BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

POST TREATMENT EXPERIENCES OF LEPROSY PATIENTS AT MUTEMWA LEPROSY CATHOLIC AND CARE CENTRE IN MUTOKO

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APPROVAL FORM

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experiences of leprosy patients at mutemwa leprosy catholic and care centre in Mutoko, in partial fulfilment of the requirements for the Bachelor of Social Work Honors Degree and recommended that it proceed for examination.

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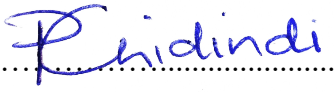
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Education.

DEDICATION

The research project is dedicated to my family, M.Robson, E. Chidindi and G. Chidindi. Your enduring strength, infinite sacrifices, and steadfast love have shaped the person l am today. To my mother, as a single parent you wrestled with challenges with fortitude and resilience, putting my aspirations before your own. Your faith in me, despite the demanding road, gave me the boldness to keep going. This work signifies a manifestation to your endless endorsement and the morals you instilled in me. Thank you for being my outstanding drive. With all love and gratefulness.

ABSTRACT

For many years, leprosy has been medically curable through Multi-Drug Therapy (MDT), yet cured patients continue to face lifelong social, psychological, and physical complications due to stigmatization, rejection, and permanent disabilities. This has called for a deeper understanding of post-treatment lived experiences, particularly in institutional settings such as Mutemwa Leprosy Catholic and Care Centre in Mutoko, Zimbabwe, where cured patients remain resident long after biomedical cure. Hence the study sought to explore the post-treatment experiences of leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The research objectives were to examine the post-treatment services given to cured leprosy patients, to scrutinize the complications associated with post-treatment lives, to analyses the coping mechanisms adopted by patients, and to propose recommendations to enhance service delivery and address complications. The study adopted a qualitative approach using a descriptive phenomenological design with a sample size of 12–14 participants selected through purposive sampling. Data were collected through semistructured in-depth interviews and key informant interviews. Thematic analysis grounded in descriptive phenomenology was used to analyses the data. The findings show that post-treatment services at Mutemwa are limited to basic medical rehabilitation (wound care, physiotherapy) and spiritual support, with no formal psychological counselling, vocational training, or community reintegration programmes. Cured patients face profound complications including permanent physical disabilities, internalised stigma, social death (loss of identity and community ties), family rejection, economic dependency, and psychological distress such as depression and hopelessness. Coping mechanisms adopted include religious faith, peer support among residents, withdrawal from social contact, and acceptance of institutional dependency. The findings also identified challenges such as lack of trained mental health personnel, exclusion from national disability benefits, absence of discharge pathways, and policy fragmentation between health and social welfare sectors. Strategies that can be employed to address these challenges include integration of psychosocial services into leprosy care, establishment of vocational training and microenterprise support, family mediation and community sensitization, legal advocacy for inclusion in disability benefits, and development of formal community reintegration pathways. The study therefore recommends holistic, human rights-based approaches that extend beyond biomedical cure to include psychological rehabilitation, economic empowerment, legal protection, and community reintegration for cured leprosy.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0 Introduction

Leprosy remains a significant public health and social concern in many developing countries, even though it is medically curable through Multi-Drug Therapy (MDT). Individuals who have undergone treatment often continue to experience long-term physical, psychological and social challenges that persist beyond the biomedical cure. Many people affected by leprosy live with permanent disabilities, visible deformities and enduring social stigma, which may limit their ability to reintegrate into their families, communities and economic activities. At Mutemwa Leprosy Catholic and Care Centre, individuals who have completed treatment continue to reside within the institution where they navigate life after the disease while coping with social exclusion, economic marginalization and ongoing health-related challenges. This study seeks to explore the post-treatment experiences of leprosy patients residing at the centre, focusing on the challenges they face in their daily lives as well as the coping mechanisms and support systems that shape their wellbeing. Guided by relevant social and health perspectives that emphasize lived experiences and social reintegration, the study draws on existing literature while situating the research within the Zimbabwean context. Using a qualitative approach through in-depth interviews and key informant interviews, the study will generate insights into the lived experiences of individuals affected by leprosy, with the data analysed thematically to identify recurring patterns and meanings. Ethical principles such as confidentiality, informed consent and voluntary participation will guide the research process. The study ultimately aims to contribute to a deeper understanding of post-treatment experiences of leprosy patients and to inform social support strategies and interventions that can improve the wellbeing and social integration of individuals affected by leprosy in Zimbabwe.

1.1 Background of the Study

Leprosy, also known as Hansen's disease, remains a significant public health concern worldwide despite the availability of effective treatment. The disease is caused by Mycobacterium leprae and primarily affects the skin, peripheral nerves and eyes, often resulting in permanent disabilities if untreated (Lockwood, 2021). Globally, more than 182,000 new cases of leprosy were reported in 2023, demonstrating that the disease continues to persist, particularly in low- and middle-income countries where healthcare access is limited (World Health Organization, 2023). Approximately

95 percent of these cases occur in 23 high-burden countries, including India, Brazil and Indonesia, where social inequalities, poverty and limited access to healthcare services remain major risk factors (White, 2021). In addition, over 9,700 people were diagnosed with Grade-2 disability in 2023, reflecting visible deformities caused by delayed diagnosis and treatment (Scollard, 2020). Studies indicate that among newly detected cases, between 5 and 7 percent present with visible disabilities at the time of diagnosis, underscoring the need for early detection and intervention (Franco-Paredes, 2022). Although Multi-Drug Therapy (MDT), introduced in the 1980s, cures over 95 percent of leprosy infections, millions continue to live with long-term social and physical consequences of the disease (Hotez et al., 2020). These realities highlight the importance of focusing not only on biomedical treatment but also on the social and psychological dimensions of life after leprosy, which remain underexplored.

In developed countries, the incidence of leprosy has drastically declined due to strong health systems, effective disease surveillance and early treatment programs. In Japan, for instance, fewer than one case per 100,000 population is reported annually (Sato, 2021). However, historical policies of segregation and institutionalization have left long-lasting social consequences for individuals previously affected by leprosy. Research indicates that thousands of individuals who were confined in Japanese leprosy sanatoria for decades experienced significant difficulties reintegrating into society after treatment due to stigma and discrimination (Yang, 2021). Similar patterns have been observed in the United States and parts of Europe, where former patients continue to encounter prejudice and social isolation despite being medically cured (Heijnders, 2020). Studies further show that social stigma can result in psychological issues such as depression, anxiety and low self-esteem, which persist long after the physical disease has been treated (Peters, 2021). These findings emphasize that although medical treatment is highly effective in eliminating the infection, the psychosocial consequences of leprosy remain a critical concern, even in countries with advanced healthcare systems and low prevalence rates.

Across Africa, leprosy continues to be a major health and social challenge, particularly in rural and underserved communities where early diagnosis and treatment services are often limited. In 2023, the African region reported over 21,000 new cases of leprosy, representing approximately 11.5 percent of global cases, with countries such as the Democratic Republic of Congo, Ethiopia, Madagascar, and Mozambique showing the highest case counts (World Health Organization,

2023). Research indicates that several African countries report between 1,000 and 10,000 new cases annually, reflecting ongoing transmission in specific regions (Mieras, 2020). Beyond the health impact, social stigma remains a persistent and deeply rooted challenge. Studies show that many individuals affected by leprosy experience rejection from family members, denial of employment opportunities and limited participation in social activities due to cultural misconceptions about the disease (Ebenso, 2019). Furthermore, research estimates that up to 50 percent of people affected by leprosy experience mental health conditions such as depression and anxiety, often resulting from prolonged social isolation and discrimination (Sermrittirong, 2019). In some African contexts, individuals who experience visible disabilities due to leprosy are often compelled to relocate to specialized settlements or rehabilitation centers, which while providing care, may inadvertently reinforce social isolation (Heijnders, 2020). These regional realities underscore the necessity of exploring post-treatment experiences, as medical cure alone does not guarantee social reintegration or psychological well-being.

In Zimbabwe, the burden of leprosy has declined significantly due to the introduction of MDT and

improved public health interventions. Nonetheless, sporadic cases continue to be reported, particularly in rural areas where access to healthcare services is limited and awareness of early signs remains low (Ministry of Health and Child Care, 2022). National health data indicate that while the number of new cases is relatively small, many individuals continue to live with permanent disabilities, such as loss of sensation, clawed hands and foot deformities, which impair daily functioning (Mavhu, 2020). Research shows that cultural misconceptions about leprosy, including beliefs that it is highly contagious or a punishment for wrongdoing, contribute to persistent stigma and social exclusion of former patients (Chikuse, 2019). Additionally, former patients often experience strained family relationships, unemployment and economic marginalization due to discrimination from community members (Zinyemba, 2021). Studies further reveal that social stigma in Zimbabwe can lead to mental health challenges, including depression, social withdrawal and low self-esteem, which adversely affect quality of life (Ebenso, 2019). These factors highlight the need to examine post-treatment experiences to better understand the social, psychological and economic challenges faced by individuals cured of leprosy in the Zimbabwean context.

One of the main institutions providing care for individuals affected by leprosy in Zimbabwe is

Mutemwa Leprosy Catholic and Care Centre, located in Mutoko. Established in the early twentieth century, the center has historically served as a refuge for those rejected by families or communities due to stigma and fear of contagion (Mavhu, 2020). Over the years, it has provided medical care, rehabilitation and social support for both individuals undergoing treatment and those who have completed treatment but remain in residence due to disability or social isolation (Chikuse, 2019). Many residents at Mutemwa have lived in the center for extended periods and face multiple challenges, including physical disabilities, limited economic opportunities and reduced social integration into broader society (Ebenso, 2019). While the center plays a critical role in providing shelter and support, few studies have examined the lived experiences of post-treatment residents, particularly regarding their psychosocial well-being, coping mechanisms and strategies for community reintegration. Understanding these experiences is essential for informing targeted social interventions, rehabilitation programs and policies that support dignity, inclusion and improved quality of life.

Despite global initiatives to eliminate leprosy as a public health problem, research on the post-

treatment experiences of individuals, especially in Zimbabwe, remains limited. Most existing studies focus on the medical aspects of diagnosis, treatment outcomes and disease control, with minimal attention given to the social, psychological and economic realities after treatment (White, 2021). Exploring post-treatment experiences is therefore critical to inform the design of effective social support programs, rehabilitation strategies and community reintegration interventions (Franco-Paredes, 2022). This study seeks to address this gap by investigating the challenges, coping strategies, and support systems of leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre in Mutoko, with the aim of contributing to scholarly knowledge and guiding policy and practice to enhance the well-being of people affected by leprosy in Zimbabwe.

1.2 Problem Statement

Although leprosy is medically curable through Multi-Drug Therapy (MDT), individuals who have completed treatment often continue to face substantial physical, social and economic challenges that undermine their overall wellbeing (Lockwood, 2021). The problem is particularly pronounced

among former patients residing in institutional settings such as Mutemwa Leprosy Catholic and Care Centre, who frequently live with permanent physical disabilities, including loss of sensation, clawed hands and foot deformities and experience persistent social stigma, discrimination, and exclusion from community and economic life (Ebenso, 2019). These challenges directly affect the individuals themselves and indirectly impact their families and caregivers, as social marginalization and limited economic opportunities increase dependency and reduce participation in household and community development (Chikuse, 2019). In Zimbabwe, misconceptions about leprosy remain widespread, reinforcing negative attitudes and limiting the reintegration of cured patients into society, often resulting in psychological distress, including anxiety, depression and social withdrawal (Zinyemba, 2021). Studies conducted in Africa and other low- and middleincome settings have highlighted the persistence of stigma, isolation and economic marginalization among former leprosy patients (Heijnders, 2020). Research further shows that these challenges persist even after treatment and are compounded by inadequate social support and rehabilitation programs (Mieras, 2020). Yet research on the lived post-treatment experiences of patients in institutional care within Zimbabwe is scarce (Mavhu & Chigudu, 2020). This knowledge gap underscores the need for the present study, which seeks to explore the post-treatment experiences of leprosy patients at Mutemwa Leprosy Catholic and Care Centre, including the challenges they face, coping mechanisms they employ and support systems that influence their wellbeing, with the aim of informing policy, rehabilitation programs and social interventions that promote dignity, inclusion and improved quality of life for individuals affected by leprosy in Zimbabwe (FrancoParedes, 2022)

1.3 Aim of the Study

The aim of the study is to explore the post-treatment experiences of leprosy patients at Mutemwa Leprosy Catholic and Care Centre

1.4 Research Objectives

1. To examine the post-treatment services provided to leprosy patients at Mutemwa Leprosy Catholic and Care Centre.

2. To scrutinize the complications associated with the post-treatment lives of leprosy patients at Mutemwa Leprosy Catholic and Care Centre.

3. To analyze the coping mechanisms adopted by leprosy patients after treatment at Mutemwa Leprosy Catholic and Care Centre.

4. To propose recommendations to enhance the services delivered and address the complications faced by post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre.

1.5 Research Questions

1) What post-treatment services are provided to leprosy patients at Mutemwa Leprosy Catholic and Care Centre?

2) What complications do leprosy patients experience in their post-treatment lives at Mutemwa Leprosy Catholic and Care Centre?

3) What coping mechanisms do leprosy patients adopt to manage challenges after completing treatment at Mutemwa Leprosy Catholic and Care Centre?

4) What recommendations can be made to enhance the services delivered and address the complications faced by post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre?

1.6 Assumptions of the Study

This study assumes that the participants leprosy patients who have completed treatment at Mutemwa Leprosy Catholic and Care Centre will provide honest, accurate and detailed accounts of their lived experiences, including the challenges, complications and coping mechanisms associated with post-treatment life. It is assumed that participants have the necessary selfawareness and memory recall to reflect on their experiences with post-treatment services, social interactions and the psychological and economic effects of living with physical disabilities or social stigma.

The study also assumes that participants will be willing to engage in open discussions about sensitive issues, such as discrimination, social exclusion or mental health struggles, trusting that their confidentiality will be protected and that participation is voluntary.
Furthermore, it is assumed that the diversity of experiences captured will provide meaningful insights into common patterns, helping to highlight areas of concern and potential improvement in post-treatment care and rehabilitation.

Additionally, the study assumes that the management and staff of the Centre will cooperate in

providing access to participants and relevant institutional information, facilitating smooth data collection. It is further assumed that ethical standards, including informed consent, confidentiality and the right to withdraw, will be fully respected and implemented throughout the research process. The study also assumes that findings will offer a reliable representation of the post-treatment experiences of patients at the Centre, even though they may not be generalizable to all leprosyaffected individuals in Zimbabwe or other contexts. These assumptions are essential for the research design, as they underpin the credibility and validity of the data collected, ensuring that the study's outcomes can inform recommendations for improving post-treatment services, social support mechanisms and rehabilitation strategies for leprosy patients in institutional settings.

1.7 Significance of the Study

This research on the post-treatment experiences of post leprosy patients at Mutemwa Leprosy Care Centre holds practical significant value and theoretical and academic significance. This study is of profound importance as it seeks to give voice to a historically marginalized and often silenced population for the Mutemwa Leprosy Catholic and Care Centre who are post leprosy patients. By documenting their lived experiences, challenges and coping mechanisms, the research validates their struggles and resilience. It empowers them by treating their personal narratives as valuable knowledge, which can be a therapeutic and affirming process in itself.

The findings will provide an evidence-based assessment of the current services from the primary

beneficiaries' perspective for the administration and staff. Identifying both the strengths and gaps in service delivery will offer crucial insights for program improvement, strategic planning, and

resource allocation. The recommendations will guide the center in developing more targeted, effective, and holistic support programs that truly address the unmet needs of its residents. The study will also generate critical data that highlights the long-term socio-economic and psychological consequences of leprosy for the policy makers and public health in Zimbabwe, which are often overlooked in public health frameworks focused on medical cure. The findings can inform the Ministry of Health and Child Care and social services departments in designing national policies and interventions that extend beyond medical treatment to include robust psychosocial rehabilitation and community reintegration programs for cured leprosy patients.

This research also has theoretical and academic significance contribution to medical sociology and

anthropology by acquiring qualitative data to the understanding of how chronic illness and stigma intersect to shape identity, social belonging and quality of life long after a medical cure has been achieved. It provides a poignant case study of the "biographical disruption" caused by illness and the subsequent struggle for "biographical reinforcement. And also, advancement of disability studies, the study delves into the experiences of individuals with disabilities acquired from disease, exploring their coping mechanisms within an institutional setting. It contributes to theories of disability by examining it through the specific lens of a highly stigmatized condition. As a phenomenological inquiry into a unique population, this study will serve as a valuable example of applying qualitative methods to explore sensitive health-related experiences in a low-resource setting, offering methodological insights for future researchers. In essence, this study bridges a critical gap between medical success and human experience. It moves the conversation about leprosy from one of mere disease elimination to one of holistic human recovery, ensuring that the victory of a cure is measured not just in biological terms, but in restored dignity, social connection, and improved quality of life.

1.8 Dissertation Outline

1.8:1 Chapter 1

The chapter consisted of the background, problem statement, research objectives and questions, significant of the problem, delimitations, limitations, and definition of terms.

1:8:2 Chapter 2

The chapter consisted of literature review from different sources relating to the research and theories used during conducting of the research.

1:8:3 Chapter 3

The chapter had the research methodology. The methodology utilizes the research philosophy, approach, design, study setting, the target population, sampling techniques, data collection techniques, and data analysis.

1:8:4 Chapter 4

The chapter consisted of data presentation, interpretation, analysis and discussions of the research findings.

1:8:5 Chapter 5

The chapter consisted of the summary, conclusion, and recommendations for the research conducted. It also includes the area for future study

1.9 Chapter Summary

The chapter has presented with itself the background to the study with global, regional and local

statistics of post treatment experiences of leprosy patients. The chapter also highlighted the problem and its context as well as justification of the study, highlighting why the research is worthy. Aim of the study, objectives, research questions, assumptions of the study as well as dissertation outline has been presented in this chapter. The following chapter concentrates on examining the existing literature on the post treatment experiences of leprosy patients.

CHAPTER TWO LITERATURE REVIEW

2.0 Introduction

This chapter encompasses theoretical frameworks exploring the post treatment experiences of patients at Mutemwa Leprosy Catholic and Care Centre using the Maslow`s hierarchy of needs theory to understand the services being offered to post leprosy patients as one of the objectives of the social disability theory and the social stigma theory to understanding how society labels, discriminates against and marginalizes individuals with attributes perceived as undesirable. A literature review involves organizing and analyzing existing scholarly work and research relevant to the study's objectives. In this chapter, the researcher presents related literature and previous studies identified through extensive and detailed review.

2.1 Theoretical Framework

This study is guided by two complementary theoretical perspectives, namely Maslow's Hierarchy of Needs Theory and Social Stigma Theory. These frameworks provide a foundation for understanding the multidimensional post-treatment experiences of leprosy patients. Maslow's Hierarchy of Needs Theory helps to explain how individuals strive to meet basic physiological, safety, social, and psychological needs following treatment, while Social Stigma Theory offers insight into how societal perceptions and discrimination affect the reintegration and wellbeing of individuals affected by leprosy. Together, these theories enable a comprehensive analysis of both the personal and social challenges encountered by patients after treatment.

2.1.1 Maslow's Hierarchy of Needs Theory

Maslow's Hierarchy of Needs Theory was first introduced by Abraham Maslow in 1943 as part of his humanistic psychology framework. The theory emphasizes that human behavior is motivated by the desire to satisfy a hierarchy of needs, ranging from basic physiological requirements to selfactualization (Maslow, 1943). It categorizes human needs into five levels, namely physiological needs, safety needs, social needs (love and belonging), esteem needs and self-actualization. The theory suggests that higher-level needs are pursued only after fundamental needs have been satisfied (Neher, 1991). Maslow further argued that when basic needs such as food, shelter, and safety remain unmet, individuals are less likely to achieve psychological growth, social integration, and personal fulfillment (Kenrick et al., 2010).

In the context of post-treatment leprosy patients, this theory provides a useful lens for understanding the multidimensional challenges faced by individuals residing at Mutemwa Leprosy

Catholic and Care Centre. Many patients live with permanent disabilities, limited social interaction and reduced economic opportunities (Mieras, 2020). As a result, they may struggle to meet basic physiological and safety needs due to mobility limitations and dependence on institutional support. In addition, stigma and social exclusion limit their ability to fulfill social and esteem needs, which are essential for a sense of belonging and self-worth (Ebenso, 2019). Restricted access to meaningful activities, employment, and skill development further constrains their ability to achieve self-actualization (Chikuse, 2019).

The relevance of Maslow's Hierarchy of Needs Theory to this study lies in its ability to provide a structured framework for examining how different levels of needs are affected in the lives of posttreatment leprosy patients. It enables the study to assess whether patients are able to meet their basic needs and to explore how unmet needs influence their psychological wellbeing, social relationships, and overall quality of life. The theory also helps to identify gaps in support systems at Mutemwa Leprosy Catholic and Care Centre by highlighting specific areas where patients may require intervention. Therefore, it is particularly useful in guiding the analysis of post-treatment experiences, as it links physical conditions, social environments and psychological outcomes in a systematic manner.

The Maslow`s hierarchy of needs

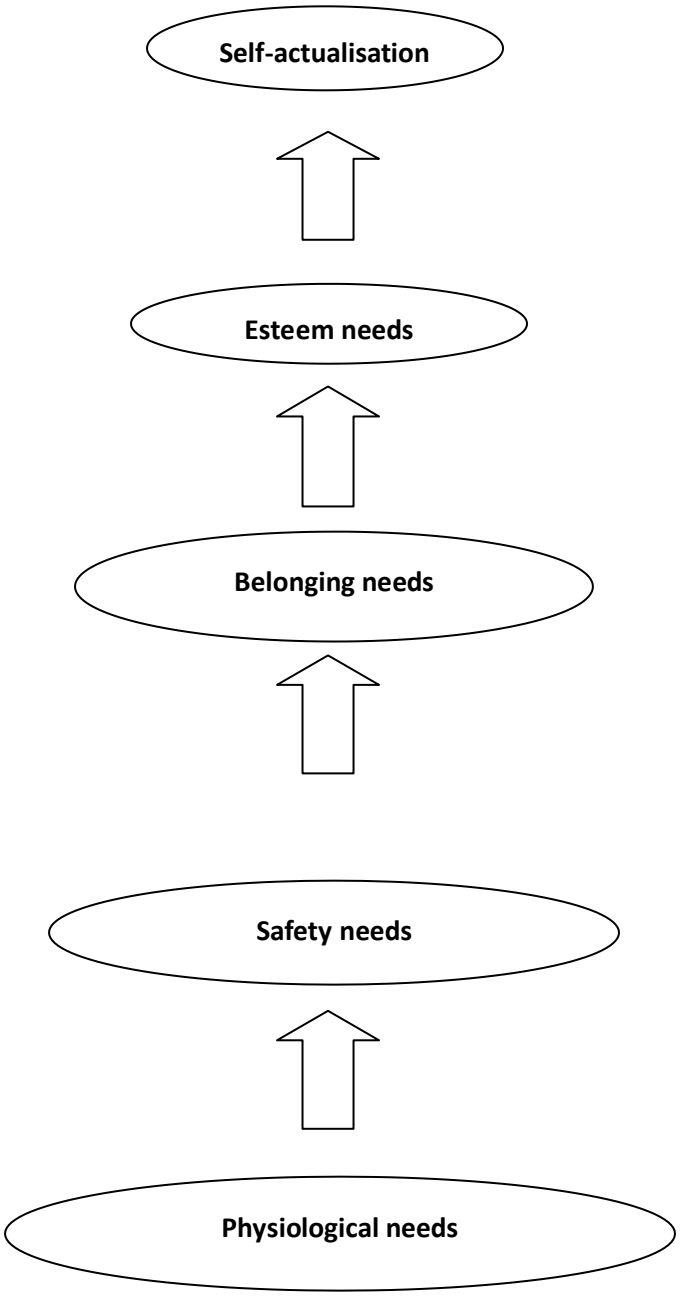


Fig. 1 Maslow`s hierarchy of needs

2.1.2 Social Stigma Theory

Social Stigma Theory, developed by Erving Goffman in 1963, provides a framework for

understanding how society labels, discriminates against and marginalizes individuals with attributes perceived as undesirable (Goffman, 1963). The theory differentiates between individuals whose stigma is visible, termed "discredited," and those whose stigma is hidden, termed "discreditable," explaining how these social perceptions influence identity, interactions, and access to opportunities (Link, 2001). Stigma operates not only at the interpersonal level but also structurally, affecting access to social, economic and healthcare resources (Yang, 2007). In relation to leprosy, social stigma is pervasive and enduring, as cured individuals often continue to be perceived as contagious or deformed, leading to social exclusion, discrimination and restricted community participation. Studies indicate that these social attitudes significantly impact the psychological wellbeing of post-treatment patients, contributing to social withdrawal, depression and diminished self-worth, even after medical cure (White, 2021). In Zimbabwe, former patients at Mutemwa Leprosy Catholic and Care Centre frequently face similar challenges, where community misconceptions about leprosy reinforce isolation and limit opportunities for economic or social engagement (Franco-Paredes, 2022). Social stigma theory therefore provides a crucial lens for exploring how societal perceptions and cultural beliefs shape the experiences of posttreatment patients, highlighting the profound influence of social factors on integration, dignity and overall quality of life (Ebenso, 2019). The relevance of Social Stigma Theory to this study lies in its ability to provide a clear framework for examining how stigma continues to influence the lives of post-treatment leprosy patients. The theory enables the study to analyze how labeling, stereotyping and discrimination affect patients' interactions with others, as well as their ability to reintegrate into society. It also supports the exploration of how stigma limits access to social opportunities, employment and community participation, particularly for individuals residing at Mutemwa Leprosy Catholic and Care Centre.

In addition, the theory is important in understanding the psychological impact of stigma on post-

treatment patients. It helps to explain how negative societal attitudes may be internalized, leading to low self-esteem, social withdrawal and a reduced sense of belonging. The theory further guides the study in identifying gaps in social support and community acceptance, thereby providing a basis for recommending interventions aimed at reducing stigma and promoting inclusion. As such,

Social Stigma Theory is directly relevant to this study as it links social perceptions to the lived experiences and overall wellbeing of post-treatment leprosy patients.

2.2 Understanding the Leprosy Phenomenon

Understanding the leprosy phenomenon requires a conceptual shift from viewing it merely as a bacterial infection recognizing it as a complex bio-social phenomenon. While biomedicine defines leprosy, or Hansen`s disease, a s a chronic infectious disease caused by Mycobacterium leprae that is curable with Multi-Drug Therapy (MDT), (World Health Organization, 2023), the lived reality for affected individuals extends far beyond bacteriological clearance. The phenomenon is historically and socially constructed where the disease`s pathology particularly its potential to cause visible deformities and nerve damage has triggered profound social, psychological, and cultural repercussions across societies and centuries. According to Rafferty (2023), sociologically leprosy phenomenon is described as a loss of social identity and membership as diagnosis even if successfully treated often triggers a master status where leprosy patient overriding all other social roles such as parent, worker, or community member, (Goffman 1963). In the African context, the phenomenon is further complicated by historical legacies of colonial-era forced segregation as there was forced isolation into remote institutions which was functioned as sites of social exiles, stripping individuals of their autonomy, family ties and community roles (Parks, 2017). Moran (2022), explains that this history continues to fuel modern day discrimination discouraging people from seeking early diagnosis for fear of the same social exclusion. The continent reported 21,718 new cases in 2022 with the burden concentrated in countries like Democratic Republic of Congo, Nigeria, Ethiopia and Mozambique where poverty and weak health systems further perpetuate the disease (WHO, 2023).

In Zimbabwe, during the colonial era, the Leprosy Suppression Act (1911) legally mandated the

segregation of people with Leprosy from the general population though establishment of leprosaria, including Chikarudzo, Ngomahuru and Mutemwa (Ministry of Health and Child Care, Zimbabwe, 2023). According to Mafa (2016), despite Zimbabwe having met the World Health

Organization`s elimination target of less than one case per 10,000 people since 1992, new cases continue to be detected annually primarily concentrated in specific rural districts such as Binga and some cases reported in Mashonaland East and Manicaland provinces. The persistence of leprosy is exacerbated by a deep-rooted social stigma, partly stemming from historical institutionalization at centers like Ngomahuru and Mutemwa which continues to discourage early help seeking behavior (Ncube, 2016).

Therefore, understanding leprosy phenomenon necessitates a holistic, human –rights-based approach that addresses not only the clinical cure of the individual but also the social cure of the community and the psychological restoration of the person`s sense of dignity and belonging.

2.3 Institutionalization of Leprosy Treatment

The institutionalization of leprosy treatment represents one of the most enduring and controversial

chapters in the history of public health policy. Globally, the response to leprosy has been characterized not merely by medical intervention but by the systematic spatial and social segregation of affected individuals into specialized institutions commonly referred to as "leper colonies" or leprosaria (Gussow, 1989). Historically, the primary justification for the institutionalization of leprosy patients was rooted in contagion fear rather than scientific evidence. Before the introduction of effective pharmacotherapy, leprosy was widely believed to be highly contagious, leading to the enactment of compulsory segregation laws worldwide (Lockwood & Saunderson, 2012). According to Gussow (1989), these laws were driven more by moral panic and cultural revulsion than by epidemiological necessity, as leprosy is now understood to be relatively non-contagious, requiring prolonged close contact for transmission. Institutions thus functioned not as therapeutic centers but as places of confinement designed to protect the healthy population from the visible "threat" posed by those with deformities. In the African context, institutionalization was profoundly shaped by colonial ideologies of control and racial hierarchy. According to Parks (2017), the primary policy for managing leprosy across much of Africa during the colonial era was forced isolation into remote "leper colonies," often located in marginal, undesirable lands far from European settlements. These institutions, while ostensibly established

to control transmission, functioned as sites of social exile, systematically stripping indigenous individuals of their autonomy, family ties, and community roles (Moran, 2022). The colonial administration used leprosy as a justification for asserting bio-power over African bodies, segregating not only the sick but also reinforcing broader narratives of African "contamination" and inferiority. This history has left a deep and lasting scar, as these institutions continue to fuel modern-day discrimination, discouraging people from seeking early diagnosis for fear of the same social exclusion their predecessors faced (Parks, 2017). In the specific context of Zimbabwe (formerly Southern Rhodesia), the institutionalization of leprosy treatment was formalized through the Leprosy Suppression Act of 1911. According to the Ministry of Health and Child Care, Zimbabwe (2023), this colonial legislation legally mandated the segregation of persons with leprosy from the general population, empowering authorities to arrest, detain, and confine affected individuals to designated leprosy colonies. The primary institutions established under this Act included Chikarudzo, Ngomahuru, and Mutemwa (Rita & Zimba, 2021). These leprosaria were deliberately situated in remote, inaccessible areas, effectively ensuring that residents were removed not only from society but also from any meaningful possibility of return. As Ncube (2016) observes, the Act transformed a medical condition into a legal status of perpetual exile, with patients often remaining institutionalized for life, regardless of their clinical status. In 1955, the introduction of Dapsone treatment offered the first pharmacological intervention, but critically, patients were still treated for life within these segregated facilities, and discharge was rarely considered (Ministry of Health and Child Care, Zimbabwe, 2023). The institutional model remained largely unchanged until 1964, when the leprosaria were officially closed and mobile leprosy control services were initiated. However, as Mafa (2020) notes, the closure of these institutions did not signify the end of institutionalization as a lived reality for many patients. A significant number of individuals who had spent decades at centers like Mutemwa had lost all contact with their families, forgotten their home communities, or developed permanent disabilities that made independent living impossible. Consequently, these facilities transformed from compulsory "leper colonies" into voluntary but nonetheless permanent residential care centers for cured individuals (Rafferty, 2023).

The continued residence of medically cured leprosy patients at institutions such as Mutemwa Leprosy Catholic and Care Centre presents a profound paradox. According to Wells (2012), the post-treatment continued institutionalization of cured leprosy patients due to lack of alternatives

constitutes a deprivation of liberty and a violation of fundamental human rights, including the rights to dignity and autonomy. While patients are no longer legally confined, they remain spatially and socially isolated because the promised pathway to community reintegration has never materialized. As Mavhunga (2018) documents in Zimbabwean research, many cured individuals experience family rejection, community stigma, and economic dependency, leaving institutional care as the only available option. This situation transforms a treatable disease into a life sentence of segregation, undermining the very goal of cure, which is the restoration of health and dignity. Therefore, the institutionalization of leprosy treatment, while historically justified by contagion fears and colonial ideologies, has produced enduring structures of social exclusion that persist long after medical cure has been achieved. At Mutemwa Leprosy Catholic and Care Centre, the legacy of the Leprosy Suppression Act of 1911 continues to shape the lived experiences of residents, who remain caught between biomedical recovery and social abandonment.

2.2 The Post-Treatment Services for Leprosy Patients

Post-treatment services for leprosy patients are crucial in ensuring holistic recovery, rehabilitation, and reintegration into society, (Lusli ,2023). Globally, cured leprosy patients often require services that address physical disabilities, psychosocial support, vocational training and community reintegration (van Brakel et al., 2020). The medical treatment alone is insufficient, as long-term disability, stigma and social exclusion persist even after the completion of Multi-Drug Therapy (MDT) (Lockwood, 2021). The Global Leprosy Strategy 2021-2030 explicitly recognizes that achieving zero leprosy- related disabilities and zero discrimination requires comprehensive rehabilitation services that extend beyond biomedical cure (Rafferty, 2023) and also fewer than 50% of cured leprosy patients had access to any form of psychological counseling or vocational training and community reintegration programmes reached less than 20% of those who needed them. According to Lusli (2023), despite completing Multi Drug Therapy, a significant proportional of post leprosy patients up to 50% continue to experience grade 2 disabilities, including visible deformities and permanent nerve damage, which profoundly affect their quality of life However the translation of these global policy aspirations into tangible post-treatment support remains inconsistent across different national contexts. In African settings, post-treatment

services vary widely, with some countries offering structured rehabilitation and social support programs, while others rely heavily on institutional care due to weak community-based frameworks (Heijnders, 2006). In Zimbabwe, institutions such as Mutemwa Leprosy Catholic and Care Centre provide integrated services, including physiotherapy, wound care, counseling and limited skill development, to assist patients in coping with post-treatment challenges (Ebenso, 2019). Despite these services, gaps remain in access, quality and coverage, leaving many patients with unmet needs for social inclusion, employment opportunities and ongoing psychological support (Chikuse, 2019). This demonstrates a critical need for research into the effectiveness and scope of post-treatment services, particularly in institutional settings where patients reside for long periods after treatment.

2.2.1 Medical Rehabilitation

Medical rehabilitation is a cornerstone of post-treatment care, as it focuses on addressing

permanent physical disabilities such as clawed hands, foot drop, and sensory loss, which often persist even after successful treatment (Mieras, 2020). Evidence from broader international studies indicates that structured rehabilitation services, including physiotherapy, reconstructive surgery, assistive devices, and self-care training, play a critical role in restoring functional ability and promoting independence among individuals affected by leprosy (Lockwood, 2021). These interventions not only improve physical mobility but also enhance patients' confidence, enabling them to perform daily activities and participate more actively in society (World Health Organization, 2023). Nichols (2018) observed that despite WHO guidelines, fewer than 40% of leprosy-endemic countries have operational rehabilitation protocols integrated into national leprosy programmes. Smith and Richards (2020) argued that the global focus on new case detection has inadvertently marginalized post-cure rehabilitation, creating a "treatmentcompletion cliff" where patients are declared cured but receive no further support. Moreover, according to Wilder-Smith (2021), it is documented that neuropathy in cured leprosy patients closely resembles that seen in diabetic patients, yet leprosy-affected individuals have significantly less access to podiatry and orthotic services. Cross and Choudhury (2019) further noted that surgical rehabilitation, including tendon transfers and osteotomies, remains unavailable in most low-income countries despite being cost-effective and highly beneficial.

However, research within African settings shows that access to such rehabilitation services remains inconsistent due to limited financial resources, shortage of skilled healthcare professionals, and inadequate rehabilitation infrastructure, which negatively affects recovery outcomes and longterm disability management and extensive fieldwork researches across Nigeria and Ghana, states that while MDT is widely accessible through primary health centers, specialized rehabilitation services such as physiotherapy, occupational therapy, and surgical correction are concentrated in a small number of tertiaryhospitals or leprosy-specific institutions (Ebenso,2021).Heijnders (2018) studied leprosy rehabilitation programmes in Mozambique and Tanzania, finding that cultural beliefs about leprosy as a "divine curse" often prevented patients from seeking rehabilitation services even when available. In Ethiopia, Lusli et al. (2023), less than 30% of cured leprosy patients received regular foot and hand care training, despite the high prevalence of anesthesiarelated injuries, and access to assistive devices was available to fewer than 25% of those who needed them.

Mwingira and Mremi (2020) further documented about leprosy rehabilitation in Tanzania, reporting that the shortage of trained physiotherapists and occupational therapists in rural districts is so acute that patients often travel over 100 kilometers for a single rehabilitation appointment. According to Idris (2021), in the Sudanese context, prolonged civil conflict has diverted resources away from neglected tropical diseases, leaving leprosy rehabilitation services virtually nonexistent outside of the capital, Khartoum.

On the structural barriers, Moran (2022) observed that across sub-Saharan Africa, the colonial history of forced segregation has created a persistent association between leprosy and institutionalization, such that cured patients who require rehabilitation are often directed to residential facilities rather than being supported within their home communities. Parks (2017) further argued that this institutional bias means that medical rehabilitation, when available, is frequently delivered in segregated settings rather than integrated into general health services, reinforcing the very patterns of exclusion that rehabilitation should overcome. Ndlovu (2019) studied the intersection of leprosy rehabilitation and disability policy in Southern Africa, finding

that leprosy-related disabilities are often excluded from national disability benefit programmes because policymakers incorrectly assume that leprosy is “eliminated” and therefore no longer requires support.

In Zimbabwe, studies focusing on institutions such as Mutemwa Leprosy Catholic and Care Centre indicate that patients benefit from available physiotherapy and occupational therapy services, which help in managing physical impairments and preventing further complications (Chikuse, 2022). Rita and Zimba (2021) provided a comprehensive historical account of Mutemwa Leprosy Catholic and Care Centre, describing how a former colonial-era quarantine institution transformed into a voluntary long-term care facility for cured patients. According to their research, available services include daily wound care for patients with chronic ulcers, basic physiotherapy exercises to prevent joint contractures, and the distribution of protective footwear sourced from charitable donations.Zinyemba (2020) examined the intersection of leprosy rehabilitation and social policy in Zimbabwe, documenting that cured patients are often caught between the health system , which declares them cured and the social welfare system ,which does not recognize leprosy-related disabilities as eligible for support. Despite these efforts, many patients continue to face challenges related to insufficient assistive devices, limited specialized care, and constrained institutional capacity, which restrict their full rehabilitation potential (Mtetwa, 2024). This body of evidence demonstrates that while medical rehabilitation is essential for improving quality of life among post-treatment leprosy patients, disparities in service provision significantly influence the extent to which patients achieve functional recovery and independence.

Therefore, the provision of medical rehabilitation alone is insufficient to address the

multidimensional complications faced by cured leprosy patients at Mutemwa Leprosy Catholic and Care Centre hence it requires a holistic investigation of their post-treatment lived experiences encompassing social, psychological, economic and physical dimensions.

2.2.2 Psychosocial Support

Psychosocial support is a critical component of post-treatment care, as it addresses the mental health challenges, social stigma, and emotional needs of individuals affected by leprosy. The Global Leprosy Strategy 2021–2030 explicitly includes the goal of "zero discrimination" and calls for the

integration of mental health services into leprosy control programmes, acknowledging that the psychological consequences of leprosy often outlast the bacteriological infection (World Health Organization, 2021). According its guidelines, psychological support for cured leprosy patients should encompass individual counseling, group therapy, family mediation, community sensitization, and, where indicated, referral to mental health services for treatment of depression and anxiety disorders. According White (2021), many cured patients continue to experience psychological distress, including depression, anxiety, and social withdrawal, largely driven by persistent stigma and negative societal attitudes. Despite these global policy commitments and documented needs, empirical evidence reveals significant implementation gaps that fewer than 25% of leprosy-endemic countries have operational mental health protocols integrated into their national leprosy programmes (Lusli et al 2023). These challenges often hinder their ability to reintegrate into society and maintain meaningful social relationships.

In the African context, interventions such as counseling, peer support groups, and community sensitization programs play a significant role in reducing stigma, strengthening coping mechanisms, and improving social reintegration outcomes (Franco-Paredes, 2022). Such interventions create supportive environments where individuals can share experiences and rebuild confidence. According to Heijnders (2018), cultural factors significantly shape the psychological experience of leprosy in African contexts whereby across multiple African countries, leprosy is commonly understood as a punishment from ancestors, a curse from God, or the result of witchcraft. These explanatory models intensify psychological distress because they attribute the condition not to chance or biology but to personal moral failure or supernatural retaliation. Furthermore, as Ndlovu (2019) observed in Southern Africa, the cultural emphasis on communal identity expressed in concepts such as Ubuntu or Ukama meaning that social exclusion is not merely a practical problem but an existential one, a loss of personhood itself. For cured leprosy patients, psychological recovery therefore requires not only individual counseling but also community-level interventions to repair broken social bonds.

According to Moran (2022), the colonial history of forced segregation has created a collective trauma that persists across generations. Even among cured patients who never experienced a leprosarium themselves, the memory of grandparents or community members being forcibly

removed continues to shape psychological responses to leprosy, producing what Moran terms intergenerational stigma anticipation, the expectation of rejection even before it occurs. This psychological anticipation often prevents patients from seeking counseling or disclosing their leprosy history, further isolating them from whatever support might be available.

In Zimbabwe, studies focusing on Mutemwa Leprosy Catholic and Care Centre show that psychosocial support services, including individual counseling, group therapy and organized social activities, contribute to emotional stability and social adjustment among patients (Chikuse, 2022).Rafferty (2023) applied the concept of social death to the Zimbabwean context, arguing that cured leprosy patients at Mutemwa experience not only the loss of social relationships but also the loss of social identity, the sense of being a recognizable valued member of a community. For these individuals, psychological support must therefore address not only symptom relief but also the reconstruction of a meaningful social identity. Wells (2012) argued critically that the very structure of institutional care at Mutemwa, while providing medical maintenance, systematically undermines psychological recovery because it offers no pathway to autonomy, no opportunity for meaningful roles, and no hope of return to community life.

However, the effectiveness of these services is often constrained by limited human resources, inadequate funding, and insufficient program coverage, leaving some patients without adequate support. Additional evidence highlights that well-structured psychosocial programs that integrate mental health care with community engagement significantly enhance quality of life, reduce stigma-related stress and empower individuals to participate more actively in social and economic activities (World Health Organization, 2023).

2.2.3 Vocational Training

According to Rao (2020), vocational training is an essential component of post-treatment support, as it equips cured leprosy patients with practical skills necessary for economic independence and self-reliance. Skills development initiatives, including tailoring, carpentry, agriculture and

smallscale trade, significantly improve employment opportunities and reduce long-term dependence on institutional care (World Health Organization, 2021). Such programs not only enhance incomegenerating capacity but also contribute to restoring dignity and self-confidence among affected individuals.

Research within African contexts further shows that vocational training initiatives have enabled individuals affected by leprosy to establish small businesses and participate in local economies, although persistent stigma, limited access to capital, and weak market integration continue to undermine the sustainability of these efforts (Atinga, 2022). These structural barriers often restrict the full benefits of acquired skills, particularly in marginalized communities. In Zimbabwe, studies focusing on Mutemwa Leprosy Catholic and Care Centre indicate that vocational programs emphasize craft production and small-scale entrepreneurship, providing patients with opportunities to generate e income and improve their livelihoods (Mtetwa, 2023). Despite these efforts, participants frequently report challenges related to limited market access, inadequate business support, and low demand for locally produced goods, which constrain the effectiveness of training outcomes (Chirinda, 2024). This evidence highlights that while vocational training plays a vital role in promoting economic empowerment among post-treatment leprosy patients, its success is highly dependent on the availability of supportive economic structures and sustainable market linkages.

2.2.4 Community Reintegration

According to Rafferty 2023, community reintegration refers to the process by which individuals who have been socially exclude, stigmatized, and stripped of their social identity are restored full membership in their communities, recovering not only their relationships but their sense of being a recognizable, valued human being. Community reintegration is a critical aspect of post-treatment care, as it focuses on restoring social participation, acceptance and inclusion of individuals affected by leprosy within their communities. Despite successful completion of multidrug therapy, many individuals continue to face barriers to reintegration due to persistent stigma, fear, and misinformation surrounding the disease (Lockwood, 2021). These barriers often result in prolonged social isolation, reduced participation in community life, and limited access to social and economic opportunities. The Convention on the Rights of Persons with Disabilities article 19,

explicitly guarantees the right to live independently and be included in the community requiring states to ensure that persons with disabilities including those with leprosy-related disabilities.

Research within African contexts further highlights that community education, advocacy initiatives, and sensitization campaigns play a crucial role in addressing misconceptions and promoting acceptance of affected individuals (Franco-Paredes, 2022). Such interventions are essential in reshaping societal attitudes and fostering inclusive environments that support reintegration. In Zimbabwe, studies focusing on Mutemwa Leprosy Catholic and Care Centre show that efforts to promote community acceptance include outreach programs, awareness campaigns and collaboration with community leaders aimed at improving perceptions of leprosy (Chirenda, 2023). However, deeply rooted cultural beliefs and persistent misconceptions about the disease continue to limit the effectiveness of these initiatives, thereby restricting patients' full participation in social and economic life (Dube, 2024). This evidence underscores that while reintegration services are fundamental to improving the quality of life of post-treatment leprosy patients their success largely depends on sustained community engagement and the transformation of societal attitudes.

2.3 The Complications Associated with Post-Treatment Lives of Leprosy Patients

The complications associated with post-treatment lives of Leprosy patients are classified into

physical, psychological, physical, social and economic complications. Despite successful medical treatment through Multi-Drug Therapy (MDT), leprosy patients continue to face numerous complications that affect their physical, psychological, social and economic wellbeing. Globally, studies indicate that cured patients often live with permanent disabilities, social stigma and reduced opportunities for employment and community participation (van Brakel, 2020). Physical impairments, such as clawed hands, foot drop or sensory loss, are common and can limit mobility, independence and quality of life (Lockwood, 2021). Psychosocial consequences, including depression, anxiety and social withdrawal, often persist long after treatment due to enduring community misconceptions and discrimination (White, 2021). In African settings, the combination of physical disability, poverty and societal stigma exacerbates these challenges, leaving many

cured patients vulnerable to neglect, marginalization and diminished self-esteem (Ebenso, 2019). According to Heijnders (2018), over 60% of new leprosy cases in Sub-Saharan Africa present with grade 2 disabilities compared to 10-15% in early diagnosis settings meaning that cured patients already have irreversible nerve damage before treatment begins. In Zimbabwe, evidence from Mutemwa shows that while the Centre provides basic rehabilitation and psychosocial support, gaps in coverage, community acceptance and economic empowerment leave many patients facing unresolved complications (Chikuse, 2019). Furthermore, the literature reveals that most studies emphasize the biomedical success of MDT, neglecting the long-term lived experiences of cured patients, highlighting a critical gap that this study seeks to explore.

2.3.1 Physical Complications

Physical complications remain among the most immediate and visible challenges experienced by

post-treatment leprosy patients, significantly affecting independence and daily functioning. Evidence from broader international research indicates that permanent nerve damage associated with leprosy can lead to deformities, loss of sensation, chronic ulcers and secondary infections, all of which compromise mobility and increase vulnerability to injuries that may worsen over time if not properly managed (van Brakel, 2020). These impairments often persist even after successful completion of multidrug therapy, highlighting the long-term nature of disability associated with the disease. Research within African contexts further shows that in many resource-limited settings, limited access to physiotherapy services, reconstructive surgery and assistive devices intensifies these physical disabilities, resulting in prolonged functional dependence and reduced quality of life (Atinga, 2022). Such systemic constraints often delay recovery and limit opportunities for effective rehabilitation. In Zimbabwe, studies focusing on Mutemwa Leprosy Catholic and Care Centre indicate that patients frequently experience difficulties in performing essential daily activities such as cooking, farming, and maintaining personal hygiene due to residual deformities, even where basic physiotherapy services are available (Chikuse, 2023). These challenges demonstrate the persistent nature of physical limitations among post-treatment patients and their impact on everyday living. Additional international evidence emphasizes that comprehensive rehabilitation approaches, including reconstructive surgery, protective footwear, and mobility aids, can significantly restore functional ability and enhance self-reliance among affected individuals

(World Health Organization, 2023). However, existing literature points to a gap in continuous post-treatment follow-up and long-term evaluation of rehabilitation outcomes, particularly in African institutional settings, which may result in incomplete rehabilitation and ongoing risk of preventable complications.

2.3.2 Psychological Complications

Psychological complications among post-treatment leprosy patients are widely reported and are often linked to both the long-term effects of the disease and persistent social stigma. Many cured patients experience depression, anxiety, low self-esteem and post-traumatic stress, particularly when they continue to face discrimination or social exclusion even after completing treatment (White, 2021). These psychological burdens are often reinforced by isolation and negative community attitudes, which undermine emotional recovery and social reintegration. Research within African contexts further highlights that limited access to mental health services, shortages of trained counselors and inadequate structured peer support systems significantly worsen psychological outcomes among affected individuals, leaving many without effective coping strategies (Atinga, 2022). In Zimbabwe, studies conducted at Mutemwa Leprosy Catholic and Care Centre show that although some counseling and psychosocial support services are available, challenges such as staffing shortages, irregular follow-up sessions and lack of individualized interventions reduce the overall effectiveness of these services, thereby exposing patients to continued emotional distress and social withdrawal (Chikuse, 2023). Therefore , when psychosocial support is integrated with peer group engagement and community sensitization, it can significantly improve coping capacity, reduce internalized stigma, and enhance overall wellbeing among post-treatment patients (World Health Organization, 2023). However, there remains limited empirical evidence in Zimbabwe on the long-term psychological outcomes of cured leprosy patients and the sustained effectiveness of institutional and community-based mental health interventions, indicating a clear gap in understanding how psychological complications evolve after treatment over time.

2.3.3 Social Complications

Social complications, including stigma, discrimination, and community exclusion, continue to

significantly influence the post-treatment lives of leprosy patients. The persistent misconceptions about leprosy, particularly regarding its contagiousness and historical moral associations, continue to drive social avoidance, harassment and isolation even after patients have been medically cured (White, 2021). These entrenched perceptions often result in long-term social disconnection, limiting individuals' ability to rebuild relationships and fully participate in community life. Research within African contexts further demonstrates that cultural beliefs, traditional interpretations of illness, and fear of contamination reinforce patterns of marginalization, restricting access to social networks, marriage opportunities and broader community engagement (Ebenso, 2020). These factors contribute to sustained social vulnerability among affected individuals, even within supportive care environments. In Zimbabwe, studies focusing on Mutemwa Leprosy Catholic and Care Centre show that former patients frequently encounter avoidance, social rejection and subtle forms of exclusion such as gossip and distancing from neighbors and even family members, which collectively hinder full reintegration into society (Mtetwa, 2023). Such experiences highlight the deep-rooted nature of stigma within local communities and its continued impact on social functioning. Additional international evidence suggests that community-based education and advocacy initiatives have demonstrated potential in reducing stigma and improving social acceptance; however, their effectiveness is highlydependent on sustained engagement and cultural adaptation (van Brakel, 2021). Despite these insights, there remains limited empirical evidence on the effectiveness of stigma-reduction interventions in Zimbabwe, particularly in rural and institutional contexts, indicating a significant gap in understanding how culturally appropriate strategies can be developed to address persistent social exclusion among post-treatment leprosy patients.

2.3.4 Economic Complications

Economic complications represent a major challenge for post-treatment leprosy patients, as physical disability, persistent stigma and limited access to skills development significantly hinder employment opportunities and long-term self-reliance (Lockwood, 2021). After medical recovery, many individuals remain economically vulnerable due to reduced employability, workplace discrimination and limited access to sustainable livelihood opportunities, which collectively perpetuate cycles of poverty and dependency (van Brakel, 2021). Research within African contexts further shows that inadequate vocational training, limited access to financial services, and

restricted availability of microcredit facilities significantly reduce the capacity of post-treatment patients to engage in income-generating activities, thereby reinforcing economic marginalization and dependence on family or institutional support systems (Atinga, 2022). In Zimbabwe, studies focusing on Mutemwa Leprosy Catholic and Care Centre indicate that although vocational programs such as weaving, carpentry, and small-scale farming are available, many patients face challenges in converting acquired skills into sustainable income due to limited market access, weak business linkages, and ongoing stigma from potential customers and employers (Mtetwa, 2024). Additional international evidence emphasizes that when structured economic empowerment initiatives are integrated into post-treatment care, including entrepreneurship training, microfinance support and market linkage facilitation, they significantly improve financial independence and promote broader social reintegration among affected individuals (World Health Organization, 2023). Despite these insights, there remains limited empirical research in Zimbabwe assessing the long-term sustainability and economic impact of vocational and income-generation programs for cured leprosy patients, highlighting a critical gap in understanding how economic rehabilitation can be effectively strengthened within institutional care settings.

2.4 The Coping Mechanisms Adopted by Leprosy Patients After Treatment

Post-treatment leprosy patients must navigate persistent challenges that extend beyond cure, leading many to adopt various coping mechanisms that help them manage physical disability, psychological stress, social exclusion and economic uncertainty. Research across different regions has identified diverse strategies such as self-care practices, engagement in social networks, spiritual coping, and vocational or livelihood activities, which contribute to resilience and adjustment after treatment (Rensen et al., 2018). Studies emphasize that coping is not only an individual process but also shaped by social context, cultural beliefs, institutional support and available resources (Forsyth et al., 2021). In African settings, coping strategies often intersect with collective cultural practices, family structures and community networks, reflecting broader socioeconomic realities (Kithinji, 2022). Evidence from Zimbabwe suggests that leprosy survivors at institutional care facilities rely on a mix of formal services and informal adaptive strategies to maintain dignity and wellbeing after treatment, but there is limited research detailing how these mechanisms operate over time or their effectiveness in institutional environments such as

Mutemwa (Moyo, 2023). Gaps persist in understanding which coping strategies are sustainable, culturally grounded and linked to improved psychosocial and economic outcomes, underscoring the need for context-specific research.

2.4.1 Self-Care Practices

Self-care practices constitute fundamental coping strategies that enable post-treatment leprosy patients to manage disabilities and prevent further health complications. These practices include wound cleaning, daily protective routines, physiotherapy exercises, regular monitoring of sensation loss, and careful foot care, all of which reduce the risk of injury, ulcer formation and progression of disability (van Veen et al., 2020). Evidence from broader international literature indicates that consistent self-care adherence significantly reduces ulcer recurrence, improves mobility, and enhances patients' ability to maintain independence in daily functioning (Pannikar et al., 2021). Studies within South Asian contexts further show that structured self-care programmes, particularly when supported by health workers and peer-led initiatives, strengthen long-term disability management and promote sustained behavioral adherence among affected individuals (Gordon et al., 2022). Research in low-resource settings also highlights that despite the effectiveness of self-care practices, their implementation is often undermined by inconsistent access to essential materials such as protective footwear, wound care supplies and physiotherapy guidance, which limits sustained practice and long-term outcomes (Lawn et al., 2023). Despite the recognition of self-care as a critical coping mechanism for post-treatment leprosy patients, there remains limited longitudinal evidence on long-term adherence and functional outcomes among institutionalized patients, particularly in settings such as Mutemwa Leprosy Catholic and Care Centre, creating a significant gap in understanding how these practices are maintained and influenced over time in resource-constrained environments.

2.4.2 Social Support Networks

Social support networks, including family members, peers, caregivers and institutional staff, play a vital role in helping post-treatment leprosy patients cope with emotional challenges and social

exclusion. Evidence from broader international literature indicates that emotional encouragement, shared experiences, and practical assistance from supportive networks contribute significantly to improved psychological wellbeing, reduced feelings of isolation and enhanced confidence in daily functioning among affected individuals (Moore et al., 2021). Research within sub-Saharan African contexts further shows that peer-based support systems, particularly those involving individuals with similar lived experiences, foster a sense of belonging and shared identity that helps buffer against stigma and community rejection (Banda, 2022). Studies conducted in institutional care settings also demonstrate that structured group activities, social gatherings and peer mentorship programmes create important spaces for rebuilding social skills, restoring dignity and strengthening interpersonal relationships among post-treatment patients (Samuel et al., 2020). In Zimbabwe, evidence from Mutemwa Leprosy Catholic and Care Centre indicates that while some patients benefit from institutional and caregiver support, weakened family ties, inconsistent community involvement, and physical separation from original social environments often reduce the effectiveness and sustainability of available support networks (Mtetwa, 2023). Despite these insights, there remains limited empirical research comparing the long-term impact of formal institutional support systems and informal family or community-based networks on the psychosocial adjustment of post-treatment leprosy patients, particularly within the Zimbabwean context, highlighting a significant gap in understanding the most effective forms of social support for sustained reintegration and wellbeing.

2.4.3 Spiritual and Religious Engagement

Spiritual and religious engagement is a deeply rooted coping mechanism that provides emotional

comfort, meaning and hope for many individuals recovering from chronic illnesses, including leprosy. Engagement in prayer, religious services, scripture study, and faith-based counseling has been shown to assist individuals in managing psychological distress, strengthening resilience, and fostering a sense of purpose and inner peace during recovery (Koenig, 2020). Within sub-Saharan African scholarship, spirituality is often embedded within broader cultural frameworks where religious institutions function not only as spaces of worship but also as critical sources of social support, identity formation, and psychological stability for individuals facing chronic health challenges (Gyekye, 2021). Empirical work from East African contexts such as Tanzania and

Ethiopia further demonstrates that leprosy survivors who actively participate in spiritual practices report improved emotional wellbeing, increased acceptance of physical limitations, and a stronger sense of hope in navigating post-treatment life (Mwambete, 2022). Within institutional care environments in Zimbabwe, particularly at Mutemwa Leprosy Catholic and Care Centre, religious life is integrated into daily routines through structured worship services, communal prayers, and faith-based reflection sessions, which many residents regard as essential sources of emotional strength, acceptance and psychological comfort (Katemba, 2023). However, despite the acknowledged importance of spirituality in coping processes, the specific mechanisms through which religious engagement influences psychological adjustment and social reintegration remain insufficiently explored, especially in settings where formal healthcare support and faith-based interventions operate concurrently, thereby indicating a notable gap in existing scholarship.

2.4.4 Livelihood and Vocational Coping

Livelihood engagement and vocational activities serve as important coping mechanisms for post-

treatment leprosy patients by promoting economic participation, self-esteem and social reintegration. Skills development in areas such as tailoring, agriculture, craft production, and small-scale entrepreneurship equip individuals with practical tools for income generation and reduces long-term dependence on institutional or family support systems (Simeon et al., 2020). Evidence from broader international studies indicates that vocational empowerment programmes contribute not only to improved financial independence but also to strengthened social identity and restored dignity, as individuals are able to demonstrate productivity and regain a sense of purpose in their communities (Carter, 2021). Research within Asian and Latin American contexts further shows that engagement in income-generating activities can help reduce stigma by reframing affected individuals as economically active contributors, thereby improving community perceptions and facilitating social inclusion (Rajkumari, 2022). Within Zimbabwean institutional settings, particularly at Mutemwa Leprosy Catholic and Care Centre, vocational initiatives such as craft production and small-scale farming provide patients with opportunities for self-reliance. However, their effectiveness is often constrained by limited resources, weak market linkages and inadequate business development support, which restrict sustainable income generation (Chirenje, 2023). Despite these interventions, existing literature largely focuses on short-term skill

acquisition, with limited attention given to the long-term sustainability, scalability and economic outcomes of vocational programmes, particularly within institutionalized care settings, thereby revealing a significant gap in understanding how livelihood interventions translate into lasting economic empowerment for post-treatment leprosy patients.

2.5 Best Practices to Enhance Services and Address the Complications Faced by Post Treatment Leprosy Patients

Addressing the multifaceted complications experienced by post treatment leprosy patients requires a combination of clinical, psychosocial, economic and community-oriented interventions that are responsive to both individual needs and structural barriers. Literature indicates that integrated care models, combining rehabilitation, mental health services, community education and economic empowerment, result in improved outcomes for people affected by neglected tropical diseases, including leprosy (Smith, 2021). Globally, evidence emphasizes the importance of holistic post treatment frameworks that extend beyond medical cure to include long-term disability management, stigma reduction and social reintegration (Yoder, 2019). In African settings, scholars argue for policies that strengthen community health systems, enhance training of frontline workers and institutionalize psychosocial support as part of routine care for cured patients (Peterson, 2020). In Zimbabwe, researchers call for coordinated efforts involving government, non-governmental organizations, health institutions and community leaders to develop comprehensive post treatment programs that reflect local realities and cultural sensitivities (Mugabe, 2022). Despite these insights, little empirical research has evaluated the effectiveness of existing interventions in institutional environments like Mutemwa, highlighting the need for context specific recommendations grounded in patients lived experiences.

2.5.1 Strengthen Medical Rehabilitation Services

Strengthening medical rehabilitation services is essential for reducing long-term disability and

enhancing functional independence among post-treatment leprosy patients. Evidence from broader international literature indicates that comprehensive rehabilitation approaches, including continued physiotherapy, reconstructive surgery, provision of assistive devices and preventive foot care, significantly improve mobility, self-reliance and overall quality of life for affected individuals (van Veen, 2021). Studies from countries such as India and Brazil further demonstrate that

integrated rehabilitation models that combine surgical correction with structured communitybased follow-up care are effective in reducing secondary complications and sustaining long-term functional outcomes (Kumar, 2022). Research within African health systems also emphasizes the need for strengthened rehabilitation infrastructure, alongside continuous training of healthcare workers, in order to ensure the sustainability of services beyond intermittent institutional care and improve access in resource-limited settings (Oduro, 2020). In institutional contexts such as Mutemwa Leprosy Catholic and Care Centre, improved investment in rehabilitation equipment, enhanced capacity-building for physiotherapy personnel and the establishment of systematic monitoring frameworks are identified as critical measures for improving patient outcomes and tracking functional progress over time (Chirinda, 2023). Despite these recommendations, there remains limited empirical evaluation of rehabilitation service delivery models within institutional care settings, particularly regarding their long-term effectiveness, scalability and sustainability, thereby highlighting a significant gap in evidence-based planning and implementation of rehabilitation strategies for post-treatment leprosy patients.

2.5.2 Expand Psychosocial Support Programs

The expansion of psychosocial support programs is essential for addressing the emotional, psychological and social challenges faced by post-treatment leprosy patients. Evidence from broader international literature indicates that structured interventions such as individual counseling, peer support groups, and community education initiatives play a significant role in reducing stigma, strengthening self-esteem, and improving overall psychological wellbeing among affected individuals (Patel, 2022). Research within sub-Saharan African contexts further demonstrates that culturally responsive mental health interventions, when integrated into routine post-treatment care, are effective in helping patients manage stigma-related stress, social isolation, and trauma associated with long-term disability and social exclusion (Mwansa, 2021). Within Zimbabwean healthcare and institutional care discussions, scholars emphasize the importance of extending psychosocial services beyond short-term counseling to include sustained family engagement, community outreach programmes, and structured stigma-reduction campaigns that promote longterm reintegration and emotional stability among patients (Moyo, 2023). Despite these recommendations, there remains limited empirical evidence assessing the effectiveness, scalability and sustainability of psychosocial interventions in institutional populations, particularly

in relation to measurable mental health outcomes, implementation barriers, and best practice models, thereby highlighting a significant research gap in the optimization of psychosocial care for post-treatment leprosy patients.

2.5.3 Promote Community Education and Stigma Reduction

Promoting community education and stigma reduction campaigns is critical for improving social

acceptance and facilitating the reintegration of cured leprosy patients into society. Evidence from broader international literature indicates that structured community awareness programmes, often implemented through health promotion teams, schools and local leadership structures, can effectively reduce misconceptions about leprosy transmission, challenge entrenched stereotypes, and promote more inclusive social attitudes (Thompson, 2021). Research within African contexts further demonstrates that engagement with traditional leaders, faith-based organizations, and local media platforms plays a significant role in reshaping community beliefs and reducing discriminatory behaviors, particularly where culturally grounded messaging is used to address deeply rooted fears and myths (Ndlovu, 2022). Within Zimbabwean discourse on leprosy rehabilitation and reintegration, targeted educational interventions that involve persons affected by leprosy as advocates, educators and storytellers have been highlighted as powerful approaches for humanizing the condition and fostering empathy within communities surrounding care institutions (Chirandu, 2023). Despite these promising strategies, there remains a limited body of evaluated stigma-reduction models that are culturally tailored and context-specific, particularly in rural communities linked to institutions such as Mutemwa Leprosy Catholic and Care Centre, thereby indicating a significant research gap in assessing the effectiveness, adaptability and sustainability of community education interventions in reducing stigma and promoting long-term social inclusion.

2.5.4 Support Economic Empowerment and Livelihood Programs

Supporting economic empowerment and livelihood programs is a crucial strategy for addressing

the socio-economic complications experienced by post-treatment leprosy patients. Evidence from broader international literature indicates that vocational training, access to microcredit,

entrepreneurship development and structured market linkage initiatives significantly improve financial independence and contribute to poverty reduction among cured leprosy patients (Sapkota, 2020). Further studies show that when skills development is combined with business mentorship and financial literacy training, individuals are better positioned to establish sustainable incomegenerating activities and actively participate in local economic systems (Haque, 2021). Research within sub-Saharan African contexts also highlights the importance of multi-sectoral collaboration, particularly partnerships between rehabilitation institutions, government agencies and private enterprises, in creating inclusive employment pathways for persons with disabilities, including those affected by leprosy (Osei, 2022). Within Zimbabwean institutional settings such as Mutemwa Leprosy Catholic and Care Centre, strengthening livelihood outcomes is widely associated with the need for improved market integration, expanded entrepreneurship support, and tailored financial education programmes that enhance economic resilience among residents (Chirinda, 2023). Despite these recommendations, there remains limited empirical evidence on the long-term sustainability, economic impact and scalability of livelihood interventions for posttreatment leprosy patients, particularly in institutional environments, thereby highlighting a significant research gap in understanding how such programmes translate into lasting economic empowerment and reduced dependency.

2.6 Legal and Policy Frameworks

Legal and policy frameworks constitute the foundational architecture that either enables or obstructs the human rights, social inclusion and holistic recovery of post leprosy patients. This section examines the legal and policy frameworks concerning the post leprosy patients.

2.6.1 World Health Organization`s Global Leprosy Strategy (2021–2030)

The World Health Organization Global Leprosy Strategy (2021–2030) provides a comprehensive

international framework aimed at achieving zero leprosy-related disabilities, zero stigma and zero discrimination through strengthened disease control, rehabilitation and social inclusion mechanisms (World Health Organization, 2021). The strategy shifts emphasis from solely focusing on disease elimination to a more holistic approach that includes early case detection, prevention of disability, integrated rehabilitation services and sustained psychosocial and socioeconomic support

for affected individuals even after treatment completion. It further underscores the importance of person-centered care, community engagement, and multi-sectoral collaboration in addressing the long-term consequences of leprosy, including physical impairments, mental health challenges, and social exclusion (World Health Organization, 2022). In addition, the strategy advocates for strengthening health systems to ensure continuity of care beyond medical cure, particularly through community-based rehabilitation and stigma reduction interventions that promote dignity and social participation. In relation to this study, the strategy is highly relevant as it provides a global benchmark for assessing the adequacy of post-treatment services offered to leprosy patients at Mutemwa Leprosy Catholic and Care Centre. It informs the evaluation of whether patients are receiving sufficient rehabilitation, psychosocial support, and reintegration services in line with international standards. Furthermore, it guides the analysis of gaps between global policy expectations and the lived realities of post-treatment leprosy patients in Zimbabwe, particularly in relation to disability management, stigma reduction and socioeconomic reintegration.

2.6.2 International Legal and Policy Framework on Disability and Health Rights

International legal and policy frameworks on disability and health rights provide a foundational basis for protecting the dignity, wellbeing, and inclusion of persons affected by chronic health conditions such as leprosy. At the global level, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) emphasizes equal access to healthcare, rehabilitation, education, and participation in society, reinforcing the right to non-discrimination and full inclusion for all persons with disabilities (Degener, 2021). In addition, the World Health Organization Global Leprosy Strategy 2021–2030 highlights the importance of early diagnosis, prevention of disability and post-treatment rehabilitation as key pillars in reducing long-term complications and stigma associated with leprosy (WHO, 2022). Further international scholarship stresses that human rights-based health frameworks increasingly shift focus from medical cure to long-term social inclusion and quality of life, particularly for individuals living with disabilityrelated stigma (Quinn, 2020). Research also shows that global health governance mechanisms encourage countries to integrate rehabilitation, mental health, and social protection into posttreatment care systems to ensure holistic recovery (Groce, 2023). In relation to this study, these international frameworks are significant as they provide a benchmark for evaluating whether posttreatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre are receiving

adequate rehabilitation, psychosocial support and protection from discrimination. They also guide the assessment of how far Zimbabwe's practices align with global human rights obligations and inclusive healthcare standards, thereby strengthening the analytical foundation of the study.

2.6.3 African Regional Legal and Policy Frameworks on Disability and Leprosy Care

African regional legal and policy frameworks on disability and leprosy care emphasize inclusive healthcare delivery, social protection and community-based rehabilitation for persons affected by chronic diseases and disabilities. The African Union Protocol on the Rights of Persons with Disabilities in Africa promotes equality, accessibility, and social inclusion, requiring member states to ensure that persons with disabilities have access to healthcare services, rehabilitation and livelihood opportunities without discrimination (Munyaka, 2022). In addition, regional health policy guidance from the Africa Centers for Disease Control and Prevention underscores the integration of disability-inclusive health systems that prioritize rehabilitation and mental health services alongside infectious disease control (Adeleke, 2021). Scholarly work within African public health systems further highlights that despite progressive policy frameworks, implementation gaps remain due to resource constraints, weak institutional capacity and limited community awareness about disability rights (Nyoni, 2023). Other studies emphasize that stigma reduction and community-based rehabilitation models are central to improving reintegration outcomes for individuals affected by diseases such as leprosy across African settings (Kumwenda, 2020). In relation to this study, these African frameworks are important as they provide a contextual lens for assessing how regional commitments to inclusion and rehabilitation are translated into practice at Mutemwa Leprosy Catholic and Care Centre. They also help evaluate whether existing post-treatment services align with continental standards for disability inclusion, social protection, and equitable access to healthcare and livelihoods for affected individuals.

2.6.4 Zimbabwe National Legal and Policy Frameworks on Disability and Leprosy Care

Zimbabwe's national legal and policy frameworks on disability and health care provide the immediate institutional and operational context for the post-treatment experiences of leprosy patients. The Constitution of Zimbabwe (2013) guarantees the right to health care, dignity and non-discrimination, thereby establishing a legal foundation for inclusive services for persons with disabilities, including those affected by leprosy (Moyo, 2021). In addition, the National Disability

Policy (2021) strengthens this constitutional commitment by promoting equal access to rehabilitation services, education, social protection and economic participation for persons with disabilities, while encouraging community-based rehabilitation approaches (Dube, 2022). Further policy direction is provided through the Ministry of Health and Child Care Strategic Plan, which emphasizes integrated rehabilitation services, mental health support and strengthened primary health care systems to improve long-term outcomes for individuals with chronic and disabling conditions (Chirisa, 2023). Scholarly analysis of Zimbabwe's disability governance framework also highlights persistent implementation challenges, including inadequate funding, shortage of rehabilitation professionals and limited coordination between health institutions and community structures, which weaken the effectiveness of these policies in practice (Zhou, 2024). In relation to this study, these national frameworks are highly significant as they provide the legal and institutional benchmark against which post-treatment services at Mutemwa Leprosy Catholic and Care Centre can be assessed. They also guide the evaluation of whether patients are benefiting from constitutionally guaranteed rights to rehabilitation, psychosocial support and social inclusion, while also helping to identify gaps between policy intentions and lived realities. Furthermore, they inform the study's analysis of how national commitments translate into actual service delivery outcomes for post-treatment leprosy patients in institutional care settings.

2.7 Overall Literature Gap

A review of existing literature on post-treatment experiences of leprosy patients indicates that significant progress has been made in understanding the medical, psychological, social and economic dimensions of the condition. However, important gaps remain in how these dimensions interact over time. International studies have extensively examined disability outcomes and rehabilitation needs; particularly emphasizing physical and psychosocial challenges faced by cured patients, yet much of this work remains cross-sectional and limited in capturing long-term lived experiences after institutional care (van Brakel, 2021). Similarly, research focusing on stigma and social exclusion has provided strong theoretical explanations of discrimination processes, but often lacks integration with post-treatment service delivery models that address rehabilitation,

reintegration, and livelihood sustainability in a holistic manner (White, 2022). In addition, global policy-oriented studies highlight frameworks for inclusion and disability rights, yet there is limited empirical evidence assessing how effectively these frameworks translate into sustained outcomes for institutionalized populations in resource-limited settings (World Health Organization, 2023). Collectively, these studies demonstrate a fragmented understanding of post-treatment leprosy experiences, where medical, psychological and social dimensions are frequently studied in isolation rather than as interconnected lived realities.

Within the African and Zimbabwean context, existing research similarly reveals critical knowledge gaps regarding the continuity and effectiveness of post-treatment support systems. Studies conducted in sub-Saharan Africa highlight rehabilitation, stigma reduction and livelihood programs, yet many of these investigations are program-specific and do not sufficiently evaluate long-term sustainability or comparative effectiveness across different intervention models (Atinga, 2022). Furthermore, regional scholarship has emphasized community reintegration and psychosocial support, but there remains limited evidence on how institutional settings such as care centers shape recovery trajectories after medical treatment have ended (Mtetwa, 2023). In Zimbabwe, although policy frameworks and institutional care practices have been documented, there is a notable scarcity of empirical studies focusing specifically on the lived post-treatment experiences of leprosy patients, particularly in relation to how medical, social, psychological and economic challenges intersect over time within facilities such as Mutemwa Leprosy Catholic and Care Centre (Chirinda, 2024). This gap underscores the need for context-specific research that not only documents experiences but also evaluates the effectiveness of existing post-treatment services, thereby informing more integrated and sustainable intervention strategies.

2.8 Chapter Summary

This chapter reviewed literature related to the post-treatment experiences of leprosy patients. It began by outlining the theoretical frameworks guiding the study, providing a foundation for understanding the psychological and social dimensions of post-treatment life. The chapter then examined empirical studies on post-treatment services, including medical rehabilitation, psychosocial support, vocational training and community reintegration. It further explored the

complications associated with post-treatment life, such as physical, psychological, social and economic challenges, as well as coping mechanisms adopted by patients, including self-care practices, social support, spiritual engagement and livelihood strategies. The chapter also reviewed relevant legal and policy frameworks at international, regional and national levels that support disability inclusion and rehabilitation. Finally, it identified key gaps in existing literature, particularly the limited context-specific and long-term studies on post-treatment experiences in institutional settings, thereby justifying the need for this study.

CHAPTER THREE RESEARCH METHODOLOGY

3.0 Introduction

This chapter provides a comprehensive overview of the methodological framework guiding this qualitative investigation into the post-treatment lived experiences of leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The methodology has been systematically designed to align with the research objectives that seek to explore the nuanced realities of life after cure. The chapter begins by articulating the research philosophy and design that form the foundation of this inquiry. It then details the specific strategies for participant selection, data collection methods and analytical procedures that will be employed. Furthermore, it addresses the critical ethical considerations and measures for ensuring trustworthiness that will underpin the entire research process.

3.1 Research Philosophy

Research philosophy refers to the set of beliefs and assumptions about the nature of reality and the way knowledge about that reality can be acquired and it guides researchers on how they should collect, analyze and interpret data in a study (Saunders, Lewis & Thornhill, 2019). It shapes the researcher's view of what constitutes acceptable knowledge and influences decisions about research design, methodology and methods (Crotty, 2021). In this study, the interpretive research philosophy was adopted. Interpretivism assumes that reality is socially constructed and subjective and that understanding human experiences requires interpreting the meanings people assign to their

lived situations rather than seeking objective facts alone (Schwandt, 2019). This philosophy is particularly suitable for qualitative research because it recognizes that individuals have unique perspectives shaped by context, culture and personal history (Flick, 2020). The interpretive approach is relevant to this study because it allows for an in-depth exploration of the lived post treatment experiences of leprosy patients, where understanding the personal meanings they attach to their physical, psychological, social and economic challenges is central to generating rich, context-based insights that cannot be captured through purely quantitative measures (Denzin & Lincoln, 2018).

3.2 Research Approach

Research approach refers to the strategy or plan that guides the collection, analysis and

interpretation of data in a study, shaping how the research questions will be addressed and how knowledge will be generated (Saunders, 2020). It is broadly classified into qualitative, quantitative and mixed methods approaches, each with distinct philosophical assumptions, objectives, and techniques (Bryman, 2021). This study adopts a qualitative research approach, which focuses on exploring complex phenomena by understanding participants' perspectives, experiences, and meanings rather than relying on numerical measurement (Creswell & Poth, 2023). In this study, the qualitative approach will be implemented through in-depth interviews with post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre, where participants will be encouraged to share their lived experiences in detail and the collected data was analyzed thematically to identify patterns, challenges, and coping mechanisms. The qualitative approach is suitable for this study because it allows for an in-depth exploration of the lived experiences of post-treatment leprosy patients, capturing the psychosocial, physical, and economic challenges they face within their unique institutional and cultural context (Denzin & Lincoln, 2021). By prioritizing rich descriptive data, the approach enables the identification of patterns, coping mechanisms and service gaps that are central to the study's objectives (Flick, 2020). Furthermore, qualitative research supports flexibility in data collection, allowing the researcher to adapt interviews and probes based on participants' responses, which is essential for uncovering nuanced insights into

post-treatment life that would not be accessible through quantitative methods alone (Braun & Clarke, 2021).

3.3 Research Design

Research design refers to the overall plan or blueprint that outlines how a study will be conducted; detailing the procedures for collecting, analyzing and interpreting data in order to answer the research questions (Creswell & Creswell, 2022). It provides a framework that ensures the research is systematic, coherent and aligned with the study's objectives, guiding decisions on methodology, sampling and data collection methods (Saunders, Lewis & Thornhill, 2020). For this study, a descriptive phenomenological research design was employed. Descriptive phenomenology is a qualitative research strategy that focuses on exploring and describing the lived experiences of individuals as they are perceived by the participants themselves, with an emphasis on capturing the essence of those experiences without imposing preconceived interpretations (Neubauer, Witkop & Varpio, 2019). In this study, the descriptive phenomenological design will be applied through the use of in-depth interviews with post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre, where participants will be encouraged to provide detailed accounts of their experiences, and the data was analyzed thematically to identify common meanings, patterns, and shared experiences. This design is particularly suitable for the study because it allows the researcher to obtain rich, first-hand descriptions of the personal, social and psychological realities of post-treatment leprosy patients, thereby capturing their perspectives in a holistic and contextspecific manner (Smith & Osborn, 2020). Furthermore, descriptive phenomenology is appropriate because it prioritizes participants' narratives and seeks to describe experiences as they are lived, which aligns with the study's aim of understanding post-treatment experiences without distortion, while also enabling the identification of key themes related to challenges, coping mechanisms and service needs (Giorgi, 2021).

3.4 Study Setting

The study setting refers to the physical, social and institutional context in which the research is

conducted, encompassing the environment, population, and resources that influence data collection and the experiences being studied (Marshall & Rossman, 2020). This study was conducted at the Mutemwa Leprosy Catholic and Care Centre in Mutoko, Zimbabwe. It is a specialized institution that provides post-treatment care, rehabilitation services and residential support to individuals affected by leprosy. The research made use of this setting by engaging directly with post-treatment patients through in-depth interviews conducted within the Centre, allowing the researcher to gather detailed accounts of their lived experiences in a familiar and supportive environment. The setting also enabled the researcher to observe participants' daily routines, interactions and access to services, thereby providing contextual understanding that complements the interview data. The Centre was chosen because it houses a population of posttreatment patients who have completed Multi-Drug Therapy (MDT) and continue to experience physical, psychosocial, and economic challenges associated with the disease (Chibanda et al., 2021). Conducting research in this setting is relevant because it allows direct engagement with the participants in an environment where their lived experiences, coping mechanisms and interactions with service providers can be observed and explored in depth. Furthermore, the institutional setting provides access to healthcare staff, records, and support programs, which enrich the understanding of post-treatment services, patient challenges and potential areas for intervention (Mugabe & Moyo, 2022). By situating the study within Mutemwa, the research captures context-specific realities of leprosy care in Zimbabwe, ensuring that findings are grounded in the lived experiences of patients and the operational environment of the Centre.

3.5 Target Population

The target population refers to the entire group of individuals, events or elements to which a researcher intends to generalize the study findings and it represents the population from which the sample will be drawn (Creswell & Poth, 2023). Clearly defining the target population is essential because it ensures that the research focuses on participants who are most relevant to the study objectives and can provide rich, meaningful data (Marshall & Rossman, 2020). In this study, the primary target population comprises post-treatment leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre in Mutoko, Zimbabwe. These individuals have completed Multi-Drug

Therapy (MDT) but continue to experience physical, psychosocial, and economic challenges, making them the most appropriate group to provide insights into post-treatment experiences, coping mechanisms and the effectiveness of services offered at the Centre (Chibanda et al., 2021). Secondly, the study targets nurses, nurse aides, administrators and chaplaincy personnel working at Mutemwa Leprosy Catholic and Care Centre as key informant's population. Healthcare providers are directly involved in delivering post-treatment care, monitoring patient health and supporting rehabilitation programs. Their perspectives are important for understanding the scope and quality of services provided, the challenges encountered in managing post-treatment care and institutional strategies for improving patient outcomes (Mugabe & Moyo, 2022). Including both patients and healthcare providers ensures a comprehensive understanding of the post-treatment experience, from both the recipients' and the caregivers' viewpoints, thereby enhancing the richness and credibility of the study findings.

3.6 Sampling Techniques

Sampling techniques refer to the systematic strategies used by researchers to select a subset of

individuals from a larger population who can provide relevant and meaningful information to address the research questions (Creswell & Creswell, 2022). This study adopts purposive sampling technique to select participants.

3.6.1 Purposive Sampling

Purposive sampling is a non-probability sampling technique in which participants are deliberately selected because they possess specific knowledge, experiences, or characteristics essential for addressing the research objectives (Creswell & Poth, 2020). In this study, purposive sampling was used to select primary participants, who are post-treatment leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre. The researcher will work in collaboration with healthcare staff at the Centre to identify patients who have completed Multi-Drug Therapy (MDT) and have lived at the Centre for at least six months after treatment. Only those who are willing and able to provide informed consent will be included. This technique allows the researcher to exercise professional

judgment in identifying information-rich cases that can provide detailed and meaningful insights into the phenomenon being studied. This approach ensures that participants selected have sufficient lived experience to provide detailed accounts of the physical, psychosocial, and economic challenges they face, as well as the coping mechanisms they employ.

Similarly, purposive sampling was used to select secondary participants, who are key informants

comprising nurses and nurse aides working at the Centre. These healthcare providers will be identified based on their direct involvement in providing post-treatment care, rehabilitation services and daily patient support. The researcher will consult with the Centre's administration to identify suitable staff members who have relevant experience and have worked with post-treatment patients for a reasonable period. Selected individuals were then be approached and invited to participate voluntarily in the study. Their inclusion is important as they provide professional and informed perspectives on the nature, effectiveness, and limitations of post-treatment services offered at the Centre. Incorporating both primary participants and key informants enhances triangulation, strengthens the credibility and depth of the findings, and ensures a comprehensive understanding of post-treatment experiences, service provision and coping mechanisms from multiple perspectives.

3.7 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria refer to the specific conditions or characteristics used to determine who is eligible or ineligible to participate in a study, ensuring that selected participants are appropriate for addressing the research objectives and producing credible findings (Etikan, 2022). Inclusion criteria define the essential attributes that participants must possess, such as relevant experience, duration within a setting, or exposure to a particular phenomenon, while exclusion criteria identify characteristics that disqualify individuals whose participation may compromise the quality or relevance of the data (Patino & Ferreira, 2021). In this study, inclusion criteria consisted of post-treatment leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre who have completed Multi-Drug Therapy (MDT) and have lived at the Centre for at least six months, ensuring that participants have sufficient lived experience of post-treatment

challenges. Nurses, nurse aides, administrators and the chaplain with direct involvement in patient care and support services was included as key informants due to their professional exposure to posttreatment rehabilitation processes. Exclusion criteria were applied to newly admitted patients who are still undergoing active treatment, individuals who are medically unstable, and staff members without direct engagement in leprosy care or rehabilitation services, as they may not provide relevant or reliable information for the study (Taherdoost, 2020). The use of these criteria is important in maintaining the focus, validity, and credibility of the research by ensuring that only participants with relevant knowledge and experience are included, while minimizing bias and irrelevant data that could compromise the depth and accuracy of findings in relation to posttreatment experiences at Mutemwa.

3.8 Sample Size

Sample size refers to the number of participants selected from the target population to participate in a study, representing a subset from which data will be collected and analyzed to answer the research questions (Creswell & Creswell, 2022). In qualitative research, sample size is not determined by statistical power but by the need to achieve data saturation, where additional interviews yield little or no new information, thereby ensuring depth, richness and credibility of findings (Guest, Bunce & Johnson, 2020). For this study, a total of 14 participants will be selected using purposive sampling. This included 8 post-treatment leprosy patients as the primary participants, along with 2 nurses, 2 nurse aides, 1 administrator and 1 chaplain as key informants. In this study, interviewing 8 patients allowed for the emergence of recurring themes related to post-treatment experiences, while the inclusion of 6 key informants provided complementary insights on service provision and care practices. The chosen sample size is appropriate for a phenomenological study because it allows the researcher to collect detailed, context-specific narratives from patients while also integrating professional insights from healthcare providers, thereby providing a comprehensive understanding of post-treatment experiences (Neubauer, Witkop & Varpio, 2019). A smaller, focused sample ensures that each participant's story is explored in depth, which is critical for capturing the complex physical, psychosocial, and economic realities faced by post-treatment leprosy patients (Marshall & Rossman, 2020). Including key informants such as nurses and nurse aides strengthens triangulation and enhances the trustworthiness and credibility of the study, as it incorporates perspectives on service delivery alongside patient

experiences (Flick, 2020). Overall, a sample size of 12 participants is sufficient to reach data saturation while maintaining depth, feasibility and richness of qualitative data required to meet the study objectives.

3.9 Data Collection Methods

Data collection methods refer to the systematic procedures and techniques that researchers use to gather information from participants to answer research questions and achieve the objectives of a study (Bryman, 2022). For this study, a combination of semi-structured in-depth interviews and key informant interviews was used to collect data as explained below.

3.9.1 Semi-Structured In-Depth Interviews

Semi-structured in-depth interviews are a qualitative data collection method that involves conducting one-on-one interviews guided by pre-determined questions while allowing flexibility to explore emerging topics in detail (Patton, 2022). In this study, semi-structured in-depth interviews was used to collect data from post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The researcher conducted face-to-face interviews using an interview guide with open-ended questions, while also employing probing techniques to encourage participants to elaborate on their responses and share detailed accounts of their experiences. Each interview was conducted in a private and comfortable setting within the Centre to ensure confidentiality and to allow participants to speak freely. This method is suitable for capturing the lived experiences of post-treatment leprosy patients, including their physical challenges, social stigma and coping strategies, as well as the perspectives of healthcare providers regarding service delivery. By using open-ended questions and follow-up probes, participants are able to express their experiences in their own words, providing rich and nuanced narratives that reflect the complexity of life after treatment (Guest, Namey & Chen, 2020). Semi-structured interviews are particularly appropriate for descriptive phenomenological studies because they allow the researcher to explore personal meanings and perceptions while remaining flexible to the flow of each participant's account, thereby enabling a deeper understanding of lived experiences. The

detailed qualitative data collected through this method supported a comprehensive analysis of posttreatment challenges and contribute to identifying gaps and potential areas for improving care and rehabilitation services.

3.9.2 Key Informant Interviews

Key informant interviews are qualitative interviews conducted with individuals who possess

specialized knowledge, expertise or authority relevant to the research topic (Kumar, 2021). They were used to collect data from nurses, nurse aides, administrators and the chaplaincy personnel at Mutemwa Leprosy Catholic and Care Centre, serving as key informants of the study. These are directly involved in patient care, institutional management and spiritual support services hence they provided with information on the services provided to post leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The researcher will conduct these interviews using key informant interview guides designed to elicit detailed in-depth and professional information on post-treatment service delivery, patient management practices, institutional challenges, and support systems. Probing questions used to allow participants to elaborate on their responses and provide deeper insights based on their professional experiences. These interviews were conducted in a private setting within the Centre to ensure confidentiality and encourage open discussion. Key informant interviews are appropriate for this study because they provide expert perspectives on service gaps, care practices, and systemic issues that influence the quality of life of post-treatment leprosy patients (Sofaer, 2020). They also enhance triangulation by enabling the researcher to compare and validate information obtained from patient interviews, thereby strengthening the credibility, trustworthiness, and depth of the findings. By incorporating insights from healthcare providers, administrative personnel, and spiritual caregivers, the study achieves a more comprehensive and holistic understanding of post-treatment care, which is essential for developing well-informed and context-specific recommendations to improve patient outcomes.

3.10 Data Collection Tools

Data collection tools are the instruments or resources that researchers use to systematically gather

information from participants to answer research questions and meet the objectives of a study (Bryman, 2022). For this study, two primary data collection tools were employed which are semistructured in-depth interview guides for patients and key informant interview guides for nurses and nurse aides as detailed below.

3.10.1 Semi-Structured In-Depth Interview Guide

The semi-structured in-depth interview guide is a qualitative tool consisting of open-ended

questions designed to explore participants' experiences, beliefs and perceptions in detail (Patton, 2022). These open-ended questions allow participants to provide detailed, unrestricted responses, enabling them to express their thoughts and experiences in their own words without limitation. In this study, the guide was used to collect data from leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre. The tool included probing questions aligned with specific research questions, focusing on post-treatment services received, physical and psychosocial challenges, and experiences of stigma and coping mechanisms. The semi-structured format allows flexibility to probe participants' responses, seek clarification, and follow up on emergent themes, which is essential for capturing the complex and context-specific realities of life after leprosy treatment (Guest, Namey & Chen, 2020). This tool ensures that participants can express themselves in their own words, providing rich, descriptive data critical for understanding their lived experiences and identifying areas for service improvement.

3.10.2 Key Informant Interview Guide

The key informant interview guide is a structured tool designed to gather professional insights

from individuals with specialized knowledge relevant to the study topic (Kumar, 2021). This guide will be used with nurses, nurse aides, administrators and chaplaincy at Mutemwa Centre to explore the delivery of post-treatment services, challenges in patient care and institutional practices. This tool included open-ended questions and targeted probes organized in line with the studyobjectives, covering areas such as service delivery processes, rehabilitation approaches, resource availability, interprofessional collaboration and patient management strategies. The tool helped to capture the perspectives of healthcare providers on service gaps, rehabilitation processes and patient

management, complementing the experiences shared by post-treatment patients. Using this guide ensures consistency across interviews while allowing flexibility to explore significant issues raised by informants, facilitating triangulation and enhancing the credibility and comprehensiveness of the study findings (Sofaer, 2020). By integrating data from patient and provider perspectives, these tools enable a holistic understanding of post-treatment care, supporting the development of evidence-based recommendations to improve patient outcomes.

3.11 Data Analysis Technique

Data analysis refers to the systematic process of organizing, interpreting, and making sense of

collected data in order to answer research questions and achieve the objectives of a study (Creswell & Creswell, 2023). This study used thematic analysis in line with descriptive phenomenology which is a qualitative method designed to capture the essence of a lived experience uncovering patterns and meanings directly from raw data from interviews while bracketing the researcher`s own biases to reflect the phenomenon exactly as the participant experiences it (Husserl, 2023).

The process of thematic analysis based in a descriptive phenomenological approach, goes from the original data to the identification of meanings, organizing these into patterns and writing the results of themes related to the study aim and the actual context. The data analysis was guided by qualitative thematic analysis which was based on descriptive phenomenology (Sundler et al., 2019). According to Giorgi (2009), there are principles of data analysis through a phenomenological philosophy, and the five descriptive phenomenological steps which were modified from Hurssel's descriptive phenomenological philosophy. After data collection, data is collectively translated into English. We then transcribed and sorted the interview transcripts into simple analytic records that were related to the interview guides. In line with the five descriptive phenomenological analysis steps, and following Broome's (2011, pp. 11–18) lead, the stages assume the phenomenological attitude or bracketing, read entire written accounts to make sense of the whole, delineate meaning units, transform the meaning units into statements of lived-meanings, and synthesize a general structure of experiences based on the constituents of each experience. Sundler et al. (2019), however, narrowed these steps down to three: (1) familiarity with the data

through open-minded reading, searching for meanings and themes, and organizing themes into a meaningful wholeness. Since the data was collectively analyzed, it came up with different meaning units (themes), and then conjointly and iteratively merged the themes. The themes constructed were descriptive in nature, and the narratives that we appended to the thematic headings captured the 'lived experiences' of participants, and descriptive. With the flexibility of thematic analysis acting as a potential weakness, it is exceedingly accommodating and was used in diverse approaches by researchers (Braun & Clarke, 2022; Kiger & Varpio, 2020) we had to make clear our assumptions and orientations. A deductive approach was used to direct towards a typically semantic coding procedure as the focus was on what the participants said in line with their experiences, and remaining in the phenomenological attitude, and latent analysis in comprehending some assumptions and meanings behind the findings (Broome, 2011; Byrne, 2022). Developing themes deductively rested upon existing ideas and concepts precisely, in this instance, a paradigm derived from the literature review (Braun & Clarke, 2021).

The use of thematic analysis is appropriate for this study because it allows for a systematic yet flexible approach to identifying, analyzing, and interpreting patterns within qualitative data. The process begins with bracketing, where the researcher consciously sets aside personal biases and preconceived notions to ensure the data is examined with fresh eyes. Following this, the researcher engages in phenomenological reduction by immersing themselves in the raw interview data to extract direct, unadulterated meanings. Finally, through a process akin to eidetic variation, these extracted meanings are systematically integrated and organized into overarching patterns and themes that align directly with the study's aims and context.

The application of thematic analysis in line with a descriptive phenomenological framework is

highly justified because it provides a systematic, yet inherently flexible, approach to organizing, interpreting, and making sense of qualitative data. By prioritizing the practice of bracketing, this methodology safeguards the integrity of the research by preventing the researcher's personal assumptions from overshadowing the data. This ensures that the final findings reflect the phenomenon exactly as the participants experience it, rather than how existing theories dictate it should be experienced.

Furthermore, this combined approach is uniquely suited for capturing the true essence of a lived experience directly from the raw narratives of participants. It allows the researcher to remain intimately close to the participants' actual words while offering a rigorous path to transition from raw individual data to the identification of broader meaning structures. Ultimately, this framework enhances the overall depth, credibility, and richness of the study, making it possible to capture and unpack the highly complex, multidimensional nature of human experience including its physical, psychological, social, and economic dimensions.

3.12 Trustworthiness of the Study

In qualitative research, trustworthiness refers to the strategies used to ensure that research findings are credible, dependable, transferable and confirmable rather than statistically generalizable. It is concerned with establishing the rigor, authenticity and integrity of qualitative findings so that they accurately represent participants lived experiences and perspectives (Creswell & Creswell 2022; Polit & Beck 2021). Trustworthiness is particularly important in phenomenological studies because the research seeks to understand participants' subjective experiences and meanings attached to a phenomenon. According to Tracy 2020, applying clear strategies for trustworthiness strengthens the quality, transparency and reliability of qualitative research. In this study, trustworthiness will be enhanced through several established qualitative strategies including triangulation of data sources, detailed documentation of the research process, member checking and reflexive practices. These measures ensured that the findings accurately reflect the perspectives of nurses and nurse aides regarding the phenomenon under investigation.

3.12.1 Credibility

Credibility refers to the extent to which research findings accurately represent participants' realities and lived experiences. It ensures that the interpretation of data truly reflects the perspectives and meanings expressed by participants (Creswell & Poth 2018). In this study, credibility will be enhanced through data triangulation, where information was collected from both primary participants and key informants, namely nurses and nurse aides, in order to obtain multiple perspectives on the phenomenon being studied. Additionally, member checking will be conducted by allowing participants to review interview transcripts or summaries to confirm that their views have been captured accurately. Prolonged engagement with participants during interviews will also

allow the researcher to gain deeper insight into their experiences and reduce the likelihood of misinterpretation (Tracy 2020).

3.12.2 Transferability

Transferability refers to the extent to which the findings of a qualitative study can be applied or transferred to other contexts with similar characteristics. Unlike quantitative research which aims for statistical generalization, qualitative studies aim to provide sufficient contextual detail so that readers can determine the applicability of findings to other settings (Polit & Beck 2021). In this study, transferability will be enhanced by providing rich and detailed descriptions of the research setting, participant characteristics and contextual conditions surrounding the phenomenon under investigation. Such thick description will allow other researchers, practitioners and policymakers to determine whether the findings may be relevant to similar healthcare or community settings (Tracy 2020).

3.12.3 Dependability

Dependability refers to the stability and consistency of the research process over time. It focuses

on whether the research procedures are logical, traceable and clearly documented so that another researcher could follow the same procedures and reach similar conclusions (Nowell et al. 2019). In this study, dependability will be ensured by maintaining a comprehensive audit trail that documents all stages of the research process, including participant recruitment, data collection procedures, transcription processes and data analysis decisions. Detailed methodological documentation helped demonstrate that the study was conducted systematically and transparently, thereby strengthening the reliability of the findings (Polit & Beck 2021).

3.12.4 Confirmability

Confirmability refers to the degree to which research findings are shaped by participants' responses rather than the researcher's personal biases, motivations or assumptions. It emphasizes the importance of objectivity and transparency in qualitative research (Creswell & Creswell 2022). In this study, confirmability will be strengthened through the use of reflexive journaling, where the

researcher will document personal reflections and methodological decisions throughout the research process. Additionally, maintaining an audit trail and preserving original interview transcripts will ensure that interpretations can be traced directly back to the collected data. These strategies will help demonstrate that the study findings are grounded in participants' experiences and can be verified by other researchers (Nowell et al. 2019).

3.13 Limitations of the Study

One limitation of this study relates to the small sample size inherent in qualitative research. The study will involve a relatively small number of participants because qualitative research prioritizes depth of understanding rather than statistical generalization. While this allows the researcher to explore participants' experiences in detail, it may limit the extent to which the findings can be generalized to other populations or settings. According to Creswell and Creswell 2022, qualitative studies often rely on smaller samples in order to generate rich and detailed insights into participants lived experiences, but such samples may not represent wider populations. Similarly, Polit and Beck 2021 note that findings from qualitative studies should be interpreted within the specific context in which the research is conducted rather than generalized broadly.

Another limitation relates to the potential influence of researcher bias during data collection and interpretation. In qualitative research, the researcher plays a central role in collecting, interpreting and analyzing data, which may introduce subjective interpretations of participants' responses. Although strategies such as reflexivity and maintaining an audit trail can reduce this risk, it may not be possible to eliminate researcher influence entirely. Tracy 2020 explains that qualitative researchers must constantly reflect on their positionality because their perspectives may shape how data is interpreted. Similarly, Braun and Clarke 2021 argue that thematic analysis requires careful reflexive engagement with the data to ensure that themes accurately reflect participants' views rather than the researcher's assumptions.

A further limitation of the study is that participants may provide socially desirable responses

during interviews. Because the study relies on self-reported information obtained through interviews, participants may choose to withhold certain information or provide responses they believe are more acceptable to the researcher. This may affect the completeness or accuracy of the data collected. According to Marshall and Rossman 2020, interview-based research can be influenced by participants' desire to present themselves in a favorable way, particularly when discussing sensitive issues. In addition, Creswell and Poth 2018 note that participants may consciously or unconsciously modify their responses during interviews due to concerns about judgement or confidentiality, which may limit the depth or authenticity of the data obtained.

3.14 Delimitations of the Study

One delimitation of this study is that the research will focus specifically on nurses and nurse aides working in the selected health care setting, rather than including all categories of health professionals. The researcher deliberately chose these participants because they are directly involved in providing daily care and support to patients, which positions them to provide detailed insights into the phenomenon under investigation. Delimitations are boundaries intentionally set by the researcher to narrow the scope of the study and ensure that the research remains manageable and focused (Creswell & Creswell 2022). Similarly, Kumar 2023 explains that delimitations define the parameters within which the research operated, allowing the researcher to concentrate on participants who are most relevant to the research problem.

Another delimitation of the study is that it adopted a qualitative phenomenological design, which

focuses on understanding participants lived experiences rather than measuring variables quantitatively. The researcher intentionally selected this approach in order to obtain rich, detailed descriptions of participants' perceptions and experiences within the study context. According to Patton 2022, qualitative research designs are often deliberately chosen when the aim is to explore meanings, interpretations and experiences rather than to produce statistical generalizations. In the same vein, Guest, Namey and Mitchell 2023 argue that qualitative approaches allow researchers to examine complex social realities in depth, making them particularly suitable for studies that seek to understand human experiences within specific contexts.

A further delimitation is that the study will be conducted within a single study setting, rather than across multiple institutions or geographical areas. This decision was made to allow the researcher to obtain in-depth contextual understanding of the phenomenon within the selected environment. While conducting the study in one setting allows for deeper engagement with participants and the research context, it also means that the findings primarily reflected experiences within that specific setting. According to Marshall and Rossman 2022, delimiting a study to a specific location allows researchers to gain detailed contextual insights that may not be possible in broader multi-site studies. Likewise, Tracy 2020 notes that qualitative researchers often define clear contextual boundaries in order to produce focused and meaningful interpretations of participants' experiences.

3.15 Ethical Considerations

Ethical considerations refer to the moral principles and professional standards that guide researchers in protecting the rights, dignity and welfare of participants throughout the research process (Bryman, 2021). These principles ensure that research is conducted responsibly and that participants are not exposed to harm, exploitation or unnecessary risk during the study (Resnik, 2020). The study therefore upholded ethical standards which include ethical clearance, permission from gatekeepers, informed consent, confidentiality, and voluntary participation.

3.15.1 Ethical Clearance from the Department of Social Work< BUSE

Ethical clearance refers to the formal approval granted by a recognized research ethics committee confirming that a study involving human participants meets required ethical standards and safeguards participant welfare, dignity and rights (Resnik, 2021). In this study, ethical clearance will be obtained from the department of Social Work, Buse prior to the commencement of data collection, and no interviews or observations were conducted without official approval. The researcher will submit the full research proposal, data collection tools and consent procedures to the Department of Social Work , BUSE. Once approval is granted, the researcher strictly adhered to all stipulated conditions, including maintaining confidentiality, ensuring voluntary participation and protecting participants from harm throughout the study process. Ethical clearance is essential

for this study because it ensures that vulnerable participants, particularly post-treatment leprosy patients who may experience stigma and social vulnerability, are protected from psychological, emotional or social harm during data collection (Israel & Hay, 2020). It also enhances the credibility, validity and academic integrity of the research by ensuring that all procedures meet established ethical and professional research standards.

3.15.2 Permission from Gatekeepers

Permission from gatekeepers refers to formal authorization obtained from individuals or authorities who have control over access to research setting or participant group, ensuring that research is conducted in an organized, respectful and institutionally approved manner (Hammersley & Traianou, 2021). In this study, permission will be sought from the administration of Mutemwa Leprosy Catholic and Care Centre, which serves as the institutional gatekeeper for access to both patients and staff participants. The researcher will formally write to the Centre management requesting permission to conduct the study, clearly outlining the research objectives, data collection procedures and ethical safeguards to be observed. Upon approval, the researcher will also engage relevant departmental heads to facilitate access to nurses, nurse aides, administrators and the chaplain who participated as key informants. Gatekeeper permission is important because it ensures that research activities are conducted in a coordinated and nondisruptive manner within the institution, while also respecting organizational policies and protecting participants' welfare (Bourke, 2022). Furthermore, it promotes trust between the researcher and the institution, thereby improving participant cooperation and data quality. In the context of this study, gatekeeper approval is particularly crucial because it facilitates ethical engagement with a vulnerable population residing within a structured care environment, ensuring that access to participants is appropriately managed and that institutional protocols are fully respected throughout the research process.

3.15.3 Informed Consent

Informed consent refers to the process through which participants are provided with clear and adequate information about the study before they agree to take part in the research. This includes explaining the purpose of the study, the procedures involved, the expected duration of participation and any potential risks or benefits associated with the research (Kumar 2023). In this study,

informed consent was obtained from all participants before data collection begins. The researcher will provide participants with a consent form that clearly explains the objectives of the study, the nature of their involvement and how the information they provide will be used. Participants were given sufficient time to read and understand the information and will be allowed to ask questions before signing the consent form. Ensuring informed consent is important because it guarantees that participants willingly agree to participate in the study with full understanding of what the research entails, thereby protecting their autonomy and rights (Creswell & Creswell 202

3.15.4 Confidentiality

Confidentiality refers to the obligation of the researcher to protect participants' identities and the information they provide from unauthorized access or disclosure (Saunders, Lewis & Thornhill 2019). In this study, confidentiality will be maintained by ensuring that the names and personal details of nurses and nurse aides are not disclosed in the research report. Instead, pseudonyms or codes will be used to represent participants during data recording, transcription and reporting of findings. Additionally, all data collected during the study, including interview recordings and transcripts, were securely stored and were only be accessible to the researcher. Maintaining confidentiality is essential in this study because it helps participants feel comfortable and secure when sharing their experiences and professional insights, thereby improving the honesty and reliability of the information collected (Wiles 2020).

3.15.5 Voluntary Participation

Voluntary participation refers to the principle that individuals should freely decide whether or not

to participate in a research study without any form of pressure, coercion or manipulation (Bryman 2021). In this study, participation will be entirely voluntary, meaning that nurses and nurse aides will have the right to decide whether they wish to take part in the research. Participants will also be informed that they have the right to withdraw from the study at any stage without facing any negative consequences. The researcher ensured that participants understand that their decision to participate or withdraw will not affect their professional relationships or employment in any way. Upholding voluntary participation is important because it respects participants' freedom of choice and ensures that the information provided during the study is shared willingly and authentically

(Resnik 2020).

CHAPTER FOUR PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents, analyses and discusses the findings of the study which explored the posttreatment experiences of leprosy patients at Mutemwa Leprosy Catholic and Care Centre in Mutoko. The chapter is guided by the study objectives which sought to examine the post-treatment services provided to leprosy patients at Mutemwa Leprosy Catholic and Care Centre, scrutinize the complications associated with the post-treatment lives of leprosy patients, analyses the coping mechanisms adopted by leprosy patients after treatment and propose recommendations to enhance the services delivered and address the complications faced by post-treatment leprosy patients. The findings are based on data generated through semi-structured in-depth interviews with eight posttreatment leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre, as well as key informant interviews with two nurses, two nurse aides, one administrator and one chaplain. A thematic analysis approach was used to identify recurring patterns, experiences and perceptions across participant responses. Direct verbatim quotations from participants are included to support the emerging themes and sub-themes, while views from key informants are used to corroborate and contextualize the experiences shared by post-treatment leprosy patients. The findings are further interpreted and discussed in relation to Maslow's Hierarchy of Needs Theory and Social Stigma Theory, which guided the study by providing an understanding of how physical, psychological, social and economic factors shape the lived experiences and wellbeing of posttreatment leprosy patients.

4.1 Demographic Characteristics of Post-Treatment Leprosy Patients

This section presents the demographic characteristics of the study participants who took part in the research. The demographic information was considered important as it provided background details that assisted in understanding the experiences, perspectives and responses shared by participants regarding post-treatment life at Mutemwa Leprosy Catholic and Care Centre. For post-treatment leprosy patients, demographic characteristics included age, gender, marital status, educational level, treatment duration and years spent in post-treatment care. These characteristics provided insight into the diversity of participants and the context within which they experienced post-treatment services, complications and coping mechanisms. The demographic profile of the post-treatment leprosy patients is presented in Table 4.1 below.

Table 1: Demographic Characteristics of Post-Treatment Leprosy Patients

P1	Male	68	Married	Primary	15
P2	Female	54	Widowed	No Formal Education	8
P3	Male	42	Single	Secondary	3
P4	Female	71	Married	Primary	22
P5	Male	60	Divorced	Primary	5
P6	Female	48	Single	Secondary	2
P7	Male	65	Married	Secondary	11
P8	Female	59	Divorced	No formal education	6

Source: Primary data from field

The study involved eight post-treatment leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre. The participants comprised four males and four females, reflecting an equal

gender representation. Their ages ranged from 42 to 71 years, indicating that most participants were older adults who had lived with the consequences of leprosy for a considerable period. In terms of marital status, three participants were married, two were divorced, two were single and one was widowed. Educational attainment varied among participants, with some having no formal education, while others had attained primary or secondary education. The duration of posttreatment stays at the Centre ranged from 2 to 22 years, demonstrating that most participants had extensive experience living with the long-term effects of leprosy and receiving post-treatment support services. This diversity in age, marital status, educational background and length of stay provided a broad range of perspectives on the post-treatment experiences of leprosy patients.

4.1.2 Demographic Characteristics of Key Informants

This section presents the demographic and professional characteristics of the key informants who

participated in the study. The inclusion of key informants was important because they possessed specialized knowledge and direct experience in providing care and support services to posttreatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. Information relating to their designation, professional qualifications and years of service was collected to establish their suitability and capacity to provide informed perspectives on post-treatment services, patient wellbeing, challenges, coping mechanisms and possible interventions. The diverse professional backgrounds of the key informants provided a comprehensive understanding of the issues affecting post-treatment leprosy patients from administrative, clinical, psychosocial and spiritual care perspectives. The demographic characteristics of the key informants are presented in Table 4.2 below.

Table 4.2: Demographic Characteristics of Key Informants

Participant	Gender	Age	Highest Qualification	Position	Year of Service
KM1	Female	45	Bachelor's Degree in Health Services Management	Administrator	8

KM2	Female	48	Diploma in General Nursing	Nurse	5
KM3	Female	41	Diploma in Ge neral Nursing	Nurse	6
KM4	Female	32	Nurse Aide Certificate	Nurse Aide	4
KM5	Male	29	Nurse Aide Cetificate	Nurse Aide	3
KM6	Male	52	Diploma i Theology n and Counselling	Chaplain	10

Source: key informant data from field

The study also included six key informants comprising an administrator, two nurses, two nurse aides and a chaplain. Four of the key informants were female while two were male. Their ages ranged from 29 to 52 years. The participants possessed different professional qualifications relevant to their respective roles within the institution, including nursing diplomas, nurse aide certificates, a diploma in theology and counselling, and a bachelor's degree in health services management. Their years of service at Mutemwa Leprosy Catholic and Care Centre ranged from 3 to 10 years, indicating substantial experience in working with post-treatment leprosy patients. The inclusion of personnel from different professional backgrounds enabled the study to obtain diverse perspectives on post-treatment care, service provision, patient wellbeing and the challenges faced by residents at the Centre.

4.2 Theme 1: Post-Treatment Services Provided to Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre

This theme explored the post-treatment services provided to leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre. The findings revealed that although patients had successfully completed medical treatment for leprosy, they continued to receive a wide range of support services aimed at addressing the long-term physical, psychological, social and economic effects of the disease. Participants highlighted the availability of medical rehabilitation services, psychosocial support services, residential care and welfare support services, spiritual support services and livelihood and occupational support services. The findings further revealed that these services played an important role in enhancing the wellbeing of patients by promoting physical functioning, emotional stability, social inclusion and dignity. The sub-themes that emerged under this theme were medical rehabilitation services, psychosocial support services, residential care and welfare support services, spiritual support services, livelihood and occupational support services and the contribution of post-treatment services to patients' wellbeing.

4.2.1 Medical Rehabilitation Services

The findings revealed that medical rehabilitation services constituted one of the most important forms of support provided to post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. Participants indicated that although they had completed Multi-Drug Therapy (MDT), they continued to require ongoing medical attention due to permanent disabilities, chronic wounds, loss of sensation and other long-term complications associated with leprosy. Medical rehabilitation services identified by participants included daily wound dressing, ulcer management, provision of protective footwear, physiotherapy, routine health assessments and monitoring for secondary infections. These findings were also confirmed by key informants who indicated that continuous medical rehabilitation remains essential in preventing further complications, managing disabilities and improving the quality of life of post-treatment leprosy patients. Some participants had the following to say:

"Ndinopiwa mabhandeji matsva mazuva ose ekusunga maronda etsoka dzangu nekuti maronda acho haapori nyore. Vanamukoti vanogara vachindiongorora uye vachiona kuti maronda acho haawedzeri kuipa."

("I receive clean bandages every day for my foot wounds because the ulcers do not heal easily. The nurses regularly assess me and make sure that the wounds do not worsen.") **(P1)**

Another participant revealed that:

"Vanotigadzirira shangu dzakakosha dzinodzivirira tsoka dzedu dzisingachanzwi kurwadziwa. Dai ndisina shangu idzi, ndaigara ndichikuvadzwa kana kufamba munzvimbo dzine matombo."

("They provide us with special protective shoes that protect our feet which no longer feel pain. Without these shoes, I would constantly sustain injuries while walking on rough surfaces.") **(P3)**

Supporting these views, a key informant highlighted that:

"Clinical care does not end when patients complete treatment. Most residents require continuous ulcer management, daily wound dressings, assistive devices such as custommade shoes and crutches, as well as routine monitoring for secondary infections that may develop because of permanent nerve damage." **(KM2-Nurse)**

The findings of the study revealed that medical rehabilitation services remain essential in the lives

of post-treatment leprosy patients because treatment completion does not eliminate the long-term physical consequences of the disease. Participants consistently indicated that ongoing wound care, protective footwear and clinical monitoring help prevent further injuries, infections and deterioration of physical functioning. The findings suggest that rehabilitation services provide an important protective mechanism that enables patients to manage permanent disabilities and maintain their quality of life. As a researcher, this indicates that post-treatment care extends beyond

disease cure and focuses on preserving functionality, preventing avoidable complications and promoting independent living among affected individuals. These findings concur with Mtetwa (2024), who observed that rehabilitation services such as wound management, physiotherapy and assistive devices are critical in supporting the long-term health outcomes of persons affected by leprosy. The findings also resonate with Maslow's Hierarchy of Needs Theory as advanced by Maslow (1943), which emphasizes the importance of satisfying physiological and safety needs before individuals can pursue higher levels of wellbeing. The provision of medical rehabilitation services at Mutemwa contributes directly to the fulfilment of these basic needs by protecting patients from further injury, promoting physical health and creating a safer living environment. The findings further align with the World Health Organization Global Leprosy Strategy (2021–2030), which advocates for continuous rehabilitation and disability management services for individuals affected by leprosy even after successful completion of medical treatment. Therefore, the findings demonstrate that medical rehabilitation services are a critical component of posttreatment care and play a significant role in improving the health and wellbeing of residents at Mutemwa Leprosy Catholic and Care Centre.

4.2.2 Psychosocial Support Services

The study established that psychosocial support services formed an integral component of posttreatment care at Mutemwa Leprosy Catholic and Care Centre. Participants indicated that beyond the physical consequences of leprosy, many residents continued to experience emotional distress, feelings of rejection, loneliness and psychological trauma arising from stigma and family abandonment. To address these challenges, the Centre provides counselling services, emotional support and opportunities for social interaction that help residents cope with their circumstances and rebuild their self-worth. These views were further supported by professionals at the Centre who highlighted that psychosocial interventions play a critical role in promoting emotional wellbeing, social connectedness and resilience among post-treatment leprosy patients. Some participants had the following to say:

> *"Pandakapedza kurapwa ndakanga ndava munhu akarasikirwa netariro nekuti mhuri yangu yakanga yandiramba. Asi kuburikidza nekukurudzirwa nekupihwa mazano kuno, ndakadzidza kugamuchira mamiriro angu uye kuramba ndichirarama."*

("When I completed treatment, I had lost hope because my family had rejected me. However, through counselling and encouragement received here, I learned to accept my situation and continue living positively.") **(P6)**

Another participant stated that:

"Kugara nevamwe vane mamiriro akafanana nezvangu kunondibatsira zvikuru. Tinokurukura matambudziko edu uye tinonyaradzanana kana mumwe wedu achinge asuruvara."

("Living with other people who have experiences similar to mine helps me greatly. We discuss our challenges and comfort each other whenever one of us feels discouraged.") **(P2)**

Corroborating these perspectives, the chaplain remarked that:

"Psychosocial support is provided through individual counselling sessions, group interactions and emotional guidance. Many residents arrive carrying deep emotional wounds resulting from stigma, rejection and social isolation, and these interventions help them regain confidence and hope." **(KM6-Chaplain)**

Evidence gathered from participants suggests that psychosocial support services play a critical role in promoting emotional wellbeing among post-treatment leprosy patients. The narratives demonstrate that counselling, peer interaction and emotional support assist patients in overcoming feelings of hopelessness and social exclusion while fostering resilience and positive selfperceptions. The findings further imply that psychosocial recovery is just as important as physical rehabilitation because many of the challenges experienced by residents continue long after the disease has been medically cured. From the researcher's perspective, the availability of psychosocial support contributes significantly to restoring dignity, strengthening coping capacities and improving overall quality of life among patients. These findings are consistent with Chikuse (2022), who noted that psychosocial interventions are essential in addressing the long-term emotional and social consequences associated with leprosy. The findings also resonate strongly with Social Stigma Theory as advanced by Goffman (1963), which explains how individuals affected by stigmatized conditions often experience exclusion, identity challenges and diminished

social acceptance. The psychosocial support provided at Mutemwa appears to mitigate the negative effects of stigma by creating an environment where patients feel understood, valued and supported. In addition, the findings align with the World Health Organization Global Leprosy Strategy 2021–2030 as discussed by the World Health Organization (2022), which emphasises the provision of psychosocial support, stigma reduction and social inclusion as critical components of posttreatment leprosy care. The findings further have implications for social work practice, particularly in the areas of counselling, psychosocial rehabilitation, advocacy and emotional support for vulnerable populations experiencing social exclusion. Therefore, the findings underscore the importance of integrating psychosocial care into post-treatment programmes as a means of enhancing emotional recovery, promoting social inclusion and improving the overall wellbeing of persons affected by leprosy.

4.2.3 Residential Care and Welfare Support Services

Another significant service identified by participants was the provision of residential care and

welfare support. The study found that many residents remain permanently accommodated at Mutemwa due to severe disabilities, advanced age, social exclusion and the absence of family support systems. Participants highlighted that the Centre provides shelter, food, clothing and other basic necessities that enable them to live in a safe and supportive environment. These findings were further supported by professionals at the Centre who indicated that residential care and welfare support remain essential for many post-treatment patients who are unable to live independently or return to their families and communities because of disability, stigma and limited social support. Some participants had the following to say:

> *"Dai pasina nzvimbo ino, handizive kwandaienda nokuti mhuri yangu yakandiramba kare. Pano ndinowana pekugara, chikafu uye vanhu vanondibata neruremekedzo semunhu."*
>
> ("Without this place, I do not know where I would have gone because my family rejected me long ago. Here I receive accommodation, food and people who treat me with dignity.") **(P4)**

Another participant revealed that:

"Kugara pano kwakandipa rugare rwepfungwa nekuti handichanetseki nezvekutsvaga pekurara kana chikafu chemazuva ose. Nzvimbo ino yava musha wangu."

("Living here has given me peace of mind because I no longer worry about finding shelter or food for daily survival. This place has become my home.") **(P1)**

Supporting these accounts, the administrator indicated that:

"Although the residents have been medically cured, many cannot return to their communities

because of irreversible disabilities and lack of family support. As a result, the Centre continues to provide permanent accommodation, feeding programmes and welfare assistance to ensure their wellbeing." **(KM1-Administrator)**

The accounts provided by participants demonstrate that residential care and welfare support

services fulfil a fundamental protective function in the lives of post-treatment leprosy patients. The findings show that the Centre serves not only as a healthcare institution but also as a permanent home for individuals who would otherwise face homelessness, neglect and extreme vulnerability. The evidence suggests that access to shelter, food and welfare support reduces insecurity and creates conditions that allow residents to focus on recovery and social participation. As a researcher, this reflects the importance of institutional care in addressing the long-term social consequences of leprosy, particularly among individuals who have limited family or community support. These findings concur with Moyo (2023), who observed that residential welfare programmes remain essential for vulnerable persons living with chronic disabilities and social exclusion. The findings further align with Maslow's Hierarchy of Needs Theory, particularly the emphasis on physiological and safety needs as prerequisites for wellbeing and human development (Kenrick et al., 2010). The provision of food, shelter and protection at Mutemwa directly addresses these foundational needs. In addition, the findings reflect the aspirations of Zimbabwe's National Disability Policy as discussed by Dube (2022), which advocates for the provision of social protection and supportive services for persons living with disabilities. Therefore, residential care and welfare support services emerge as indispensable components of post-treatment care at Mutemwa Leprosy Catholic and Care Centre.

4.2.4 Spiritual Support Services

The findings also highlighted the importance of spiritual support services in the lives of post-

treatment leprosy patients. Participants reported that religious activities and spiritual guidance provided comfort, hope and emotional strength in the face of persistent physical challenges and social rejection. Spiritual support was mainly delivered through church services, prayer meetings, choir activities and pastoral counselling. Key informants further emphasised that spiritual programmes serve as an important source of encouragement and psychosocial healing by helping residents find meaning, hope and acceptance despite the challenges associated with their condition. Participants expressed their experiences as follows:

"Ndinowana simba guru kuburikidza neminamato uye kuimba mukwaya yechechi. Kutenda kwangu kunondibatsira kugamuchira mamiriro andiri uye kunondipa tariro yeramangwana."

("I gain great strength through prayer and singing in the church choir. My faith helps me accept my circumstances and gives me hope for the future.") **(P4)**

Another participant explained that:

"Kana ndichifunga nezvemhuri yakandirasa, ndinoenda kuchechi kunonamata. Izvozvo zvinondibatsira kuderedza kusuruvara uye kundiyeuchidza kuti ndichiri munhu ane kukosha."

("Whenever Ithink about the family that abandoned me, Igo to church and pray. This helps to reduce my sadness and reminds me that I am still a person of value.") **(P7)**

Reinforcing these sentiments, the chaplain observed that:

"Many residents rely heavily on their faith. Through prayer, counselling and church activities, they find meaning, comfort and the strength to cope with the difficult realities associated with life after leprosy." **(KM6-Chaplain)**

The narratives generated from this study indicate that spiritual support serves as an important source of resilience and emotional stability among post-treatment leprosy patients. Participants consistently associated religious involvement with feelings of hope, acceptance and inner peace despite ongoing challenges. The findings suggest that spirituality helps residents make sense of their experiences and provides a framework through which they can cope with loss, rejection and uncertainty. From an analytical standpoint, spiritual support appears to complement other rehabilitation services by addressing emotional and existential needs that may not be fully met through medical interventions alone. These findings agree with Chitiyo (2023), who found that spiritual care contributes significantly to psychological wellbeing and coping among individuals living with chronic illnesses and disabilities. The findings further resonate with Social Stigma Theory as articulated by White (2021), which acknowledges that stigmatized individuals often seek alternative sources of identity, acceptance and belonging when excluded by society. Spiritual communities and faith-based support structures provide such spaces for affirmation and inclusion. The findings therefore demonstrate that spiritual support services are an essential dimension of holistic post-treatment care because they promote emotional healing, hope and personal resilience among residents of Mutemwa Leprosy Catholic and Care Centre.

4.2.5 Livelihood and Occupational Support Services

The study further established that livelihood and occupational support services constitute an

important aspect of post-treatment care at Mutemwa Leprosy Catholic and Care Centre. Although many residents experience physical limitations resulting from permanent disabilities, participants indicated that the Centre encourages those who are physically capable to engage in productive activities such as gardening, weaving and small craft production. These activities provide opportunities for meaningful engagement, promote self-worth and reduce idleness among residents. This observation was also echoed by key informants who noted that occupational activities not only help residents remain active but also foster a sense of purpose, independence and social participation within the institutional environment. The views shared by participants illustrate this reality:

"Ndinoruka mabhasikiti madiki nemamwe mabasa emaoko pandinenge ndiri mumba mangu. Basa iri rinondibatsira kuti ndigare ndakabatikana uye risandirega ndichingofunga nezvematambudziko andakasangana nawo muupenyu."

("I weave small baskets and engage in other handcraft activities while staying in my room. This work helps me remain occupied and prevents me from constantly dwelling on the difficulties I have experienced in life.") **(P7)**

Another participant stated that:

"Kunyange zvazvo muviri wangu usingachakwanisi kuita mabasa mazhinji, ndinobatsira mubindu pano pese pandinokwanisa. Izvi zvinoita kuti ndinzwe sekuti ndichiri munhu anokwanisa kubatsira vamwe."

("Although my physical condition no longer allows me to perform many tasks, I assist in the garden whenever I can. This makes me feel that I am still a person who can contribute something useful to others.") **(P1)**

Supporting these views, the administrator noted that:

"We encourage residents who are still physically able to participate in activities such as gardening and craftwork. While these activities may not generate substantial income, they provide a sense of purpose, productivity and personal fulfilment." **(KM1-Administrator)**

The findings demonstrate that livelihood and occupational support services extend beyond economic benefits and contribute significantly to the psychosocial wellbeing of post-treatment leprosy patients. Participants associated involvement in productive activities with feelings of usefulness, dignity and self-confidence. The evidence further suggests that engaging in occupational activities helps residents cope with the emotional consequences of dependency and social exclusion by creating opportunities for personal achievement and social participation. From the researcher's perspective, livelihood programmes function as empowerment mechanisms that

promote active engagement despite the presence of disability-related limitations. These findings concur with Nyathi (2024), who observed that occupational rehabilitation programmes enhance self-esteem, social participation and quality of life among individuals living with chronic disabilities. The findings also resonate with the higher-order needs identified in Maslow's Hierarchy of Needs Theory, particularly esteem and self-actualisation needs, which emphasise the importance of productivity, personal achievement and meaningful contribution to society (Maslow, 1943). By participating in gardening, weaving and other livelihood activities, residents are able to experience a sense of accomplishment and purpose. Furthermore, the findings reflect the aspirations of the African Union Protocol on the Rights of Persons with Disabilities in Africa as discussed by Munyaka (2022), which advocates for inclusive livelihood opportunities and social participation for persons with disabilities. Thus, livelihood and occupational support services emerge as valuable interventions that promote dignity, independence and psychosocial wellbeing among post-treatment leprosy patients.

4.2.6 Contribution of Post-Treatment Services to Patients' Wellbeing

Beyond the individual services provided, participants consistently highlighted the overall

contribution of post-treatment services to their wellbeing. The findings showed that the combined effect of medical rehabilitation, psychosocial support, residential care, spiritual support and livelihood programmes has positively influenced the physical, emotional and social wellbeing of residents. Participants described the Centre as a place that offers safety, dignity, acceptance and opportunities for continued living despite the long-term effects of leprosy. Professionals interviewed during the study similarly acknowledged that the integrated nature of services offered at Mutemwa has significantly improved the quality of life of residents by addressing their physical, psychological, social and spiritual needs in a holistic manner. The following excerpts from participants provide further insight into these experiences:

> *"Dai pasina rubatsiro rwandinowana pano, ndingadai ndisiri mupenyu nhasi. Nzvimbo ino yakandipa pekugara, chikafu, kurapwa uye vanhu vanondigamuchira sezvandiri."*

("Without the support that I receive here, I would probably not be alive today. This place has given me shelter, food, healthcare and people who accept me for who I am.") **(P4)** Another participant revealed that:

"Kupfekwa shangu dzakakosha uye kupiwa marapirwo emaronda mazuva ose kwakandibatsira kufamba zvakanaka uye kurarama ndisingatyi kukuvadzwa nguva dzose."

("Receiving special shoes and daily wound care has helped me move around more comfortably and live without constantly fearing injuries.") **(P7)**

Supporting these experiences, a key informant explained that:

"The services provided here improve patients' quality of life in multiple ways. They help prevent further disability, reduce emotional suffering, provide social support and ensure that residents continue to live with dignity despite their challenges." **(KM3-Nurse)**

The overall picture emerging from the findings is that post-treatment services at Mutemwa play a transformative role in enhancing the wellbeing of residents. Participants consistently linked the availability of support services with improved physical health, emotional stability, social connectedness and personal dignity. The findings indicate that wellbeing among post-treatment leprosy patients cannot be understood solely in terms of medical recovery, but rather as a multidimensional outcome influenced by access to holistic support systems. As a researcher, this suggests that successful post-treatment care requires an integrated approach that simultaneously addresses physical, psychological, social and spiritual needs. These findings are consistent with Mupedziswa (2024), who argues that holistic rehabilitation programmes are essential for improving the long-term wellbeing and social inclusion of persons living with chronic healthrelated disabilities. The findings also support the World Health Organization Global Leprosy Strategy (2021–2030), which emphasises person-centred rehabilitation, social inclusion and quality of life as key indicators of successful post-treatment care (WHO, 2022). In addition, the findings align with the observations of Groce (2023), who notes that contemporary disability and health-rights frameworks increasingly prioritise wellbeing, participation and dignity alongside

medical rehabilitation. Therefore, the evidence generated by this study demonstrates that the comprehensive range of services provided at Mutemwa significantly contributes to the overall wellbeing of post-treatment leprosy patients and supports their ability to live meaningful and dignified lives despite the lasting consequences of the disease.

4.3 Theme 2: Complications Associated with the Post-Treatment Lives of Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre

This theme examined the challenges experienced by post-treatment leprosy patients at Mutemwa

Leprosy Catholic and Care Centre after completing medical treatment. Although participants had been declared clinically cured, the findings revealed that many continued to experience difficulties that affected their daily lives and overall wellbeing. Both patients and key informants indicated that the long-term effects of leprosy extended beyond medical recovery due to permanent disabilities, emotional challenges, social exclusion and limited livelihood opportunities. These complications continued to influence patients' physical functioning, psychological wellbeing, social relationships and economic independence. The specific subthemes that emerged under this theme were loss of sensation, physical deformity, emotional distress, depression, social exclusion, family rejection and limited employment opportunities.

4.3.1 Loss of Sensation

Evidence gathered from participants indicated that loss of sensation remains one of the most persistent physical complications affecting post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. Participants explained that despite completing medical treatment, they continue to experience numbness in their hands and feet, which prevents them from detecting pain, heat or injury. Key informants similarly observed that sensory loss exposes patients to repeated unnoticed injuries that often develop into chronic wounds and long-term health complications.
Some participants had the following to say:

"Maoko angu akakombama uye tsoka dzangu hadzichanzwi kana ndatsika chinhu chinorwadza. Dzimwe nguva ndinobata zvinhu zvinopisa ndobva ndazongoziva gare kuti ndatsva kana kuti ndakuvara."

(My hands are bent and my feet no longer feel pain when I step on something harmful. Sometimes I handle hot objects and only realise later that I have been burnt or injured.) **(P2)**

Another participant added:

"Ndinofamba ndisinganzwi kurwadziwa asi maronda anongouya ndikasazviona pakutanga."

(I walk without feeling pain, but wounds develop without me noticing them early.) **(P6)**

A key informant stated:

"Loss of sensation remains a major challenge. Patients often sustain repeated injuries because they cannot feel pain, and this leads to chronic wounds that require continuous management." **(KM3 – Nurse 2)**

The accounts presented above show that loss of sensation significantly alters how post-treatment leprosy patients interact with their environment, leaving them vulnerable to repeated injuries and delayed wound detection. The inability to perceive pain means that minor injuries progress unnoticed into chronic conditions, particularly ulcers, which require long-term care and medical attention. It can be inferred that sensory loss creates a continuous cycle of injury and delayed healing, which increases dependence on institutional support systems and limits independent living. From the researcher's perspective, this condition demonstrates that post-treatment leprosy care extends beyond medical cure into lifelong disability management, as patients require ongoing protection from preventable harm. The findings also indicate that loss of sensation directly compromises physiological safety needs as conceptualised in Maslow's Hierarchy of Needs Theory (Maslow, 1943), since individuals lose the ability to protect themselves from physical

danger. In addition, the findings align with WHO (2023), which notes that nerve impairment and chronic wound formation remain common long-term complications among individuals affected by leprosy even after treatment. The World Health Organization Global Leprosy Strategy (2021–2030) further reinforces the need for sustained rehabilitation and disability prevention services, highlighting that post-treatment care must prioritise functional protection and long-term monitoring. Therefore, loss of sensation remains a critical physical complication requiring continuous clinical and rehabilitative intervention

4.3.2 Emotional Distress

Evidence gathered from participants indicated that emotional distress is a persistent psychological complication affecting post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The study revealed that many residents continue to experience deep emotional suffering characterised by sadness, grief, rejection and internal psychological pain linked to family abandonment, stigma and long-term social exclusion. Key informants similarly observed that emotional instability remains common despite the availability of counselling and spiritual support services. Some participants had this to say:

> *"Pfungwa dzangu dzinogara dzakaremerwa nekufunga kuti ndakarambwa nemhuri yangu. Pane nguva dzandinozviwana ndichichema ndega nekuti handichazivi kuti ndinogona kuvimba nani zvakare."*
>
> (My mind is always burdened by the thought that I was rejected by my family. Sometimes I find myself crying alone because I no longer know who I can trust again.) **(P2)**

Another participant stated:

> *"Kunyangwe ndiri pano nevamwe, ndinonzwa kusuruvara kwakadzika mukati. Zvinoita sekuti hupenyu hwangu hwakambomira uye hapana tariro yekuti zvinhu zvichachinja."*

(Even though I am here with others, I feel deep sadness inside. It feels like my life has stopped and there is no hope that things will change.) **(P6)**

A key informant supported these accounts and noted:

> *"Many residents continue to experience emotional distress, especially those who have been abandoned by their families. The psychological burden of rejection often manifests as persistent sadness and withdrawal."* **(KM6–Chaplain)**

The findings indicate that emotional distress among post-treatment leprosy patients is largely rooted in disrupted family relationships, prolonged stigma and loss of social belonging. It can be inferred that emotional suffering persists even within institutional care because emotional healing requires not only physical safety but also restored social connectedness and acceptance. From the researcher's perspective, these findings show that emotional wellbeing is deeply tied to interpersonal relationships, and that counselling alone may not fully address the structural and social causes of distress. The persistence of emotional suffering therefore reflects gaps in reintegration processes and long-term psychosocial recovery. These findings align with Mtetwa (2024), who observed that individuals living with chronic disability and social exclusion often experience sustained emotional distress due to prolonged stigma and weak family support systems. The findings are strongly supported by Social Stigma Theory (Goffman, 1963), which explains how societal labelling leads to internalised shame, rejection sensitivity and emotional strain. In addition, the findings are reinforced by the UN Convention on the Rights of Persons with Disabilities (Degener, 2021), which emphasises the right to psychosocial wellbeing and protection from discrimination. Therefore, emotional distress remains a significant post-treatment challenge requiring strengthened psychosocial support and community reintegration interventions.

4.3.3 Depression

Evidence gathered from participants revealed that depression is a significant psychological

complication experienced by post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The findings showed that many residents experience persistent hopelessness, loss of interest in life, withdrawal from social activities and emotional numbness linked to disability,

stigma and long-term rejection. Key informants confirmed that depressive symptoms are frequently observed among residents, particularly those without family reintegration or external social support. Some of the participants had this to say:

> *"Handichina chido chekuita zvinhu zvakawanda. Ndinongonzwa sekuti hupenyu hwangu hwakamira uye hapana chichachinja."*
>
> (I no longer feel like doing many things. I just feel as if my life has stopped and nothing will change.) **(P8)**

Another participant stated:

> *"Dzimwe nguva handichadi kubuda mumba kana kutaura nevamwe. Ndinongoda kugara ndega nekuti pfungwa dzangu dzinogara dzakaderera."*
>
> (Sometimes I do not want to leave my room or talk to others. I just prefer staying alone because my mood is always low.) **(P3)**

A key informant noted:

> *"Some patients exhibit clear signs of depression such as withdrawal, low motivation and reduced participation in daily activities, often linked to long-term rejection and lack of reintegration opportunities."* **(KM1–Administrator)**

The findings suggest that depression among post-treatment leprosy patients is closely associated

with long-term social exclusion, disability-related limitations and weakened support systems. It can be inferred that depression is not only an individual condition but also a socially produced outcome shaped by stigma, isolation and structural neglect. From the researcher's perspective, depressive symptoms significantly reduce patients' engagement in meaningful activities, thereby reinforcing dependency and limiting psychosocial recovery. The persistence of depression highlights gaps in long-term mental health care and reintegration programmes within institutional

settings. These findings align with Mtetwa (2024), who found that chronic illness survivors often experience depression due to prolonged dependency and lack of social reintegration. The findings are further supported by the World Health Organization Global Mental Health Perspective (WHO, 2023), which recognises depression as a common outcome among individuals living with longterm disability and social exclusion. Additionally, Maslow's Hierarchy of Needs Theory (Maslow, 1943) explains that unmet belongingness and esteem needs contribute significantly to depressive states. Therefore, depression remains a critical post-treatment complication requiring integrated mental health, social and reintegration interventions.

4.3.4 Social Exclusion

Evidence gathered from participants indicated that social exclusion remains a significant challenge

affecting post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The study revealed that many residents continue to experience difficulties participating fully in community life due to persistent stigma and negative societal perceptions associated with leprosy. Participants reported feeling isolated from broader society and excluded from social interactions that are often taken for granted by other members of the community. Professionals interviewed during the study similarly observed that social exclusion continues to affect the wellbeing and social integration of many residents. Some participants had the following to say:

> *"Vanhu vakawanda kunze uko vachiri kutitya uye havadi kutibata sevamwe vanhu vakajairika. Tinonzwa sekuti takaparadzaniswa nevamwe vanhu munharaunda."*
>
> (Many people outside still fear us and do not want to treat us like ordinary human beings. We feel as though we have been separated from other members of society.) **(P4)**

Another participant stated:

> *"Pandinoona vanhu vekumusha vachiuya kuno, ndinowanzonzwa kusagadzikana nekuti vamwe vanongotitarisa zvakasiyana uye havadi kuswedera pedyo nesu."*
>
> (When I see people from the community visiting here, I often feel uncomfortable because

some of them look at us differently and do not want to come close to us.) **(P7)**

Supporting these experiences, a key informant noted:

> *"Even after successful treatment, many residents continue to face exclusion from their communities because misconceptions about leprosy remain widespread. This limits their opportunities to participate fully in social life."***(KM6–Chaplain)**

The findings demonstrate that social exclusion remains deeply embedded in the post-treatment

experiences of many leprosy patients despite their medical recovery. Participants consistently described difficulties in achieving full social acceptance within their communities, suggesting that stigma associated with leprosy continues to influence social relationships and community interactions. It can be inferred that exclusionary attitudes restrict opportunities for social participation and reinforce feelings of isolation among affected individuals. From the researcher's perspective, social exclusion undermines dignity, belonging and overall wellbeing by preventing patients from fully exercising their social roles and maintaining meaningful community connections. The findings further suggest that exclusion operates as both a social and structural challenge that extends beyond the health domain into broader issues of human rights and social justice. These findings concur with van Brakel (2021), who observed that stigma-related exclusion continues to limit community participation among persons affected by leprosy even after treatment completion. The findings also resonate with Social Stigma Theory advanced by Goffman (1963), which explains how individuals associated with socially discredited conditions often experience marginalisation and exclusion from mainstream social life. Furthermore, the findings align with the aspirations of the World Health Organization Global Leprosy Strategy (WHO, 2021), which advocates for the elimination of stigma and discrimination in order to promote inclusion and social participation among persons affected by leprosy. Therefore, social exclusion remains a significant post-treatment challenge requiring sustained community awareness, social reintegration initiatives and anti-stigma interventions.

4.3.5 Family Rejection

The study further established that family rejection is a major social challenge experienced by some post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. Participants reported that despite completing treatment, they continued to face rejection from close relatives who were unwilling to accept them back into their homes and communities. The findings revealed that misconceptions surrounding leprosy often contribute to fractured family relationships and long-term separation from loved ones. Key informants similarly indicated that family rejection remains one of the greatest barriers to successful reintegration among former patients. Participants expressed their experiences as follows:

"Pandakapora chirwere ichi, ndaitarisira kudzokera kumba, asi mhuri yangu yakandiramba. Vakati handichakwanisi kugara navo nekuti vanhu vemunharaunda vaizovatuka kana kundiona ndiripo."

(When I recovered from the disease, I expected to return home, but my family rejected me. They said I could no longer live with them because community members would criticise them if they saw me there.) **(P5)**

Another participant shared:

"Vana vangu havachandishanyiri uye havachadi kuti ndigare navo. Izvi zvinondirwadza zvikuru nekuti mhuri ndiyo yaifanira kunditsigira."

(My children no longer visit me and do not want me to live with them. This hurts me deeply because family is supposed to be my source of support.) **(P2)**

A key informant supported these accounts and stated:

"Many residents have experienced abandonment by their families. Some relatives continue to associate leprosy with shame and misfortune, making reintegration extremely difficult even after medical cure." **(KM6–Chaplain)**

The findings indicate that family rejection remains a profound social burden among post-treatment

leprosy patients. Participants' experiences reveal that medical recovery does not automatically translate into family acceptance, as negative beliefs and misconceptions about leprosy continue to influence familial relationships. It can be deduced that rejection by close relatives deprives patients of important emotional, social and practical support systems, thereby increasing vulnerability to loneliness, dependency and diminished wellbeing. From the researcher's perspective, family acceptance is a critical component of successful rehabilitation and reintegration, and its absence significantly undermines recovery outcomes. The findings further highlight the need to address stigma not only at community level but also within family structures where discriminatory attitudes often originate or persist. These findings are consistent with van Brakel (2021), who argues that family-based stigma remains one of the most persistent barriers to social reintegration among persons affected by leprosy. The findings also support Social Stigma Theory (Goffman, 1963), which explains how socially constructed labels and stereotypes contribute to rejection and exclusion within primary social relationships. In addition, the findings resonate with the Zimbabwe National Disability Policy as discussed by Dube (2022), which promotes social inclusion, family support and the protection of the rights and dignity of persons living with disabilities and longterm health conditions. Therefore, family rejection continues to be a major post-treatment challenge that requires family-centred counselling, community education and strengthened reintegration programmes.

4.3.6 Limited Employment Opportunities

The study identified limited employment opportunities as one of the major challenges affecting

post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. Participants indicated that physical disabilities, persistent stigma and reduced functional capacity limited their chances of securing formal employment or engaging in sustainable income-generating activities. As a result, many residents remained dependent on institutional support and struggled to attain financial independence despite having completed treatment. Professionals working with the residents also acknowledged that employment barriers continued to affect the long-term wellbeing of many post-treatment patients. The following narratives illustrate these experiences:

"Handina mukana wekushanda kana kuwana mari yakakwana nekuda kwekuremara kwandakasara nako. Kazhinji ndinovimba nezvinopihwa necentre kuti ndirarame."

(I do not have opportunities to work or earn sufficient income because of the disability I was left with. Most of the time, I depend on what is provided by the centre in order to survive.) **(P5)**

Another participant explained:

"Kunyange ndichida kushanda, vanhu vakawanda havadi kutipa mabasa kana vaona mamiriro edu. Izvi zvinoita kuti tive vanhu vanongotsamira parubatsiro nguva dzose."

(Even though I want to work, many people do not want to employ us when they see our condition. This causes us to remain dependent on assistance all the time.) **(P1)**

Confirming these concerns, a key informant remarked:

"Some residents try to engage in activities such as weaving and craft production, but their physical limitations often restrict productivity and reduce the economic benefits that can be gained from such activities." **(KM1-Administrator)**

The accounts presented above demonstrate that limited employment opportunities remain a significant obstacle in the lives of post-treatment leprosy patients. Participants consistently associated their inability to secure sustainable employment with disability-related limitations, societal stigma and reduced work capacity. These findings suggest that although many patients possess the willingness to engage in productive work, structural and social barriers continue to restrict their participation in economic activities. It can be inferred that exclusion from employment opportunities contributes to financial insecurity, dependency and reduced selfsufficiency among affected individuals. From the researcher's perspective, economic empowerment remains an essential component of post-treatment rehabilitation because access to meaningful employment not only improves financial wellbeing but also enhances dignity, social inclusion and self-esteem. The findings resonate with Mtetwa (2024), who observed that persons living with long-term

disabilities frequently encounter employment discrimination and reduced livelihood opportunities that perpetuate economic vulnerability. The findings further align with Maslow's Hierarchy of Needs Theory as advanced by Maslow (1943), which posits that individuals require economic security and access to basic resources in order to satisfy fundamental physiological and safety needs. Furthermore, the findings are consistent with the provisions of Zimbabwe's National Disability Policy as discussed by Dube (2022), which advocates for equal employment opportunities, economic inclusion and livelihood support for persons with disabilities. Therefore, the study demonstrates that limited employment opportunities continue to undermine the economic wellbeing and independence of post-treatment leprosy patients, thereby necessitating targeted livelihood and economic empowerment interventions.

4.4 Theme 3: Coping Mechanisms Adopted by Leprosy Patients After Treatment at Mutemwa Leprosy Catholic and Care Centre

This theme examined the various coping mechanisms adopted by post-treatment leprosy patients

to manage the challenges associated with living with permanent disabilities, social exclusion and economic hardships. The findings revealed that despite the numerous difficulties encountered after medical treatment, patients had developed different strategies to adapt to their circumstances and maintain their wellbeing. These coping mechanisms were largely centred on self-care practices, social support systems, religious engagement and participation in small livelihood activities. Both patients and key informants emphasized that these strategies played an important role in helping residents navigate daily challenges, maintain hope and improve their quality of life. The subthemes that emerged under this theme were self-care practices, social support networks, spiritual and religious coping mechanisms, and livelihood and vocational coping mechanisms.

4.4.1 Self-Care Practices

Participants described a number of self-care practices that they employed to manage the long-term physical effects of leprosy and maintain their health after treatment. The findings indicated that patients actively engaged in wound care, protection of insensitive limbs, adherence to rehabilitation routines and careful management of daily activities to prevent injuries and complications. These practices appeared to be important in helping individuals maintain a degree

of independence despite living with permanent impairments. Key informants also affirmed that self-care practices remained essential in preventing further physical deterioration and promoting the wellbeing of post-treatment patients. The following excerpts illustrate participants' experiences regarding self-care practices:

"Ndinogara ndichinyatsochengeta tsoka dzangu mazuva ose nekuti hadzichanzwi marwadzo. Ndinotanga ndaongorora kana paine ronda kana kukuvara ndisati ndatanga mabasa angu ezuva nezuva."

(I carefully examine and take care of my feet every day because they can no longer feel pain. I always check for wounds or injuries before I begin my daily activities.) **(P1)**

Another participant stated:

"Ndakadzidza kungwarira pane zvese zvandinoita. Kana ndichibika kana kushandisa zvinhu zvinopisa, ndinotora nguva yangu nekuti handichakwanisi kunzwa kupisa sezvandaimboita kare."

(I have learned to be extremely cautious in everything I do. When cooking or handling hot objects, I take my time because I can no longer feel heat the way I used to.) **(P2)**

Providing a professional perspective, a key informant noted:

"Many residents have developed routines of inspecting their hands and feet regularly, attending physiotherapy sessions and following wound-care instructions to reduce the risk of serious complications." **(KM3-Nurse 2)**

The narratives suggest that self-care practices have become an essential survival mechanism for many post-treatment leprosy patients. Regular wound inspection, careful movement and adherence to rehabilitation guidance emerged as important strategies for preventing further injuries and maintaining functional ability. The findings indicate that patients have adapted their daily routines in response to the realities of nerve damage and physical disability, demonstrating resilience and a

proactive approach to health management. It can be inferred that self-care not only reduces the risk of medical complications but also promotes a sense of control and personal responsibility in circumstances where complete physical recovery is not possible. From the researcher's perspective, these practices reflect patients' efforts to preserve independence and dignity despite ongoing health challenges. The findings concur with Gordon et al. (2022), who observed that self-management and daily self-care behaviours play a crucial role in improving health outcomes among individuals living with chronic disabilities and long-term health conditions. The findings further align with Maslow's Hierarchy of Needs Theory proposed by Maslow (1943), which emphasizes the importance of meeting physiological and safety needs as prerequisites for overall wellbeing. By engaging in self-care activities that protect their health and physical safety, patients are actively working towards maintaining these fundamental needs. The findings also resonate with the principles of the WHO Global Leprosy Strategy (2021–2030) as discussed by WHO (2022), which advocates for disability prevention, self-care practices and sustained rehabilitation support to improve the quality of life of persons affected by leprosy. Therefore, self-care practices emerged as a critical coping mechanism that supports both physical wellbeing and personal autonomy among post-treatment leprosy patients.

4.4.2 Social Support Networks

Another prominent coping strategy identified in the study was reliance on social support networks within the centre. Participants emphasized the importance of mutual assistance, companionship and emotional encouragement received from fellow residents who shared similar life experiences. Key informants also highlighted the strong culture of solidarity that had developed among patients, enabling them to support one another in coping with physical limitations and emotional difficulties. Professionals working with the residents further acknowledged that social support networks contribute significantly to emotional stability, resilience and adaptation among post-treatment leprosy patients. The following accounts illustrate how participants benefited from these social support networks:

"Tinobatsirana zvikuru pano. Kana ndikatadza kugeza hembe dzangu nekuda kwemaoko angu, vamwe vanondibatsira, uye kana ivo vachida rubatsiro pane chimwe chinhu ndinovabatsirawo."

(We help each other a great deal here. If I cannot wash my clothes because of my hands, others assist me, and when they need help with something else, I also support them.) **(P2)**

Another participant shared:

"Kugara nevamwe vanhu vane zvakafanana nezvandakasangana nazvo kunondipa simba. Tinokurukura, tinokurudzirana uye tinonyaradzanana kana mumwe wedu aine dambudziko."

(Living with people who have experienced similar challenges gives me strength. We talk, encourage one another and comfort each other whenever someone is facing difficulties.) **(P4)**

Supporting these observations, a key informant explained:

"The residents have established strong informal support groups where older patients mentor and encourage newer residents. These relationships provide emotional stability and help individuals adjust to life after treatment." **(KM2- Nurse 1)**

The findings demonstrate that social support networks play a significant role in helping post-

treatment leprosy patients navigate the challenges of daily life. Relationships formed within the centre provide emotional reassurance, practical assistance and a sense of belonging that helps mitigate feelings of loneliness and exclusion. The evidence suggests that shared experiences foster empathy and mutual understanding among residents, creating a supportive environment where individuals can cope more effectively with their circumstances. It may be deduced that these networks function as important protective factors against social isolation and psychological distress by providing opportunities for companionship and collective resilience. As a researcher, I

observed that social support extends beyond the provision of practical help and contributes substantially to emotional wellbeing and social connectedness. From a social work perspective, the findings highlight the importance of group work and mutual aid approaches, which enable individuals facing similar challenges to support one another while strengthening their coping capacities and social functioning. The findings resonate with Mtetwa (2023), who found that peer support and communal relationships significantly enhance coping capacities among individuals living with chronic illnesses and disabilities. The findings also support the propositions of Social Stigma Theory advanced by Goffman (1963), which suggests that supportive social environments can counteract the negative effects of stigma and social exclusion by fostering acceptance and positive identity formation. Furthermore, the findings align with the Disability and Human Rights Framework as discussed by Groce (2023), which emphasises the right of persons with disabilities to social participation, inclusion and supportive community relationships that promote wellbeing and human dignity. Consequently, social support networks emerged as a valuable coping mechanism that strengthens resilience and enhances the wellbeing of post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre.

4.4.3 Spiritual and Religious Coping Mechanisms

The study further established that spiritual and religious engagement constituted an important

coping mechanism among post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. Participants explained that prayer, church attendance, choir participation and reliance on faith provided emotional comfort, hope and strength in dealing with the long-term consequences of the disease. Key informants similarly observed that religious activities played a central role in helping patients manage experiences of loss, disability and social rejection. Religious leaders and care providers at the Centre also acknowledged that spiritual engagement contributes significantly to emotional healing, resilience and acceptance among residents. In expressing the role of faith in their lives, some participants had the following to say:

> *"Ndinopedza nguva yangu yakawanda ndichinamata uye ndichiimba mukwaya yechechi. Kutenda muna Mwari kunondipa simba rekugamuchira mamiriro ehupenyu hwangu uye kuramba ndichifambira mberi."*

(I spend much of my time praying and singing in the church choir. My faith in God gives me the strength to accept my circumstances and continue moving forward in life.) **(P4)**

Another participant stated:

"Kana ndichifunga nezvemhuri yangu yakandirasa, ndinoenda kuchechi kana kunamata ndega. Izvozvo zvinondinyaradza uye zvinondibatsira kuti ndisanyanya kufunga nezvemarwadzo andakasangana nawo."

(Whenever I think about my family that abandoned me, I go to church or pray on my own. That brings me comfort and helps me avoid dwelling too much on the pain I have experienced.) **(P7)**

Corroborating these views, a key informant remarked:

"Most residents rely heavily on prayer, church services and spiritual fellowship. Their faith often becomes a source of hope and emotional healing, especially for those struggling with rejection and loneliness." **(KM6- Chaplain)**

The accounts presented by participants indicate that spirituality serves as a vital psychological and

emotional resource in the lives of post-treatment leprosy patients. Prayer, worship and participation in religious activities emerged as important avenues through which individuals found meaning, comfort and resilience amidst ongoing challenges. The findings suggest that faith-based practices help patients cope with emotional distress, maintain hope and develop positive attitudes towards their circumstances despite experiences of disability and social exclusion. It can be inferred that spirituality provides a framework through which patients interpret their experiences and cultivate inner strength when confronted with adversity. From the researcher's perspective, religious engagement appears to complement other forms of psychosocial support by fostering emotional stability and reinforcing a sense of purpose. In social work practice, spirituality is recognised as an important strength-based resource that can be utilised to promote coping, resilience and holistic wellbeing among vulnerable populations. The findings concur with Katemba (2023), who observed that spiritual practices and religious participation significantly contribute to psychological

resilience and emotional wellbeing among individuals facing chronic health conditions and social adversity. The findings also align with Maslow's Hierarchy of Needs Theory proposed by Maslow (1943), particularly the need for belonging, esteem and personal fulfilment, as religious communities often provide acceptance, encouragement and opportunities for personal growth. Furthermore, the findings resonate with the Disability and Human Rights Framework discussed by Quinn (2020), which advocates for the recognition of the spiritual, cultural and social rights of persons with disabilities as part of their overall wellbeing and human dignity. Therefore, spiritual and religious coping mechanisms remain a significant source of strength and emotional support for post-treatment leprosy patients residing at Mutemwa Leprosy Catholic and Care Centre.

4.4.4 Livelihood and Vocational Coping Mechanisms

In addition to social and spiritual strategies, some participants reported engaging in small

livelihood and vocational activities as a way of coping with the challenges associated with posttreatment life. Although physical limitations restricted the range of activities available to many residents, participants explained that involvement in tasks such as basket weaving, gardening and craft production helped them remain productive, occupied and psychologically engaged. Key informants further indicated that such activities contributed to patients' sense of purpose and selfworth. Rehabilitation staff also noted that structured vocational engagement plays an important role in sustaining motivation and reducing dependency among residents within the Centre. In describing their experiences, some participants had the following to say:

> *"Ndinoruka mabhasikiti madiki mukamuri mangu mazuva mazhinji. Kunyangwe zvisingandiunzire mari yakawanda, zvinondibatsira kuti ndigare ndakabatikana uye ndisanyanya kufunga nezvezvinhu zvinondirwadza."*
>
> (I spend most days weaving small baskets in my room. Although it does not bring me much income, it helps me stay occupied and prevents me from constantly thinking about painful experiences.) **(P7)**

Another participant explained:

"Pandinobatsira mubindu kana kuita mamwe mabasa andinokwanisa, ndinonzwa sekuti ndichiri munhu anobatsira uye ane basa rinokosha muupenyu."

(When I help in the garden or perform tasks that I am still capable of doing, I feel that I am still a useful person with an important role in life.) **(P1)**

Supporting these observations, a key informant noted:

"For residents who are physically able, activities such as gardening, weaving and craft work provide a sense of purpose and help them maintain some level of independence despite their disabilities." **(KM1- Administrator)**

The findings demonstrate that livelihood and vocational activities function as important coping

mechanisms that extend beyond their economic value. Participants viewed these activities as opportunities to remain active, productive and socially engaged despite living with disabilities and limited employment prospects. The evidence suggests that participation in small-scale vocational tasks contributes positively to self-esteem, personal fulfilment and emotional wellbeing by reducing idleness and fostering a sense of accomplishment. It may therefore be deduced that productive engagement helps counter feelings of dependency and reinforces personal identity in an environment where many residents face significant social and economic constraints. As a researcher, I observed that livelihood activities offer both practical and psychological benefits, enabling patients to maintain a degree of autonomy while enhancing their overall quality of life. The findings resonate with Chirenje (2023), who argues that vocational engagement and incomegenerating activities play a crucial role in promoting resilience, self-worth and social inclusion among individuals living with disabilities. The findings further reflect the aspirations of Zimbabwe's National Disability Policy (Dube, 2022), which emphasizes the importance of economic participation, skills development and empowerment for persons with disabilities. Accordingly, livelihood and vocational coping mechanisms emerged as valuable strategies that help post-treatment leprosy patients maintain purpose, dignity and resilience in their everyday lives.

4.5 Theme 4: Recommendations for Enhancing Services and Addressing the Complications Faced by Post-Treatment Leprosy Patients

This theme presents recommendations suggested by both post-treatment leprosy patients and key informants regarding ways of improving services and addressing the challenges experienced at Mutemwa Leprosy Catholic and Care Centre. Participants acknowledged the important role currently played by the centre in supporting residents but emphasized that additional interventions were necessary to improve rehabilitation outcomes, strengthen psychosocial wellbeing, promote social inclusion and enhance overall quality of life. The recommendations focused on strengthening medical rehabilitation services, expanding psychosocial support programmes, promoting community awareness and stigma reduction, enhancing economic empowerment and livelihood support and improving infrastructure and accessibility within the centre.

4.5.1 Strengthening Medical Rehabilitation Services

Participants strongly emphasized the need to strengthen medical rehabilitation services in order to address the persistent physical complications experienced after treatment. The findings showed that patients desired improved access to specialized medical care, rehabilitation professionals, assistive devices and advanced interventions capable of reducing disability-related challenges. Key informants similarly highlighted the importance of increasing rehabilitation capacity and specialist support within the institution. Health professionals working at the Centre further noted that without sustained rehabilitation input, many patients remain at risk of preventable complications such as chronic ulcers, recurrent injuries and progressive disability. In expressing these concerns, some participants had the following to say:

> *"Tinoda vanachiremba vane ruzivo rwakanyanya pakurapa matambudziko atinosara nawo mushure mechirwere. Zvimwe zvezvinetso zvemaoko nemaziso edu zvinoda nyanzvi dzinogona kutibatsira kuti tirarame zviri nani."*

(We need doctors with specialised knowledge to manage the problems that remain after the disease. Some of the complications affecting our hands and eyes require specialists who can help us live better lives.) **(P8)**

Another participant stated:

"Kana paine mamwe ma rehabilitation services akawedzerwa, zvaizotibatsira zvikuru nekuti vamwe vedu tichiri kunetseka nekufamba uye kuita mabasa ezuva nezuva."

(If additional rehabilitation services were introduced, it would greatly help us because some of us still struggle with mobility and performing daily activities.) **(P1)**

Supporting these recommendations, a key informant remarked:

"Specialised training for staff and the availability of professionals such as podiatrists and physiotherapists with expertise in leprosy rehabilitation would significantly improve patient outcomes and reduce long-term complications." **(KM3- Nurse 2)**

The recommendations advanced by participants demonstrate a clear need for enhanced

rehabilitation services that extend beyond routine clinical care. Continued disability, mobility limitations and chronic complications emerged as major concerns requiring specialised interventions and professional expertise. The findings suggest that while existing services provide essential support, additional rehabilitation resources would improve patients' functional abilities and overall quality of life. It can be inferred that access to specialised rehabilitation personnel and equipment would contribute to better management of long-term impairments and reduce the progression of disability-related complications. From the researcher's perspective, strengthening rehabilitation services represents an important step towards promoting independence, dignity and improved health outcomes among post-treatment leprosy patients. The findings concur with Chirinda (2023), who argues that specialised rehabilitation services and multidisciplinary healthcare approaches are essential for improving the wellbeing of persons living with long-term disabilities. The recommendations also align with the World Health Organization Global Leprosy Strategy (2021–2030), which emphasizes sustained rehabilitation, disability prevention and

person-centred care as critical components of post-treatment leprosy management. Therefore, strengthening medical rehabilitation services remains a key priority for enhancing the lives of posttreatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre.

4.5.2 Expanding Psychosocial Support Programmes

Another important recommendation arising from the study was the need to expand psychosocial support programmes for residents. Participants highlighted the emotional burden associated with family rejection, loneliness, stigma and prolonged institutional living, indicating that greater psychosocial support would assist patients in coping more effectively with these challenges. Key informants also emphasized the value of strengthening counselling services and emotional support interventions. Social workers at the Centre further noted that structured psychosocial programmes, including group counselling and peer-led support sessions, would enhance emotional resilience and improve overall wellbeing among residents. In expressing these concerns, some participants had the following to say:

> *"Vanhu vakawanda pano vachiri kurwadziwa nekusiiwa nemhuri dzavo. Dai paine nguva zhinji dzekupihwa counselling uye mapurogiramu anotibatsira kubata nemanzwiro edu, zvaizobatsira zvikuru."*

(Many people here are still hurting because they were abandoned by their families. If there were more counselling sessions and programmes that help us manage our emotions, it would make a great difference.) **(P5)**

Another participant remarked:

"Tinoda vanhu vanogona kutiteerera uye kutibatsira kana tichisangana nematambudziko epfungwa. Dzimwe nguva kurwadziwa kwemoyo kunenge kwakanyanya kupfuura kurwadziwa kwemuviri."

(We need people who can listen to us and support us when we experience emotional difficulties. Sometimes emotional pain is greater than physical pain.) **(P2)**

Reinforcing these sentiments, a key informant observed:

> *"Although counselling services are available, expanding psychosocial support programmes would allow us to address deeper emotional issues related to stigma, abandonment and long-term adjustment to life after treatment."* **(KM6-Chaplain)**

The recommendations put forward by participants underscore the significance of psychosocial

wellbeing in the lives of post-treatment leprosy patients. Feelings of loneliness, rejection and emotional distress emerged as persistent concerns that require more comprehensive support systems. The findings indicate that strengthening counselling services and psychosocial interventions could help patients process traumatic experiences, improve emotional resilience and foster healthier coping strategies. It may therefore be deduced that psychosocial support is not merely a complementary service but an essential component of holistic rehabilitation and recovery. As a researcher, I observed that emotional wellbeing is closely connected to social inclusion, selfesteem and overall quality of life, making psychosocial care a critical area for intervention. The findings resonate with Moyo (2023), who found that structured psychosocial support programmes contribute significantly to improved mental health outcomes, resilience and social adjustment among individuals living with chronic illnesses and disabilities. The recommendations further align with Social Stigma Theory advanced by Goffman (1963), which highlights the profound psychological effects of stigma, exclusion and social labelling on affected individuals. In addition, the Disability and Human Rights Framework as discussed by Nyoni (2023) reinforces the obligation to ensure psychosocial wellbeing as part of the right to health, dignity and social inclusion for persons with disabilities. Consequently, expanding psychosocial support programmes would play a vital role in addressing the emotional challenges experienced by posttreatment leprosy patients and enhancing their overall wellbeing.

4.5.3 Promoting Community Awareness and Stigma Reduction

A strong recommendation emerging from the study was the need to intensify community awareness and stigma reduction initiatives. Participants and key informants emphasized that although leprosy patients had completed treatment, negative community attitudes, misconceptions and discriminatory beliefs continued to affect their social acceptance and reintegration. The findings suggest that addressing stigma requires sustained public education campaigns aimed at correcting myths about leprosy and promoting understanding of the condition. Community leaders, faith-based organisations and local development structures were identified as key actors in driving behaviour change and reshaping community perceptions. In expressing these concerns, some participants had the following to say:

> *"Ndinofunga kuti vanhu vari kunze vanofanira kudzidziswa nezvechirwere chemapere. Vanhu vakawanda vachiri kufunga kuti chirwere ichi chinotapuriranwa kunyange munhu apedza kurapwa, izvo zvinoita kuti tirambwe munharaunda."*
>
> (I think people in the community should be educated about leprosy. Many people still believe that the disease remains contagious even after treatment, and this causes us to be rejected by society.) **(P5)**

Another participant remarked:

> *"Kana paine zvirongwa zvekudzidzisa vanhu nezve mapere, zvichabatsira kuti isu titariswe sevamwe vanhuwo zvavo uye tigamuchirwe mumhuri nemunharaunda."*
>
> (If there are programmes that educate people about leprosy, it will help us to be viewed as ordinary people and be accepted by our families and communities.) **(P2)**

Supporting these sentiments, a key informant explained:

> *"Massive national awareness campaigns are required to demystify leprosy, eliminate stigma and create an environment that supports the successful reintegration of former patients into their families and communities."***(KM6- Chaplain)**

Evidence gathered from participants indicates that stigma remains one of the most persistent barriers affecting the wellbeing of post-treatment leprosy patients. The recommendation for awareness campaigns reflects participants' belief that social exclusion is driven largely by misinformation and long-standing cultural misconceptions surrounding leprosy. It can be inferred that improving public knowledge may contribute significantly to restoring dignity, strengthening social acceptance and enhancing opportunities for reintegration. From the researcher's perspective, awareness programmes have the potential to address the root causes of discrimination by transforming community perceptions and encouraging inclusive attitudes towards former patients. These findings resonate with Ndlovu (2022), who observed that community education and antistigma campaigns are critical in reducing discrimination and promoting social inclusion among individuals affected by stigmatized health conditions. The findings further align with Social Stigma Theory advanced by Goffman (1963), which explains how societal labeling and stereotyping contribute to exclusion and diminished social status. In addition, the WHO Global Leprosy Strategy (2021–2030) emphasizes stigma reduction, community engagement and human rights-based approaches as central pillars for achieving zero discrimination against persons affected by leprosy. By promoting awareness and correcting misconceptions, stigma reduction initiatives can challenge negative labels and facilitate greater acceptance of post-treatment leprosy patients within society.

4.5.4 Enhancing Economic Empowerment and Livelihood Support

Participants also highlighted the importance of strengthening economic empowerment and livelihood support initiatives for post-treatment leprosy patients. The study established that many residents remain economically dependent due to physical disabilities, limited employment opportunities and prolonged social exclusion. Consequently, participants recommended the introduction of income-generating projects, vocational support programmes and financial assistance mechanisms to improve their livelihoods and independence. Local development partners, social service providers and rehabilitation staff were identified as key actors in supporting sustainable economic inclusion. In expressing these concerns, some participants had the following to say:

"Tinoda rubatsiro rwemari kana mapurojekiti anotipa mukana wekuzvibatsira.

Zvinorwadza kugara uchitsamira pane zvese zvinopiwa nevamwe vanhu."

(We need financial assistance or projects that allow us to support ourselves. It is painful to depend entirely on what is provided by other people.) **(P5)**

Another participant stated:

"Kana tikapihwa mikana yekudzidziswa mabasa emaoko kana kuita mapurojekiti madiki, tingakwanisa kuwana mari yekuzvitengera zvimwe zvatinoda."

(If we are given opportunities to learn practical skills or engage in small projects, we would be able to earn income and purchase some of our personal necessities.) **(P7)**

A key informant further noted:

"Some residents participate in activities such as weaving and gardening, but these efforts remain limited because of resource shortages and the physical challenges associated with disability." **(KM1- Administrator)**

The recommendation for enhanced livelihood support demonstrates the extent to which economic vulnerability continues to affect the lives of post-treatment patients. Participants viewed financial independence as an important pathway towards restoring dignity, self-esteem and a sense of purpose. The findings suggest that dependence on institutional support alone may not adequately address the broader socioeconomic needs of residents. As a researcher, this indicates the necessity of developing sustainable livelihood programmes that accommodate patients' physical capabilities while promoting economic participation. These observations concur with Osei (2022), who found that livelihood interventions and economic empowerment programmes significantly improve quality of life and social inclusion among persons living with disabilities and chronic health conditions. The findings also relate to Maslow's Hierarchy of Needs Theory proposed by Maslow (1943), particularly the physiological, safety and esteem levels, which emphasize the importance of economic security and personal achievement in enhancing overall wellbeing. In addition, the Zimbabwe National Disability Policy as outlined by Dube (2022) underscores the obligation to promote economic inclusion, skills development and access to sustainable livelihood opportunities

for persons with disabilities. Supporting livelihood opportunities may therefore contribute to both material improvement and psychological fulfilment among post-treatment leprosy patients.

4.5.5 Improving Infrastructure and Accessibility Within the Centre

The study additionally identified the need to improve infrastructure and accessibility within

Mutemwa Leprosy Catholic and Care Centre. Participants reported that mobility challenges associated with physical disabilities made movement within the centre difficult, particularly during adverse weather conditions. Recommendations focused on the construction of paved walkways, improved accessibility features and infrastructure that accommodates residents using wheelchairs, crutches and other assistive devices.

> *"Ndinoda kuona migwagwa yakagadzirwa zvakanaka pakati pemawadhi nemakiriniki kuitira kuti isu tinoshandisa mawiricheya kana makruchi tifambe takachengeteka."*
>
> (I would like to see properly constructed pathways between the wards and clinic areas so that those of us who use wheelchairs or crutches can move around safely.) **(P1)**

Another participant observed:

> *"Kana kuchinaya, nzira dzatino famba nadzo dzinotsvedza zvikuru uye zvinova zvakaoma kusvika kukiriniki kana kuchechi. Kuvandudzwa kwemigwagwa kungatibatsira zvikuru."*
>
> (When it rains, the paths we use become extremely slippery and it becomes difficult to reach the clinic or church. Improving the pathways would help us greatly.) **(P5)**

Supporting these concerns, a key informant stated:

> *"Patients with severe foot deformities and mobility limitations often struggle to move between residential sections and service points within the centre, making accessibility improvements an important priority."* **(KM5- Nurse Aide)**

The recommendations relating to infrastructure development underscore the direct relationship

between accessibility and quality of life for residents living with permanent disabilities. Participants perceived accessible infrastructure as essential for promoting safety, independence and participation in daily activities. The findings imply that environmental barriers can further compound the effects of disability by restricting access to healthcare, social activities and religious services. From the researcher's perspective, improving physical accessibility represents a practical intervention capable of enhancing both service utilization and overall wellbeing. These findings are consistent with Zhou (2024), who noted that inadequate disability-friendly infrastructure remains a major challenge affecting access to services among persons with disabilities in Zimbabwe. The findings further resonate with the Zimbabwe National Disability Policy (2021), discussed by Dube (2022), which advocates for accessible environments and inclusive infrastructure that enable persons with disabilities to participate fully in social and institutional life. Therefore, infrastructure enhancement emerges as a critical component of improving posttreatment care and promoting inclusion within the centre.

4.6 Chapter Summary

This chapter presented, analysed and discussed the findings of the study on the experiences of post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. It outlined the demographic characteristics of both post-treatment patients and key informants, and presented findings on post-treatment services including medical rehabilitation, psychosocial support, residential care and welfare assistance, spiritual support, and livelihood and vocational support. The chapter further examined the complications experienced by patients, including physical impairments, emotional distress, social exclusion and limited employment opportunities, as well as the coping mechanisms they adopted such as self-care practices, social support networks, spiritual engagement and livelihood activities. It also presented recommendations for improving service delivery, focusing on strengthening rehabilitation services, expanding psychosocial support, promoting stigma reduction, enhancing economic empowerment and improving institutional infrastructure. The findings were interpreted in relation to literature, theoretical

perspectives and relevant legal and policy frameworks, and the next chapter provides the summary, conclusions and recommendations of the study.

CHAPTER FIVE SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusions and recommendations of the study on the experiences of post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The chapter begins by summarising the key findings in relation to the study objectives, followed by conclusions drawn from the findings. It further outlines the implications of the study for social work practice and provides recommendations aimed at enhancing the wellbeing of post-treatment leprosy patients and improving service delivery. The chapter concludes by suggesting areas for future research and providing a brief summary of the chapter.

5.2 Summary of Findings

This section presents a summary of the key findings of the study based on the main themes that emerged from the analysis of data collected from post-treatment leprosy patients and key informants at Mutemwa Leprosy Catholic and Care Centre. The summary is organised in line with the study's objectives and highlights the major findings on post-treatment services provided, complications experienced by patients, coping mechanisms adopted and recommendations for improving service delivery and support systems.

5.2.1 Post-Treatment Services Provided to Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre

The study established that post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care

Centre receive a wide range of services aimed at addressing their long-term physical, psychological, social and spiritual needs. The findings revealed that medical rehabilitation services constituted a major component of post-treatment care, with patients receiving regular wound dressing, ulcer management, physiotherapy, assistive devices and routine health monitoring to prevent further disability and secondary infections. The study also found that psychosocial support services, including counselling, emotional support and group interactions, helped patients cope with the psychological effects of disability, stigma and social rejection. In addition, residential care and welfare support services provided patients with permanent accommodation, food, clothing and other basic necessities, particularly for those who had been abandoned by their families or had nowhere to return after treatment. Spiritual support services offered through church activities, prayer sessions and pastoral counselling further contributed to emotional healing and hope among patients. The findings also revealed that livelihood and occupational support initiatives such as gardening and craft work enabled some residents to remain productive and maintain a sense of purpose despite their physical limitations. Therefore, the study established that these services collectively contributed to improved wellbeing by enhancing physical health, emotional stability, social belonging, dignity and quality of life among post-treatment leprosy patients.

5.2.2 Complications Associated with the Post-Treatment Lives of Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre

The study found that despite being medically cured, post-treatment leprosy patients continued to

experience numerous challenges and complications that affected their daily lives. Physical complications emerged as one of the most significant issues, with participants reporting chronic nerve damage, loss of sensation, trophic ulcers, blindness, clawed fingers and mobility limitations resulting from permanent disabilities caused by the disease. The findings further revealed that these physical impairments often exposed patients to recurrent injuries and increased dependence on institutional support. Psychological complications were also evident, as many participants experienced emotional distress, sadness, feelings of worthlessness and low self-esteem arising from prolonged social exclusion and abandonment by family members. Social complications were characterised by persistent stigma, discrimination and rejection from communities and relatives who continued to associate leprosy with negative cultural beliefs even after treatment had been completed. In addition, economic complications were found to affect many residents due to

reduced work capacity, limited employment opportunities and dependence on institutional care for survival. The study therefore concluded that the effects of leprosy extend far beyond medical cure, creating interconnected physical, psychological, social and economic challenges that continue to shape the lives of former patients.

5.2.3 Coping Mechanisms Adopted by Leprosy Patients After Treatment at Mutemwa Leprosy Catholic and Care Centre

The findings revealed that post-treatment leprosy patients employ various coping mechanisms to

manage the challenges associated with their condition and circumstances. The study found that self-care practices played an important role in helping patients prevent complications and maintain their health, particularly through wound management, adherence to medical advice and careful protection of insensitive limbs from injury. The findings also showed that social support networks within the centre provided an important source of emotional and practical assistance, with residents supporting one another through shared experiences, encouragement and mutual caregiving. Spiritual and religious coping mechanisms emerged as another significant strategy, as many patients relied on prayer, church participation, choir activities and faith-based counselling to find comfort, hope and meaning in their lives. Furthermore, livelihood and vocational activities such as weaving, gardening and small craft production helped some residents remain occupied, generate limited income and reduce feelings of idleness and isolation. The study established that these coping mechanisms enabled patients to navigate the physical, emotional and social difficulties associated with post-treatment life while promoting resilience, adaptation and psychological wellbeing.

5.2.4 Recommendations for Enhancing Services and Addressing the Complications Faced by Post-Treatment Leprosy Patients

The study identified several measures that participants believed could strengthen post-treatment care and improve the wellbeing of residents at Mutemwa Leprosy Catholic and Care Centre. The findings highlighted the need for strengthened medical rehabilitation services through increased availability of specialised rehabilitation personnel, assistive devices, medical supplies and disability management interventions. Participants also recommended expanding psychosocial support programmes to address the emotional and mental health challenges associated with stigma,

family rejection and long-term institutionalisation. The study further established the importance of promoting community awareness and stigma reduction initiatives aimed at correcting misconceptions about leprosy and improving social acceptance of former patients. In addition, participants emphasised the need for enhanced economic empowerment and livelihood support programmes that would provide skills development opportunities, income-generating projects and financial assistance to reduce dependency and improve self-sufficiency. The findings also underscored the necessity of improving infrastructure and accessibility within the centre through the construction of disability-friendly pathways and other facilities that would enhance mobility and safety for residents living with permanent disabilities. Collectively, these recommendations were viewed as critical for improving quality of life, strengthening rehabilitation outcomes and promoting the social inclusion of post-treatment leprosy patients.

5.3 Conclusions

The study concludes that post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care

Centre continue to require comprehensive, long-term support despite being medically classified as cured. Their needs extend beyond medical recoveryto include ongoing rehabilitation, psychosocial care, social protection and basic welfare support. This confirms that leprosy remains a life-long condition in terms of its functional and social consequences rather than its infection status.

It is further concluded that post-treatment services provided at the centre play a critical role in

sustaining the wellbeing of patients. Medical rehabilitation, psychosocial support, residential care and spiritual services collectively contribute to improving physical stability, emotional resilience and social adjustment. However, the adequacy of these services is constrained by limited resources and infrastructural challenges.

The study also concludes that leprosy-related complications persist long after treatment and significantly affect patients' quality of life. Physical impairments such as nerve damage, ulcers and deformities, combined with psychological distress and social stigma, demonstrate that recovery

from leprosy is incomplete without holistic post-treatment interventions. These interconnected challenges reinforce long-term dependency and vulnerability among patients.

Another key conclusion is that coping mechanisms adopted by patients are largely shaped by their environment and available support systems within the centre. Spiritual coping, peer support and engagement in small livelihood activities have proven essential in helping patients manage emotional distress and maintain a sense of purpose. These mechanisms highlight the resilience of patients despite persistent adversity.

Finally, the study concludes that addressing the needs of post-treatment leprosy patients requires

a multi-sectoral and integrated approach involving healthcare systems, social services, community structures and policy frameworks. Sustainable improvement in their wellbeing depends on strengthening rehabilitation services, reducing stigma, improving accessibility and enhancing socioeconomic support systems in line with inclusive health and disability policies.

5.4 Implications for Social Work

The findings of this study have significant implications for social work practice within institutional

care settings and community reintegration programmes for post-treatment leprosy patients. They highlight the need for social workers to adopt holistic, rights-based and rehabilitation-oriented approaches that address the physical, psychological, social and economic challenges experienced by post-treatment leprosy patients.

5. Practice Methods

The findings suggest a need for integrated social work interventions that combine psychosocial support, case management, counselling, advocacy and rehabilitation services. Social workers should strengthen individual counselling, group work and community-based interventions to address emotional distress, social isolation and stigma experienced by post-treatment leprosy patients. The findings further highlight the importance of multidisciplinary practice where social

workers collaborate with healthcare professionals, rehabilitation specialists and religious leaders to provide holistic care.

6. Practice Settings

The study demonstrates the importance of social work practice within institutional care settings

such as Mutemwa Leprosy Catholic and Care Centre. Social workers operating in such settings are required to coordinate welfare support, facilitate access to services and provide continuous psychosocial care. The findings also imply that social work services should extend into communities to support family reunification, community reintegration and stigma reduction initiatives for former leprosy patients.

7. Training and Capacity Building

The findings indicate a need for specialised training in disability-focused social work practice,

chronic illness management and psychosocial rehabilitation. Social workers require competencies in trauma-informed care, counselling, disability rights advocacy and community mobilisation to effectively respond to the complex needs of post-treatment leprosy patients. Continuous professional development programmes are therefore necessary to strengthen service delivery within rehabilitation settings.

8. Ethics and Human Rights

The study highlights the ethical responsibility of social workers to uphold the dignity, rights and

wellbeing of post-treatment leprosy patients. Many participants reported experiences of stigma, abandonment and social exclusion, underscoring the need for ethical practice grounded in respect for human dignity, self-determination, confidentiality and non-discrimination. Social workers should actively challenge practices that perpetuate marginalisation and advocate for the protection of vulnerable individuals.

9. Policy and Advocacy

The findings reinforce the role of social workers as advocates for inclusive policies and improved

rehabilitation services. Social workers should engage in policy advocacy aimed at strengthening resource allocation for post-treatment care, expanding rehabilitation programmes and promoting disability-inclusive social protection measures. Advocacy efforts should also focus on increasing public awareness about leprosy and addressing stigma that continues to affect former patients.

10. Collaboration and Multidisciplinary Practice

The study demonstrates the importance of collaborative approaches in addressing the needs of post-treatment leprosy patients. Social workers should work closely with healthcare practitioners, rehabilitation specialists, government departments, faith-based organisations and community leaders to ensure comprehensive support. Such partnerships can enhance service coordination, improve patient outcomes and strengthen efforts towards social inclusion and community reintegration.

5.5 Recommendations

This section presents recommendations based on the findings of the study on the post-treatment

experiences of leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The recommendations are intended to strengthen post-treatment service provision, address the complications experienced by patients and promote their overall wellbeing, social inclusion and rehabilitation. The recommendations are directed towards policymakers, service providers, community stakeholders, social workers and development partners involved in leprosy care and rehabilitation.

11. Recommendations to Policy and Programmatic Stakeholders

The Ministry of Health and Child Care should strengthen the provision of post-treatment leprosy services through dedicated funding for rehabilitation programmes, wound care supplies, assistive

devices and specialised rehabilitation personnel to ensure continuity of care for patients living with permanent disabilities.

Government departments responsible for disability and social protection should expand disability-inclusive welfare programmes and livelihood support initiatives for post-treatment leprosy patients to enhance self-reliance and improve quality of life.

12. Recommendations to Stakeholders and Partners

Mutemwa Leprosy Catholic and Care Centre management, in collaboration with development partners and non-governmental organisations, should improve infrastructure and accessibility within the institution through the construction of disability-friendly pathways, mobility support systems and safe movement spaces for patients with physical impairments.

Civil society organisations, faith-based organisations and development agencies should strengthen partnerships aimed at supporting long-term psychosocial rehabilitation, resource mobilisation and advocacy programmes that enhance service delivery for post-treatment leprosy patients.

13. Recommendations to Community and Research Participants

Community leaders, faith-based organisations and local development structures should implement sustained stigma reduction and awareness programmes that educate communities about leprosy, promote acceptance of post-treatment patients and support family reintegration processes.

Families and community members should be encouraged through counselling, mediation and community outreach programmes to rebuild relationships with former patients and provide emotional and social support that facilitates successful reintegration.

14. Recommendations to Social Work Practice

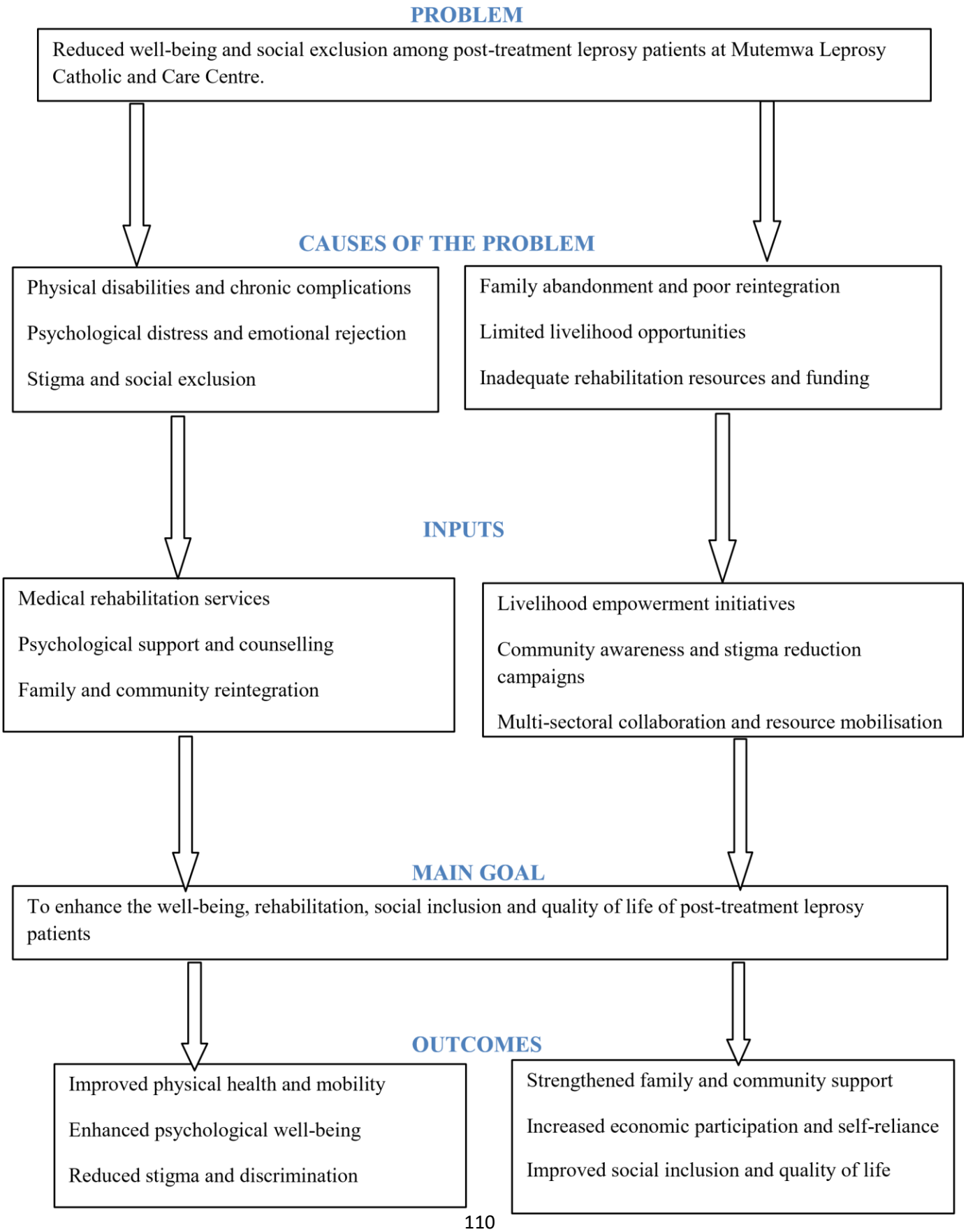
Social workers should strengthen case management, counselling and psychosocial support services

for post-treatment leprosy patients while promoting family reunification and community reintegration initiatives.

Social workers, healthcare professionals and rehabilitation practitioners should adopt multidisciplinary intervention approaches that integrate medical care, psychosocial support and disability-focused rehabilitation services to address the complex needs of post-treatment patients.

15. Innovative Intervention Model

The study proposes the Community-Based Rehabilitation and Reintegration Support Model (CRRSM) for post-treatment leprosy patients. The model emphasises coordinated rehabilitation services, psychosocial support, family reintegration, community awareness and livelihood empowerment. The model promotes collaboration among healthcare providers, social workers, families, community leaders and development partners to ensure holistic support for posttreatment patients. Through integrated service delivery, the model seeks to reduce stigma, strengthen social inclusion, improve functional independence and enhance the overall wellbeing of post-treatment leprosy patients. Below is a diagram showing the CRRSM:


PROBLEM
Reduced well-being and social exclusion among post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre.
CAUSES OF THE PROBLEM
Physical disabilities and chronic complications
Psychological distress and emotional rejection
Stigma and social exclusion
Family abandonment and poor reintegration
Limited livelihood opportunities
Inadequate rehabilitation resources and funding
INPUTS
Medical rehabilitation services
Psychological support and counselling
Family and community reintegration
Livelihood empowerment initiatives
Community awareness and stigma reduction campaigns
Multi-sectoral collaboration and resource mobilisation
MAIN GOAL
To enhance the well-being, rehabilitation, social inclusion and quality of life of post-treatment leprosy patients
OUTCOMES
Improved physical health and mobility
Enhanced psychological well-being
Reduced stigma and discrimination
Strengthened family and community support
Increased economic participation and self-reliance
Improved social inclusion and quality of life

16. Problem

The study established that post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre continue to experience reduced wellbeing and social exclusion despite having completed medical treatment. Although participants were declared cured of the disease, many remained affected by long-term physical disabilities, psychological distress, stigma and economic dependency. The findings further revealed that most patients continue to reside permanently at the centre because they have limited opportunities for reintegration into their families and communities. As a result, many struggle to achieve full social participation, independence and an acceptable quality of life. The persistence of these challenges demonstrates that medical cure alone is insufficient to address the broader social, emotional and economic consequences associated with leprosy.

17. Causes of the Problem

The study identified several interconnected factors contributing to the continued challenges experienced by post-treatment leprosy patients. Physical complications such as chronic ulcers, loss of sensation, blindness, clawed fingers and mobility impairments were reported as major barriers to independent living. Participants also described emotional difficulties associated with family abandonment, loneliness and feelings of worthlessness. Social stigma emerged as another significant factor, as many former patients continued to face rejection and discrimination despite no longer being infectious. In addition, limited livelihood opportunities and dependence on institutional support contributed to economic vulnerability. The findings further highlighted resource constraints within the institution, including inadequate rehabilitation materials, specialised personnel and funding, which limited the effectiveness of post-treatment support services.

18. Inputs

The model proposes a range of coordinated interventions designed to address the multidimensional

needs of post-treatment leprosy patients. Medical rehabilitation services should be strengthened through the provision of physiotherapy, wound care management, assistive devices and specialised

rehabilitation support. Psychosocial interventions should include counselling, emotional support, peer support groups and mental health services aimed at improving psychological wellbeing. Family and community reintegration programmes should focus on rebuilding relationships between patients, families and communities through mediation, awareness campaigns and social inclusion initiatives. Livelihood empowerment interventions should provide vocational training, income-generating projects and economic support opportunities that enhance self-reliance. Community awareness and stigma reduction campaigns should educate communities about leprosy and challenge misconceptions that contribute to discrimination. These interventions should be supported by strong collaboration among social workers, healthcare professionals, government departments, community leaders, faith-based organisations and development partners to ensure comprehensive service delivery.

19. Main Goal

The overall goal of the Community-Based Rehabilitation and Reintegration Support Model is to enhance the wellbeing, rehabilitation, social inclusion and quality of life of post-treatment leprosy patients. The model seeks to move beyond a purely biomedical approach by recognising that successful recovery requires attention to physical, psychological, social and economic dimensions of wellbeing. Through coordinated interventions, the model aims to promote functional independence, restore dignity, strengthen social relationships and improve opportunities for meaningful participation in community life. The goal is not only to manage the long-term effects of leprosy but also to create an enabling environment in which former patients can live productive, fulfilling and socially integrated lives.

20. Outcomes

The successful implementation of the model is expected to produce several positive outcomes for post-treatment leprosy patients. Improved access to rehabilitation services is likely to enhance physical health, mobility and functional independence while reducing the occurrence of secondary complications. Expanded psychosocial support services are expected to improve emotional wellbeing, reduce feelings of isolation and strengthen resilience among patients. Increased family and community engagement should contribute to greater social acceptance, reduced stigma and

improved reintegration outcomes. Livelihood empowerment initiatives are anticipated to strengthen economic participation, increase self-reliance and reduce dependency on institutional support. Furthermore, sustained community awareness efforts are expected to promote more positive attitudes towards leprosy and foster inclusive communities. Collectively, these outcomes will contribute to improved quality of life, enhanced social inclusion and long-term wellbeing for post-treatment leprosy patients both within and beyond institutional care settings.

5.6 Areas for Future Study

21. Future studies should explore post-treatment experiences of leprosy patients in other institutional and community-based care settings in Zimbabwe in order to compare service delivery models and patient outcomes across different contexts.

22. Further research may adopt quantitative or mixed-methods approaches to measure the prevalence, severity and long-term impact of physical, psychological and social complications faced by post-treatment leprosy patients.

23. Additional studies should focus more on the effectiveness of specific rehabilitation and psychosocial support interventions in improving reintegration outcomes and quality of life among former leprosy patients.

24. Future researchers may also examine family and community reintegration processes in greater depth, particularly how stigma, cultural beliefs and social structures influence acceptance and long-term support for post-treatment leprosy patients.

5.7 Chapter Summary

This chapter presented the summary of the study findings, conclusions, recommendations and areas for future research. The summary of findings highlighted the key results in relation to the study objectives, focusing on post-treatment services provided to leprosy patients, the complications they continue to experience, coping mechanisms adopted and recommendations for improving service delivery at Mutemwa Leprosy Catholic and Care Centre. The chapter further presented concise

conclusions drawn from the study, indicating that despite medical cure, patients continue to face long-term physical, psychological, social and economic challenges. It also outlined the implications of the findings for social work practice, emphasising the need for integrated, rights-based and multidisciplinary approaches. Practical recommendations were provided to various stakeholders including government, health institutions, social workers, families and community structures to enhance rehabilitation, reduce stigma and improve quality of life. Finally, the chapter identified areas for future research to deepen understanding of posttreatment leprosy experiences in different contexts.

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APPENDICES Appendix 1: Ethical Clearance Request for Ethical Clearance

Bindura University of Science Education

Faculty of Social Sciences and Humanities

Department of Social Work

Date: _____

RE: REQUEST FOR ETHICAL CLEARANCE TO CONDUCT RESEARCH

I, Princess Chido Chidindi, am a final year Social Work student at Bindura University of Science Education. I am currently undertaking a research study titled “Post Treatment Experiences of Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre in Mutoko” in partial fulfillment of the requirements for the Bachelor of Social Work degree.

The purpose of the study is to explore the post-treatment experiences of leprosy patients, focusing on post-treatment services, challenges faced after treatment, coping mechanisms and possible recommendations to improve post-treatment care and services at Mutemwa Leprosy Catholic and Care Centre.The study will use qualitative research methods, specifically semi-structured interviews and key informant interviews. Participants will include post-treatment leprosy patients and key informants such as nurses, nurse aides, administrator and chaplain at Mutemwa Leprosy Catholic and Care Centre.

Ethical considerations such as voluntary participation, informed consent, confidentiality, anonymity and the right to withdraw from the study at any time will be strictly observed. The information collected will be used strictly for academic purposes only.

I therefore kindly request ethical clearance to conduct this research study.

Yours faithfully,

Princess Chido Chidindi

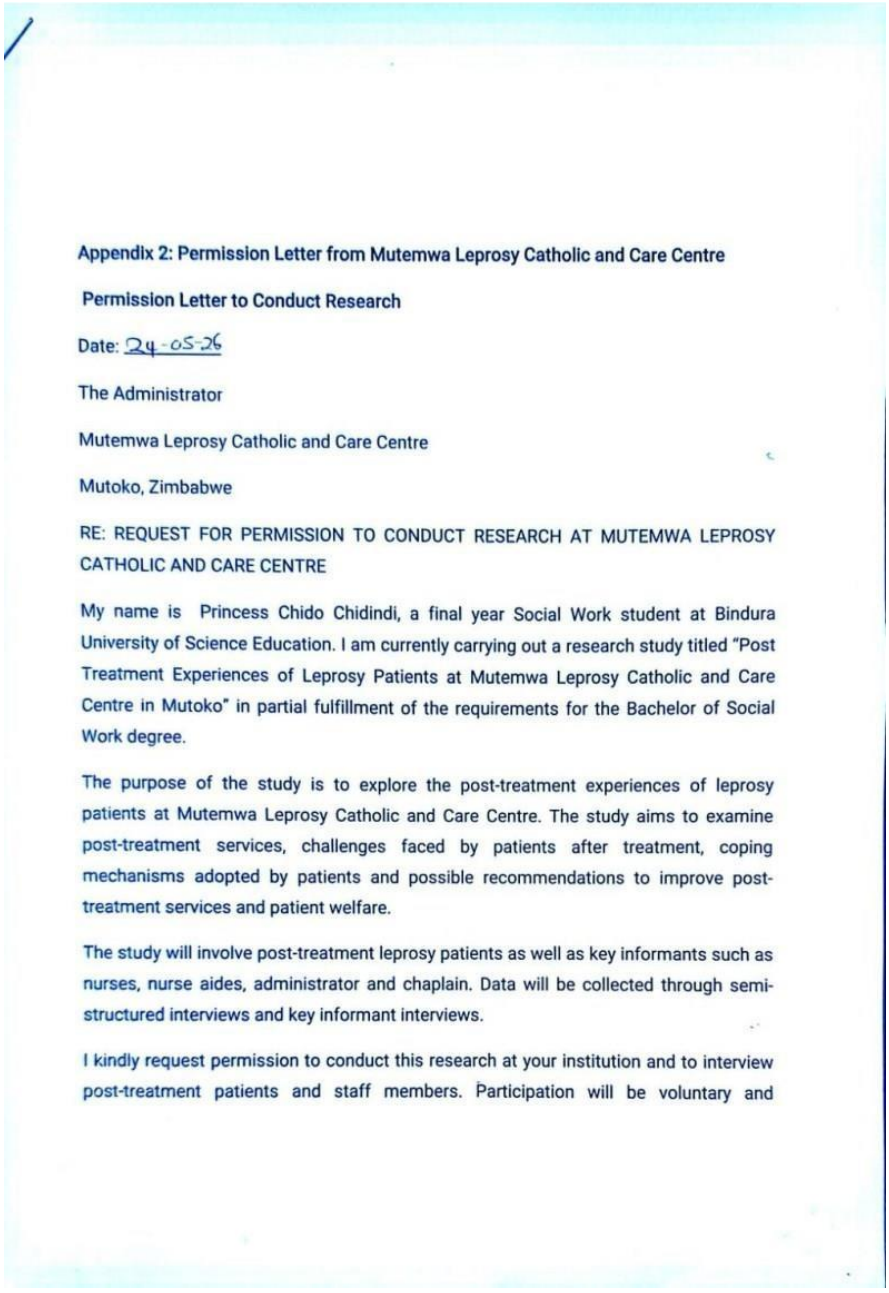
Social Work Student

Bindura University of Science Education

Email: princesschidindi@gmail.com

Phone: 0780246691

Appendix 2: Permission



Appendix 2: Permission Letter from Mutemwa Leprosy Catholic and Care Centre

Permission Letter to Conduct Research

Date: 24-05-26

The Administrator

Mutemwa Leprosy Catholic and Care Centre

Mutoko, Zimbabwe

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT MUTEMWA LEPROSY CATHOLIC AND CARE CENTRE

My name is Princess Chido Chidindi, a final year Social Work student at Bindura University of Science Education. I am currently carrying out a research study titled "Post Treatment Experiences of Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre in Mutoko" in partial fulfillment of the requirements for the Bachelor of Social Work degree.

The purpose of the study is to explore the post-treatment experiences of leprosy patients at Mutemwa Leprosy Catholic and Care Centre. The study aims to examine post-treatment services, challenges faced by patients after treatment, coping mechanisms adopted by patients and possible recommendations to improve post-treatment services and patient welfare.

The study will involve post-treatment leprosy patients as well as key informants such as nurses, nurse aides, administrator and chaplain. Data will be collected through semi-structured interviews and key informant interviews.

I kindly request permission to conduct this research at your institution and to interview post-treatment patients and staff members. Participation will be voluntary and

confidentiality and anonymity will be strictly maintained. The information collected will be used for academic purposes only.

Your permission to conduct this study will be greatly appreciated.

Yours faithfully,

Princess Chido Chidindi

Social Work Student

Bindura University of Science Education

Email: princesschidindi@gmail.com

Phone: 0780246691

Signature.....

MUTEMWA LEPROSY
CATHOLIC AND CARE CENTRE

24 MAY 2026

P.O. BOX 108
MUTOKO, ZIMBABWE
CELL +263 713 922 311
Email: mutemwacentre@gmail.com

Appendix 3: Data collection tools Informed Consent Form

Research Topic:

Post Treatment Experiences of Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre in Mutoko

My name is Princess Chido Chidindi. I am a Social Work final year student at Bindura University of Science Education (BUSE). I am conducting this research in partial fulfillment of the requirements for my degree. You have been selected as one of the participants to provide information for this study. Your information is very important for the success of this research and my academic progress, therefore your cooperation will be greatly appreciated.

Participation in this research is voluntary, which means there will be no payment or remuneration for participating in the study. Ethical considerations will be highly prioritized, particularly privacy, confidentiality and anonymity. You are free to withdraw from the study at any time if you feel uncomfortable participating. All information that will be provided during the interview will be treated as confidential and will not be disclosed to anyone. The information gathered will be used for academic purposes only.

For any questions regarding the research, please do not hesitate to contact:

Princess Chido Chidindi

Email: princesschidindi@gmail.com

Phone number: 0780246691

NB: A pseudonym or false name can be used for the purpose of confidentiality.

Signature of Participant: _____

Date: _____ / _____ / _____

Thank you for your cooperation.

Appendix 4: Semi-Structured In-Depth Interview Guide for leprosy Patients

Research Topic: Post Treatment Experiences of Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre in Mutoko

Section A: Demographic Information

Age……

Gender……

Marital status…….

Level of education……..

How long were you receiving leprosy treatment?

…..……..

How long have you been in the post-treatment phase?

…..……..

Do you stay permanently at Mutemwa Centre or you visit for services?

…..……

Section B: Interview Questions

<u>Research Question 1:What post-treatment services are provided to leprosy patients at Mutemwa Leprosy Catholic and Care Centre?</u>

Probing Questions

1. What services do you receive after completing your leprosy treatment?

2. How often do you receive these services?

3. Which services do you find most helpful to you?
4. re any services you think should be added or improved?

Research Question 2:What complications do leprosy patients experience in their posttreatment lives at Mutemwa Leprosy Catholic and Care Centre?

Probing Questions

1. What physical challenges do you experience after treatment?

2. experience any emotional or psychological challenges?

3. experienced stigma or discrimination after treatment?

4. How have these challenges affected your daily life?

Research Question 3:How do post-treatment services contribute to the wellbeing of leprosy patients after treatment?

Probing Questions

1. How have the services helped improve your health after treatment?

2. In what ways have the services helped you socially or emotionally?

3. Have the services helped you become independent or improve your livelihood?

4. What changes have you experienced in your life because of these services?

Research Question 4:What challenges do leprosy patients face in accessing post-treatment services at Mutemwa Leprosy Catholic and Care Centre?

Probing Questions

1. face any difficulties in accessing services at the centre?
2. any financial, transport, or mobility challenges you face?
3. feel the services are enough for all patients?
4. What barriers make it difficult for patients to fully benefit from the services?

Research Question 5:What coping mechanisms do leprosy patients adopt to manage challenges after completing treatment at Mutemwa Leprosy Catholic and Care Centre?

Probing Questions

1. How do you manage the challenges you face after treatment?
2. Who supports you when you face difficulties?
3. Are you involved in any support groups, income projects or rehabilitation programs?
4. What motivates you to continue with life despite the challenges?

Research Question 6:What recommendations can be made to enhance the services delivered and address the complications faced by post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre?

Probing Questions

1. What improvements would you suggest for post-treatment services at the centre?
2. What kind of support do post-treatment patients still need?
3. What should the government or donors do to help post-treatment leprosy patients?

4. What advice would you give to the Mutemwa Centre to improve patients' lives after treatment?

Appendix 5: Key Informant Interview Guide for Key Informants

Research Topic: Post Treatment Experiences of Leprosy Patients at Mutemwa Leprosy Catholic and Care Centre in Mutoko

Section A: Demographic Information

Gender……..

Age……

Professional role…….

Highest qualification……

Years of experience working at Mutemwa Leprosy Catholic and Care Centre…….

Years of experience working with leprosy patients……..

Brief description of your role in post-treatment patient care

….……

…….

Section B: Interview Questions

<u>Research Question 1: What post-treatment services are provided to leprosy patients at Mutemwa Leprosy Catholic and Care Centre?</u>

<u>Probing Questions</u>

1. What post-treatment services are offered to leprosy patients at this centre?
2. How are these services delivered to post-treatment patients?
3. Which departments or staff members are involved in providing these services?
4. Do you think the services offered are adequate for post-treatment patients?

Research Question 2: How do post-treatment services contribute to the wellbeing of leprosy patients after treatment?

Probing Questions

1. In your view, how do post-treatment services improve patients' health and wellbeing?
2. How do these services help patients socially and psychologically?
3. services help patients become independent or reintegrate into society?
4. What positive changes have you observed in patients receiving post-treatment services?

Research Question 3: What challenges do leprosy patients face in accessing post-treatment services at Mutemwa Leprosy Catholic and Care Centre?

Probing Questions

1. What challenges do patients face in accessing post-treatment services?
2. financial, mobility, or resource-related challenges affecting patients?
3. institutional or resource limitations affecting service delivery?
4. How do these challenges affect the quality of life of post-treatment patients?

Research Question 4: What complications do leprosy patients experience in their posttreatment lives at Mutemwa Leprosy Catholic and Care Centre?

Probing Questions

5. What physical complications are common among post-treatment leprosy patients?
6. What psychological or emotional challenges do patients face after treatment?
7. Do patients experience stigma or discrimination after treatment?
8. How do these complications affect patients' daily lives and rehabilitation?

Research Question 5: What coping mechanisms do leprosy patients adopt to manage challenges after completing treatment at Mutemwa Leprosy Catholic and Care Centre?

Probing Questions

1. What coping strategies do patients commonly use to deal with post-treatment challenges?
2. Are there support systems such as family, church, support groups, or counselling services?
3. Does the centre provide rehabilitation or empowerment programs to help patients cope?
4. How effective do you think these coping mechanisms are in improving patients' lives?

Research Question 6: What recommendations can be made to enhance the services delivered and address the complications faced by post-treatment leprosy patients at Mutemwa Leprosy Catholic and Care Centre?

Probing Questions

1. What improvements are needed in post-treatment services at the centre?
2. What resources are needed to improve patient care and rehabilitation?

3. What role should government, NGOs, or churches play in improving post-treatment care?

4. What recommendations would you give to improve the quality of life of post-treatment leprosy patients?