

Assessment of condition and psycho-social impact on leprosy patients

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Abstract

Background: The problem of leprosy is highly prevalent in India due to which the number of leprosy patients is high. Its study is very necessary to eliminate the problems of leprosy patients. By which the condition of people suffering from some diseases should be improved and their rehabilitation should be done. People believe that it is a contagious disease and spreads through untouchability. It is very necessary to eliminate such beliefs. This study is Important to remove these misconceptions prevalent in the society. There is a need for studies to give leprosy patients a full and better social life without discrimination in the society, so that the discrimination against leprosy patients in the society can be reduced and they should be provided with the necessary resources for living, so that they can live. To live a safe and dignified life in the society there is a belief related to leprosy in the society that it cannot be cured and this happens due to divine wrath, immoral conduct, impure blood, sins of previous birth etc. Through this study, people will believe that all this is superstitions, there is no importance of these things. This study will help in changing the attitude of the society towards leprosy patients and by this it will help people to understand the condition of leprosy patients and their problems, which will change the behavior of people towards leprosy patients. And will help in bringing positive change in the behavior towards them in the society.

Objectives: Objectives of this study is to understand the condition of the respondent to understand the socio-economic background of the respondent, to understand the position of the respondent, to study the social problems of the respondent, to study the psycho-social impact of leprosy on the respondent.

Methodology: A cross-sectional study was conducted to find out the knowledge, attitude, condition and psycho-social impact on leprosy patients in the leprosy ashram.

Result/ Conclusion: In this study total 58 % male and 42% female respondents have been interviewed in which 74% of patient belongs to 41- 61year age group were participated where 76 % of the respondents are married, 30 % respondents are illiterate while 26% respondents are primary and 24% respondents who have received secondary education, in this study found that 86% of respondent belongs where there monthly income is below 10000/ month, 58% people didn't know about this disease, 62% respondents come in ashram by themselves and 38 % respondents because of misbehavior and neglect in the society are reside in the Ashram also got to know that 56% of the respondents treatment expenses are being borne by the Ashram.

Introduction

Leprosy or Hansen's disease, named after the physician Gerhard Amour Hansen, is a chronic disease caused by the bacteria *Mycobacterium leprae* and *Mycobacterium lepromatosis*. Leprosy is a granulomatous disease primarily of the mucosa and external nerves of the upper respiratory tract, with skin lesions being the primary external sign. If left untreated, leprosy can progress, causing permanent damage to the skin, nerves, extremities, and eyes. Contrary to popular belief, leprosy does not cause body parts to fall apart, although the disease can cause them to become numb and sick.

In 1995, the World Health Organization estimated the number of people permanently disabled due to leprosy to be between 2 and 3 million. In the past 20 years, 15 million people around the world have been cured of leprosy. Despite this, there are still countries all over the world like India (where there are still more than 1,000 leprosy settlements), China, Romania, Egypt, Nepal, Somalia, Liberia, Leprosy settlements exist in countries such as Vietnam and Japan. There was a time when leprosy was believed to be highly contagious and sexually transmitted and was treated with mercury.

Leprosy is counted among the oldest known diseases of the world; it has been mentioned by Charaka and Sushruta in their books. There was no part except North Siberia where this disease did not exist. But now this disease has been eradicated from almost all the countries with cold climate. It is now confined mostly to the north and south of the tropical countries bordering the Tropic of Cancer, and is more so in the south than in the north. In India, this disease is more in the south than in the north.

Types of leprosy: - Leprosy is generally of three types-

1. Nervous leprosy

In this, the sensitivity of one or several parts of the body ends. Man does not feel any kind of pain even after being pricked by a needle.

2. Gland leprosy-

In this, spots or rashes of different color from the skin occur in any part of the body or lumps come out in the body.

3. Mixed Leprosy-

Along with loss of sensitivity of body parts, skin rashes also occur and lumps also appear.

Infection: - It is currently impossible to decide when and how the infection of this disease occurred on a patient. Like other diseases, its infection does not explode immediately, its speed is so bad that the disease develops only after two to five years of infection. Symptoms appear and then some part of the body becomes numb.

Signs and Symptoms: Skin lesions are the primary external sign. If left untreated, leprosy can progress, causing permanent damage to the skin, nerves, extremities, and eyes. Contrary to folklore, body parts do not fall apart due to leprosy, although they do become numb due to the disease.

Causes: Mycobacterium leprae and Mycobacterium lepromatosis are the causative agents of leprosy. Mycobacterium lepromatosis is a relatively newly identified mycobacterium that was isolated in 2008 from a fatal case of diffuse lepromatous leprosy. Leprosy spreads due to these bacteria.

Treatment: In 1993 WHO on chemotherapy of leprosy. The study team recommended two types of standard MDT regimens. The first was a 24-month regimen using lifeampicin, clofazimine, and dapsone for mutabacillary cases. The second was six-month monotherapy using rifampicin and dapsone for paucibacillary cases. The first international conference on the elimination of leprosy as a public health problem, which was held in Hanoi the previous year, promoted a global strategy and called on WHO to manage and supply MDT to all endemic countries. Fund provided. MDT remains highly effective and patients are no longer infectious after the first monthly dose. The treatment of leprosy is very easy and free of cost in many government hospitals.

In case of leprosy, the following measures should be adopted -

- Free treatment is available in health centres located in residential areas by government hospitals.
- If there are one to five spots on the body, then take medicine for six months needed.
- If there are 6 to 12 spots, then taking medicine for 12 months or more to cures the disease completely.

Prevention of leprosy:

- Multi-drug therapy has played an important role in the prevention of leprosy, if the disease is detected in time, it should be treated completely and the treatment should not be left in between. If the patients are treated in time, then some nominal Infectious cases will decrease within a few days because as soon as the treatment of an infectious patient of leprosy starts, his infectiousness ends in a few days, although most of the cases of leprosy are non-infectious.
- Vaccination of BCG also provides protection against leprosy.
- People should not pay attention to the misconceptions related to leprosy and educate patients and people about its causes. On Leprosy Prevention Day, to spread awareness among every citizen about leprosy, its treatment, care and rehabilitation by learning from the efforts made by the Father of the

Nation Mahatma Gandhi during his lifetime to connect leprosy patients with the mainstream of the society. Every possible effort should be made and today the most needed is to connect the leprosy victims with the mainstream of the society. Every citizen of India should actively participate in the goal of making India free from leprosy so that India can be free from leprosy as soon as possible.

Widespread misconceptions related to leprosy: -

- Some people believe that leprosy is hereditary but leprosy is not hereditary.
- Some people believe that leprosy is caused due to dual outbreak, immoral conduct, impure blood, sins of previous birth etc. People should not pay attention to these because it is a belief created by people which is completely superstition.
- Some people believe that leprosy is contracted only by touch, but this is also a big misconception about leprosy.
- Some people believe that leprosy is incurable, but people have this misconception regarding this disease. Today the treatment of leprosy is possible. If the treatment of leprosy is started as soon as the symptoms appear, then it is certain to be free from this disease.

Efforts made by the government for the prevention of leprosy

Various types of programs were run by the government for the prevention of leprosy, so that the efforts made by the government to eradicate leprosy are as follows-

1. **National Leprosy Eradication Program:** - There is a scheme started by the government in 1955, this program was extended from 1993-94 to 2003-04 with the help of World Bank and its objective was to eradicate leprosy from public health by 2005 And the number of 1,10,000 had to be reduced. Leprosy services were integrated with the general care system after 2001–2002. This helped in reducing the stigma and discrimination against persons affected by leprosy. Multi drug therapy is being provided free of cost on all working days in all sub-centres, primary health centres, government hospitals and dispensaries.
2. Since the inception of the National Rural Health Mission, the leprosy program has also been an essential part of the mission. Institutional mechanisms available under NRHM such as Rogi Kalyan Samiti, Village Health and Sanitation Committee and Panchayati Raj Institutions are being used to provide services to leprosy patients.
3. In 2008-09, 3763 (2.8 per cent) new leprosy cases with grade 11 disability were detected. Although the number of disabilities in leprosy affected persons has come down significantly, there are still a large number of pending cases due to their deformities are available for improvement. Disability prevention and medical rehabilitation activities have been accelerated by increasing the number of surgery centers for leprosy affected persons with disabilities. This will help the government to alleviate the condition of leprosy affected persons and provide RCS service to 33 NGOs in the country. In 2008-09, 2960 RCS operations were conducted for correction of disabilities.
4. The Ministry has passed various laws/Acts which discriminate against people affected by leprosy and their family members. Acting as the nodal agency for coordination with other Ministries/Departments for amendment in

Materials and method

Research Design, Area and Study population

This study design according to P. V. Young Logic of research And there is systematic planning and direction. In this study, the researcher used descriptive research and diagnostic research. The method is applied to the actual facts regarding the subject or problem. The main objective of the descriptive research design is based on the purpose of descriptive research is to collect accurate facts about a study subject and present them in the form of a description. The basic requirement of descriptive design is accuracy or information, so it is constructed in such a way that the bias is minimum and the reliability of the facts is high

Area refers to the definite terrain or range under which a subject is studied. The researcher has studied the condition and problems of the people living in the leprosy Ashram of Lucknow city.

A cross-sectional study design was employed on the leprosy patient who lives in leprosy ashram in lucknow. This design is particularly aimed the condition and problems of the people living in the Leprosy Ashram of Lucknow city with socio-demographic characteristics of the studied samples. Meanwhile, in order to achieve the set goals, a pre- interviewed questionnaire formed.

Sample size: - Sample is a small part or group of the whole which represents the whole. Sampling is a method by which we select some units from all the units with the help of several accepted procedures in such a way that the selected units represent the characteristics of the whole.

The researcher has 50 leprosy patients for this study. People have been selected who reside in the leprosy ashram.

Sources of Data Collection: Data collection refers to the collection of all the information that is obtained from different methods or techniques. The more reliable and accessible the sources of collecting facts, the more authentic the collected facts become.

Need for collecting information from two sources in fact collection it occurs.

The researcher has compiled the facts through both the sources in his study.

1. Primary or Regional Source: - This is the source of fact collection under which the researcher himself collects the material by going to the study area.

The researcher visited the Adarsh Leprosy Ashram himself, observed the problems and situation and established contact with the respondents on the basis of schedule and collected various types of facts.

2. Secondary or documentary sources: - Documentary sources refer to those sources from which the information obtained is not of the first level. Under this come all those sources from which the facts already collected information can be made. The material of secondary sources is often in published and unpublished form, from which the researcher gets other useful information and which helps in research work.

The researcher has used books, internet, website and unpublished documents for his study to get more information related to the condition and problems of people suffering from leprosy.

Tools of Data Collection: - Tools in the collection of facts refer to the medium through which data is collected, which are helpful in increasing the efficiency of the researcher in the field of collecting and analyzing facts. The researcher has used interview schedule in the collection of data. Observation refers to the observation or observation of behavior in an objective manner. We have to look from the side and try to know the relation of causation. The researcher has used observational equipment in the field.

Objectives were set-

1. To study the profile of the respondent.
2. To study the socio-economic background of the respondent.
3. To study the position of the respondent.
4. To study the psychosocial problems of the respondent.
5. To study the impact of leprosy on the respondent

Significance of the study:- The results of this study will reveal the effects of the condition and problems of leprosy patients on them and will give a new shape to the expression of the problems related to them.

This research work will facilitate in presenting suggestions regarding improving the condition of leprosy patients on the basis of new results. Along with this, it will help in reducing the discrimination and restriction with leprosy patients. The results of the research work will help in understanding the condition of leprosy patients and their problems.

Discussion

Gender of respondents

Gender of respondents	No of respondents	Percentage
Women	21	42%
Man	29	58%
Grand total	50	100%

According to the above table, maximum 58 % male respondents and 42 percent female respondents have been interviewed. Therefore, on the basis of the above table, maximum 58% respondents are men.

Age of the respondents (in years)

Age in years	No. of respondent	Percentage
20-30	5	10%
31-40	8	16%
41-50	20	40%
51-60	10	20%
Over 61	7	14%
Grand total	50	100%

According to this table, 40 % of the respondents in the age group of 41-50 years, 20 % in the age group of 51-60 years, 16% in the age group of 31-40 years, 14% in the age group of 61 years and 10 % in the age group of 20-30 years were interviewed.

Therefore, on the basis of the above table, maximum 40% respondents have been found in the age group of 41-50 years.

Marital status of respondent

Marital status	No. of respondents	Percentage
Married	38	76%
Single	6	12%
Widow	3	6%
Widower	3	6%
Grand total	50	100%

According to this table, 76 % of married respondents, 12% unmarried respondents, 6 widowed respondents and 6% widower respondents have been interviewed.

Therefore, on the basis of the above table, maximum 76 %t of the respondents are married.

Education level of respondents

Education level	No. of respondents	Percentage
Educated	9	18%
Illiterate	15	30%
Primary	13	26%
Secondary	12	24%
Graduate	1	2%
Grand total	50	100%

According to this table, maximum 30% respondents are illiterate while 26% respondents are primary and 24% respondents who have received secondary education are graduates. 18% respondents are educated and only 2% respondent are graduate..

Socio Economic Profile of the Respondent**Family type of the respondent**

Family type	No. of respondents	Percentage
Nuclear family	20	40%
Joint family	30	60%
Grand total	50	100%

It is clear from the table that 60 percent respondents have joint family and 40 percent respondents have joint family and 40 percent respondents have nuclear family. Therefore, based on the above table, maximum 60 percent of the respondents have a joint family as their family type.

Monthly income household of the respondents

Monthly income	No. of respondents	Percentage
1000-2500	1	2%
2501-5000	9	18%
5001-7500	15	30%
7500-10000	18	36%
10000-15000	3	6%
15000-20000	4	8%
Grand total	50	100%

According to this table, the monthly household income of the respondents is highest (7501-10,000) 36%, 30 percent (5001-17500). (2501-5000) have 18 % and (15001-20,000) have 8 % and (10001-15000) have 6 %. (1000-2500) have 2 %.

So, on the basis of the above table, the maximum number of respondents are between the monthly income of the family (7501-10,000) which is 36 %

Main source of income of the respondent's family

Source of income	No. of respondent	Percentage
Agriculture	12	24%
Labour	6	12%
Job	25	50%
Business	6	12%
Home industry	1	2%
Grand total	50	100%

According to the above table, the main source of income of the respondents' family is maximum 50 percent family members job, 24 percent people agriculture, 12 percent people wages, 12 percent people business and 2 percent people earn income through home industry. Therefore, on the basis of the above table, the main source of income of the family of maximum 50 percent of the respondents is job.

Educational level of the respondents' family

Education level	No. of respondent	Percentage
Literate	2	4%
Illiterate	1	2%
Primary education	5	10%
Secondary education	22	44%
Graduation	18	36%
Post graduation	2	4%
Grand total	50	100%

According to this table maximum 44 percent of the respondents' family's educational level is secondary. 36 percent are graduates. 10 percent are primary and 4 percent are masters, 4 percent are educated and 2 percent are illiterate. Therefore, on the basis of the above table, the education level of maximum 44 percent families is secondary.

Type of residence of the respondents

Type of houses	No. of respondent	Percentage
Katcha house	6	12%
Pucca house	16	32%
Mix houses	28	56%
Grand total	50	100%

According to the above table, maximum 56 percent of the respondents' families live in mixed houses, 32 percent in pucca houses and 12 percent in kutchu houses.

Therefore, on the basis of the above table, maximum 56.00 percent of the respondents' family members live in a mixed house.

Respondent's level of prior knowledge about the problem

Level of respondent	In numbers	Percentage
Yes	21	42%
No	29	58%
Grand total	50	100%

According to this table, the information related to leprosy among the present respondents, 58% people did not know about this disease. While 42% people were already aware of this disease. Therefore, on the basis of the above table, maximum 58.00% people were not aware of leprosy before. To

Main source of information about the problem to the respondent

Main source	No. of respondent	Percentage
Doctor	5	23.80%
Self study	5	23.80%
Advertisement	10	47.61%
Other	1	4.67%
Grand total	21	100%

According to this table maximum 47.61 %t respondents got information about the problem through advertisements, 23.8 % through doctor, 23.8 % through self-study and 4.76 % through other sources.

Therefore, on the basis of the above table, maximum 47.61% people were already aware of this problem through advertisements.

Status of respondents' response to problem information

Respondents response	No. of respondent	Percentage
Astonishing	13	26%
Serious	33	66%
Emotional	4	8%
Grand total	50	100%

According to this table, when the information about the problem of the respondents was received, then the reaction of 66 percent of the respondents was serious, 26 percent of the respondents were surprised and 8 percent of the respondents were emotional. Therefore, on the basis of the above table, maximum response status of 66.00 percent respondents on the information about the problem was serious.

Status of the family's response to the respondent's problem

Family response	No. of respondent	Percentage
Discriminating	13	26%
Untouchability	10	25%
Change in behavior towards you	17	34%
Sympathetic	9	18%
Other	1	2%
Grand total	50	100%

According to this table maximum response of 34 % respondents' family, change in behavior towards the respondent 26% complete discrimination. 20% untouchable, 18% sympathetic and 2 % respondents' family had other reactions. Therefore, on the basis of the above table, maximum 34% of the family feedback was a state of change in behavior towards the respondent

Reason for the respondents to stay in the ashram

Cause	No. of respondent	Percentage
Self	31	62%
Ostracized in society	6	6%
abuse	16	32%
Grand total	50	100%

According to this table, maximum 62 % respondents themselves, 30 % misbehavior in the society, 6 % due to neglect in the society respondents reside in the Ashram.

Therefore, on the basis of the above table, maximum 62% have come to stay Self In Hermitage respondents.

Attendance of the respondents staying in the ashram.

Attendance	No. of respondent	Percentage
Yearly	39	78%
Monthly	11	22%
Grand total	50	100%

Since 22 % of the respondents have been living in the ashram for a few months, so on the basis of the above table, maximum 78 % of the respondents are present in this ashram for years.

Affordability of the treatment of the respondent

Bear the cost	No. of respondent	Percentage
By myself	19	38%
By the ashram	28	56%
By family	3	6%
Grand total	50	100%

According to this table, maximum 56 % of the treatment expenses are being borne by the ashram, 38 % by self, 6.00 % by the family of the respondent.

Therefore, on the basis of the above table, maximum 56 % of the respondents expenses are being borne by the Ashram.

Status of the respondents psycho social level of their problems

Status of other types of diseases of the respondents

Disease state	No. of respondent	Percentage
Yes	18	36%
No	32	64%
Grand total	50	100%

According to the above table, maximum 64 percent of the respondents are such who do not have any other type of disease and 26 percent of the respondents are such who have any other type of problem. Therefore, on the basis of the above table, maximum 64 percent of the respondents are such who do not suffer from any other type of problem.

Respondent's level of any other type of problem

Symptoms	No. of respondent	Percentage
Swollen feet	8	44.44%
Joint problems	7	38.92%
Walking problem	3	16.16%
Grand total	18	100%

According to the above table, most of the 44.44 % of the respondents have swollen feet, 39.92 percent have joint pain and 16.16 percent of the respondents have problems in walking. Therefore, on the basis of the above table, maximum 44.44 percent of the respondents have the problem of swelling in their feet.

Status of people's behavior towards the respondent in the society

Behavioral status	No. of respondent	Percentage
better	2	4%
Bad	3	6%

Good	30	60%
Empathy	11	22%
Don't know	4	8%
Grand total	50	100%

According to this table, maximum 60% fair, 22% sympathy, 8% people don't know and 6% respondents are treated badly and 4% respondents are treated well in the society.

Therefore, on the basis of the above table, maximum 60 percent of the respondents are treated properly in the society.

Respondent status of meeting from family members

Status	No. of respondent	Percentage
Yes	33	66%
NO	17	34%
Grand total	50	100%

According to this table maximum 66 percent of the respondents' family members come to meet the respondents while 34 percent of the respondents' family members do not come to meet them. Therefore, on the basis of the above table, maximum 66 percent of the respondents' family members come to meet them.

Family members visiting the respondents

Members	No. of respondent	Percentage
Mother- father	9	27.40%
Brother- sister	1	3.03%
Son- daughter	7	21.21%
Husband- wife	5	15.15%
Other family member	11	33.30%
Grand total	33	100%

According to this table, 33.30 percent other family members, 27.40 percent parents, 21.21 percent sons and daughters, 15.15 percent spouses, 3.30 percent brothers and sisters are the members of the respondent. Therefore, on the basis of the above table, 33.30 percent other family members are meeting the respondents.

Reasons for not meeting the household respondent

Cause	No. of respondent	Percentage
Untouchability	2	11.76%
Distance of ashram	4	23.52%
Lack of resources	4	23.52%
Law attachment to top soil	3	16.65%

other	4	23.52%
Grand total	17	100%

According to this table, 23.52% distance of the ashram, 23.52 % lack of resources, 23.52 % other reasons are the family members of the respondents. 16.65 % have less attachment towards the respondent and 11.76 % do not come to meet due to fear of untouchability. Therefore, on the basis of the above table, most of the family members 23.52 % do not come to meet the respondent in the ashram due to the distance of the ashram, 23.52% due to lack of resources and 23.52 percent due to other reas

Opinion of family members towards the respondent's problem

Level of family opinion	No. of respondent	Percentage
Sin of previous birth	7	14%
Sympathetic	18	36%
Untouchability	22	44%
Other	3	6%
Grand total	50	100%

According to this table, the opinion of the family members of the respondents is the highest level of 44 percent untouchability, 36 percent sympathy, 14 percent sin of previous birth and 6 percent other opinion.

Therefore, on the basis of the above table, maximum 44 percent of the family members have the opinion of untouchability towards the respondent's disease.

Respondent status on being neglected by the family

Respondent status	No. of respondent	Percentage
Self hatred	14	28%
Depressed	5	10%
Stressful	23	46%
Other	8	16%
Grand total	50	100%

According to this table, 46% of the respondents are in a state of maximum stress, 28% self-hatred, 16% other and 10 % depressed after being neglected by the family. Therefore, on the basis of the above table, maximum 46 % of the respondents are in a stressful state due to being neglected by the family.

Status of use of public places by the respondents.

Respondent status	No. of respondent	Percentage
Point of use	5	10%
Not banned but discriminate	18	36%
Partially restriction	25	50%
No discrimination	2	4%
Grand total	50	100%

According to this table, 50% partial restriction, 36% no restriction, but discrimination, 10 % complete restriction, 4% no discrimination in the use of public places with the respondents. Therefore, based on the above table, 50% partial restriction is the condition of use of public places.

Status of change in the attitude of the people towards the respondents.

Respondent status	No. of respondent	Percentage
Partially	32	64%
Same	4	8%
Very pathetic	5	10%
No change	9	18%
Grand total	50	100%

According to this table, there has been a change in the attitude of the people towards the respondents, maximum 67% partially. 18% no change, 10% extremely pathetic and 8 percent have the same attitude towards the respondents. Therefore, on the basis of the above table, maximum 64% partially there has been a change in the attitude of the people towards the respondents.

Reasons for change in people's attitude towards respondents

Respondent status	No. of respondent	Percentage
Improvement of educational level	23	46%
Awareness	27	54%
Grand total	50	100%

According to this table, most of the awareness in the society and 46% improvement in the educational level has changed the attitude of the people towards the respondents.

Therefore, on the basis of the above table, there is awareness among 54% people.

Due to this there has been a change in the attitude of the people towards the respondents.

Psychological influence on the leprosy patient

Respondent status	No. of respondent	Percentage
Stressful	19	38%
Depressed	4	8%
Anxious	21	42%
Other	6	12%
Grand total	50	100%

According to this table, the 42% respondents are anxious, 38 % tense, 12 % other and 8.00 % depressed due to psychological effects. Therefore, based on the above table, maximum 42% of the respondents are in a stressful state

Conclusion

1. Based on the study, maximum 58 percent of the respondents are male.
2. Based on studies the highest 40 percent respondents 41-50 Years of age have been found.
3. Based on the study, maximum 34 percent respondents belongs to Scheduled Caste.
4. Based on the study, 76 percent of the respondents are married.
5. Based on the study, maximum 30 per cent respondents is uneducated
6. Based on the study, maximum 58 percent of the respondents do other types of business, under which their income is earned from begging, donations given by people.
7. Based on the study, maximum 60 percent of the respondents belongs to joint family.
8. Based on the study, maximum 56 percent of the respondents Monthly income is between 7,500-10,000.
9. Based on the study, maximum 50 percent of the respondents main source of income of the family is the job.
10. Based on the study, 44 percent of the respondents' family educational level is secondary education.
11. Based on the study, the maximum number of 56 percent respondents family lives in a mixed house.
12. Based on the study, maximum 58 percent of the respondents were not aware of leprosy before.
13. Based on the study, 66 percent of the respondents had a serious reaction to the information about the problem.
14. Based on the study, the response of the family to the respondent's problem was the highest 34 percent change in behavior.
15. Based on the study, maximum 62 percent of the respondents themselves came to stay in the ashram.
16. Based on the study, the highest number of 78 per cent respondents for many years have been living in the ashram since.
17. Based on the study, maximum 56 percent of the respondents expenses of the treatment are being borne by the ashram.
18. Based on the study, maximum 64 percent of the respondents got some other kind of physical problem.
19. Based on the study, maximum 44.44 percent respondents have feet Swelling problems.
20. Based on the study maximum 60 percent of the respondents are treated properly in the society.
21. Based on the study, the family members of 66 percent of the respondents They come to meet him in the ashram.
22. Based on the study 33:30% of the respondent family members come to meet them
23. Based on the study, maximum 23.52 percent of the family members do not come to meet the respondent in the ashram due to the distance of the ashram, lack of resources and other reasons.
24. On the basis of the study, the opinion of the family members related to the problem of the respondent is maximum 44 percent untouchability.
25. On the basis of the study maximum 46 percent of the respondents are in stressful condition due to neglect by the family. 28 percent hate themselves, 16 percent of the respondents feel some other kind of emotion and 10 percent of the respondents are in a depressed state.

26. Based on the study, there are partial restrictions on the use of maximum 50 percent public places.
27. Based on the study, maximum 64 percent of the respondents has been seen a partial change in the attitude of the people towards them.
28. Based on the study, there has been a change in the attitude of the respondents due to awareness in 54 percent of the people.
29. Based on the study, maximum 42 percent of the respondents are worried about psychological problems and 38 percent feel stressed. 12 percent other types and 8 percent 29. are in a depressed state.

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