Fieldwork at the Philippines

The final project

This study aims to determine what the problems are concerning leprosy in the Philippines, if these problems are being handled and if these measures can be improved

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Determine what the problems are concerning leprosy in the Philippines, if these problems are being handled and if these measures can be improved.

A research paper Presented to the Faculty of the University of San Carlos College of Nursing, the Eversley Childs Sanitarium and the University of Amsterdam.

An assignment from the Minor Global health, University of Amsterdam fieldwork 2013.

Submitted by:
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Kim Flücht

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Research

The researchers aims to determine what the problems are concerning leprosy in the Philippines, if these problems are being handled and if these measures can be improved. To make recommendations and submit the research to the University of San Carlos Nursing Department, The Eversley Childs Sanitarium and The University of Amsterdam. But first, we would like to introduce ourselves, what we do and what we have accomplished until now. The researchers will also explain why they choose the Philippines to do their research.

Students

We are two nursing students from the University of Amsterdam, the Netherlands. We are in our third year and as a part of our course Global Health we got the opportunity to go abroad. Nikki (age 23): Lives in Aalsmeer North Holland, she is a fanatic player of the sport water polo and her former internships were at a nursing home, a psychiatric hospital and an academic hospital. Kim (age 22): Lives in Purmerend, she likes to bake delicious cupcakes and her former internships were at a nursing home, a revalidation department and at a psychiatric hospital.

Why the Philippines?

We both agreed to go abroad to an country with a different culture then we experience in the Netherlands. So in order to make it an experience we would never forget, we choose to search for a destination in Asia. A relative of Nikki heard of our adventure and could arrange contact with different universities and hospitals in the Philippines. In the end we got a response from the University of San Carlos and we were really enthusiastic about that. From that point we had to arrange a lot and took our course to the Philippines.

Eversley Childs Sanitarium

During our first meeting with Mr Adlawan and Mr Leguis we explained to them we would like to do our research about tropical diseases. When they told us about a leprosy village nearby, Eversley Childs Sanitarium, we made the conclusion that that would be a great opportunity to do our research there. Our first visit there convinced us to do our research at the Eversley.
Introduction

The researchers will begin by explaining what leprosy is and how it is transmitted. Thereafter the prevalence of leprosy will be shown, and there will be a short introduction about the Eversley Childs Sanitarium.

Background\(^{1,2,3,4,5,6}\)

Leprosy is one of the world oldest diseases and dreaded disease. The disease has tormented humans throughout the history leaving a mark on culture and religion. Leprosy has been synonymous with discrimination stigma due to the mysteries about the cause of the hideous deformities. Leprosy is a chronic granulomatous disease also known as the Hansen's disease, which is caused by an infection with the M. Leprae bacilli. It is characterized by an insidious process of direct infection of the nerves and skin and can be associated with immunological damage. Leprosy is the cause of physical disabilities and social stigma. The transmission of leprosy is by droplet infection. Humans are the only known significant reservoir of infection in leprosy, but armadillos are known to be a carrier for the leprosy. The M. Leprae bacilli cannot survive in open air and needs a reservoir. It is known that the M. Leprae bacilli has a similar appearance with the tuberculosis bacillus. The portal of exit: The nasal secretions are believed to be the main portal of exit in leprosy, the role of skin contact is smaller and less certain. The large number of M. Leprae form the portal of exit are not able to survive outside their host, this difference from the tuberculosis bacillus.

Incubation period

The incubation period for leprosy is difficult to define and extremely variable. The M. Leprae bacilli has a very long division time of 11 to 13 days. Due to this the incubation time can be less than a year until 10 years, the incubation period is generally agreed to be from 3 till 5 years.

Prevalence\(^{7}\)

Global leprosy situation in 2012

Leprosy control has improved significantly due to national and subnational campaigns in most endemic countries. The integration of primary leprosy services has led to reduction in leprosy burden. Nevertheless, new cases continue to occur in almost all endemic countries. Intensified and focused activities with multiple drug treatment have reduced the leprosy burden but sustaining the same level of focus and commitment is a challenge, especially in low-resource settings where equity of access is an issue.

In the following tables the prevalence of leprosy is shown out of these tables it is shown that the number of cases reducing and also that the difference between countries. The reducing of number of cases is clear but the numbers decrease less than some years before.
Registered prevalence of leprosy and number of new cases detected in 105 countries or territories, by WHO Region, 2011 and first quarter of 2012

<table>
<thead>
<tr>
<th>WHO Regiona – Région de l’OMSa</th>
<th>No. of cases registered and the prevalence, first quarter of 2012 – Nombre de cas enregistrés, premier trimestre 2012</th>
<th>No. of new cases detected and case-detection rate, 2011 – Nombre de nouveaux cas dépistés et taux de dépistage des nouveaux cas en 2011b</th>
</tr>
</thead>
<tbody>
<tr>
<td>African – Afrique</td>
<td>15 006 (0.37)</td>
<td>12 672 (3.14)</td>
</tr>
<tr>
<td>Americas – Amériques</td>
<td>34 801 (0.00)</td>
<td>36 832 (4.18)</td>
</tr>
<tr>
<td>South-East Asia – Asie du Sud-Est</td>
<td>117 147 (0.64)</td>
<td>160 132 (8.75)</td>
</tr>
<tr>
<td>Eastern Mediterranean – Méditerranée orientale</td>
<td>7 368 (0.12)</td>
<td>4 246 (0.71)</td>
</tr>
<tr>
<td>Western Pacific – Pacifique occidental</td>
<td>7 619 (0.05)</td>
<td>5 092 (0.30)</td>
</tr>
<tr>
<td>Total</td>
<td>181 941 (0.34)</td>
<td>219 075 (4.06)</td>
</tr>
</tbody>
</table>

a Reports from the European Region are not included. – Les rapports émanant de la Région européenne ne sont pas inclus.
b The prevalence rate is the number of cases/10 000 population. – La prévalence est le nombre de cas pour 10 000 habitants.
c The case-detection rate is the number of cases/100 000 population. – Le taux de dépistage est le nombre de cas pour 100 000 habitants.

Trends in the detection of leprosy in 18 countries reporting >1000 new cases during 2011 and number of new cases detected annually since 2004

<table>
<thead>
<tr>
<th>Country – Pays</th>
<th>No. of new cases detected – Nombre de nouveaux cas dépistés</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2004</td>
</tr>
<tr>
<td>Philippines</td>
<td>2 254</td>
</tr>
<tr>
<td>India</td>
<td>260 063</td>
</tr>
<tr>
<td>Total (%)</td>
<td>388 533</td>
</tr>
<tr>
<td>Global total</td>
<td>407 791</td>
</tr>
</tbody>
</table>

NA: not available – ND: non disponible

a New cases detected from mid-November 2009 to mid-November 2010. – Nouveaux cas dépistés de mi-novembre 2009 à mi-novembre 2010.
b Includes data from area that is now South Sudan. – Y compris les données pour la zone qui est désormais devenue le Soudan du Sud.

The number of cases registered in different countries.

<table>
<thead>
<tr>
<th>Region and country or territory – Région et pays ou territoirea</th>
<th>Registered prevalenceb – Prévaledeprevalencedécreta</th>
<th>No. of new cases detected (2011) – Nombre de nouveaux cas dépistés (2011)</th>
<th>No. of new cases of MB leprosy – Nombre de nouveaux cas de lépre MB</th>
<th>No. of females among new cases – Nombre de nouvelles cas chez les femmes</th>
<th>No. of new cases with grade-2 disabilities – Nombre de nouveaux cas présentant des incapacités de niveau 2</th>
<th>No. of relapses (2011) – Nombre de rechutes (2011)</th>
<th>Cure rate (%) – Taux de guérison (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>2 706</td>
<td>1 818</td>
<td>1 658</td>
<td>666</td>
<td>123</td>
<td>107</td>
<td>85</td>
</tr>
<tr>
<td>Nepal</td>
<td>2 410</td>
<td>3 184</td>
<td>1 683</td>
<td>909</td>
<td>171</td>
<td>114</td>
<td>20</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1 565</td>
<td>2 178</td>
<td>1 045</td>
<td>910</td>
<td>233</td>
<td>146</td>
<td>17</td>
</tr>
<tr>
<td>India</td>
<td>83 187</td>
<td>127 295</td>
<td>63 562</td>
<td>47 111</td>
<td>12 305</td>
<td>3 834</td>
<td>690</td>
</tr>
<tr>
<td>Indonesia</td>
<td>23 169</td>
<td>20 023</td>
<td>16 099</td>
<td>7 968</td>
<td>2 452</td>
<td>2 025</td>
<td>164</td>
</tr>
<tr>
<td>China</td>
<td>2 468</td>
<td>1 144</td>
<td>941</td>
<td>385</td>
<td>29</td>
<td>309</td>
<td>84</td>
</tr>
</tbody>
</table>

b Includes data from area that is now South Sudan. – Y compris les données pour la zone qui est désormais devenue le Soudan du Sud.
The Prevalence rates of Leprosy January 2011

Leprosy prevalence rates, data reported to WHO as of beginning January 2011

Eversley child Sanitarium (Jogobiao, Mandaue City, Cebu)

The Eversley Childs Sanitarium was the first regional institution established purposely to make segregation and treatment of patients suffering from the Hansen’s disease (leprosy) more attractive. The institution is situated in the hilly region about 150 feet above sea level, because of the sloping terrain it was considered a ideal place for a leprosarium. The area of the institution covers about 52,1387 hectares. The institution was built by the Leonard Wood Memorial Foundation with most funds donated by the late Mr. Eversley Childs, an American philanthropist of New York, USA. The construction of the buildings were started in May 1928 and was completed 2 years later. The ECS contains at least 52 buildings. The Eversley child Sanitarium is licensed as a secondary general Hospital with authorized capacity of 500-beds. It is special government hospital in Barangay Jogobiao, Mandaue City mandated to administer care and treatment of Hansen’s cases. It is also directed to provide basic health services to non-Hansen’s cases.

The following services are able,

- Medicine
- Surgery
- Out-patient &emergency services
- Dental service
- Physical rehabilitation
- Pharmacy
- Medical social service
- Medical records
- Paediatrics
- OB-Gynaecology
- Laboratory service
- Nursing service
- Dietary
- Radiology
As a General Hospital

- Provide for emergency out-patient and in-patient treatment/care for the general population in its immediate catchment area. It shall upgrade its' Emergency Room, shall provide for Out-Patient Department and convert existing buildings as wards to accommodate in-patients for general service care.
- Make available the five major service departments namely: Medical, Surgical, OB-Gyne, Family Medicine, Paediatrics and Communicable.

As a Sanitarium

- Responsible for the training of health workers in the respective catchment areas regarding updates, trainings, re-training in Leprosy Control Program.
- Integrate the Multi-Drug Therapy services fully with the existing general health care services.
- Serve as a referral centre for the management of complications, patient and family counselling and community education.
- Conduct community dialogues about leprosy with the National Leprosy Control Program.

Services

The following services are being provided.

- Leprosy control and prevention program
- Cardio-vascular disease control program
- Acute respiratory infection control program
- Poison control and prevention program
- Dengue control program
- Blood-letting program
- Diabetes control program
- Sight savings program
- Disability prevention and rehabilitation
- Dental health program
- Control of diarrheal diseases
- Tuberculosis control program
- Cancer control program
- Maternal and child health program
- Stop death program
- HIV/AIDS control program
- Nutrition program
The problem

Statement of the problem

This study aims to determine what the problems are concerning leprosy in the Philippines, if these problems are being handled and if these measures can be improved. Specifically, the research seeks to answer to the following questions.

- What are the thoughts of the health care workers considering leprosy.
- What are the thoughts of the people affected by leprosy about leprosy.
- What are the preventive measures that are being taken to eradicate leprosy, and what is the effect of these measures.
Research Methodology

Design of the Research
This study is performed by questionnaire and has been supported by medical literature and observation. It is designed to find out what the problems is concerning leprosy in Cebu, the Philippines.

Research participants
The participants of this research are:
- Health care workers from the Eversley Childs Sanitarium
- Patients from the Eversley Childs Sanitarium

Environment of the Research
This research is done in the Eversley child Sanitarium during May and June 2013. The Eversley child Sanitarium was built in 1930 and was known as a leprosarium. In the year 2002 it was converted into a general hospital with outpatient care. The interviews where held in the Eversley child Sanitarium and during the annual youth camp in Toledo spring field park.

Instruments used for the research
The researchers used a self-made questionnaires which contained different question about the knowledge and history with leprosy. There were two different questionnaires, one for the patients and one for the health care professionals. The patients and health care professionals where asked to answer the question as specific as possible. The interviewees got the possibility to decide if they wanted to answer the questions or not. The observations were made by the researchers during the annual youth camp and at Eversley.

Procedure
A letter of recommendation to help the researchers with their research was approved from the office of the College of Nursing University of San Carlos. Allowing the researchers to do a research in cooperation with the college of Nursing.
To gather data, the researchers searched for literature in the Learning Research Centre at the University of San Carlos, Talamban Campus. The researched focused their research on the Eversley Child Sanitarium located Cebu city the Philippines. The researchers formulated a questionnaire concerning leprosy health workers and people effected by leprosy and were corrected by Mr. Adlawan and Mr. Leguis. After the corrections where made, the interviews were being held, in total 5 health workers and 4 patients were interviewed. And observations were being made. After this was done, the researchers analysed and interpreted the findings and finalized the product. Thereafter, the researchers made a conclusion and recommendations.
**Analysis of the interviews**

Through the analysis of the interviews we hope to provide more knowledge about what is the outcome of the interviews with the patients and the health care workers. At first there is a analysis and interpretation of the interviews with the patients, at the end there will be a summary of the findings. Then there will be an analysis and interpretation of the interviews with the Health care workers, and this will end in a summary of the findings. At last there will be the observations that have been made during the research, this will also end in a short summary of the findings. All the individual interviews can be found in the appendix.

**The patients**

**Analysis & interpretation**

The analysis and interpretation follows the questions that have been made and used for the given interviews. In total 4 interviews were held.

**Former job:** Most of the interviewees have a job or are busy with following a study or graduating high school. Two of them would like to work as a teacher after graduating. The other person would like to work with computers. **The interviewees are really determent to graduate and have high standards for themselves.**

| Comment                                                                                                                                 |
|---|---|
| **Did you know about this facility before you came here?** | The answers we got were quite divers. Two of them heard about the Eversley before coming there. They heard of it through their community and family. The other person didn’t know about the Eversley until he got admitted there. Eversley is known within certain community’s but in the more rural areas Eversley is not known and most of the inhabitants don’t know what leprosy is. |
| **Do you know what the cause of leprosy is?** | They think the cause is: low resistance, unhealthy food and not taking the right care for yourself. The knowledge about their disease is there but it’s very basic. |
| **Did your life change after you heard the diagnose?** | Yes, especially because they moved to Eversley. The fear of losing friends and that people would discover them having a disease. It was difficult for them to understand what happened to them and even more difficult to explain it to the environment at the young age what the disease was they had at that moment. For young children it is really hard to understand what the disease is they have and they mostly just think that it is scary and their friends think the same. This leads to stigma and isolation. |
| **Do you think it will be easy to go back into the community after you are cured?** | They both already visit the community enough to feel comfortable there and they think the only problem will be the lack of money. The problems they have are the same as people at their age have without leprosy. |
| **Do you follow the treatment correctly?** | They both have finished their treatment more than 5 years ago but they both confirm that they have followed it correctly. Though it was difficult because there were a lot of side effects. We think it’s a good think that the patients are being observed during the treatment and when they take the pills. |
Do you understand why you get treated and what the treatment does?
The doctor told them to take the medicine so they did. One of them took it because she wanted the spots (skin smears) to disappear. What we can conclude from this, is that they don’t fully understand the disease and they just follow the advice from the doctor.

Does leprosy also affect your mental wellbeing?
Yes, especially their self-confidence at the beginning. They were asking themselves why me? They couldn’t understand what was happening. What we can be an interpretation is that it certainly has an effect on the mental wellbeing.

Do you think it will help to provide information to children and adolescents?
Yes, they thought it would be good to educate the community and they have said that this is one of the reasons why they want to become a teacher. That education is basic by educating the knowledge will grow and the fear for leprosy can be reduced.

What we can interpretation from this is that education is found very important and that the patients think that by educating the community and children eventually the stigma around leprosy can be reduced.

What did you already know about leprosy before you came here?
One of them knew nothing about leprosy before he came here, the other two only heard about it in their community.
The knowledge under the low educated and the community’s is low and it can be seen as one of the reasons why there is still stigma on the Hansen’s disease.

How long have you been here?
They have been here between 4 and 10 years

How do you think you got infected with leprosy?
They both have a family member who has had leprosy and one of them told us that the community told him that he got it from infected water. They both thought it could also have been a plan from the lord.
The knowledge about the ways of infection are very low. Within the community’s the stories about the ways of getting leprosy are still going around. The believe in the lord is very high there is a lot of faith put into their believe.

How did you feel after hearing the diagnose?
Sad and confused because they didn’t understand what they had.
We think knowledge is an important part of reducing the stigma.

What does your family think of leprosy?
We have 3 different stories. The first is that the family was really supportive. The second is that the family was afraid at first but after that they were also supportive and the third is that they took preventive measures right away because they recognized it from the other family member.

What kind of symptoms do you experience?
The common things we heard are a numbness feeling, skin lesions and spots in the face. The symptoms are very diverse within leprosy.
What are your plans for the future?
One of them would like to follow an education when his deformities are manageable and the other two would like to graduate and work as a teacher.

How do you feel about living in an environment where the population mostly are people with leprosy?
The people at the Eversley are not afraid of them which gives them confidence. They feel accepted and they have the possibility to grow as a person. Eversley is a place where persons can grow and get there confidence in themselves back.

How do you experience the treatment?
The patients that were interviewed where no longer following the treatment. They already finished the treatment. What they remember from their treatment that it was hard to follow because of the side effects (blisters, noxious feeling, big pills).

Do you experience stigma?
The stigma is still there, in different ways. One of them lost friends when leprosy was found as the disease. The other one gets stared at sometimes when he travels outside because of the deformities. It’s still hard for them to cope with the stigma but they get better at it when they get more confident. The stigma isn’t gone it is still very much alive. Especially outside the Eversley where because of the deformities the leprosy patients stand out, people don’t understand what the disease is or are afraid to get the disease from the leprosy patients. What we could conclude out of this is that because of the lack of knowledge the stigma is still alive.

Summary of the Findings of the Patients.

In the summary of the findings the researchers aim to make a short overview of the outcome of the interviews with the patients. The surprising thing is that the interviewees all didn’t know about the Eversley before they started living there. The researchers don’t know if that’s still the same with the people from outside, because there research had more the focus on the patients and health care workers. The average knowledge of the patients is not that high. They don’t know exactly what might have caused the leprosy or what the effects of the treatment could be. With the most of them, the diagnose made them feel insecure and afraid. They were asking themselves, why me? The lack of knowledge could have something to do with these feelings. Luckily they all had family to support them. Some of them lost friends because of ignorance and fear. Others were too afraid to even tell their family and friends but in the end they all had someone to rely on. They all have trust in going back into the community. Two of them want to following an education to become a teacher and when they finish they would like to inspire the children as a teacher. The other one plans to follow an education as soon as his movements are improved. There are still a lot of people who never heard of leprosy and therefore they are scared of it. The interviewees all think it’s a good thing to go out and educate the community, the high school and the families. And hope hereby to eradicate the stigma that’s on leprosy for the rest of the time.
The health care workers

Analysis & interpretation

The analysis and the interpretations are from 5 interviews with different health care workers from the Eversley Childs Sanitarium. Throughout the interviews different answers were given the researchers tried to make sure that the common answers where used for further analysis. The analysis that has been made by the researchers can therefore have exceptions on the answers that are being given.

Why did you apply here?
The main reason for applying at Eversley is because the interviewees needed a job which was going to provide money.
The researchers think that the reasons for applying at Eversley are diverse and most of the time wasn’t related to the leprosy patients, but to finding a paying job.

What does a typical day look like for you?
The most of the health care workers tell us that they work independent, they have a lot of patients to handle and the work is really divers.
Out of this the researchers interoperated that the health care workers work very independent and have a lot of knowledge.

What preventive measures do you take and does it work?
Washing hands, using a facemask and having a healthy lifestyle are the most common answers we heard. There is also a lot being done of screening in communities which leads to more new cases. This could be the reason why the prevalence rate is still on the same level. We think regarding to the answers that those are good preventive measures because it’s really difficult to get infected with leprosy. If the patients is following the treatment there is nothing to be scared of. Even if the patient is not following the treatment in the right way you are safe. The improved ways of preventive care in the way of screening has shown in the prevalence that the number of cases is decreasing less than 10 years ago.

What kind of treatments do you have?
The most common answer was of course MDT. Next to that the patients can always approach the health care worker to talk about emotional issues.
There is not a different way of treating Leprosy that MDT known, the comfort and security that the Eversley gives helps also in the treating of the patients.

Have you experienced a change in the way of treating leprosy patients?
There was only one nurse who has experienced the treatment before the MDT. She told us that the first trial started in 1984 and they treated 50 patients for 2 years. The positive results appeared quite fast. The effects of MDT where seen right away.

What happens when the treatment fails? What are the options?
It could happen that the patient is not following the treatment in the correct way. This could be because of the fact that the skin is turning darker and the face could get white spots.
These obvious signs will contribute to the stigma in a negative way, and are being sad to be one of the reasons that people with leprosy don't want treatment. The researchers can interoperates out of this that because of the side effects of the treatment and the low education some patient wouldn't want to have treatment. Even if in the long term the patients are better of with the treatment.

What are the costs of the treatment? 
The costs for MDT are free if you stay at the Eversley. Even after you are cured and if you are being treated on other health problems there are still no costs. If you stay outside the Eversley you have to pay a fee. The cost of the treatment can therefore not be a reason to not get treatment. Because of the free treatment a lot of people have found their way to medication and treatment for their disease.

Do you work with other disciplines and if yes, with what disciplines? 
Doctors, nurses, pastors and social workers.
The researchers have noticed that if you compare it to the Netherlands, there are other professions to support the patient. We have psychologist, physiotherapists, occupational therapists and psychiatrics.

What kind of equipment do the patients need and how do you provide it to them? 
They make the shoes themselves and the crutches are provided by the hospital. The shoes play a big part in preventing ulcers. At the same time it gives them time to do something. All the cost are paid by the government. There is the ability to provide for equipment.

What do you consider a positive part of our job? 
The only answer we got was that they love to work with this target group. Even if the first goal was to earn money, they also gained a big affection for the Eversley and their patients.

Do you work with protocols and guidelines and is everyone expected to work by them? 
Yes, they are being followed and each year they are being renewed. The protocols can be found in a big book. There are protocols and there are a lot of notes that are being used to bring the importance of the protocols at hand. The protocols are there but are different from the ones in the Netherlands.

Do you offer the patients any psychological help or therapy and if yes what do you do? 
Yes, if the patients need someone to talk to they can always talk to the nurses. There are also people from the church who can guide the patients in difficult times. There are social workers who work at Eversley they also play a role in the mental well-being of the patients.

Do you have a daily schedule for the patients? 
During the week there is a schedule but they can fill the weekends in with their own activities. We think this fits the needs of the patients because of their long stay at the Eversley.

Does your boss offer you further information about leprosy in the form of a course?
Depending on what function you have, you are offered different courses. We think that the measures that are being taking on educating the staff are available and the access to the different courses is easy to get.

Do you think it will help to eradicate leprosy if we will provide information to children and adolescents?
Yes, actually we are already doing that. When we are being invited to a high school, we inform the children and teachers about smoking, TB, leprosy and we check the children for signs of leprosy.
We think that this is an effective way. Combining the health topics should be very effective and it should be told to more high schools without an invitation.

How do you experience the stigma that is on leprosy?
Some of them have experienced stigma during the first days of their career at the Eversley. They have asked if they needed a vaccine or they thought that they could get leprosy if they ate a specific kind of soup. After working there for a while they started to realize this was all made up by people who don’t know the truth. The stigma has been reduced over the years.
To reduce the stigma more under the nurses there is education given, but it is important to also see the patients in practice because only theory is not enough.
Unfortunately the stigma is still alive. We think this is because of the low education some people have had.

Summary of the Findings of the Health care workers.
In the summary of the findings the researchers hope to make a short summary of the outcomes of the interviews that where held with different health care workers. The most common reason for working at the Eversley is because they wanted to earn money. All of them started to gain affection for the job and the patients after a while. Some of them had a prejudice about leprosy but that changed after they learned more about the disease.
They tend to work individual and most of them have a busy day with a lot of patients to see and they handle much paperwork too. They have a book which contains protocols and guidelines. They follow the guidelines and protocols very precisely.
There are different preventive measures that are being taken. The health care workers use them at work. They wash their hands, use facemasks and tend to have a healthy lifestyle.
The other way of using preventive measures is by educating high school children and checking these children on leprosy.
The treatment of leprosy hasn’t been that effective until 1984. The MDT got introduced and after a trail of 2 years on 50 patients the benefits convinced the Eversley to keep on using it. Until now the treatment did not fail when it has been taken in the right way. If the patient doesn’t take the medicine for instance because of self-stigma, the treatment is not effective.
When this happens the patients will have to take the medicine for 6 to 12 months longer. The treatment is free of costs.
They work with other disciplines but the researchers think some disciplines could be added. The equipment is provided by the Eversley and the patients make it themselves. The health care workers love to work with this kind of patients. The psychological help they get is by talking to a priest or one of the health care workers.
They have different education programs which they provide to schools who invite them. At the same time, the check the children on leprosy which sometimes leads to new cases. It also occurs that they visit a community to check up on leprosy or they visit the mayor to give information about leprosy. Most of these education programs are given with two other health care problems such as smoking and TB. The stigma of leprosy has been reduced but it’s still a big problem. It’s hard to reach everybody in the country because of the wide spread of the people.

**Observations**

During their research the researchers joined the youth summer camp for patient and people effected with leprosy. During this camp and their stay in the Philippines the following observations were made.

The participants of the summer camp where open to talk about their illness and talked openly about their illness and how it affected them. They told that in the beginning they were afraid for leprosy because they didn’t know what it was and where afraid to lose friends and family. Many of them didn’t react to the first signs as an example the skin smears, they thought it was a rash that would disappear after some time. Most of them if they had heard about leprosy before they heard it from out the community and this was not positive. And the few found it out from their parents or siblings. Most of the participants are really determent to follow education and are really grateful to the scholarships that are given to some of them. They all are really enthusiastic to join the camp and looking forward to learn new things and work together. All the programs that are being given start with a try out round then an evaluation and end with another try. All the programs and the camp are related to the Lord and there is a mass (gathering) in the morning to pray to the Lord. The food is blessed and all the people we have spoken to have said to find comfort in the Lord and that the Lord has a plan for them. Most of the participants were astonished by the fact that we weren't afraid for them and just went swimming and joining in the games during the camp. We think that because of their own low self-esteem and the stigma that is still there. They weren't used to foreigners and really being seen as an equal. The restrictions that the patients have are there, most of the patients have claw hands or lost a few digits on their hands or feet. Some patients have lost a leg or a part of their leg or arm. This are mostly the older patients. Many of the patients have residua of the skin smears by with the researchers mean that the skin has different collars some parts are darker than other parts. Because of
these side effects it is more difficult to walk and to grab small objects and some object are
being held in a different way. All of the patients seem to have found ways to deal with their
restrictions.

**Summary of the Findings of the Observations.**

In the summary of the findings the researchers hope to make a short summary of the most
important observations that have been made. By the games they want to accomplish that the participants work together and find a better
way to work by talking and evaluating. The stigma is still there and it is not only from the
outside but also from the patient themselves. Because they have leprosy they seem to think
that they are less than the rest of the people. The low self-esteem of a lot of the patients is
caused by the insecurity what will happen in the future and how am I going to live with this
illness.

We think by believing in the Lord the illness they have can be more accepted because if the
Lord has a plan for them leprosy is part of that plan. We think that it is really amazing to see
how much faith can be put in one Lord and how much joy and comfort he can bring. We
really look up more to people who believe than we did before, it takes a giant step of faith to
believe in something through hard times. The impact of the Lord was there because the part
that the Lord has a plan for everybody was brought up a few times.
Conclusion

The conclusion is based on the findings of the interviews that the researchers performed and the literature search and the observation that have been made by the researchers during their stay.

The interviews and literature research show us that the most severe problem for leprosy still is about the stigma that is being performed by the patient and the community. Based on the interpretation of the results of this research. We have discovered that even though the leprosy patients from now are getting supported by their families much more, there still are patients who are left alone. There are still hospitals where an ex-leprosy patients can’t get any help because the doctors just don’t know how to handle it and the people who live in the rural areas don’t even know about the existence of leprosy. This leads to fear within the community.

Little knowledge of the disease often leads to self-stigma. It begins with the signs on their skin, they try to hide it and try to keep a low profile because they are afraid of what their family and friends will think of it. If the patients eventually has agreed on treatment, the road to being cured is not going to be easy. Because of the treatment, the skin will get darker and there could appear white spots for instance in the face. These signs can be seen by other people which can tell that you have a disease. After you are cured, depending on how severe the disease is, there could be some permanent marks of the disease which tell others that you have had something.

The self-esteem of the patients is very low because of the missing knowledge of them and the people around them. They don’t know why or how it has happened. They find a great help in God and by being around people who are going through or have been through the same thing.

The stop in the drop of the cases is caused by the bettered preventive measures that are being taken. This means that the search for new cases has been improved which leads unfortunately to more new cases. These cases are found early and therefore the effects of the leprosy such as losing a leg are less likely to accrued. The number of new cases is the reason why in the prevalence of leprosy the numbers haven’t been dropping as much as 10 years ago. Also the long incubation time makes it hard to make sure that leprosy is gone in certain areas. The Eversley after getting an invitation from a high school, go there to inform the children about smoking, TB and leprosy. At the same time they check up the children for leprosy. By these measures different health problems are being brought to the attention.
Recommendations

In the view of the findings of the research, the following recommendations are hereby presented. The recommendation are divided primary, secondary, tertiary.

Primary

By the primary level we mean for instance to prevent people from getting infected by leprosy.

- Conduct a short introduction about what you need to know about leprosy, Hansen’s disease, on the website of the ECS
- Make the visit to the community hospitals and school happen more often. Educate the children to not be afraid
- Make sure that health care is available for every member of the Philippines
- midwifes and nurses can provide education to new mothers about the way of infection and the signs and symptoms
- Visit high schools without being invited and keep up the good work on informing the students and teachers

Secondary

By secondary level we mean to find the symptoms as early as possible and treat them in an early stage.

- Educate the community and especially the children about Hansen’s disease, symptoms stigma
- Make education more available also for the people with a low income, hereby the health literacy will reduce which will lead to less stigma
- Conduct a seminar under the health care workers about leprosy and the stigma that is still there. The aim of the seminar could be to reduce the stigma under the different health care workers and to gain knowledge about the education under the health care workers
- Keep on giving free skin clinics because hereby the illness can be found as early as possible
- Let the government notice the importance of educating people and give education through radio television and mobile media on a global scale. A lot of people can be reached and this multidisciplinary approach has had a big effect in finding new cases
Tertiary

By tertiary level we mean to make sure that the symptoms and problems that are there influence there live as little as possible.

- Conduct research about different ways of treating the patient to make the side effect less, and thereby making it less hard to follow treatment
- Strengthen individual counselling for the patients to move on in their life and overcome their disease
- Conduct health student to work with the leprosy patients, to gain knowledge and let the patients see not to be afraid
- Conduct a study may be performed by international students assessing in the knowledge about leprosy in the community
- Conduct the youth camp each year to let the leprosy patient meet other patients and work together. Let outsiders join to enjoy the experience and let the leprosy patient see that they don't need to be afraid for others
- Work together with local facilities to let the people effected with leprosy get more in the community. Let them work or join local activities
- Make sure to work with different disciplines and let a physiotherapist/ exercise therapist / psychologist / psychiatric help with moving, walking, doing exercises and taking care of the mental health
- doctors can make sure that the patient understand what they have so they can also explain this to their friends and family
- Encourage patients to take their medication regularly and finish their treatment
Acknowledgement

This research study would never have been accomplished or finished without the guidance and knowledge given to us by our education. We like to give our heartfelt gratitude to the people who helped make this study possible:

To the University of Amsterdam for giving us the opportunity to go abroad and support us.

To our family and friends who supported us to go abroad, and gave us the courage to do so.

To Father Louie for setting up the contacts and letting us join the University of San Carlos for a short while.

To Dean Pascual for letting us join the University of San Carlos College of Nursing for a short while and making sure everything was arranged properly.

Mr. Adlawan and Mr. Leguis from the nursing department for all the help with finding a good research idea, and for all the learning and ideas you both have given us.

To the clinical instructors, who made it possible to make our research interesting, helped us gather information and explore the culture of the Philippines.

To the Eversley Child Sanitarium, for letting us do a research and helping us in every way they could possibly do. Also for letting us join the youth camp and helping us with interpretations questions and answers.

To the interviewers for letting us get to know them and make us able to follow through with the research. Without them there would have been no research.

And to our fellow researcher, for putting up with ourselves, the effort, time and dedication to make this research possible.
Sources

The sources that are used for this research are from books and the internet. Many of the sources where other articles. During the research the researchers made many pictures and some of these pictures where added to this document.

**Books:**


9) Eversley Childs Sanitarium Founding anniversary 75th, 2005.

10) Research: Level of awareness of the female junior and senior nursing students about the health risks for cervical cancer in the University of San Carlos technological Center. A research paper presented to the faculty of the University of San Carlos college of Nursing. 1st edition, 2010.


**Internet:**


3) ILEP, library & resources, [http://www.ilep.org.uk/library-resources/](http://www.ilep.org.uk/library-resources/) (consulted on 8-5-2013)


Appendix

- Letter of recommendation
  - The Overview
- Interview questions
- Outcome interviews
Letter of recommendation

Dear sir, madam,

We are Nikki van der Meer (age 23) and Kim Flücht (age 22), two nursing students from the University of Amsterdam the Netherlands. As a part of our study we have been given the opportunity to go abroad for an internship of eight weeks, from 30th of April until 21th of June our internship takes place. We have chosen to follow our internship in the Philippines because of the difference between our cultures and we would like to learn more about the difference between health facilities in the Netherlands and the Philippines.

During our internship we will be supported by the University of San Carlos. During our project Dennis Adlaban will be our supervisor.

For our internship we are doing research about tropical diseases and in particular about leprosy in the Philippines. Next to literature research we would like learn more about the work that is being done in the hospital and other health care facilities. We will gather this information by formulating questions about the topic and gain information where possible. For our research we are hoping to ask some questions during an interview.

Nikki van der Meer
Kim Flücht

Dennis Adlaban

Father Louie Punzalun

Presidential assistant for external affairs. Supervisor. Student. Student.
The overview

Diagnosis

To minimize the disability and potentially lemmatize the spread of the disease early diagnosis and treatment is essential. Diagnosis in a later stage is associated with increase of the nerve damage. Leprosy can be diagnosed by clinical diagnosis. The signs of skin lesions.

- Anaesthetic feeling or no feeling.
- No hear on the lesions.
- No itching.
- No sweat.

Further signs of leprosy are.

- Nerve damage.
- Motor weakness.
- Sensory loss of the muscles.
- Enlargement of the muscles.

This means that the skin lesions are consistent with leprosy and with definite sensory loss, with or without thickened nerves. When a positive skin smear is found the diagnose is made with or without the skin lesions.

The WHO has emphasized clinical diagnose on the skin finding alone to simplify the diagnose. This has allowed significant simplification of diagnose and treatment allocation. Those with up to five skin lesions are classified as paucibicaly (PB) with more than five lesions are classified as multibaccilairy (MB). There has been no doubt that by control service coverage and access to treatment has improved as a result of such simplification of the diagnoses.

Diagnosis of leprosy is most commonly based on the clinical signs and symptoms. These are easy to observe and elicit by any health worker after a short period of training. In practice, most often persons with such complaints report on their own to the health center. Most of the cases it is not necessary to use a laboratory to confirm the diagnosis of leprosy.

The slit skin smear.

The bacterial load is assessed by making a small incision through the epidermis scraping dermal material and smearing evenly onto a glass slide. And checked in the laboratory.

Signs and symptoms.

It depends on genetic factors and resistance of the person if the M. Lepra leads to infection. Many of the transmissions will not cause an infection. When a person gets infected the skin will show different lesions. These skin lesions can be single or multiple, usually less pigmented than the surrounding normal skin. Sometimes the lesion is reddish or copper-coloured. A variety of skin lesions may be seen but macules (flat), papules (raised), or nodules are common. Sensory loss is a typical feature of leprosy. The skin lesion may show loss of sensation to pin pick and/or light touch. Thickened nerves, mainly peripheral nerve trunks constitute another feature of leprosy. A thickened nerve is often accompanied by other signs as a result of damage to the nerve. These may be loss of sensation in the skin and weakness of muscles supplied by the affected nerve. In the absence of these signs, nerve
thickening by itself, without sensory loss and/or muscle weakness is often not a reliable sign of leprosy. The sign and symptoms can also be divided into two kinds of reactions the type 1 and type 2.

**Type 1.**
Reversal reactions the cell react to the immune response to M. Leprae antigens. The reaction is a reddened skin lesion with or without swelling and other manifestations of inflammation. The nerves that are affected by the type 1 reactions typically show an abrupt lose of function, not infrequently in the absence of other manifestations of inflammation.

**Type 2.**
This is characterized by typical skin lesions known as erythema nodosum leprosum and is characterized by tender erythematous subcutaneous papules at any skin site. This reaction can also affect the nerve, eye and other organs and cause systemic effects.

**Treatment**
Early diagnoses and an early start with the treatment leads to less disability. The treatment for leprosy is multi drug therapy also known as MDT. The drugs are available for free sins the 1995 the WHO has supplied MDT free of cost to leprosy patients. The drugs that are used are a combination of rifampicin, clofazimine and dapsone for the MB leprosy patients and rifampicin and dapsone are used for PB leprosy patients. The drugs are supplied in special packs that contain enough drugs for one month. The difference in drugs between PB or MB is caused by the drugs and by the duration of the treatments. PB patient need to take their drugs for 6 months, MB patients' needs to take their drugs for 12 months. It is very important that the drugs are being taken regularly, therefore as a health professional it is important to make sure that your patients understands the importance of taking the medicine and also completing the treatment. If the treatment is not completed and the patients starts over again it is possible that there is a drugs resistance. The treatment of leprosy doesn't only exist of drugs but the mental problems and rehabilitation of leprosy is also a big part of the treatment. Due to the early diagnoses and the control of the cases the rehabilitation is becoming a bigger and bigger part of the treatment. This consist building up self-esteem and finding a way to support themselves.

**History of leprosy**
The history of leprosy is an history of suffering and misunderstanding. According to new research, there has been people infected with M. Leprae at least as early as 4000 B.C. The first written reference about leprosy dates from 1550 B.C. and tells us about an individual who has been infected with leprosy. It was found on Egyptian Papyrus. The ancient China, Egypt and India recognized the disease very well and there were several references to the disease in the Bible. At that time there was no treatment and because of the fact that the symptoms showed quit slow it was an misunderstood disease. Only the priests or holy men tried to treat the infected people. This occurred in many cultures. They thought it was a punishment or curse from the gods.
When the disease also appeared in America we can lead it back to the Europeans. The Romans and the Crusaders brought the disease to Europe. In 1873 they discovered that leprosy probably isn’t a hereditary disease and also not a punishment from the gods. Dr. Hansen was the one who discovered it through the bacteria in leprosy lesions. Unfortunately, this didn’t change the mind of the society and patients still only got treated by religious persons. Until 1940 the patients with leprosy got forced or encouraged to live separated from the rest of the people. This even happened in the U.S. This all occurred because there was no effective treatment yet.

The findings of Dr. Hansen did start the search to a worthy treatment from 1900 until 1940. They used oil from chaulmoogra nuts and they injected it into the skin of the patient. The effect was questionable. In 1941 at Carville, they found an efficacy sulfone drug, but it the injections were quite painful. In 1950 the Dapsone pills were quite effective, but the M. Leprae was too strong and developed resistance to the drug. In 1970 Malta started using the combination of three drugs, Dapsone, Rifampicin and Clofazimine. It was a successful method and it killed the disease. The success of the treatment lead to a recommendation from the WHO in 1981. We still use the same therapy although there has been some minor changes.
**Questionnaire: youth**

We are two nursing students from Amsterdam, the Netherlands. We are doing our research about leprosy in Cebu and we would like to ask you a few questions about it. We focus our research on the Eversley Childs Sanitarium.

Gender:

Age:

Former job:

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<tr>
<td><strong>Do you think it will help to provide information to children and adolescents?</strong></td>
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</table>

- What did you already know about leprosy before you came here?

- How long have you been here?

- How do you think you got infected with leprosy?

- How did you feel after hearing the diagnose?
a) Angry  b) sad  c) ashamed  d) other ..........................................................

➢ What does your family think of leprosy?

..................................................................................................................

➢ What kind of symptoms do you experience?

..................................................................................................................

➢ What are your plans for the future?

..................................................................................................................

➢ How do you feel about living in an environment where the population mostly are people with leprosy?

..................................................................................................................

➢ How do you experience the treatment?

..................................................................................................................

➢ Do you experience stigma?

..................................................................................................................
Questions

Health care workers:
- Why did you apply here?
- What is your profession?
- What does a typical day look like for you?
- What kind of prevention measures do you take? Do they work?
- What kind of treatments do you have?
- Have you experienced a change in the way of treating leprosy patients?
- What happens when the treatment fails, are there other options?
- What are the costs of the treatment?
- Do you work with other disciplines and if yes, which ones?
- What kind of equipment do the patients need and how do you provide it for them?
- What do you consider as an negative part of your work?
- What do you like about your work?
- Do you work with protocols or guidelines and is everyone expected to work by them?
- Do you offer the patients any psychological help or therapy and if yes, what do you do?
- Do you have an daily schedule for the patients?
- Does your boss offer you further information about leprosy in the form of a course?
- Do you think it will help eradicate leprosy if we will provide information to children and adolescents?
- How do you experience the stigma that is on leprosy?
- About how long do people need treatment on other health care problems after they have been cured from leprosy?
Outcome of the interviews with the patients

Name: Anelita Cantonao.
Gender: Female
Age: 21
Former job: high school student fourth year.
Wants to become social worker, or teacher.

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<th>Question</th>
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<tr>
<td>Did you know about this facility before you came here?</td>
<td>X</td>
<td>Mother got treatment in 1998 in Eversley. But when she was 9 years of age she got patches on her skin and didn't know the reason of this.</td>
</tr>
<tr>
<td>Do you know what the cause of leprosy is?</td>
<td>X</td>
<td>Said it was because her body wasn’t strong enough to fight the bacteria.</td>
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<tr>
<td>Did your life change after you heard the diagnose?</td>
<td>X</td>
<td>Yes it changed a lot I was afraid to lose my friends, I couldn’t explain to my friends what I had because I didn’t understand what I had. And had to move to Eversley when I was 13 years of age.</td>
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<tr>
<td>Do you think it will be easy to go back into the community after you are cured?</td>
<td>X</td>
<td>It will be difficult but after graduating I want to get a job and start a life outside Eversley.</td>
</tr>
<tr>
<td>Do you follow the treatment correctly?</td>
<td>X</td>
<td>Yes I followed the treatment correctly, no treatment at this time, the treatment was MDT. It was sometimes hard to follow because of the big pills and the side effects.</td>
</tr>
<tr>
<td>Do you understand why you get treated and what the treatment does?</td>
<td>X</td>
<td>Partly, had to take the medicine to get the spots on her skin gone. She didn’t understand the side effects or what the exact reason of the leprosy was, was at that time 13 years of age.</td>
</tr>
<tr>
<td>Does leprosy also affect your mental wellbeing?</td>
<td>X</td>
<td>Yes in the beginning more, was afraid she could understand why she got sick, asked god why, why me, I don’t have a dad and now I have leprosy and also my mother. Now she is thankful to god gave her back her courage and the people at Eversley really encouraged her to go to school.</td>
</tr>
<tr>
<td>Do you think it will help to provide information to children and adolescents?</td>
<td>X</td>
<td>Yes, because this helps people to be less afraid for leprosy and education is a part of preventing the stigma.</td>
</tr>
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</table>

➢ What did you already know about leprosy before you came here?

I had heard from it from throughout high school and from the community, mostly from school.
Didn’t know a lot and learned the most after treatment.
How long have you been here?

...8... years

How do you think you got infected with leprosy?

Don't really know or understand why, but thinks the reason is because of her mother. But lived with her grandparents when her mother got the treatment and didn't know her mother had leprosy.

How did you feel after hearing the diagnose?

b) Angry  b) sad  c) ashamed  d) other confused why me

What does your family think of leprosy?

Mother has also leprosy and grandparents are just happy when she visits. Old friends are gone discrimination. Has now friend in leprosy but a lot of people there are not her age.

What kind of symptoms do you experience?

Skin smears on her face and arms.

What are your plans for the future?

To graduate from school, and get a job at teaching. Got the money to go to college from the foundation....... Wants to inspire other to also go to school, because of the former patients here thought her how important it was to go to school. They graduated and got jobs in the Philippines.

How do you feel about living in an environment where the population mostly are people with leprosy?

I feel great because there is no stigma, and I learned a lot and the nurses are caring. There are not lot of people from the same age around so that is sometimes hard.

How do you experience the treatment?

No treatment anymore.

Do you experience stigma?

Yes I do because of the skin smear in my face, a lot of people ask me what that is from, the students on school now know that it is not dangerous. Lot of people are scared for leprosy patients.
Camp:
Fun, helpful because you are getting to meet with other people getting to know more people of the same age.
Goes every summer on a school camp.
We are the first foreigners that have ever joined a camp and she I surprised how easy it is to talk to me, was afraid her English was not good enough but I think it is perfect.
Knows to other Dutch persons from Eversley two pastors who visit every Wednesday and that is why she felt good to talk to me because I am a Dutch person as well. Thankful for the opportunity to meet us and to tell her story.
Found a home in Eversley.

Name: Giovanni dela Victoria

Gender: Man

Age: 30

Former job: Cashier at an internet cafe

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➢ What did you already know about leprosy before you came here?
I only read about leprosy in the bible

➢ How long have you been here?
   …4… years

➢ How do you think you got infected with leprosy?
   ……………………………………………………………………………………………

➢ How did you feel after hearing the diagnose?
   c) Angry  b) sad  c) ashamed  d) other I felt really down and I couldn’t believe it. I was wondering why me?

➢ What does your family think of leprosy?
   My family and friends are really supportive. They are really helpful. Only a few friends are scared.

➢ What kind of symptoms do you experience?
   It began at the age of 21 with my ears and after a short time I experienced the feeling of numbness. Now my skin still has some sings of the lesions and my fingers and feet are damaged. I exercise every morning and it really helps to improve me being more mobile.

➢ What are your plans for the future?
   I would like to work with computers. When I’m more mobile I would like to go study. If I have settled more, I might start thinking about starting a relationship and a family.

➢ How do you feel about living in an environment where the population mostly are people with leprosy?
   The people here understand me because they are going through the same thing or they have a family member who is affected with leprosy.

➢ How do you experience the treatment?
   ……………………………………………………………………………………………

➢ Do you experience stigma?
   I haven’t really experienced the stigma. What I do experience is that when I go out of Eversley, people sometimes stare.
He started his treatment 3,5 years ago. After finishing the treatment he didn’t suffer from any other health issues and to stay healthy he buys a special kind of milk from Switzerland. He drinks 1 glass a milk a day. He would like to drink more of it but his budget doesn’t allow that. His nephew who is 10 is diagnosed with leprosy. He is having the treatment at the moment and the big question is how he got infected with leprosy. His English is so good because he likes to read the reader’s digest.

Name: Jonathan Carredo

Gender: Male.

Age: 32

Former job: janitor/messenger now food services worker for 6 months.

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Did you know about this facility before you came here?</td>
<td>X</td>
<td></td>
<td>Yes I did because of the neighborhood and the neighbors.</td>
</tr>
<tr>
<td>Do you know what the cause of leprosy is?</td>
<td>X</td>
<td></td>
<td>Inheritance (more change of getting infected) low resistance due to bad food not eating at correct times and abusing the body.</td>
</tr>
<tr>
<td>Did your life change after you heard the diagnose?</td>
<td>X</td>
<td></td>
<td>I was 9 years old, I knew I had leprosy before the diagnose came through observation of other patients. Didn’t tell friend afraid to lose them family and parents support him a lot.</td>
</tr>
<tr>
<td>Do you think it will be easy to go back into the community after you are cured?</td>
<td>X</td>
<td></td>
<td>Because I already come outside of Eversley to visit my family aunt, doesn’t have enough money to live outside it cost a lot of money.</td>
</tr>
<tr>
<td>Do you follow the treatment correctly?</td>
<td>X</td>
<td></td>
<td>Yes he followed the treatment correctly but has already completed the treatment when he was 10 years old. Thought it was hard because of the big pills and the side effects.</td>
</tr>
<tr>
<td>Do you understand why you get treated and what the treatment does?</td>
<td>X</td>
<td></td>
<td>In a way, because the doctor said that he needed to take the medicine, hard to go on with the side effects the blisters and bumps on his arm.</td>
</tr>
<tr>
<td>Does leprosy also affect your mental wellbeing?</td>
<td>X</td>
<td></td>
<td>Sad feeling down scared to tell friend.</td>
</tr>
<tr>
<td>Do you think it will help to provide information to children and adolescents?</td>
<td>X</td>
<td></td>
<td>Yes he really thinks it will help to educate. Education is important, also community education is important the sooner treatment the better. One of the reasons why he wants to become a teacher in general education.</td>
</tr>
</tbody>
</table>
- What did you already know about leprosy before you came here?
  Yes, learned from the community, afraid of the deformities before. When becomes a teacher or sees someone with skin smears or other signs will tell them to visit the skin clinic.

- How long have you been here?
  …5… years, his brother also has leprosy and was afraid to go back in to the community so the whole family moved to Eversley containing 10 persons.

- How do you think you got infected with leprosy?
  Others told me it was because of infected water. Grandfather also has the disease. Because the lord has a plan for me.

- How did you feel after hearing the diagnose?
  d) Angry b) sad c) ashamed d) other ………………has overcome the leprosy at this moment. ………went to different doctors before he got the diagnose.

- What does your family think of leprosy?
  First afraid, scared, afraid to get infected as well. He got a different plate fork an spoon that was separate from the rest of the dishes.

- What kind of symptoms do you experience?
  Reaction to MDT blisters. Later loss of feeling, wound on the hand already gone. Hand deformities, hand smaller at the end also known as a submarine arm.

- How did you experience the changes that have happened in the treatment through the years?
  No real changes has gotten MDT treatment.

- How do you feel about living in an environment where the population mostly are people with leprosy?
  It is great, a lot of freedom, not afraid of stigma, self-confidence has grown. Possibility to grow foundation paid a part of education.

- How do you experience the treatment?
  No treatment anymore.

- Do you experience stigma and has it changed over the years?
  Can feel it still but has overcome it, felt lonely and depressed. Other people here at Eversley encouraged him to don’t be afraid and face the future. God is really important the centre of everything has a plan for him. He has the ability to encourage others to educate themselves and succeed. Teach not to be afraid and to be able to confront ate the rest of the world.
Name: Antonio Quinson  
Gender: Male  
Age: He came here at the age of 12  
Former job: none

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➢ What did you already know about leprosy before you came here?  
..................................................................................  

➢ How long have you been here?  
30 years  

➢ How do you think you got infected with leprosy?  
..................................................................................  

➢ How did you feel after hearing the diagnose?
e) Angry  b) sad  c) ashamed  d) other .............................................................

➢ What does your family think of leprosy?

........................................................................................................................................

➢ What kind of symptoms do you experience?

Numbness, deformed hands and feet

➢ How did you experience the changes that have happened in the treatment through the years?

........................................................................................................................................

➢ How do you feel about living in an environment where the population mostly are people with leprosy?

Comfortable but he misses his parents

➢ How do you experience the treatment?

........................................................................................................................................

➢ Do you experience stigma and has it changed over the years?

........................................................................................................................................

Antonio is a man who smiles a lot but who doesn’t speak much. His cousin, who is an ex-patient know, told him his mother died. Except for that, he doesn’t have contact with his family. He would like to meet his father or sister. He enjoyed attending the camp. He doesn’t go outside of the Eversley, only for the camp. He would like to go outside of the Eversley more. When he got the treatment it wasn’t MDT but Datson. On Friday there is the opportunity to exercise and sometimes, Antonio joins it.
Outcome of the interviews with health care workers

Romil Magale, ER head Nurse
Provides supervision and makes sure the protocols are being followed.

Introduction
The reason he began to work at the Eversley is because it's close to his home. He has been working in the health care for over 10 years now at different health care facilities. He still thinks it's a challenging profession. He works together with nurses, doctors and laboratory workers. He is in charge of 10 health care workers.

Prevention
There are 50 to 60 patients each day who use the ER. The ER provides care for 24 hours a day and 7 days a week. The preventive measures they take regarding to possible infection of communicable diseases is isolation materials like a facemask. The preventive measures offered by the government are too expensive. The do have some vaccinations but these are not being used because of the high cost.

Treatment
The kind of ER that mostly occurs is abdominal pains and heart problems. The treatments that are being given are mostly small treatments and the patient don’t stay overnight. However, sometimes this is necessary and that is why the hospital is open 24/7. The costs for treatment are relatively low, for patients with leprosy the cost are non as long as they live within the Eversley facility.

The MDT works really well and is very effective 100%. Sometimes the patients don’t take the medicine according to plan and still smoke and have other bad habits. When this happens, the patient has to do the treatment all over again. The patients who are cured from leprosy could experience other health problems. If they stay at the Eversley they get free treatment for those problems. If they would like to live outside of the community the costs are not so high.

Stigma
Because of the stigma there are some patient who can’t go back to their community because they are not welcome anymore, and some patient stay at Eversley because they are close to the health facilities. They make a house there and more and more of their families are living close to Eversley. The stigma is reducing because of education and because of the change from leprosarium to general hospital. There are a lot of students coming to work in the Eversley Childs Sanitarium and they all have had the education about leprosy and know what it is and are thereby not afraid for the hansenites. Unfortunately, it is still difficult for hansenites to go to a regular hospital. Once the health care workers know you have had
leprosy they will not treat you. Even if you visit them for something that is not relevant to leprosy.

**Motivation**

He thinks the best part of his work is everything and that there are no negative parts of the work. A lot of the students that work here are going abroad to work in Canada and America. Romil doesn’t like that because he thinks that it is important to work for your own people and a lot of the good nurses are going abroad. But he understands why they leave. It is because it pays more and the work pressure is less. Here in the Philippines the nurses need to take care of a lot of patients.

**Joy R. Casxuijo, public health unit nurse**

She supervises new plans and preventive measures for health problems including non- and communicable diseases. After this she promotes and implements them. She manages the budget which is provided by the government.

**Introduction**

When she got her certificate she applied at a lot of health care institutions. She told herself that the first one who replied back, would be the one where she would go to work. That was the Eversley and at first she was not happy with that because of the stories about leprosy patients. She did like the idea of just dealing with one disease instead of many different diseases. When her brother talked to her she gave it a try and after all those years she is happy that she made this decision. In this facility you get in contact with one illness and you know how it looks and what the symptoms are. Now she works here for over 18 years and she did not make any plans to resign.

**Youth Camp**

The camp is to regain your self-esteem, have fun and will also be quite spiritual. We asked some questions about the camp we will be joining and her reply was:
- don’t show that you are scared for the leprosy this can be offensive,
- don’t cover your mouth or turn your head, make eye contact, don’t show that you wash your hands after touching.
- After asking permission, taking pictures is always good.

**Normal day**

No single day is the same for her. It can happen that she first is busy with inenting babies and later on the day she could be busy with an prevention plan or she is busy behind her desk working on implementing latest strategies. She starts at eight in the morning and ends around five a clock.

**Preventive care**
Preventive campaigns, they give free skin care and during this they also promote about leprosy and the effects of smoking so that they don't do one thing but work together for different preventive measures.

They go to schools when invited and educate the community they tell about leprosy and TB together because they are related.

The Mdt is free they only admit patients with severe complications or physical problems.

They also give during the treatment education about life style, doing household and drinking enough water because thereby the medication is more effective and the medicine can leave the body more easily.

Prednisone is being given for severe complications, and sometimes the sign come back due to inflammations when the body has a low immunity.

When there are no severe signs the treatment is given at home the patients come by the clinic once a month to get the medicine and treat their wounds if necessary, the clinic provides for crutches and footwear and self-care.

Signs and symptoms:
- 4 signs of skin lesion
  - no feeling aesthetic
  - no hair
  - no itching
  - no sweat

You can only get leprosy through infected untreated human beings and the disease is not hereditary. But it comes more in some family's because of the droplet infection close to family not accepting they have leprosy and seeing the skin lesions as a temporarily sign.

Educate the family control the family and psychosocial education.

Name: Rowana T, Kangleon

Profession: Nurse.

Position: leprosy coordinator. Before has been head nurse.

- Why did you apply here?
  Just to work in 1980 works here for 25 years.

Had no idea about leprosy before she came to work here, was the specified nurse for the leprosy patients.

- What does a typical day look like for you?
  Works from 7 until 3, 20 patients under her works alone, wound care, charting.

- What kind of prevention measures do you take?
  Hand washing, preventive masks, washing before and after care, gloves.

- Do they work?
  Yes she herself hasn't got sick.
What kind of treatments do you have?
Antibiotics, MDT, Ulcer treatment, treating the side effects, routine check of the feet of the patients.

Have you experienced a change in the way of treating leprosy patients?
The treatment stayed the same during the years. If a patient has problems with the treatment the doctor will explain and if necessary change the treatment.

What happens when the treatment fails, are there other options?
No there are no other options than MDT, if there is an allergy the treatment can be adjusted a bit but most of the time the effects if the MDT are also treated. It is one of the reasons why some patients form outside don’t follow the treatment in the correct way.

What are the costs of the treatment?
No costs for the patients.

Do you work with other disciplines and if yes, which ones?
Works together with nursing aids, doctor, physiotherapy.

Do you work with protocols or guidelines and is everyone expected to work by them?
Yes they work with protocols and guidelines there is a book that comes out each year with the newest treatments.

Do you offer the patients any psychological help or therapy and if yes, what do you do?
Spiritual, brothers that come to talk.

Do you have an daily schedule for the patients?
Two days of the week there is an exercise.

Does your boss offer you further information about leprosy in the form of a course?
Training seminars depends wits job you have.

How do you experience the stigma that is on leprosy?
Has no stigma herself is not scared and has never been scared. The staff and some of the personal still has a bit of stigma sometimes still find it hard to work with the patients. Even other hospitals don’t always take in leprosy patients even if they have been cured and are no longer taking mediation due to the stigma.

Name: Estrella G. Alegre
Profession: Health Worker
Position: Nursing Attendant
Job description: Direct patient care (Leprosy patients)

Why did you apply here?
*I started working here on the 6th of august in 1981 and it was to earn money*

What does a typical day look like for you?
*She has the responsibility to take care of patients who come in with skin problems, she will take care of them by checking their skin, vital signs, tests the skin and she will sample the blood and send it to the lab. If she thinks the person has leprosy these tests will also be going*
to the lab. From the 135 patients she sees every day, there are 4 persons who will be having the MDT. It’s busy but she can handle it.

What kind of prevention measures do you take? Do they work?
At the first workday she thought she needed a vaccination to protect herself against leprosy. Now she knows that once the MDT has started and she will take good care of herself there will be no change of getting infected by leprosy. The prevention measures she takes now are washing her hands and using a mask to cover her face. She pays attention to a healthy lifestyle.

What kind of treatments do you have?
MDT and it still works great!

Have you experienced a change in the way of treating leprosy patients?
When the MDT got introduced in 1984 they first started treating a small amount of patients. The 50 patients got the new treatment for 2 years but the positive results popped up way earlier. The only negative signs was that the skin got darker from the treatment which made it obvious that they suffered from something.

What happens when the treatment fails, are there other options?
This only happens when the patients smuggle their pills. When this happens the patient has to follow the treatment for a longer time.

What are the costs of the treatment?
Free

Do you work with other disciplines and if yes, which ones?
Specialist Doctors

What kind of equipment do the patients need and how do you provide it for them?

What do you consider as an negative part of your work?
Patients who are really hard headed. With them she feels like she is their mother and she has to be strict. It hurts her when they are not following her advice.

What do you like about your work?
She feels really connected with the patients because both of parents had leprosy in an early stage. Luckily they got treated at time.

Do you work with protocols or guidelines and is everyone expected to work by them?
Yes, especially when you are diagnosing someone.

Do you offer the patients any psychological help or therapy and if yes, what do you do?
They know they can always talk to the nurses and of course we observe the patients very well on that aspect.
Do you have an daily schedule for the patients?
Does your boss offer you further information about leprosy in the form of a course?

Do you think it will help eradicate leprosy if we will provide information to children and adolescents?
They sometimes visit high schools but with another purpose. They test all the children and by doing this there are still occurring a few new cases.

How do you experience the stigma that is on leprosy?
The stigma still is very big. We are giving education. We even educate majors! It’s a disease that still is being ignored a lot. At the day of today there are a lot more families who support their affected family member. Unfortunately there are some people who don't have any family anymore because of the leprosy.

About how long do people need treatment on other health care problems after they have been cured from leprosy?
How do you treat the wounds, and is it possible to reduce them as much as possible?

Name: Leny B. Maramara
Profession: Nurse
Position: Head nurse operating room
Job description: Planning, making the schedule, controlling everything that happens, problem solving in the program and staff.

Why did you apply here?
Because I needed a job. During the first months I was asking myself, what did I get into? I didn’t know how to handle the stigma. With help from the doctor I got less scared and I learned a lot about the stigma, leprosy and the treatment, MDT. That was 20 years ago. When I started working here, I loved being a nurse but Eversley trained me to work with my heart. If the patients goes through an emotional moment, I experience it too.

What does a typical day look like for you?
Her work day starts with asking for unfinished work, from that she starts making the schedule.

What kind of prevention measures do you take? Do they work?
Dusting (because the OR is right next to the road), keeping order so things can be found at the same place, clean every day, close the door (because otherwise there will be uninvited bugs flying around), pray, wear facemask, wear operating scrubs, the usual measures.

What kind of treatments do you have?
MDT.

Have you experienced a change in the way of treating leprosy patients?

What happens when the treatment fails, are there other options? 
This has never happened and we hope it never will. That is why we check the patients on taking their medication. This happens after breakfast. The patients get lectures about MDT, the symptoms etc., that doesn't happen anymore. Now, the new patients get individual information.

What are the costs of the treatment?

Do you work with other disciplines and if yes, which ones?

What kind of equipment do the patients need and how do you provide it for them?
The government provides the equipment so it's free. We have someone who is trained to make the equipment and to get the right materials, we send a list to them which explains the individual needs from the patients. Unnabut is a treatment for ulcers.

What do you consider as an negative part of your work?
Although I don't directly work with the leprosy patients anymore, I still feel connected to them. So when I hear that they don't get the same amount of care I get upset about that. I wish that that could be different.

What do you like about your work?
I enjoy talking to the patient, making them smile and give them confidence. I once got a male and a female chicken from a patients.

Do you work with protocols or guidelines and is everyone expected to work by them?

Do you offer the patients any psychological help or therapy and if yes, what do you do?
If patients need someone to talk to, they can talk to Miss Nancy. She is a social worker and she can help them with their emotional problems.

Do you have an daily schedule for the patients?
Does your boss offer you further information about leprosy in the form of a course?

Do you think it will help eradicate leprosy if we will provide information to children and adolescents?
I think it's important to educate the staff first and after that the schools and the community. Unfortunately we stopped with searching for new cases in the community because it takes a lot of work and the results are minimum.

How do you experience the stigma that is on leprosy?
The stigma in this community has been eradicated completely. The main reason is because they got used to be around leprosy patients. But unfortunately, the stigma outside of this community is still there, although it has been improved. I think the cause of this is less
knowledge. Sometimes, some of our staff members are scared; this is a sad case and it’s not good for the self-esteem of our patients.

About how long do people need treatment on other health care problems after they have been cured from leprosy? How do you treat the wounds, and is it possible to reduce them as much as possible?