

## ABSTRACT

### Introduction:

Leprosy and its associated stigma have a great impact on the treatment seeking behavior. Although the introduction of Multi Drug Therapy had reduced global leprosy cases (less than 1 / 100 000 population), persistent reporting of leprosy cases from several countries highlight inadequate prevention and control of disease. Self-reporting and contract tracing are documented as the principal method of case detection in which knowledge and attitudes play a major role. Many control activities had targeted increasing awareness and alleviation of associated stigma.

### Methods:

A community based cross sectional study was undertaken to assess leprosy related knowledge, attitudes and to describe its associated factors among adults in Medical Officers of Health (MOH) area Panadura. Some 463 participants above 18 years continuously residing in this area for more than 2 years were recruited using a multistage cluster sampling technique. A structured, pre-tested interviewer administered questionnaire was used for data collection. The knowledge and attitudes were presented as a profile as well as a composite score. Factors associated with knowledge and attitudes were assessed using chi square test for statistical significance at  $p < 0.05$  level.

### Results:

Some 445 participants consented to the study. Fifty participants had (11.2%) never heard of leprosy. Prevalence of overall good knowledge was only 31 %. A skin patch with associate anesthesia as earliest symptom was only identified by 22 % ( $n = 98$ ) and 66.1% knew allopathic treatments were available for leprosy. Poor overall knowledge was significantly associated with 18 -30 years age group, non-Sinhalese, religion other than Buddhism, never employed participants at  $p < 0.001$  level. Overall knowledge did not demonstrate a statistically significant association with sex, level of education or overall attitudes. Prevalence of Negative overall attitudes was 30.6% and was significantly associated with age less than 30 years ( $p = 0.004$ ) female sex ( $p = 0.003$ ), Sinhalese ethnicity ( $p = 0.031$ ). Overall attitudes were not significantly associated with religion, educational status, marital state, and overall knowledge. Most of the time reason for negative attitudes was fear of contracting the disease.

### Conclusion and recommendation:

Participants' overall knowledge and attitudes were poor. Majority of poor attitudes was based on fear of contracting disease. Identification of early symptoms, availability of an effective

treatment regimen and prevention of infectivity once on treatment should be highlighted in these awareness programs.

Key words Leprosy, attitudes, knowledge