

Assessment of Social Welfare Services of Sufferers of Leprosy in Delta State, Nigeria, 10 March 2006. Its 6050 Words Count (Pp. 13-26)

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Abstract

This study is aimed at assessing the social welfare services rendered to inmates of a leprosy rehabilitation centre in Delta State of Nigeria. 84 leprosy inmates selected using the judgmental sampling technique was investigated with the focus group discussion. This observational technique was analyzed using the multidimensional scaling technique. Some of the findings are; inmates' standard of living was very low; they are not well supported nutritionally and economically by the state government. Better supports are received from Non governmental organizations. However, inmates' suggestion for governments employment is seen by this author as realistic and the strategic block to bridge the gap between Governments intended social welfare services and practicable social welfare practices.

Keywords: *focus group discussion, Social welfare, sufferers of Leprosy.*

Introduction

Dyrough (1995:27) defined social welfare as;

The system of social services and institutions, designed to aid individuals and groups to attain satisfying standards of life, health, personal and social relationship that permits them to develop their full capacities and to promote their well-being in harmony with their families and community as a whole

Social welfare services have been in existence for long in Nigeria.

They started with the traditional setting which provided social welfare services through the elders, title holders, traditional rulers and family heads. These groups of people were responsible for the maintenance of disputes in the community. They also give rewards and assign punishment where necessary.

The quality and volume of social welfare services available through society are indicative of the nature of its socio-economic development, (Bojehre, 2000a:13). Health and social workers provide individuals, families and communities with skills and services that improve their intellectual, health, social and material well-being. As they render health and social services, they assist individuals and groups to help themselves. People who work in health and social services, provide links between individuals and institutions, help that can enable inmates meet their personal and social needs.

The social development policy for Nigeria in 1989 conceptualizes these social welfare practices aforementioned, in terms of:

The organized system of social services and institutions designed to aid individuals to attain satisfying standards of life, health, personal and social relationships which permit them to develop their full capacities and to promote families and the community.

These definitions of social welfare show that it constitutes mutual and major concerns of interdisciplinary professionals in the area of health and social services management, for such professionals work in social welfare services where they can help individuals, families, group and communities experiencing problems in personal, physical, psychological and social functioning. The major areas of social welfare, according to the policy are; family and child welfare; rehabilitation counseling and correction and care of the elderly. Social welfare policies exist to help out these societal disadvantaged people like sufferers of leprosy disease.

Leprosy is a chronic, mildly infections disease (Onipede, 2000), that principally affects the peripheral nerves, the skin and the mucous membrane of the upper respiratory tract. Leprosy is a curable disease in a proportion of cases, the disease may cause deformity and disability as a result of nerve damage, which is preventable if the disease is detected and treated early. Leprosy is caused by bacilli mycobacterium leprae. Transmission of this bacilli depends on: the infectiousness of the infected person that is the source of infection, the susceptibility of the contact (which depends on his immune

status), the closeness, frequency and duration of contact with the source of infection.

Leprosy affects all ages and both sexes within every socio-economic group and across cultures. However, there are particular groups which are more unalterable to developing the disease. Factors related to poverty, lifestyle, and illiteracy increase the risk of developing the disease. "The age group mainly affected is between 15 and 45 years" (Igbinomwanhia, 2000:9).

Delta state is a multi-cultural society. It is a state inhabited by five main ethnic groups with their distinct cultural patterns, for instance Leprosy is called and perceived derogatorily by these five ethnic groups. The Urhobo people including Isoko call leprosy *Erin-gben-ri* meaning patches on a wall or *Oti*, the Ibo call it *Ekpenta*, meaning bad omen, Ukwuani people call it *Emo-cha*, (evil carrier) while the Izon and Itsekiri living in the riverside areas of the state call Leprosy *Penaki* meaning rejects and *Oyeye* (nonsense) respectively.

Leprosy is perceived by all of these ethnic groups as a taboo and so its sufferers are ostracized or quarantined. This unanimity is a startling revelation of the cultural neglect these sufferers of leprosy suffer when they are treated and return to their indigenous communities.

The word "Leper" has become almost synonymous with "outcast" among the people of Delta State like in most of Nigeria. The social isolation of leprosy patients is one of the last remaining barriers to the re-orientation of peoples belief about the perceived nature of the disease Social isolation is unnecessary and inflicts untold suffering on patients, their families and the state. In fact the social stigmatization of leprosy patients and their unacceptability by Deltans, indeed Nigerians (Azoro, 2002) and their communities has forced them to line the major highways of the state and other parts of the country begging for alms, constituting themselves into a mass of human refuse, an eyesore, public menace and with very high nuisance value.

This is causing the state Government and well meaning citizens a lot of embarrassment. In fact the national Dailies have reported these cases. In one of them (Igunbor, 2004:15) puts it aptly, thus:

The Delta State Government has begun the evacuation of leprosy patients who have turned beggars on the Benin –

Ore and Benin – Agbor roads for resettlement at an approved location. The state Director of Public Health services, Dr. Emmanuel Omenisaid in Asaba that the continued presence of the lepers on the highways was a national embarrassment. He said.....Had so far succeeded in relocating 48 lepers at the rehabilitation center at Eku in Ethiope East Local Government Area...:

Despite the curability of leprosy and its slow infections rate, its social image has not changed, this is all too well reflected in the attitude of the community and health workers towards persons affected by the disease. The public perception of leprosy is generally accepted to be negative (Ewhrudjakpor, 2004:46). Given the social stigma against leprosy, this label wrongly gives the impression that an affected person will always remain a patient and thus, is never really cured.

It is therefore expedient (Bojeghre, 2000:14) that in planning the rehabilitation of these persons affected by Leprosy the social welfare staff must consider the welfare of the family members. The purpose is to integrate them in their society. This is because stigma is the main cause of the social, psychological and economic dislocation that sufferers of leprosy and their family members experience. They are denied access to markets, employment, the local water supply and festivals. Their children may be denied schooling and forbidden to marry. The State and Federal Governments advertise their rehabilitation efforts and social welfare services to these Nigerians; this study is therefore aimed at assessing the social welfare services rendered to inmates.

What are the cultural factors inhibiting social welfare services to Leprosy sufferers in Delta State? What are the formal practices of social welfare to sufferers of Leprosy? What is the standard of living of sufferers of leprosy in Delta State? These and related questions affecting the social welfare programmes of sufferers of leprosy by the Delta State government shall be put in perspective in this study.

Statement of the Problem

Rehabilitation is a process by which leprosy sufferers are encouraged to have a normal life again after they have been medically certified free of the mycobacterium leprae. The united Nations (UN) standard rules of 1994 defined rehabilitation as a process aimed at enabling persons with disabilities

to reach and maintain their optimal physical, sensory, intellectual, psychiatric and or social functional levels; thus providing them with the hope to change their lives towards a higher level of independence. Rehabilitation of leprosy affected persons, especially those with visible deformities and disabilities is a social responsibility of not only the government, but all well meaning citizens of the community.

In the past before the introduction of National Tuberculosis and Leprosy Control Programme (NTBLCP) in 1998, which was launched in 1991, Leprosy patients' rehabilitation was carried out through a separate vertical organization structure where it is present. In most states in Nigeria, rehabilitation was done as settlements or colonies and administered by the Government but supported by Non-Governmental Organizations (NGOs), for example German Leprosy Relief Association (GLRA). Netherlands Leprosy Relief, to mention a few. Gradually these conditions have changed, the NTBLCP activities are more integrated into the Local Government Primary Health Centres (PHC) facilities. Presently most of the TBL clinics are located in the PHC centers.

The current trend of rehabilitation in Delta state and indeed Nigeria as planned by the federal Ministry of Health as stated in the development plan for leprosy elimination 2000-2002, is that, to establish and maintain throughout the Federation partnership and alliances with existing rehabilitation centers such that leprosy as well as ex-leprosy patients can benefit from their services for effective physical, and socio-economic rehabilitation.

The greatest challenge however is to rehabilitate patients so that they can be fully integrated into their respective communities both socially, psychologically and economically. This will not be realized unless they are enabled to be self reliant through relevant physical and occupational rehabilitation. This study's pivotal objective is to assess the social welfare services rendered and inmate's standard of living where gaps exist, suggestions shall be proffered in this study to fill these gaps.

Methods

The qualitative procedure of focus group discussion (F.G.D) was used to gather data from the leprosy patients. This is because from the investigators experience the leprosy sufferers show evidence of low educational status,

even if they can speak English Language, their fingers would have been chopped – off by the debilitating leprosy and so cannot fill out questionnaires. The 10 questions used to conduct the focus group discussion were written in pidgin English which is commonly spoken in Delta State. These 10 questions were framed under 3 topical themes;

- (a) Beliefs about leprosy.
- (b) Inmates standard of living.
- (c) Perception of the public of leprosy sufferers.

The F.G.D. was conducted using the patients in the TBL referral centre at Eku, Delta State. The F.G.D. were deliberately fixed for rainy season because the rains usually pursue the ex-leprosy patients from the highways-begging for alms to the state designated rehabilitation centre at the same premises with the TBL referral hospital Eku. The researcher conducted 8 F.G.D sessions in 4 days during the month of July, that is, two F.G.D sessions each were conducted in one day. He made use of a micro cassette Recorder for recording the group's discussion while the social welfare officer help in taking down notes. At the end of each day, all the tapes recorded from the F.G.D were played back and transcribed. The transcribed versions of the F.G.D were compared with the notes taken during F.G.D sessions to fill in the gaps.

The sample size consist of 84 leprosy inmates out of 112 inmates at the rehabilitation centre based on 2005 hospital records at the Tuberculosis and Leprosy Referral (TBL) centre Eku. The TBL is the Delta State Government Referral hospital for leprosy patients of diverse ethnic groups. Males and females were 48 (57.14%) and 36 (42.86%) respectively. The participants were selected using the judgmental sampling technique. This is because the leprosy patients' population is relatively small and homogenous and the researcher based his judgement on his knowledge of the inmates as treated and chemotherapeutically discharged leprosy patients, but, now living in the adjoining rehabilitation centre designated by the Delta State Government. Also, this selection was to fulfill the objective of this study.

The transcribed discussions and note taken put together were subjected to multidimensional scaling analysis generally, there is not much room for quantification here, in a very limited way, a rating scale was put in place to standardize their responses to the issues at stake. This descriptive technique

was used to assess the social welfare services rendered to sufferers of leprosy in Delta State.

Discussion

The scope and activities of social welfare are not a new idea to contemporary Nigeria Medicare. Social welfare services as it is known in Nigeria, indeed Delta State, has its roots in our traditional lifestyle the communal living. This is complemented by the arrival of early missionaries like the Roman Catholic Church, the Baptist and Anglican Churches. In this 21st century, the help of non-governmental organizations (NGO's) are added advantage to boost help to the sick, diseased and needy people, especially with their large number in impoverished, war ravaged African communities. Social case work is primarily aimed at helping individuals to resolve their needy conditions, in order to promote better living among the people.

The social welfare department of the Tuberculosis and Leprosy Referral centre was set up for the sole aim of rehabilitation (Bojehre, 2000:12). This is because without rehabilitation, the medical care of leprosy is incomplete. The social welfare department looks at the plight of patients as well as solicits for funds from the government and other non-governmental organizations. Such as Churches and Philanthropic clubs do bring gifts to the centre especially during festive periods and these gifts are shared among inmates by the welfare department. The welfare department has various sub-departments which serve as Rehabilitation centers for inmates. These departments include; Tailoring, Soap making, Furniture making, Shoe making and Soya bean processing departments. Each department has an instructor who serves as a teacher to those on rehabilitation. Despite the efforts to rehabilitate inmates, efficient and effective rehabilitation seem not to be attained judging from the findings of this study, see table 1.

The result showed that the beliefs about positive perception of Leprosy by leprosy sufferers themselves were rated very low. One participant's comment summed it up, thus;

Case A:

Other family people may like to marry from your family, but when a member of the other family know about a leprous member in your family it must hinder the marriage, even if you are cured. Because of this insult on us, its better to stay away from ones family, so that it does

not look like you are affecting the family negatively, hence we have decided to remain here in this centre.

This can be situated in the culture of the Delta people indeed Nigerians. That is the leprosy sufferers life style is limited in adjusting the adversity and changing circumstances. At least it shows here that the social welfare facility of rehabilitating these people is accepted to be a better alternative to their dreadful native lands.

Also related to the first finding, is the fact that the sufferers of leprosy are aware of the very high negative ethnic beliefs about leprosy. In fact this is also epitomized in the comment made by several participants, the hatred and neglect meted to them if they venture return to their native communities. Another participant says:

Case B:

if one is deformed of this sickness (Leprosy) nobody in your village will agree that one is cured. And so if one returns, to his village, he is cursed sometimes driven by force and call all sorts of shameful names signifying that one is a witch or wizard, Leprosy then becomes ones signboard. Bold and ugly signboard to hide.

When asked how society (the government and the public) can erase the so called ugly signboard? The response from the group members was unanimous and unequivocal: “*We shall send for God o! Only God can do it! Yes o! Only God can do it!*”

Of course, these ‘unrefreshing’ comments are certainly not encouragements to remain in their communities. It thus determine their dependency and strewth lifestyle. It also puts pressure on the Government of the State, against the background of the corrupt nature and undemocratic practices of our Governments to economically and culturally empower these persons affected by leprosy to live normal lives in their native communities. This corroborates the study of Bojeghre (2000:13). Pointer Newspaper 2001, February 3. When asked in item 5 of the Analysis whether they were forced to remain in the Rehabilitation centre after treatment, their responses were ambivalent.

The second objective of this study was to assess the inmates’ standard of living. This was analyzed using items; 7 9, 10, and 11 of the table 1, their

self confidence from discussions was rated very low, their social status also rated very low. They hardly have social relationships with non leprosy people to the extent that, they pleaded with the Catholic Parish at Eku to build a special Church for them in the rehabilitation premises. This demand has been met. This is to discourage their desire to commit suicide. The Priest now comes to their station (about 25 kilometers from Eku) to celebrate mass for them. Their social state has made them all accept the catholic faith, since they built them a place of worship. Where there is sexual relationship with outsiders (male or female) it involves spending huge amount of money which they seldom get.

Their cost of living is very low. Specifically, the participants claim that the centre spends only fifty naira (less than 2 cents in the United States) daily on each person. This was confirmed by the Chief social welfare officer of the centre. This money is not given to them in cash. It is the breakfast and dinner they serve them daily. According to the Chief social welfare officer, “they make money from going out during the dry season (summer-like weather) to beg for alms from the public. Some of them make a lot of money” (Odudu, 2001; Ewhudjakpor, 2004). This beggary lifestyle of these people are a result of their inadequate social welfare care in the designated care centers. The building to shelter them is provided by the government. The feeding and monthly stipend promised them publicly is never fulfilled to them. Dailies (Igbinomwanlia, 2000, Igunbor, 2004) have reported on this severally, The Government(s) seem not to budge. Succour is only from Non-governmental organizations. (Ewhrudjakpor 2004, AZoro, 2002:7).

The third objective, the perception of the public of sufferers of leprosy in this study is reflected in items ; 2,4, and 8. The responses to these questions as analyzed in the multidimensional analysis in table 1 is very low. When they were asked, how was their relationship with their family members in respect of them visiting their villages, or family members like wife, husband, aunty, uncle, niece or nephew visiting them? Their responses were repulsive. It was a ‘dead no’. their acceptance by family members very low. Cases ‘A’ and ‘B’ cited earlier corroborates this fact, as revealed also by an earlier study (Majoroh, 2002).

Furthermore, the inmates’ public relationship with their social welfare officers was above average. This is understandable, it supports (Bojehgre, 2000b; Igbinomwanhia, 2000) these social officers provides them food and if stipend is brought they pay them, and most importantly, they corruptly

cover up for them when they unlawfully leave the centers to line the major expressways, Church corners and market places to beg for alms. On their part most social officers, steal part of the foodstuff meant for these inmates, they also expend the monies meant for these inmates until they want to pay them, when they do, they underpay or deliberately find flimsy excuses not to pay some that have been recalcitrant in the previous months, so the social welfare officers and inmates relationship can be said to be unnaturally symbiotic.

However, the overall rating of inmates' social relationship with the public is depicted in item 8 of the table 1. It is very low. This is a confirmation of the public avoidance behaviour in public places like churches, supermarkets, commercial vehicles, social gatherings like marriage ceremonies, festivals and inmates marry themselves. When they have children, they are rejected in public schools; hence the Government built only a primary school in the centre. After primary school education, what next for these children?.

Even when the inmates are trained in several skills: soap making, tailoring, hairdressing, carpentry. etc, they cannot function effectively even after given some money by the Government to start their trade. This is because, the public will not patronise a person who has suffered from leprosy (Odudu, 2001; Majoroh, 2002). They still do not believe in the Western culture that it can be cured, so at the end, the capital Money and wares or equipment are consumed or and sold out respectively (Onipede, 2002:9) refers to this slide, from inmate – entrepreneur to inmate as regression. The inmates rated the current social welfare practices in the centre as below average. They claim that the only good thing is the shelter, which is free, money promised them monthly run into six months and more arrears, food is inadequate, and that, they still want to force them to remain in the centre without going public to beg for alms. This according to the participants is anti social welfare services meant for them. They claim that, they ought to gradually and systematically mix with the public to have a feel of public opinion about their condition.

Conclusion

In Nigeria, indeed in Delta State, people affected by Leprosy live in extreme poverty and except for begging of alms, have very few chances to earn money. Earning money from work is the panacea to properly better the lot of these inmates and save government and the public the embarrassment these inmates constitute in public.

Now, a participant's suggestion was supported by all participants engaged during the F.G.D sessions of this research. He is case C:

Case C:

Let me clarify you on our condition. Although my neighbour said its only God that will clean the signboard of Leprosy from us, but if government in this state (Delta) act like that of Edo state (neighboring state in Nigeria) where treated leprosy patients were employed at the Ossiomo Leprosy centre because persons employed and posted there refused due to fear of the leprae infection. If that is done in Delta State, we are employed to work as civil servants: cleaners, messengers, we can then rent house outside, if we have money, people will respect us. Our family will come with problems we will solve them, and then they will accept us. But as we are poor, without money, nobody respects you; you are seen as the witch in the family.

From the foregoing case "C", it is obvious, that the success of any social welfare programme for sufferers of leprosy must emphasize and practicalise economic rehabilitation. State and Local governments should provide paid employment to treated leprosy patients who show signs of disabilities or deformities. Recommendations should be from the health care providers (physicians or social welfare officers) reports on the inmate's potentials and suitability on a particular job position.

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Table 1: The Multidimensional Analysis of the Focus Group Discussion Held with Leprosy Affected Persons.

S/N	ITEM	1	2	3	4	5
1	How would you rate leprosy patients perception of the positive effects of leprosy on themselves	Very low	Below Average	Average	Above Average	Very High
2	How would you rate your relationship with your family members after cure	1	2	3	4	5
3	How would you rate leprosy patients ethnic beliefs of leprosy (D0 family members, neighbors reject them).	1	2	3	4	5
4	How would you rate leprosy patients relationship with health staff (social welfare officer).	1	2	3	4	4
5.	Were you forced to remain in the rehabilitation centre after treatment	1	2	3	4	5
6.	How would you rate the patients Social status	1	2	3	4	5
7.	How would you rate the patients self confidence	1	2	3	4	5
8.	How would you rate leprosy patients social relationship with the public	1	2	3	4	5
9.	How would you rate their cost of living (money spent per day)	1	2	3	4	5
10.	How would you rate the help received from Government of Delta State Officials	1	2	3	4	5
11.	How would you rate the help received from Non Government Organizations	1	2	3	4	5
12.	What is your impression about the Governments current rehabilitation practices?	1	2	3	4	5

