

Letter to the Editor

NON-ADHERENCE TO LEPROSY TREATMENT IN WESTERN SUDAN; THE PEOPLE BEHIND THE NUMBERS

Non-adherence to leprosy treatment is a major problem in Western Sudan. In 2002 almost 40% of the patients did not collect enough drugs to complete the treatment.

During operational research in January and February 2003, 16 health workers, 14 non-adherers and nine completers were traced and interviewed at their homes and programme data were statistically analysed to determine the reasons for non-adherence.

Non-adherence appears to be the result of the interaction between the patient, the health services, the disease and its treatment. Patients who completed more often acknowledged their disease. They always had leprosy. They were more often literate, of higher status and aware of the duration of the treatment. They felt an improvement from the treatment. People stopped because of side effects, because they felt better or they had no improvement. There were practical problems like large distances, insecurity, lack of time and money and poor quality of health services. Travelling 2 h to the clinic, the distribution system, non-availability of medicines and health workers were no problem. Not acknowledging having leprosy is partly caused by stigma. Patients who did not acknowledge having leprosy completed less often. Stigma is therefore indirectly linked to non-adherence.

The variance in clinic completion rates leads us to believe that health care factors are more important than patient factors. Efforts to reduce non-adherence depend on the availability of medicines and trained, motivated health workers. Additional effort to trace non-adherers can be worthwhile.

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