



EXPERT COMMITTEE ON LEISHMANIASES

Geneva, 10-16 November 1982

Draft agenda item 8.5



INDEXED

SOCIOLOGICAL ASPECTS OF LEISHMANIASES¹

The levels of knowledge and attitudes of the population infected or at risk from leishmaniasis may influence the success of surveys and control programmes. Few studies are available on the social or cultural aspects associated with leishmaniasis infections, other than on human behaviour (as discussed under Draft agenda item 8.4). However, there are several areas where more information on these aspects would be of assistance in improving the effectiveness of leishmaniasis control activities.

Detection of cases by survey. Case detection is often done by surveys which may not find the patient due to:

Misunderstanding

For example, in Papua New Guinea - a case of "Donovanosis" was reported as Leishman Donovan bodies.

Misdiagnosis

Diffuse cutaneous leishmaniasis (DCL) patients in Ethiopia were treated for many years as leprosy patients. Orientation of physicians and dermatologists is vital - especially in the oil-rich or missionary influenced endemic areas with changing populations of expatriate doctors.

Shyness

The resemblance between cutaneous leishmaniasis (CL) and syphilis chancre or leprosy leads to under-reporting in many communities.

Moreover, certain key information may not be obtained by surveys unless the population is aware of the importance of this information. Such variables include:

Age. In many populations age is not recorded and must be estimated. Interview of adults with respect to historical events may be of value. For infants and children complex tables exist based on measurements and behaviour. These will have to be recalibrated for each community, in consultation with paediatricians with local knowledge. In many cases infants, children and adults are each seen by different sections of the medical services. It therefore is particularly unreliable to rely on reported infection rates in determining age-related incidence.

¹ Extracted from a working paper by R. W. Ashford (TDR/SWG-EPILEISH(3)81/WP/5) and elaborated on by P. Rosenfield, Special Programme for Research and Training in Tropical Diseases, WHO, Geneva, Switzerland.

Sex. In many communities the sexes are not equally available for inspection. Men may be absent during house-to-house surveys unless these are carried out at anti-social hours. Or certain age-groups of men may be altogether absent, working or on military service. Women may be unwilling to leave home or may be unwilling to undergo inspection or to allow interview in the absence of the man.

Behaviour. Since knowledge of people's behaviour is crucial to the planning of effective control, questions about behaviour may need to be asked. However, for a variety of reasons, the responses may not be reliable unless the population is aware of the problem and convinced of its importance.

Identification. A person's name is one of his most treasured possessions - it must be treated with great respect. Many people are reluctant to state their name - often a friend will be required to say it. People will often use different names on subsequent visits. These problems require understanding of the culture and sympathetic patience. Numerical identification by writing on the skin or by zinc oxide plaster is good but should never be used alone as it is too impersonal. Duplicate Polaroid photography has been tried and may be useful but only in certain cultures.

Travel history. People may not understand why you wish to know their life-long travel history. Problems occur with immigrants who may not wish to incriminate themselves with respect to nationalization or illegal entry (United Kingdom and Kuwait examples). Also problems occur with military personnel who cannot give details of their movements (e.g., United Kingdom troops in Belize).

Language. Dependence on an interpreter can be a help or a hinderance. It can help with gaining confidence but can contribute to inaccurate interviewing. The surveyor must at least know and use basic greetings and will be considerably assisted by understanding the gist of what is said by his interpreter and subject. Use language as a positive rather than negative factor.

Place names. At all levels place names are astonishingly variable and labile. Be careful not to record "over there" as a place name!

Because in most cases the surveyor is a foreigner, which may mean a person from a different town or a government official, people are often reluctant to give the answers required. Equally often, the question may be phrased in a way which is unclear also leading to unreliable responses. Gaining the confidence of the people is one of the skills of the surveyor. Written "questionnaires" are highly counter-productive in this context and should be avoided as far as possible. This means that a more anthropological approach relying on informal interviews may yield the most useful information. Special training may be needed in this approach.

Many of the above constraints to surveys also influence the effectiveness of control programmes. People may be reluctant to come for treatment for reasons of stigma or lack of any access to the treatment centre. As happens often in mosquito control campaigns, people may be reluctant to allow spraymen into their homes and some training in community work may need to be given to the members of the control team.

An education programme is needed not only to increase the level of knowledge of the population at risk or infected with leishmaniasis, about this disease and its transmission, but also to inform the survey, control and medical teams about the human elements associated with their tasks. However, for increased impact, the education programme should be based on the specific cultural and ecological conditions of the community being studied, focusing on the particular type of leishmaniasis and sandfly population. Often people will identify disease only by its clinical symptoms and manifestations; the relationship of those symptoms to transmission and control measures could be explained on the basis of site-specific conditions.

Further research is needed to identify more clearly the range of attitudinal and awareness differences associated with the different types of leishmaniasis to assist in the planning and implementing of control activities.