Existing Government Policies, Programs and Projects had 3.44.

Areas	Mean	Interpretation
Level of Awareness of Health Service for Leprosy in terms of its Policies, Programs and Projects	3.47	Moderately Aware
Level of Awareness of Post-Hansenites	3.62	Aware
Level of Awareness of the Strengths, Weaknesses, Opportunities and Threats of the Government Policies, Programs and Projects	3.49	Moderately aware
Acceptance of the Existing Government Policies, Programs and Projects	3.44	Moderately aware
Average Mean	3.53	Moderately aware

Level Acceptance of Government Health Services for Leprosy

The overall mean of the results on the Level Acceptance of Government Health Services for Leprosy was 3.15. For the individual indicators, the mean for the level of awareness of health service for leprosy in terms of its policies, programs and projects was 3.15, the mean for level of acceptance of post-Hansenites was 3.17, the mean for the level of awareness of the strengths, weaknesses, opportunities, and threats of the government policies, programs and projects was 3.14, and the mean for the Acceptance of the existing government policies, programs and projects was 3.15.

Relationship of the Respondents' Socio-Demographic Profile and the Level of Awareness and Acceptance towards the Post-Hansenites

The results of the relationship of the respondents' socio-demographic profile and the level of awareness and acceptance towards the post-Hansenites are shown in Table 4. It was observed that the demographic variables except for monthly income have had no significant relationship with the level of awareness and acceptance toward Government Health Services for Leprosy at 0.05 level of significance. Civil status had a positive correlation with the level of awareness and acceptance. The positive correlation for civil status could be explained by the fact that marriage influenced their health concerns. Married people tend to have more health concerns for their families than unmarried people. However, a negative correlation was noticed between gender and educational attainment. This implies that educational attainment did not affect the respondents' concerns about health.

Variable	Coefficient	Standard Deviation	t-Value	Probability	Verbal Description
(constant)	3.226	0.185	17.402	0.000	
Civil Status	0.020	0.042	0.465	0.642	NS
Gender	-0.012	0.065	-0.179	0.848	NS
Age	-0.015	0.066	-0.222	0.824	NS
Monthly Income	0.060	0.016	3.626	0.000	Sig.
Educational Attainment	-0.45	0.127	-1.665 ^{NS}	0.098	NS
Multiple R=0.262 F-Value=2.850* Probability=0.017 NS=Not Significant at 5% level Sig.=Significant at 5% level					

DISCUSSION

Level of Awareness of Government Health Services for Leprosy

From the results, it could be inferred that the respondents were moderately aware of the government projects, programs, and policies on Health Service for Leprosy, moderately ware of the Strengths, Weaknesses, Opportunities, and Threats of the Government Policies, Programs, and Projects, and moderately aware of the Existing Government Policies, Programs, and Projects. Meanwhile, they were aware of the Post-Hansenites.

Table 2 discloses that the respondents seemed to have less interest in what the government in general and the Department of Health in particular were doing in the locality, and seemed to be lack of interest concerning the government's performance. They were fully aware of what the government should do on matters of health and other services and had unsatisfied government expectations. The respondents had limited awareness of the government policies, programs, and projects towards the Post-Hansenites in the locality. This probably is because of poor government information drive and the respondents' limited or absence of political participation and involvement in formulating and implementing policies, programs, and projects for treating leprosy in the locality, or both (Gupta, Kar & Bharadwaj, 2012).

The survey also revealed that the respondents believed that the crucial factors in the success of government policies, programs, projects, and implementation for the treatment of leprosy are attributed to tri-Media, dedicated and caring health workers, and effective health administrators. Secondly, factors such as supportive Tau'sug community and the administration of multidrug therapy and other modern medicine were considered among the respondents as less crucial; it seemed that what the DOH was doing to reduce, if not, totally eradicate leprosy in the province is virtually not visible in the eyes of the Tau'sug. The respondents seemed to have a fair knowledge of the significance of a regular monitoring and evaluation scheme, which contributes to the success or failure of the policies, programs, and projects for Post-Hansenites.

Further, the findings displayed that the strengths of the government policies, programs, and projects for leprosy were dependent on the progressive health administrators. There was an apparent incidence of marginalization among the Post-Hansenites due to forcibly denying them to join the productive forces in the society for health reasons. For opportunities, the result implied that the respondents had a working knowledge on the prospects of the policies, programs, and projects for Post-Hansenites and possessed a fairly accurate view of the current political issues in their locality that attributes to the deliberate fiasco of the policies, programs and projects instituted by DOH for Post-Hansenites (Penna, 2017).

Level Acceptance of Government Health Services for Leprosy

In interpreting the results from Table 3, it could be highlighted that overall, the respondents somewhat accepted the government health services on leprosy. Though the mean varied for the individual indicators, the interpretation was the same (somewhat accepted). This implies that the respondents were not completely satisfied with the government health services on leprosy. They did embrace it because it was the only option they had. In meeting the needs of the respondents, the government, through better policies and education, should go to the grassroots in its attempt to attend to the health conditions of the most vulnerable (Dockrell, Sundar & Angus, 2018).

Areas	Mean	Interpretation
Level of awareness of health service for leprosy in terms of its policies, programs and projects	3.15	Somewhat accepted
Level of acceptance of post-Hansenites	3.17	Somewhat accepted

Level of awareness of the strengths, weaknesses, opportunities and threats of the government policies, programs and projects	3.14	Somewhat accepted
Acceptance of the existing government policies, programs and projects	3.15	Somewhat accepted
Average Mean	3.15	Somewhat accepted

Relationship of the Respondents' Socio-Demographic Profile and the Level of Awareness and Acceptance towards the Post-Hansenites

Based on the result, the combined contribution of civil status, gender, age, monthly income, and educational attainment has a significant influence on the level of awareness and acceptance of the respondents towards the Post-Hansenites since the F value is equal to 2.850, multiple regressions are 0.262 and probability is equal to 0.017.

Based on the multiple regression, the null hypothesis states that there is no significant relationship between the level of awareness and acceptance when data are categorized according to age, gender, civil status, income, and educational attainment". Moreover, the statistical findings also suggested that the most significant predictor among the demographic characteristics of the respondents is the monthly income. In a scientific way of putting it: monthly income influences proportional the level of awareness and acceptance of the Post-Hansenites. The rest of the demographic profiles, such as civil status, gender, age, and educational attainment, were not significant at 0.05 level using multiple regression statistical analysis. Meaning, these variables do not bear the respondents' level of awareness and acceptance towards the Post-Hansenites.

From the Humanist perspective, people with higher income tended to empathize with the plight of the Hansenites (Shrestha, Li & Fu, 2018). These findings validate the theory of cultural materialism, whose proponent is Harris (1982).

CONCLUSION

The respondents were moderately aware of the government policies, programs, and projects on health services for Leprosy in Sulu. They, therefore, showed less interest in what the government and the DOH were doing in the locality. Similarly, respondents had a moderate level of acceptance for government health policies, programs, and projects. They were uncertain and virtually ambivalent towards their acceptance of the Post-Hansenites in the province of Sulu. There was no significant relationship between the level of awareness and acceptance when respondents were grouped according to age, gender, civil status, income, and educational attainment," and that the most significant predictor among the demographic characteristics was the income.

It is suggested that the Department of Health should conduct a massive information drive and educational campaign on government policies, programs, and projects on health service for Leprosy in Sulu, and the nature of Hansen's disease and its capability to be cured with multidrug therapy and modern medicine, thus replacing the outmoded and unscientific beliefs of the Tau'sug towards Leprosy. The DOH should incorporate a social program in their treatment scheme to simultaneously integrate the Post-Hansenites into mainstream society. Both physical and social treatment of leprosy should be a dual function of the DOH in health services, thus treating the whole person and not just the disease itself.

ACKNOWLEDGMENT

The author acknowledges with much love and appreciation the Persons With Leprosy (PWLs) and the Persons Affected By Leprosy (PALs), whose plights inspired me to do this humble work. I also extend my warmest gratitude to my Sulu Sanitarium family under the able leadership of Dra. Ermelinda A. Pelinio and Dr. Clemente A. Almonte-II for providing the data

needed in this research, the Tau'sug respondents of my study for the inputs shared to help the author's aim to reintegrate the Post-Hansenites into the Tausug mainstream society, my Sulu State College family headed by Dr. Abdurasa S. Arasid, our beloved SUC President-II, the Dean of the Graduate School-Dr. Hayudini S. Asakil, to my brilliant mentor and Vice President for Research and Extension-Dr. Audie S. Janea, for their unwavering support and encouragements, extended, and to my beloved family, Amah Hadji Dammang, Inah Hadja Nuria, sister Flotilda and brother Abdel Nasser (all deceased), my parents in law, Amah Asiri Lamsag and Inah Hadja Aynor (both deceased too), most especially to my dearest husband Engr. Marvin S. Asiri and our sons Kaiser Isham and Ahmed Neil, for walking with me until the very end of my study. Finally, to the Almighty Allah for giving me the strength, courage, and wisdom throughout my research study journey.

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Received: 30-Dec-2021, **Manuscript No.** JMIDS-21- 8642; **Editor assigned:** 02-Jan-2022, **PreQC No.** JMIDS-21- 8642(PQ); **Reviewed:** 15-Jan-2022, **QC No.** JMIDS-21- 8642; **Revised:** 23-Jan-2022, **Manuscript No.** JMIDS-21- 8642(R); **Published:** 30-Jan-2022