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FACULTY OF SOCIAL SCIENCES AND HUMANITIES



DEPARTMENT OF SOCIAL WORK

**INTERVENTION STRATEGIES ON THE EFFECTS OF LEPROSY ON THE QUALITY
OF LIFE OF LEPROSY PATIENTS IN ZIMBABWE.A CASE OF MUTEMWA LEPROSY
CATHOLIC AND CARE CENTRE IN MUTOKO**

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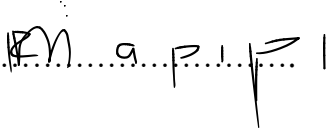
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I Ropafadzo Mapipi, declare that this dissertation titled: **INTERVENTION STRATEGIES ON THE EFFECTS OF LEPROSY ON THE QUALITY OF LIFE OF LEPROSY PATIENTS IN ZIMBABWE. A CASE OF MUTEMWA LEPROSY CATHOLIC AND CARE CENTRE IN MUTOKO** is my original work and has not been submitted to any other university for the award of any degree or qualification. I further declare that all sources used or quoted in this study have been acknowledged by means of complete references. I have followed research ethics required in pursuit of Social Work research.

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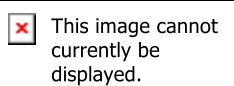
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APPROVAL FORM

I certify that I supervised ROPAFADZO MAPIPI (B220207) in carrying out this research:
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QUALITY OF LIFE OF LEPROSY PATIENTS IN ZIMBABWE. A CASE OF
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Date: 18/08/2026

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The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore recommend that Bindura University of Science Education accept this research project done in partial fulfilment of the requirements for the Bachelor of Science Honours Degree in Social Work.

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Date.....

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DEDICATION

I dedicate this dissertation to my family. My parents T.Mapipi and R.Mudza for their love, support and encouragement throughout my academic journey. My grandmother for her unwavering support. My father's cousin brothers for their love. They are people who are looking up to me and wish to see me succeed in life and achieve my goals.

ABSTRACT

The main aim of this study was to create intervention strategies that mitigate the effects of leprosy on the quality of life of leprosy patients at Mutemwa Leprosy Catholic and Care Centre. Beyond its physical effects, leprosy affects the psychological, social and economic wellbeing of individuals which affects the overall quality of life. This study examined the intervention strategies towards the effects of leprosy on the quality of life of leprosy clients. The study was guided by three objectives that include, to investigate the effects of leprosy, identify strategies that have been used to improve the quality of life and social reintegration of people affected by leprosy and the assess the effectiveness, to develop sustainable intervention strategies that seek to improve the quality of life for patients with leprosy. A qualitative research approach was adopted, utilizing in-depth interviews, key informant interviews and focus group discussions to collect data from leprosy patients, healthcare workers and social workers. A purposive sampling technique was used with a sample of 15 participants, which included 8 leprosy patients and 7 caregivers with Two (2) registered general nurses, Three (3) Nurse Aides and Two (2) Social workers. The findings revealed that stigma, discrimination, social exclusion, depression and anxiety, physical deformities and poverty continue to affect the quality of life of leprosy clients. The study further established that psychological support services, community awareness campaigns, economic empowerment initiatives and early detection plays an important role in improving the lives of affected individuals. The study concluded that holistic and integrated strategies are essential in addressing the multidimensional effects of leprosy. The Integrated Multi-Level Community Support Intervention Model was proposed to provide a framework for coordinated and comprehensive action towards the effects of leprosy on the quality of life of leprosy residents. The study contributes to the social work field and public health by highlighting the importance of inclusive and sustainable interventions that improves the quality of life of individuals with leprosy.

ACRONYMS

CBR	Community Based Rehabilitation
MDT	Multi Drug Therapy
MLCCC	Mutemwa Leprosy Catholic and Care Centre
MoHCC	Ministry of Health and Child Care
NGO	Non-Governmental Organization
WHO	World Health Organization
PEP	Post Exposure Prophylaxis

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.0 Introduction

Leprosy is still a disease that is being neglected but it is affecting people in Zimbabwe, mostly in rural and marginalized communities. Even though it is curable, it results in physical disability, stigma and discrimination. This study aims at exploring the intervention strategies aimed at mitigating the impact of leprosy on the patients' quality of life in Zimbabwe. A case of Mutemwa Leprosy Catholic and Care Centre. The research focuses on proposing comprehensive ways that enhances rehabilitation, social integration and the overall wellbeing of individuals by examining available approaches and identify gaps in support systems. The study promotes inclusive health interventions and the promotion of dignity and quality of life among marginalized populations. This chapter includes the background of the study, aim of the study, objectives of the study, research questions and the significance of the study.

1.1 Background of the study

Leprosy, a deadly disease is still a public health concern in developing countries such as Zimbabwe, Mozambique and Zambia. Although a drug to cure leprosy have been discovered, leprosy is continuing to put social, psychological, economic and physical impacts on the lives of people affected by leprosy. The quality of life for people is being affected because it leads to permanent disabilities, social stigma and discrimination in communities. Even though there are efforts that are being put globally to reduce the cases of leprosy, in marginalized communities where there are weak health systems and lack of awareness as well as low access to medical and psychosocial support limited its consequences continues.

Globally, 172 717 cases were recently reported by World Health Organisation in 188 countries. Although a multi-drug therapy was found, the stigma, discrimination associated with leprosy reduces the quality of life of patients. Scholars such as Rao (2015) argue that leprosy negatively affect the quality of life as it leads to social exclusion ad loss of lives. Patients often face rejection from the family as well as loss of income and employment. However, there are strategies that were tailored to address the impacts of leprosy on the quality of life of patients, such as the use of the multidrug therapy for leprosy. Use of post-exposure prophylaxis (PEP) to reduce the transmission as recommended by WHO. WHP, ILEP, NGOs and donors support drug supply and training. WHO global strategy (2021-2030) set four pillars such as early detection and

treatment, prevention of disability and rehabilitation. Countries align with these pillars which are useful as a framework for quality-of-life focused interventions.

Regionally, Africa contributes to 10-15 percent of the world's new leprosy cases, with major burdens in Mozambique, Tanzania, Ethiopia (WHO, 2022). 19 171 new cases were reported in the African region. Between 2003 and 2013, the prevalence rate decreased, but it did not fall to zero. The African Region Leprosy impacts negatively affect the quality of people affected. Leprosy leads to stigma and discrimination of affected population. It also affects leprosy patients psychologically and deformation of body parts which hinders the performance of daily activities. It also negatively impacts the quality of life through leading to loss of livelihoods. Patients face irreversible nerve damage due to lack of awareness and limited access to healthcare. Strategies were also employed such as self-care groups and peer support as well as the inclusion of people affected by leprosy in programme planning. Vocational training and in some cases cash benefits for disability. The other intervention strategy employed by the African Region is integrating leprosy into primary health care.

In Zimbabwe, high cases of leprosy are reported in rural areas and regions with poverty, where they have limited access to health facilities (ILEP, 2020). 10 cases were recently reported. Many beliefs in culture delays people to go to hospitals which therefore limits early diagnosis and the disease to be managed effectively. The Global Partnership for Zero Leprosy (2018) describes leprosy as a disease mainly found in rural areas. In areas such as Mutoko, Chikombedzi, there is still stigmatization which is leading to loss of livelihood, social isolation and psychological stress which puts burden on patients and their families. Efforts such as training of clinician to detect and manage leprosy and its complications. Long term care centres were also established such as the Mutemwa Leprosy Centre that provides residential care, rehabilitation and social supports for people living with long term disabilities complementing public health services. Though the Ministry of Health and Child Care in collaboration with international parties have made efforts in disease surveillance and treatment, there is still need for holistic intervention strategies that address the medical, social and psychological dimensions of leprosy. Gaps always remain such as late detection, stigmatization which reduces the quality of life and uneven access to rehabilitation services.

This study aims at exploring the intervention strategies aimed at mitigating the strategies aimed at mitigating the impact of leprosy on the patients' quality of life in Zimbabwe. The research focuses on proposing comprehensive ways that enhance rehabilitation, social integration and

the overall wellbeing of individuals by examining available approaches and identify gaps in support systems. The study promotes inclusive health interventions and the promotion of dignity and quality of life among marginalized populations.

1.2 Aim of the study

The main aim of the study is to create intervention strategies that mitigate the effects of leprosy on the quality of life of leprosy patients in Zimbabwe.

1.3 Statement of the problem

Though leprosy is known as one of the deadliest diseases, it is one of the challenging diseases in developing countries. People affected by Leprosy experience long-lasting consequences, though a multi-drug therapy has been found. The daily activities of a person with leprosy are affected because it damages the nerve system, which disturbs their functioning. People living with leprosy experience emotional stress, including feelings of fear, anxiety, and low self-esteem due to stigmatization by the community.

According to Sermittong and Van Brakel (2014), leprosy continues to be one of the stigmatized diseases worldwide. Patients face discrimination, marginalization, and are excluded from community participation, employment opportunities, and educational gaps. Despite medical cure, this discrimination hinders reintegration into society. However, though the biomedical needs of leprosy clients have been addressed, a gap was left in the patients' quality of life, which needs greater attention in research and health policies.

Hence, there is a need to explore and investigate the extent to which leprosy impacts the emotional, physical, and social quality of life of patients. By gaining insight into the impacts, it paves the way for tailoring holistic interventions to reduce stigma and discrimination and improve the lives of patients affected by leprosy.

1.4 Objectives

- To investigate the effects of leprosy on the quality of life of people with leprosy, focusing on physical, emotional, and social aspects.
- To identify strategies that have been used to improve the quality of life and social reintegration of people affected by leprosy.
- To develop intervention strategies that seek to improve the quality of life for patients with leprosy.

1.5 Research Questions

1. What are the effects of leprosy on the quality of life of leprosy patients?
2. In what ways do the current care systems and support services help to address the effects of leprosy on the quality of life of leprosy clients?
3. What intervention strategies can be implemented to address the effects of leprosy on the quality of life of leprosy patients?

1.6 The significance

The research aims to create intervention strategies on the effects of leprosy on the quality of life of leprosy clients. The research project is significant because of its different contributions. It will also be vital to different stakeholders. This is because it seeks to cover the gaps that were left open and overlooked, such as the psychosocial dimensions, besides the biomedical treatment. Although leprosy was cured using the multidrug therapy, the quality of life continues to be undermined by the physical disabilities, emotional strain, and social stigmatization. For health professionals, the study will shed light on the importance of patient-centred care that consists of psychological support and social reintegration. The study will also inform policymakers and public health authorities of the strategies to inform the ways to reduce and tackle the issue of stigmatization, promoting inclusion and strengthening community-based support systems. The study is also relevant as it will guide awareness campaigns and programs that are tailored to intervention programs of leprosy clients for non-governmental organisations and advocacy groups. In the field of academia, the study will contribute to the existing body of knowledge on the neglected tropical diseases and their broader social implications.

1.7 Limitations

The study may encounter a myriad of challenges during the conduct of the research. Limitations may include that other leprosy clients may refuse to participate due to the fear of being stigmatized and discriminated that is associated with the disease. This therefore may hinder the adequate information hence to address this the researcher will ensure that confidentiality and anonymity are maintained. The other limitation may be the language barrier between the researcher and some participants and this may be addressed through using the Shona language that is the local language and seeking assistance from the caregivers. The research depth may also be limited by time constraints and the researcher will try to address this through developing a clear schedule and adhering to it. Some participants may also provide information that is

biased due to fear and the researcher will create a friendly environment that encourages honest responses.

1.8 Delimitations

The study will only focus on a selected target area that is Mutemwa Leprosy Catholic and Care Centre that caters for individuals with leprosy. The researcher will only focus on individuals living with leprosy, caregivers, social workers and health practitioners who directly interact with affected individuals. The study will not include patients affected by any other diseases besides leprosy.

1.9 Definition of key terms

Intervention strategies

According to Hagger and Luszczynska (2014) intervention strategies are planned actions or methods designed to bring about positive change in a specific situation, problem or condition.

1.9.1 Effects

Effects are the results, consequences, or changes that happen because of a particular action, event, condition or situation (Siregar, 2022).

1.9.2 Leprosy

A chronic infectious disease mainly caused by the bacterium *Mycobacterium leprae* and it primarily affects the skin, peripheral nerves, eyes and the lining of the nose (Ernst, 2011).

1.9.3 Patient

According to Gostin (1989), a patient is a person who receives medical care, treatment or attention from a doctor, nurse or other health professional.

1.9.4 Quality of life

Sirgy (2002) defines quality of life as the overall well-being and satisfaction with life, considering the physical, psychological health, social relationships, economic status and ability to perform daily activities.

1.10 DISSERTATION STRUCTURE

Chapter One: Introduction

The chapter gives an introduction on the intervention strategies on the effects of leprosy on the quality of life of leprosy patients. The background information of the study is also outlined.

The chapter also covers the main aim of the study and the objectives of the study. It includes the significance of the study as well as research questions.

Chapter Two: Literature review

This chapter reviews the existing studies related to this research. It also gives the theories that were used by the researcher and discussing empirical findings. This chapter outlines the gaps that are being addressed by the study.

Chapter Three: Methodology

This chapter explain how the study was conducted .Gives the research design that was used, the population, sampling techniques, the data collection methods ,data analysis methods and the ethical considerations.

Chapter Four: Presentation, Analysis and Discussion of Findings

This chapter consists of the analysis of the collected data in chapter 3.The chapter aims at presenting, analysing, interpreting the data that has been collected to investigate the effects of leprosy on the quality of life of leprosy patients, identify current intervention strategies towards the effects and to develop intervention strategies that can be tailored to improve the quality of life of Leprosy clients.

Chapter 5: Summary, Conclusion and Recommendations

The chapter presents the summary of the key findings, the conclusion and the recommendations to the identified challenges. The chapter also consists of future areas of study.

1.10 Chapter summary

This chapter presented the background of the study, the statement of the problem and the significance of the study .The chapter also outlined the main aim of the study that is of creating the intervention strategies towards the effects of leprosy on the quality of life of people with leprosy. Possible limitations and delimitations of the study were outlined. This chapter also provided an insight on the objectives and the research questions of the study. It also outlines what the research will consists of as from the first chapter to the final chapter

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter provides insight into the existing literature on the views of other scholars regarding intervention strategies towards the effects of leprosy on the quality of life of leprosy patients and other ways to intervene within social work practice. Looking closely at national, regional, and global perspectives, this research focuses on understanding the effects of leprosy on the quality of life of patients and the intervention strategies. This chapter will also give the relevant social work theories such as the Bio psychosocial model and the Empowerment theory to frame the intervention strategies on the effects of leprosy on the quality of life of leprosy clients. The chapter will also address the objectives of the study which are to investigate the effects of leprosy on the quality of life of leprosy clients focusing on physical, emotional and social aspects, to identify the strategies that has been used to improve the quality of life and social reintegration of people affected by leprosy and to develop intervention strategies that seeks to improve the quality of life of patients with leprosy. This literature review aims at identifying gaps that were left by other scholars and tailor the intervention strategies that are effective.

2.1 Theoretical Framework

This part of the study will describe the theoretical basic that underpins the research. The researcher will use the Bio psychosocial model because it underpins the multiple factors that affects the quality of life of an individual and to design tailored interventions that are person centred while the Empowerment theory explains how patients can actively participate in the interventions for sustainability. These theories together are vital as they make a comprehensive approach and enhances sustainability.

2.1.1 Bio psychosocial model

The Bio psychosocial model is a model that was meticulously propounded by George L. Engel in 1977. Its main idea is to respond to the biomedical model which fails to look at a person as a whole. Engel proposed that it is significant to look at the social environment and also to focus on the mind of an individual to understand the health and illness of an individual (Engel, 1980).

The first objective of investigating the effects of Leprosy on the quality of life of people affected by leprosy is closely linked to the Bio psychosocial Model which explains that health is influenced by biological, psychological and social factors.

From the biological component, the model focuses on the genetic influences of health (Straub, 2012). The biological aspect should be focused on because it helps the health professionals to detect the disease early and give proper medications to the patients. Huppert (2009) suggests that the psychological component mainly focuses on the mental conditions and emotions that affects an individual's health. The component helps in the management of the conditions and illness of the patients and the way that the patient sees the condition. Hence the support that is given psychologically is vital as it improves the health of a person as a whole as well as the quality of life. The social component addresses the environment and the social factors that affects the wellbeing of an individual. The bio psychosocial model emphasizes that the social component is vital when dealing with diseases because it also worsens the situation of the disease (Halvelka et.al 2009). Social factors influence the beliefs about the illness and the way that the patient will seek the treatment. Generally, the model propose that the health status of an individual is determined by a myriad of factors and by the interaction between the biological, psychological and social factors rather than from a single factor. Therefore, the theory emphasizes the holistic approach to the health of an individual encouraging a comprehensive and interdisciplinary intervention strategies towards the problem of an individual.

The Model emphasizes patient centred care. Bolton (2023) posits that the Bio psychosocial model emphasizes that a person should be treated as a whole not just focusing on a single component. By considering the patient's biological aspects, psychological aspects and the social aspects, it offers a holistic treatment to the patients which is responsive to the needs of patients hence improving the overall health outcomes and the patient's quality of life.

The bio psychosocial model makes it easy for the health professionals to easily understand the nature of health conditions. By only looking at the biological component alone, one cannot easily understand the nature of the disease, the conditions may be influenced by factors such as stress, the social aspects and lifestyle hence it needs a deep understanding and exploration of how all these factors are contributing to the illness. The bio psychosocial model is used to develop intervention strategies that address the multiple aspects of life. The interventions may include medical support, psychological support and social assistance programmes.

2.1.1.2 The relevance of the Bio psychosocial model.

The model is significant in guiding the study as it helps to understand how leprosy affects an individual through the interaction of different factors which are the biological components, psychological components and the social components (Engel, 1977). The model emphasizes

that leprosy and its effects are beyond biomedical view and the quality of life is influenced by different components. From a biological perspective, leprosy causes impairments and nerve damage and using the bio psychosocial model, interventions that are tailored includes multidrug therapy which reduces pain and physical limitations which therefore lays a foundation for an improved quality of life. From the psychological perspective, the physical impacts of leprosy cause emotional distress, fear, anxiety and low self-esteem. These psychological effects can influence the adherence to the drugs hence the bio psychosocial model emphasizes the inclusion of counselling, psychosocial support and peer groups which improves the quality of life of an individual by building resilience, develop positive coping strategies alongside medical cure. From the social perspective, the other negative impacts of Leprosy are stigma and discrimination, all these conditions can worsen the mental and physical health outcomes (Link and Phelan, 2001). The bio psychosocial model emphasizes that the intervention strategies must address the effects through community education, social reintegration and livelihood support, therefore improving the social environment that the patient lives improves the quality of life of that person. Therefore, the Bio psychosocial model emphasizes intervention strategies that are holistic and that responds to all ranges of effects that are caused by leprosy (Wade and Halligan, 2017). The model does not limit the tailoring of intervention strategies as it ensures that the intervention strategies are not only focusing on the cure of the disease but are also aiming at restoring the mental wellbeing and social functioning of an individual.

The model is relevant to the study because it emphasizes that professionals should collaborate to address the health challenges of a patient (Abdul Rahman, 2022). To address the needs of a Leprosy patient, it needs, psychologists, social workers and community leaders as well as policy makers. These professionals contribute their support and helps in addressing different aspects of the disease. Therefore, the multidisciplinary collaboration ensures that all the dimensions of a patient's wellbeing have been addressed.

The bio psychosocial model is highly relevant to the study as it clearly shows the interaction between factors that affect the quality of life of a patient. For example, a physical disability can lead to unemployment and unemployment can lead to distress, this therefore can worsen the condition of a patient. This therefore enhances intervention strategies that are comprehensive and address the root causes of the poor quality of life. Singha (2025) asserts that the bio psychosocial model supports interventions that are sustainable. By looking at the three components of the model, interventions that will be tailored lasts and improve the overall

quality of life of a person affected by leprosy. For example, offering medical treatment, psychological support and community awareness reduce stigma, improve mental health and promote the reintegration of an individual into the society. Hence by using this model, the study will acknowledge that to improve the quality of life of a person affected by leprosy, it requires holistic strategies that address the biological impairments, psychological distress and the social challenges caused by leprosy.

2.1.2 Empowerment theory

According to Dushkova and Ivlieva (2024), the empowerment theory is a social and psychological framework that mainly focuses on helping individuals, groups, community to take control over their lives, make informed decisions. It is mostly in the field of social work because it helps them to design interventions that strengthen people's capacity to solve problems on their own. Julian Rappaport described the empowerment theory as process through which individuals, communities and organisations gain control over the issues that affect their lives. Rappaport emphasized that empowerment is not just giving people resources but enabling them to gain control over decisions that affect their lives. Rappaport emphasized that people should not just be given the resources for them to be empowered, rather they should be enabled to gain control over the resources and actively participate in decisions that affect their wellbeing which therefore highlights the importance of participation and self-determination.

The empowerment theory encourages the bottom up approach and the participation of people as well as building skills rather than building the dependency syndrome. Zimmerman contributed to the empowerment theory, who emphasized the empowerment have three vital components which includes the intrapersonal, interactional and behavioural. According to Zimmerman (1995), at the individual level, the theory emphasizes the built up of confidence, critical awareness and decision-making skills. In an individual, empowerment involves helping people to recognize their strengths, capabilities and to participate in decisions that affects their lives. Perkins and Zimmerman (1995), posits that, at the group level, empowerment involves working together to identify common problems, advocate for their rights and working together to influence the systems that affects their wellbeing. The third level of empowerment is the community level where communities mobilize resources and influence policies that affect their development which therefore shows that empowerment is both personal and collective process (Dushkova and Ivlieva, 2024). The empowerment theory emphasizes that lack of power and opportunities makes social problems to arise. Therefore, the empowerment theory seeks to address the inequalities and people suffering from stigmatization.

The empowerment theory also emphasizes that capacity building is important in order to improve the lives of people. This can be done through educating the marginalized, training and giving support. The support makes people to gain confidence and stand to address challenges on their own. Shearer (2009) is of the view that the empowerment theory is used as a guiding framework to improve the quality of life of people, in health sectors it is used to understand the conditions of patients, to participate in treatment decisions and help them to adopt healthier lifestyles.

The empowerment theory emphasize collaboration between professionals and communities. People makes decisions on their own not the professionals. It also enhances interventions that are more effective because the decisions will be based on the needs and experiences of people involved (Perkins and Zimmerman, 1995). Therefore, the empowerment theory is a valuable framework that focuses on enhancing people take control over their own lives. The theory emphasizes participation, capacity building and access to resources as the theory sees people as active agents of change.

2.1.2.1 The relevance of the Empowerment theory.

The empowerment theory is highly significant in supporting the topic as it focuses on enabling individuals to take control over their lives (Rappaport, 1987). The third objective of developing intervention strategies to improve the quality of life of Leprosy patients is strongly linked to the Empowerment Theory because effective interventions aim to empower patients to become independent. As leprosy affect the quality of life by leading to physical disabilities and social exclusion, the theory provides a foundation for laying and designing the intervention strategies that addresses the challenges in a person centred manner (Zimmerman, 2000). Bobba (2025), posits that leprosy leads to the marginalization of affected people and this makes them to be powerless due to stigma and discrimination therefore the empowerment theory paves a way for intervention strategies such as counselling and the involvement of patients in the treatment decisions through health education. This makes patients to manage their conditions and make decisions on their own which helps in actively participating in the improvement of their quality of life. The empowerment theory is relevant to the study because it builds self confidence among individuals with leprosy so that they can stand on their ground. Perkins and Zimmerman (1995) posits that the empowerment theory is relevant to the study as it directly links to strategies that aims at reducing fear and anxiety associated with leprosy. This is done through counselling, awareness and peer support groups. The psychological empowerment improves the emotional wellbeing of an individual thus building hope and resilience which are key to the

quality of life (Diener and Biswas-Diener, 2005). The empowerment theory emphasizes the participation and social inclusion of people in the community and initiatives. Therefore, the participation makes the interventions to be relevant to the effects that are being faced by the people with leprosy. According to Wallerstein (1982), intervention strategies such as community education and advocacy helps the affected to challenge stigma and to take control of their own lives. It also helps the patients to be aware that leprosy can be treated so that they do not live in fear thus helping people not to live in fear. The empowerment theory suggests interventions that promote the economic empowerment through vocational training, social protection which reduces dependency and other consequences of leprosy (Shrestha et al., 2025). Since people may lose their livelihood due to the disease, the Empowerment theory emphasizes the economic empowerment to make patients independent, hence the strategy aims at enhancing the quality of life of a patient and their dignity. The theory is also highly relevant to the study as it paves a way for challenging the structures that suppress the rights of people affected by leprosy. Cross (2006) asserts that the Empowerment theory emphasizes that there should be policies that includes all people so that people with leprosy can also suggest their views. The empowerment theory also is in support of the sustainable intervention strategies. These strategies are meant to back up the patients even if the support is withdrawn so that patients become independent. Therefore, the empowerment theory, explains that the intervention strategies for leprosy must go beyond medical treatment. It needs to include participation, capacity building and social reintegration. Therefore, using both theories helps to promote holistic healing, social inclusion, and long-term quality of life improvement for individuals affected by leprosy.

2.2 Conceptualising Leprosy

2.2.1 Definition and Epidemiology of Leprosy

The World Health Organization (2018) defines leprosy as a chronic infectious disease that is caused by a *Mycobacterium leprae*, primarily affecting the skin, peripheral nerves, mucosa of the upper respiratory tract and eyes. According to Britton and Lockwood (2004), leprosy is a chronic infectious disease whose clinical features range from tuberculosis to lepromatous forms, depending on the host's immune response. Therefore, generally, leprosy is defined by different scholars as a *Mycobacterium leprae*, presenting primarily in the skin and peripheral nerves and leading to sensory loss, disabilities and social stigma if not treated early.

To address the first objective of investigating the effects of leprosy on the quality of life of people with leprosy, this study examines how the disease affects individuals physically, psychologically, socially and economically which affects the quality of life.

2.2.2 Effects of leprosy on the quality of life of people with leprosy focusing on physical, emotional and social aspects.

2.2.2.1 Physical effects

Although there are recommended medications for the cure of leprosy by the World Health Organization, there are new patients that are being diagnosed in developing countries.

Leprosy have different effects that affects the quality of life of life of leprosy clients. The effects affect the full participation of affected people in the society.

Leprosy affects the patient physically and the physical effects limits their normal functioning. Leprosy affects mainly the nerves which leads the patient to lose sensation and deformities as well as visual impairment. All these affects the functioning of the patient hence affecting also the quality of life of a person affected by leprosy. Patients often face challenges in doing daily activities such as dressing themselves and mobility. According to Aruajo et al. (2023), physical limitations from leprosy significantly reduce individual's ability to perform both basic and instrumental daily activities. The loss of independence negatively affects the quality of life of a patient with leprosy. Physical disability also leads to chronic pain and discomfort, the pain persists even after getting treatment thus reducing life satisfaction. Scholars emphasized that the pain is linked to the level of disability which therefore affects the quality of life of a patient. Physical deformities also affect the patient in engaging in manual labour. Global reports show that the level of the disability is equivalent to the poor quality of life. This therefore shows that the physical disability affects the overall wellbeing of an affected individual.

The physical disabilities caused by leprosy are severe due to poverty, inequalities and limited access to healthcare services. Physical disability affects the mobility and functioning of patients especially in rural areas. Due to lack of knowledge and health services, patients present them in later stages where the nerve damage is already extensive and irreversible. Bello et al. (2013) posits that a lot of patients in Ghana presents themselves with Grade 2 disabilities showing serious deformities during diagnosis. The region has also high reports of ulcers and other secondary infections. Due to loss of sensation, patients who walk barefooted face a challenge of foot injuries leading the injuries into chronic ulcers. Chingu et al. (2013) is of the view that individuals affected by leprosy in Malawi faces a challenge of persistent chronic ulcers.

The physical effects are reflected by the ulcers and disturbed physical functioning. People affected by leprosy also face a challenge of walking long distances on foot because they have to travel for long distances especially in rural areas. Van Brakel (2006) supports that mobility limitations are among the most physical challenges that are being faced by leprosy patients in low resource setting which threatens a good quality of life. African region though the burden is lower due to control programmes. Loss of sensation is one of the effects of leprosy being faced by leprosy clients in Zimbabwe which affects the normal functioning of their hands and feet. Late diagnosis of patients in Zimbabwe is also leading to deformities. According to the Zimbabwe Ministry of Health and Child Care (2019), the disability among leprosy patients is mostly due to late detection. Chronic wounds and ulcers are also common and due to loss of sensation, patients face further complications such as infections. Mpofu et al. (2017) is of the view that physical impairments reduce the normal functioning and lead to dependency in daily activities for example leprosy patients at Mutemwa Leprosy Centre rely on caregivers in activities like bathing, cooking and washing their clothes.

2.2.2.2 Social effects

Social effects are the impacts on a person's relationships and interactions with others in the society (Rook, 1984). Globally, leprosy is leading to the stigmatisation and discrimination of patients with leprosy. Many societies associate leprosy with uncleanness and curses thus pitting negative attitudes towards people with leprosy, stigma involves labelling, stereotyping and separation, all of which are evident in the experiences of people affected by leprosy (Link and Phelan, 2001). Stigmatization affects the normal functioning of an individual in the society which therefore puts a negative effect on the quality of life. Leprosy also leads to the social exclusion and isolation. Affected people lose their friends and families and their relationships become affected due to leprosy. In some cases, people affected by leprosy are excluded in participating in family gatherings and in making decisions. Leprosy disrupts family structures sometimes leading to separation, divorce and abandonment (Rafferty, 2005). Van Brakel (2006) highlights that people affected by leprosy are restricted from participating in the society which lowers their quality of life. Due to stigma and discrimination, patients are often denied to attend school and secure their jobs.

Regionally, the social effects are fuelled by the cultural values and beliefs in the African society. Stigmatization is deeply rooted in the culture of African societies. African communities believe that leprosy is caused by curses or witchcraft. These beliefs lead to stigmatization and discrimination of leprosy patients. Bello et al. (2013) supports that

individuals affected by leprosy in Ghana faces high levels of stigma and discrimination which affects their relationships and participation in community activities. Most individuals with leprosy are isolated from their communities and are forced to live in isolated settlement. This leads them to lose a sense of belonging since separation limits interaction with others. Chingu and Amuson (2013) posits that people affected by leprosy in Malawi experienced significant restrictions in social participation due to the attitudes from the community. Leprosy also leads to the disruption of marriages in African communities after diagnosis, patients face a challenge of being rejected by their partners mostly in societies where marriage is central to social identity. Arole and Premkumar (1998), notes that stigma related leprosy often leads to marital instability and social rejection. Individuals also may be excluded from participating in community and cultural activities.

In Zimbabwe, stigma and discrimination remains the most effects of leprosy on the patient's quality of life. Misconceptions another community leads to fear of people with leprosy which leads to ear and avoidance of affected individuals. According to the Ministry of Health and Child Care (2019) stigmatization of leprosy patients leads to late diagnosis and integration. Leprosy also affects patients in the way that it leads to social isolation and reduced community participation. Individuals affected may withdraw from the social activities in the community this limiting participation in decision making processes. Family relationships are also affected. This is experienced by rejection by the family and lack of support from the family thus limiting social support systems which are crucial for the maintenance of quality of life. Limited access to education is also the other effect of leprosy. Individuals face stigmatization in schools and workplaces which reduces their advancement. Social identity also is hindered since it is associated with community participation. When individuals are excluded or marginalized, their sense of belonging become diminished. Therefore, the social effects of leprosy affect the overall quality of life of a patient.

2.2.2.3 Economic effects

Leprosy affect the work capacity of patients which is one of the major causes of income loss. The nerve damage that's caused by leprosy limits someone to perform tasks that helps them to earn living. This results in loss of employment in countries where manual labour is the main source of livelihood. According to Arujo et al. (2023) individuals affected by leprosy often experience decreased productivity and reduced participation in the workforce due to physical limitations. Due to reduced performance after diagnosis leads to job loss and employer discrimination. Even when an individual is capable of doing work. Stigmatization associated

with leprosy makes them to be excluded from employment. Workplace discrimination limits income generating opportunities and therefore affects the quality of life of an individual affected by leprosy. Loss of income reduces productivity overtime. This therefore creates long term economic instability and affects the quality of life of individuals.

Due to dominance of informal labour-intensive economic activities, leprosy become more severe. Most individuals depend on Agriculture which require full physical capacity. When leprosy affects and damages them, it affects their daily functioning which results in immediate income loss. According to Bello et al. (2013), leprosy patients in Ghana reported significant reductions in income due to inability to engage in their usual occupations. Income loss is also worsened by limited alternative employment opportunities. In African settings, it's hard for people with disabilities to get jobs. This means that it becomes difficult for these people to get employment after losing their jobs. Stigmatization also affects the chances of running businesses or securing businesses. Household income is also affected when a breadwinner is affected by leprosy, the whole family experiences financial strain which may leads to dropouts from school.

Loss of income and the reliance on informal activities that's being influenced by high unemployment rates worsens the quality of life of leprosy patients. Many people depend on informal sectors and these are affected by the physical disabilities due to leprosy. Limited opportunities for people with disabilities also leads to income loss. Since formal jobs are competitive, it becomes a barrier for an individual to apply with physical disability. The economic wellbeing of people with disabilities is influenced by disturbing access to employment which affects their overall economic wellbeing (Mpofu et al., 2017). Due to misconceptions about Leprosy, individuals affected by leprosy maybe excluded from business opportunities. Loss of income can also lead to dependency on the family.

However, in Zimbabwe, the effects tend to be more affecting and unavoidable because the country mainly relies on the informal economy where people mainly rely on daily earnings from farming and vending. Unlike in formal employment found in some regional and global settings, in Zimbabwe there are no job protections or disability benefits. Hence when an individual develops leprosy related disabilities, they experience total income loss. The family can also sell all the assets such as livestock to cover healthcare costs of the member affected by leprosy. World Bank (2011), notes that, out of pocket expenditures in low-income settings significantly increase the risk of chronic poverty. Zimbabwe also experiences bad weather

conditions which worsens the vulnerability to severe outcomes in the Agricultural sector. To address these, Zimbabwe have to copy and adopt strategies that have been applied globally and regionally like the CBR programmes that are supported by the World Health Organization such as skills training and offer grants to individuals affected by leprosy.

2.2.2.4 Psychological effects

One of the most pressing effects of leprosy is depression. The chronic nature of the disease worsens the feelings of sadness and loneliness. Patients start to feel that they are useless and helpless. Kaur and Van Brakel (2002) posits that individuals affected by leprosy have high chances of getting depressed as compared to the general population. The fear related to disease progression and social reactions creates stress that cannot be unmanaged. Due to the uncertainty and future fear of rejection, individuals will be stressed always. Barrett (2005) notes that, uncertainty about the future and fear of rejection fuels the anxiety among people affected by leprosy. Leprosy also leads to low self-esteem and this is due to deformities on the skin which results in shame and reduced self-worth which therefore affects the overall quality of life of a person affected by leprosy. Changes in physical appearance affects self-perception identity among leprosy patients (Cross and Choudhary, 2005). The other psychological effect of leprosy is emotional trauma after diagnosis. Therefore, continuous exposure to stigma, discrimination and health challenges creates long psychological strain which negatively affects the overall wellbeing of an individual and putting a negative impact on the quality of life of a person with leprosy.

Psychological effects of leprosy are intensified by the cultural beliefs, stigma and limited health support systems. Studies show that psychological suffering is due to stigma and discrimination in most African countries. People affected by leprosy in Nigeria reported significant psychological distress linked to social rejection and discrimination. In many societies' leprosy is associated with spiritual causes such as curse or punishment. All these increases emotional distress and fear among patients. Manton (2018) is of the view that cultural misconceptions about leprosy contribute to psychological suffering in African settings. Internalized stigma results from accepting negative social attitudes and apply to themselves leading to feelings of shame, guilty and worthlessness. Internalised stigma reduces mental wellbeing among leprosy patients in Africa. . Limited access to mental health services also worsens psychological outcomes due to lack of mental health infrastructure which leads to in access to counselling and psychosocial support.

Psychological effects are also shaped by socio economic challenges. According to Chibanda et al. (2016), common mental disorders experienced by leprosy patients such as depression are widespread among people living with disabilities. Fear of social judgement and anxiety also worsens psychological stress. Individuals think mostly about being rejected by the family, employers and the community. The fear creates ongoing psychological stress and affects the functioning of an individual. Visible signs of leprosy lead to low self-esteem and negative self-concept by embarrassment and loss of confidence. Internalized stigma and self-isolation are other psychological effects. According to Nyblade et al. (2019) supports that stigma related internalization is a major contributor to poor mental health outcomes in stigmatized conditions in Sub-Saharan Africa. Limited mental support services also exacerbate these challenges. Access is limited especially in rural areas.

In Zimbabwe the effects are fuelled by widespread poverty. The loss of income makes individuals to become dependent and this increases hopelessness and depression. Cultural beliefs reinforce the belief that Leprosy is associated with curses and witchcraft. The exclusion and avoidance behaviour worsen psychological effects by increasing shame, low self-esteem and emotional withdrawal. Weak mental health services also drive the psychological effects. Zimbabwe have weak mental health care especially in rural areas. Mental Health and Child Care (MoHCC, Zimbabwe) highlights that there is the shortage of psychiatric services and counselling support in Zimbabwe.

2.3.0 Current intervention strategies that have been used to improve the quality of life and social reintegration of people affected by leprosy.

To address the second objective of identifying strategies that have been used to improve the quality of life and social reintegration of people affected by leprosy, the study focuses on different strategies used to address the effects.

2.3.1 Multi-drug therapy and early treatment

The introduction of Multi-Drug Therapy (MDT) by the World Health Organization in the 1980s marked a turning point in the fight against leprosy. MDT has significantly reduced the global burden of the disease. Early treatment with MDT prevents nerve damage, disability, and transmission, thereby improving both physical health and overall quality of life. Global strategies emphasize early diagnosis, adherence to treatment, and monitoring of patients to ensure complete recovery. According to Lockwood and Suneetha (2005), MDT has transformed leprosy into a curable disease, while Nsagha et al. (2011) highlight that timely

MDT reduces disability and enhances functional ability among patients. Early treatment is guided by the World Health Organization through frameworks such as the Global Health Strategy.

MDT has been integrated into primary health care systems to ensure that treatment is accessible even in rural and underserved communities. The early treatment is supported through policies developed under the WHO Regional Office for Africa and regional neglected tropical diseases frameworks. Governments and health organizations have trained community health workers to diagnose and treat leprosy using MDT, which has improved early case management. Drug supply systems have also been strengthened to ensure continuous availability of medication across the region. In many African countries, MDT is combined with awareness campaigns to encourage people to seek treatment early. According to Ebenso et al. (2019), access to treatment at community level improves adherence and reduces stigma, while Nsagha et al. (2011) note that decentralizing MDT services increases coverage and reduces the burden of the disease.

MDT is provided free of charge through government hospitals, clinics, and mission institutions such as Mutemwa Leprosy Centre. The country follows international guidelines to ensure that all diagnosed patients receive appropriate treatment. Zimbabwe has also decentralized MDT services to local clinics, making it easier for patients to access care without traveling long distances. Health education campaigns encourage early reports.

2.3.2 Stigma reduction and social inclusion

Stigma reduction and social inclusion is a key intervention strategy in addressing the psychological, social, and economic effects of leprosy, as stigma often leads to discrimination, isolation, and reduced quality of life.

Stigma reduction has been addressed through awareness campaigns, human rights advocacy, and inclusion policies. Policies like the Global Leprosy Strategy were structured which emphasized zero discrimination. International organizations promote education to inform communities that leprosy is curable and not highly contagious, which helps to correct myths and misconceptions. Global strategies also emphasize the protection of the rights of people affected by leprosy, including access to education, employment, and healthcare without discrimination. Media campaigns and involvement of cured patients in advocacy have helped change public attitudes. According to Heijnders and Van Der Meij (2006), education and

community participation are effective in reducing stigma, while Ebenso et al. (2019) highlight that social inclusion improves mental health and self-esteem among people affected by leprosy.

Stigma reduction efforts focus on community sensitization and cultural understanding. Many African communities have long-held beliefs that associate leprosy with curses or uncleanness, which increases discrimination. To address this, health programs involve local leaders, community health workers, and former patients in awareness campaigns to promote acceptance. Peer support groups and community dialogues are also used to encourage reintegration of affected individuals into society. These approaches help to break down fear and misinformation. According to Ebenso et al. (2019), involving affected persons in advocacy is effective in reducing stigma in African settings, while Heijnders and Van Der Meij (2006) note that culturally sensitive education plays a key role in changing attitudes.

Stigma reduction is promoted through public health education, integration of leprosy services into general healthcare, and community-based support programs. Awareness campaigns conducted by the government, NGOs, and mission institutions aim to educate people about the causes, treatment, and prevention of leprosy. Integrating leprosy treatment into general hospitals helps normalize the disease and reduces the labeling of patients. In addition, support groups and rehabilitation programs encourage social participation and acceptance. According to Chandiok (2024), increased awareness reduces fear and discrimination, while Rao et al. (2019) argue that integration of services into mainstream healthcare helps to minimize stigma and improve access to care.

2.3.3 Community based rehabilitation

Community-Based Rehabilitation (CBR) and socioeconomic support is an important strategy that addresses the social and economic effects of leprosy, helping patients to regain independence, dignity, and active participation in society.

Community-Based Rehabilitation (CBR) has been promoted as a holistic approach that supports people affected by leprosy through skills training, education, income-generating activities, and social support. International organizations and partners focus on empowering patients by helping them develop livelihoods and reintegrate into their communities. CBR also includes the formation of self-help groups where individuals share experiences and support each other emotionally and financially. These programs reduce poverty and improve mental well-being. According to Deepak (2003), CBR empowers people with disabilities to become

productive members of society, while World Health Organization (2010) emphasizes that socioeconomic support is essential for improving overall quality of life.

CBR programs have been adapted to local contexts, focusing on poverty reduction and community participation. Many African countries have introduced self-help groups, vocational training, and small-scale business initiatives for people affected by leprosy. These programs are often supported by NGOs and community organizations and aim to reduce dependence and social exclusion. In addition, families and communities are involved in rehabilitation efforts to ensure long-term support. According to Ebenso et al. (2019), community participation strengthens rehabilitation outcomes, while Deepak (2003) notes that economic empowerment helps reduce stigma and improves social acceptance.

Community-Based Rehabilitation and socioeconomic support are implemented through partnerships between the government, NGOs, churches, and mission institutions. Programs provide vocational training, small loans, and income-generating projects such as farming and crafts for people affected by leprosy. Institutions like Mutemwa Leprosy Centre also support patients through skills development and social reintegration initiatives. These efforts help individuals to support themselves and their families, reducing poverty and dependence. According to Chandiok (2024), economic empowerment improves the well-being of patients, while Rao et al. (2019) argue that community-based approaches enhance inclusion and long-term recovery. However, there are limited trained rehabilitation personnel such as physiotherapists, occupational therapists and community rehabilitation which therefore limits the delivery of specialized care at community level. Mutemwa Leprosy Care Centre have limited trained therapists which therefore limits effective community-based rehabilitation. Also, many individuals with leprosy lives in rural areas where health services are limited which therefore limits CBR to reach all patients.

2.3.4 Early case detection and surveillance

Early case detection and surveillance is a key intervention strategy that helps to identify leprosy at an early stage, prevent disabilities, and reduce transmission, thereby improving the quality of life of affected individuals.

Early case detection is promoted through active screening, contact tracing, and public awareness campaigns. Health organizations encourage regular monitoring and reporting systems to track new cases and ensure timely treatment. Early diagnosis allows patients to start Multi-Drug Therapy (MDT) before nerve damage and deformities occur. Surveillance systems

also help governments understand disease patterns and plan effective interventions. According to Smith et al. (2015), early detection significantly reduces the risk of disability, while Lockwood and Suneetha (2005) emphasize that timely diagnosis is essential for effective disease control and improved patient outcomes.

Early detection strategies rely heavily on community health workers and integrated health programs. Many African countries use door-to-door screening, school health programs, and integration with other skin disease services to identify suspected cases. Community involvement is important in encouraging people to report symptoms early, especially in rural areas where access to health services may be limited. Surveillance systems are also strengthened to improve reporting and follow-up of cases. According to Nsagha et al. (2011), community-based detection improves access to treatment, while Ebenso et al. (2019) note that local participation helps reduce delays in diagnosis.

Early case detection is promoted through outreach programs, health education, and integration of leprosy services into primary health care. Health workers are trained to recognize early signs of leprosy and refer patients for treatment. Awareness campaigns encourage communities to seek medical attention when symptoms appear, reducing delays in diagnosis. For example the World Leprosy Day makes people to understand the significance of getting screened. Surveillance systems are used to monitor cases and ensure patients complete their treatment. According to Chandiok (2024), delayed diagnosis leads to severe complications, while Rao et al. (2019) argue that strong surveillance systems improve treatment outcomes and disease control. However, in Zimbabwe, though awareness campaigns are being conducted, most patients in rural areas lack access to health facilities which limits effective access to screening systems. Screening for diseases such as leprosy are not prioritized as there is much focus on diseases such as malaria.

2.3.5 Policy frameworks and integration into health systems

Policy frameworks and integration into health systems are essential strategies for improving the quality of life of people affected by leprosy, as they ensure that services are well-coordinated, accessible, and sustainable.

Policy frameworks are guided by the World Health Organization through strategies such as the Global Leprosy Strategy (2021–2030), which focuses on zero transmission, zero disability, and zero discrimination. These policies encourage countries to integrate leprosy services into general health systems rather than treating it as a separate disease. This approach improves

access to care, reduces stigma, and ensures long-term sustainability of interventions. Global policies also emphasize human rights, community participation, and universal health coverage. According to Periañez et al. (2023), strong policy frameworks improve service delivery and health outcomes, while Rao et al. (2019) argue that integration into general healthcare increases accessibility and reduces discrimination.

Policy frameworks are aligned with global strategies but adapted to regional needs through neglected tropical disease (NTD) control programs. Many African countries have integrated leprosy services into primary health care systems to ensure that patients can receive treatment at local clinics. Regional policies also promote training of healthcare workers, strengthening of surveillance systems, and collaboration with community organizations. Integration has helped improve early detection, treatment coverage, and rehabilitation services across the region. According to Ebenso et al. (2019), integrated approaches enhance service delivery in resource-limited settings, while Nsagha et al. (2011) highlight that policy support is critical for effective implementation of leprosy programs.

Policy frameworks guide the implementation of leprosy interventions through the national health system. Leprosy control is integrated into general healthcare services, allowing patients to access diagnosis, treatment, and rehabilitation at public health facilities. The government works with NGOs and mission institutions to ensure service delivery, especially in rural areas. Policies also support free provision of Multi-Drug Therapy (MDT), decentralization of services, and public awareness campaigns. Integration into the national health system helps reduce stigma and improves accessibility of care. According to Chandiok (2024), strong health policies improve patient outcomes, while Rao et al. (2019) emphasize that integration into national systems enhances efficiency and inclusiveness of healthcare services.

2.4. Efficacy of the current intervention strategies towards the effects of leprosy on the quality of life of people living with leprosy.

Multi drug therapy with early detection and contact tracing remains essential biomedical intervention and is widely credited with dramatically reducing disease burden where it is delivered in scale. Greco and Simao (2007) asserts that countries which are notably standing and well equipped include India, Brazil and Indonesia, these countries report that there are reductions in the transmission where treatment is being practiced, these measures are effective for sustainable measures as they reduce the progression of the disease and disabling the disease.

Intervention strategies such as the community-based rehabilitation is effective as it teaches regular care of leprosy patients thus reducing the long-term effects of leprosy and helps to improve the ability to perform the daily activities of daily living. Vasta (1995) asserts that, in countries such as Indonesia and India, community rehabilitation is being effective enough as it is improving wound outcomes and the level of functionality.

Psychosocial care and stigma reduction interventions are being effective as they are producing important gains especially in if the interventions include education, direct contact with affected people. Grossi (2021) posits that, countries like Brazil and India have reported the reductions in stigma due to community education. Social reintegration reports from countries like Brazil are high which shows the effectiveness of combined psychosocial counselling.

2.5 Intervention strategies that can be tailored on the effects of leprosy to improve the quality of life of leprosy patients.

Efficient intervention strategies to address the effects of leprosy on the quality of life of patients are multifaceted, extending beyond immediate relief to encompass holistic, long-term interventions grounded in social work principles. A primary strategy involves early detection combined with MDT. Active case finding and reintegration of leprosy services into primary healthcare helps enhanced accessibility and treatment adherence which therefore enhances long term improvement of overall wellbeing. According to Maharani (2022), countries such as India and Indonesia have shown the significance of early detection and early diagnosis evidencing that it reduces the progression to nerve damage which is one of the determinants of poor quality of life. Furthermore, psychosocial support and mental health services are critical in dealing with issues such as stigmatization and psychological distress associated with leprosy. Brazil evidenced the significance of counselling and psychological support showing that it reduces anxiety and distress (Garcia, 2018). China had high cases of depressed leprosy patients and these was dealt with through the integration of counselling into leprosy services. In addition, long term follow up is the other effective strategy that can be employed to address the impact of leprosy on the quality of life of patients. Long term follow ups reduces disability progression and improves physical dependency. In countries such as India and Brazil, there is the provision of ongoing monitoring services and all these reduces the negative effects of leprosy. Furthermore, socio economic and livelihood interventions enhance the quality of life of patients (Majumder, 2015). Through participating in income generating projects, it helps patients to be self-sustainable and to be independent which improves their quality of life.

2.7 Chapter Summary

This chapter has provided a comprehensive literature review, critically examining the existing literature related to the intervention strategies toward the effects of leprosy on the quality of life of leprosy patients. The review began by establishing the global interventions, regional and the national perspectives. The chapter also defined leprosy according to different scholars giving an insight on its effects, transmission and social stigma associated with the disease. The chapter explored the multidimensional effects of leprosy on the quality of life of patients, giving the existing intervention strategies. Literature from different countries was also explained and the chapter demonstrated the significance of holistic interventions. Research gaps were identified. Finally, the chapter explored different intervention strategies that can be tailored to address effects of leprosy on the quality of life of patients.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 INTRODUCTION

Research methodology refers to the systematic and theoretical analysis of the methods applied to a field of study. According to Adeoye (2024), research methodology is a structured approach that guides the collection and analysis of data in order to ensure credible and valid research findings. This chapter will focus on the research methodology that was employed in the study on the intervention strategies towards the effects of leprosy on the patients' quality of life in Zimbabwe. The chapter explains the research design, study area, target population, the sampling techniques that were used and the data collection methods that were utilised also. The chapter also outlines the data analysis procedures and the ethical considerations that were upheld. This chapter aims at justifying the methods used to collect data and analyse the data in order to ensure the validity and reliability of the findings.

3.1 RESEARCH PHILOSOPHY

Guba and Lincoln (2018) defines a research philosophy as a set of beliefs and assumptions that guide the development of knowledge in a research study. This study was guided by an interpretivist philosophy. Interpretivist emphasize that reality is constructed by the society and it differs from one person to the other. Multiple realities shaped peoples' experiences and not a single objective. Interpretivism allows for a flexible and interactive data collection methods such as interviews and focus group discussions (Elbadarn and Kholeif, 2017). This also enhances the exploration of complex human conditions especially in health related issues.

The interpretivist philosophy was applied throughout the study to make sure that the experiences of participants were understood in their natural context. Emphasis was put on the views of participants rather than on their numerical measurements. The philosophy guided the use of qualitative methods such as focus group discussions and interviews which allowed participants to feely express themselves. The researcher interacted closely with the participants to capture rich detailed information about their experiences at Mutemwa Leprosy Catholic and Care Centre. This enhanced the researcher to probe deeply because the nature of interpretivism philosophy is flexible. In data analysis, the researcher interpreted the responses to ensure that the voices of the participants were accurately presented in the study.

3.2 RESEARCH APPROACH

This study employed the qualitative research methodology. Qualitative research is concerned with exploring and understanding the behaviour of human, experiences and social phenomena in their natural settings. According to Fossey et al. (2002), qualitative research is significant when doing deep research and understanding. Saunders et al. (2019) defines research approach as a systematic framework that links the research philosophy to the methods used in analysing and collecting data. This approach was appropriate because the study aimed at understanding how leprosy patients experience the effects and the intervention strategies that has been used towards as well as that can be tailored towards the effects of leprosy to improve the quality of life of leprosy patients. Rapport et al. (2015) emphasized that qualitative research method is effective in identifying patterns and lived experiences.

The approach allowed the flexibility in data collection as the participants were able to explain themselves and give their views freely. This also enabled the research to get rich, detailed and context specific information. Through this approach, the study managed to explore the intervention strategies and identify gaps in service delivery and support systems. The qualitative research was significant in this study because it allowed the interaction between the researcher and the participants. This enhanced the understanding of stigmatization and discrimination among leprosy patients. This further provided an insight into efforts that are being made to address the effects by the community. The approach prioritises meaning than numerical measurement which is therefore significant in providing a holistic understanding of the lived experiences and informed intervention strategies.

3.3 RESEARCH DESIGN

Almusaed (2019) describes research design as logical sequence that connects the empirical data to a study's initial research questions and ultimately to its conclusions, ensuring coherence and rigor in the research process. Research design is a plan or proposal that provided specific procedures for conducting a study including data collection, analysis, interpretation in order to answer research question effectively (Myers et al., 2013). This study employed a case study to understand the effects of leprosy on the patients quality of life and intervention strategies towards the effects of leprosy the patients quality of life in Zimbabwe, Mutemwa Leprosy centre being the study area. A case study was appropriate because the research aimed at exploring the complex social phenomena in the natural setting of the participants. The case study was suitable because it allowed for deeper exploration of intervention strategies used and the effects faced by the participants due to leprosy. The case study allowed for the gaining of

deeper and rich as well as contextual data. A case study is used to develop an in-depth understanding of a bounded system. In this case, Mutemwa Leprosy Centre was used and it represented bounded system where people receive care, rehabilitation and support services. The design allowed the examination of how these services address the effects of leprosy.

The design allowed the investigation the effects of leprosy on the patients' quality of life since the design was closely linked with the objectives of the study. This was done through interviews with the participants and focus groups discussions. The design was significant to the study because it allowed to have an interaction between the researcher and the participants on the intervention strategies that have been used towards the effects of leprosy which is also the other objective of the study. The case study allowed participants to provide their views on what should be done to address the effects of leprosy. Therefore the qualitative research design was tailored since it managed to construct the intervention strategies and also go in line with the objectives of the study.

3.4 STUDY SETTING

Mutemwa Leprosy Catholic and Care Centre is located in Mutoko, Mashonaland East Province. It is located about 140-150 kilometres Northeast of Harare, the capital city of Zimbabwe. It lies in a rural environment and it is characterized by semiarid climatic conditions. Thompson (2022) argued that geographical location is significant in research because it determines access to services and the daily lived experiences of the targeted population. It served as a study area for this study, intervention strategies towards the effects of leprosy on the patients' quality of life in Zimbabwe. The centre was established long back as a centre that provides care and support to individuals affected by leprosy.

The selection of Mutemwa Leprosy Centre was appropriate because it represents a real life context where long term care and social support systems are implemented which made it suitable for in-depth qualitative investigation. Seamon and Gill (2016) posits that a study area should be a natural setting where participants directly experience the phenomenon under the study allowing to gain an in-depth of lived realities. The institution provides services such as medical treatment, counselling and rehabilitation services which is in line with the objective of the study of identifying the intervention strategies towards the effects of leprosy. Residents are engaged in projects such as sewing and poultry projects which contribute to self-sustainability. The centre is characterized by cultural environment shaped by stigma associated with leprosy which also align with the objective of investigating the effects of leprosy .The centre plays a

dual role of managing disability and improving the quality of life of affected individuals. Therefore the area provided significant information of the effects of leprosy on the quality of life of leprosy residents and intervention strategies towards the effects.

3.5 TARGET POPULATION

The target population is a relevant in research that defines the entire group of individuals or elements with similar characteristics that are relevant to the study. It provides the basis upon which the sampling is done. According to Willie (2024), target population refers to the complete set of items or individuals that possess the characteristics of interest to the researcher. Kothari (2004) emphasized that the target population is of paramount importance because it determines the scope, relevance and the accuracy of research findings.

In this study, the target population included all leprosy patients at Mutemwa Leprosy Centre who are receiving care at the centre. It also included the healthcare professionals such as nurses, social workers and nurse aides who provides care and implement intervention strategies towards the effects of leprosy. These groups were considered appropriate and significant to the study because they have first-hand experience and information on the effects of leprosy and the intervention strategies that have been used to improve the quality of life of people affected by leprosy.

The target population was relevant to the study because it ensured that the remains would remain relevant. The clear identification of the targeted population by the researcher helped to improve the validity and relevance of the findings.

3.6 SAMPLING TECHNIQUES

In this study, the purposive sampling technique was employed on the intervention strategies towards the effects of leprosy on the patients' quality of life. Participants were selected based on their knowledge, experience and relevance to the research problem. According to, Mukamba (2022), purposive sampling focuses on selecting "information in rich cases" that can provide in-depth understanding of a phenomenon under investigation. Purposive sampling allowed the selection of participants directly involved or affected by the issue of leprosy.

In this study, participants who have direct experience with leprosy and its impact on the quality of life were selected. The participants included leprosy at Mutemwa Leprosy Catholic and Care Centre. Health workers and social workers were also selected who have professional

experience in managing the conditions. Purposive sampling was appropriate for the study because it ensured that only individuals with relevant knowledge and relevant to the study were selected.

In the context of Mutemwa Leprosy Centre, purposive sampling was relevant because leprosy is a sensitive condition so not all community members had adequate knowledge or experience about it. Therefore the selection of the participants purposefully ensured that the study capture accurate and relevant information about the effects of leprosy on the patients' quality of life and the effectiveness of interventions strategies, also what can be done on the effects to improve the quality of life.

3.7 SAMPLE SIZE

The sample consisted of fifteen (15) participants drawn from Mutemwa Leprosy Catholic and Care Centre. The sample included eight (8) persons affected by leprosy, three (3) nurse aides, two (2) social workers and two (2) Registered General nurses. The selection of this sample was guided by the qualitative nature of the study which emphasized the importance of in-depth information rather than just a large numerical representation.

Braun and Clarke (2021) suggests that qualitative research study focuses on a small sample because the focus is on achieving data saturation rather than focusing on statistics. Fifteen (15) participants were able to give rich detailed data and diverse perspectives on the intervention strategies towards the effects of leprosy on the patients' quality of life used at Mutemwa Leprosy Centre. The social workers were relevant as they provide psychosocial support and rehabilitation to leprosy residents. The two (2) registered nurses were also essential because they are directly involved in clinical care and daily monitoring of patients. The three (3) Nurse Aides also provide clinical support. As noted by, Ahmed (2025), data saturation in qualitative studies often occurs within small sample ranges when participants are carefully selected using purposive sampling.

The use of this sample size also ensured the capturing and exploration of each participants experiences in detail which is essential for understanding the complex effects of leprosy on the patients' quality of life. Therefore the chosen sample is relevant as it focused on saturation of data rather than the quantity.

3.8 DATA COLLECTION METHODS

Data collection methods refers to the systematic procedures used by a researcher to gather information in order to answer research questions or achieve study objectives. Joshi (2018) explains data collection methods as techniques used by researchers to generate empirical evidence through interviews, questionnaires or observations. Mazhar et al. (2021) define data collection methods as the processes of obtaining primary data that is relevant to the research problem. In this study the researcher used methods that were relevant and reliable so as to capture lived experiences by the participants and to ensure validity and depth of the findings. The study utilised focus group discussions and in-depth interviews.

3.8.1. INDEPTH INTERVIEWS

The study employed in-depth interviews as a data collection method in the study. This was used to gather information from individuals with leprosy regarding effects of leprosy on the quality of life of leprosy patients and the intervention strategies available for them. An interview guide was used to ask open ended questions. This allowed the leprosy patients to express their feeling freely. Open ended questions also allowed the researcher to probe further and obtain comprehensive information that was relevant to the study. In-depth interviews were utilized because they allowed the gather of rich detailed information about the lived experiences of leprosy patients. The interviews were conducted in the ward rooms of each patients to ensure privacy and confidentiality. The interviews were also conducted using the participant's preferred language to ensure effective communication and accurate responses. The interviews were recorded with the consent of the participants to ensure accuracy.

3.8.2 KEY INFORMANT INTERVIEWS

The study utilised key informant interviews as a primary qualitative data collection method. The key informant interviews consisted of the in-depth one on one discussions with participants who had specialised knowledge, experiences related to the intervention strategies towards the effects of leprosy on the patients' quality of life. Lokoti (2021) posits that, key informant interviews are useful for obtaining detailed and insider perspectives on complex social issues. Mapp (2008) is also in support of the view, they posits that interviews are aimed at understanding the lived experiences of participants.

In the study, the interviews were conducted with seven (7) key informants including the selected Registered General nurses, Social workers and Nurse Aides who have direct interaction with care and management of leprosy clients. These are considered key informants because they have detailed and relevant information about the effects of leprosy on the quality

of life and intervention strategies towards the effects. Pahwa and Cavanagh (2023) asserts that key informants are individuals with knowledge about a certain phenomenon under investigation and can provide depth clarity in qualitative research. The interviews were conducted at Mutemwa Leprosy Care Centre using interview guides that had open ended questions. The interviews were conducted in 35-40 minutes to capture all the detailed information. Notes were written and an audio recorder was used so as not to miss the important information.

The key informant interviews also allowed the capturing of perceptions and attitudes and other meanings that would not be easily observed. Wisener (2014) noted that key informant interviews enhances the credibility of qualitative studies by providing multiple expert viewpoints that enriches data presentation.

In this study, the key Informant interviews allowed for the understanding of how intervention strategies are implemented and how effects are impacting the quality of life of affected individuals. The interviews also allowed for generating detailed information and reliable information necessary for achieving the objectives of the study.

3.8.3 FOCUS GROUP DISCUSSIONS

Focus group discussions were utilised during the collection of data. Focus group discussions are mostly used when collecting data to gather more detailed information from selected group participants. In the study, the focus group discussion was used to explore the lived experiences of leprosy patients, coping mechanism, stigma and the effectiveness of available support systems. The researcher made sure that the discussion remains focused while facilitating the interaction. Open ended questions were used to stimulate the discussion and participants to elaborate on their responses.

The focus group discussion was conducted with 3 nurse Aides. It was conducted at Mutemwa leprosy centre in a private office to maintain privacy and confidentiality. The researcher used semi structured discussion guide with open ended questions. The discussion focused on the effects of leprosy on the quality of life of affected individuals, intervention strategies that are currently in place and what they think can be do not to improve the quality of life of patients. The discussion was suitable for this study because it allowed the caregivers to share their collective experiences and emotional challenge that they face in caregiving.

3.9 DATA COLLECTION TOOLS

Data collection tools are defined by Monday (2020) as the instruments that are used by the researcher to gather information from participants such as interview guides, questionnaires which helps systematically in addressing questions. According to Taherdoost (2021), data collection tools are the specific procedures and instruments used to obtain and record data for analysis, emphasising that the tools must be appropriate for the research design to ensure validity and reliability.

3.9.1 Semi structured interview guide

The semi structured interview guide was used to collect qualitative data from the leprosy patients. Eight (8) leprosy patients were interviewed. Each session lasted for 35-40 minutes. This was done through face to face interviews with the people with leprosy. Open ended questions allowed the researcher to enhance flexibility for participants to express their experiences, views and what they were feeling in detail. The researcher used probing questions so as to allow for a deeper understanding of the effects of leprosy, the intervention strategies available as well as other effective strategies that can be tailored towards the effects of leprosy to improve the overall quality of life of affected individuals. The guide made sure that the interview is focused on the objectives of the study while also allowed the participants to be flexible.

The interview guide enhanced consistency during data collection as all the leprosy patients were asked similar core questions related to the study topic. Interviews were conducted in a conducive environment that ensured privacy and confidentiality. In this study the interview guide was used to collect information on the effects of leprosy on the patients' quality of life, the effectiveness of the current intervention strategies towards the effects and the strategies that can tailored or developed towards the effects of leprosy to address the effects.

3.9.2 Key Informant Interview Guide

The key informant interview guide is an important qualitative data collection tool used to obtain detailed and expert information from individuals who have specialized knowledge or experience related to the study. These individuals are often referred to as key informants and they may include caregivers and social works who have direct contact with leprosy patients.

A key informant interview guide consisted of a list of open ended questions designed to deeply explore certain issues. The guide made sure that the interview is focused on the objectives of the study while also allowed the key informants to be flexible. In this study the interview guide

was used to collect information on the effects of leprosy on the patients' quality of life, the effectiveness of the current intervention strategies towards the effects and the strategies that can tailored or developed towards the effects of leprosy to address the effects.

In this study, the guide was arranged in thematic sections aligned with the objectives of the study. It started with probing questions to create rapport with the key informant followed by more specific questions. The interviews were conducted in a flexible manner to capture detailed information. Ethical consideration such as confidentiality and informed consent were observed.

3.9.3 Focus group discussion guide

A focus group discussion guide is used to structure and facilitate group discussions in qualitative research. It consists of open ended questions and prompts that guide participants in discussing questions of the topic. It allows that all questions are covered and also allows the flexibility for participants to express their views and introduce new ideas.

In this study, the focus group discussion guide was used to collect data from the Nurse Aides who cater for leprosy residents. The guide was designed in line with the objectives of the study which includes to investigate the effects of leprosy on the quality of life of people affected by leprosy and the effectiveness of intervention strategies towards the effects. Questions were arranged in logical sequence beginning with general questions to build rapport with the participants and lastly moving on to sensitive and specific issue. The researcher was writing notes of the discussion and also recording the discussion so as not to miss important concepts. The recording was done after asking the permission form the caregivers, which is called informed consent.

Freeman (2006) asserts that a focus group discussion should be more flexible so as to probe deeper emerging issues during the discussion. The guide included probing questions to encourage caregivers express themselves. This helped to generate deeper insights on the caregiving roles and challenges they encounter. The guide had simple and clear language for caregivers to understand. The questions were looked at first to ensure that questions would be more respectful and did not cause discomfort.

3.10 DATA COLLECTION PROCEDURE

Data collection procedure refers to the steps that were followed to collect the data from the participants in order to answer the research questions. The data was collected using the qualitative research methods, the focus group discussions and the interviews to gain a deeper

understanding on the intervention strategies addressing the effects of leprosy on the patients' quality of life.

The researcher started by asking for permission to conduct the study at Mutemwa Leprosy Centre from the relevant authorities using the ethical clearance letter from Bindura University of Science Education. After given the permission, the researcher identified the participants using purposive sampling where participants were identified basing on those with relevant knowledge such as leprosy residents, nurse aides', social workers and registered nurses.

The researcher started by building rapport with the participants, explained the purpose of the study. The researcher obtained informed consent to make sure that the participants voluntarily participate in the interviews. Confidentiality and anonymity were assured.

Data was collected in two main stages that are interviews and focus group discussions. A focus group discussion and an interview guide was used to facilitate the conversation. The interviews lasted for 35 to 40minutes and in a quiet and confidential place.

Data was collected using an audio recorder and notes were also written to ensure that all response were captured. After data collection the recorded data was transcribed and translated into meaningful data. Data was stored and kept privately.

3.11 DATA PRESENTATION AND ANALYSIS

According to Alem (2020), data analysis is the process of organizing and preparing data for interpretation by coding categorizing and identifying patterns within the data in order to make meaning of it. Data analysis involves examining, categorizing, tabulating and recombining evidence to address initial propositions of a study (Onwuegbuzie & Leech, 2015). Ahmed et al. (2025) asserts that thematic analysis is the process of coding qualitative data and identifying recurring patterns that provide meaningful insights into the research topic. Joffe (2011) is of the view that thematic analysis is a method for identifying, analysing and reporting patterns within qualitative data.

The researcher employed thematic analysis to analyse the qualitative data that was collected from the participants at Mutemwa Leprosy Catholic and Care Centre.

- **Familiarization with the data**

In this initial stage, all the collected data from the interviews and focus group discussions was transcribed to make sure it was complete and accurate. To gain deeper understanding of the

data, the researcher carefully repeated reading the collected data to understand the perceptions and the experiences of the participants. Attention was given to the recurring responses such as that of stigmatization and physical suffering associated with leprosy. The researcher kept on listening to the audios recorded and notes were written down. This helped the researcher to keep on closely connected and be familiar with the data collected. Goben and Nelson (2018) posits that early engagement with data is essential for identifying patterns and meanings.

- **Generating codes**

After familiarizing with the data, the researcher moved on to the next stage of generating initial codes. This included going through the collected data to select the data that was relevant to the research topic. Relevant data was summarized and assigned code. Similar codes were grouped together to avoid the duplication. Coding also enhanced the identification of similar responses from the participants.

- **Searching for themes**

In this stage, the researcher grouped similar codes to form broader categories known as themes. This was done through combining codes that shared similar meaning or that addressed the same issue. For example a theme for social challenges included codes such as stigma, discrimination and rejection. Data was organised in a meaningful way through crating thematic maps to visualize the relationships between codes and themes. This stage was relevant because it transforms the coded data into broader insights that addresses the research problem.

- **Reviewing themes**

Ahmed et al. (2025) highlight that reviewing themes ensures the quality and validity of the analysis. After identifying the themes, the researcher reviewed the data to ensure they accurately reflected the data. This was done through going back to the original transcripts and check if the themes were supported by sufficient evidence. Other themes were eliminated depending on their relevance. The researcher made sure that the themes were distinct and verifying themes that were in line with the objectives. The reviewing was for the enhancement of the trustworthiness and the credibility of the data. The findings were made sure that they are accurate and meaningful through critical thinking.

- **Defining and naming themes**

After reviewing the themes, the researcher defined and named each theme. This was done through showing how each theme linked to the research topic. Sub themes were also developed to provide detailed explanation and better understanding. The names of the themes were relevant to their content and this was significant for the organizing of findings in a clear and logical manner. This made the readers to understand the results. The definition of themes enhanced that data analysis is precise and well structured.

- **Producing the report**

The final stage involved presenting the findings in a clear and organised manner. The researcher showed the link between the themes and the research topic. To give the voice of the participants' experiences, direct quotes were captured. The findings were also linked to the research objectives to enhance a better understanding. The presentation was clear, coherent and meaningful. This stage is vital because it communicates the results of the study to others.

3.12 ETHICAL CONSIDERATIONS

Ethical considerations are essential in data collection as they ensure that the participants' welfare is protected throughout the study. Research ethics guide the conduct of the researchers to maintain integrity and accountability in the research process. Ethical considerations also help prevent misconduct and protect participants from exploitation (Addiss, 2020).

3.12.1 Informed consent

Informed consent requires participants to voluntarily participate in the study with full understanding of the purpose and the procedures. Providing the participants with the information on the study so that the participants make informed decision about participation (George et al., 2023). Consent was obtained in written. The researcher ensured that the language was simple so that the participants understand. The participants were informed on how the data was going to be kept and stored. The researcher informed the participants that withdrawing from the interview or discussion would not cause any consequences and this made the vulnerable participants fully understand the study. The process of informed consent was continuous.

3.12.2 Confidentiality

Confidentiality refers to the protection of participants' personal information and ensuring that their identities are not disclosed. Confidentiality build trust with the participants and makes them to open up and share their experiences and perceptions without any fear. Ombaka and

Muturi (2023) asserts that safeguarding data enhances the credibility of research findings. All collected data was securely kept in devices that were locked. The names of the participants were replaced with pseudonyms to protect their identity. Audio recordings were strictly handled with confidentiality and participants were assured this. Data was reported in a way that do not real the names of the participants. Confidentiality was maintained even after completing the study. Maintaining confidentiality helped to maintain a safe environment for the participants.

3.12.3 Voluntary participation

Voluntary participation means that individuals take part in the research willingly without being forced. Participation should be based on free will to uphold the ethical standards (Wertheimer, 2014) .Participants should freely decide to take part in the research. In this study, the participants were not forced to take part in the study. The researcher informed them that the participation was voluntary and if they wanted to withdraw during the interview they would not face any consequences. The researcher respected the choice of the participants and participation was based on mutual understanding to make sure that the data collected would be reliable.

3.12.4 Avoidance of harm

Avoidance of harm is one of the significant and vital ethical principle that aims at protecting participants from any physical, psychological or emotional harm. Researchers must not harm the wellbeing of participants. Researchers must prioritize the wellbeing of participants by minimizing risks (Wendler, 2020).In this study, the researcher ensured that participants were not exposed to any harm using the research. Emotional distress was avoided through handling sensitive questions with care. The participants were not forced to answer questions they were not comfortable with answering. This was enhanced by creating a supportive and respectful environment and prioritizing the psychological wellbeing throughout the study. The researcher did all these to ensure that the research upheld human dignity and protected all participants from any harm.

3.13. TRUSTWORTHNESS OF THE STUDY

3.13.1 Reliability

Reliability refers to the stability of the research instruments and the procedures used in the study. A study can only be said that it is reliable if it yields the same results when repeated under similar conditions.

In this study, the reliability was enhanced through the use of interview guides and questionnaires that were carefully designed based on the existing literature. The instruments were designed in a way that uniformity would be maintained when asking questions from all participants. Consistency in data collection was also maintained as the interviews were conducted in the same environment, in a similar manner and each participant received the same treatment. Audio recordings were also done with the consent of the participants to reduce the misinterpretation of the data.

3.13.2 Validity

Validity means the extent to which the study accurately measures what it is intended to measure. Content validity ensured that the research instruments captures all the concepts under the study. The instruments were designed to cover the physical, emotional, mental and social aspects as well as economic conditions. The researcher ensured validity by using multiple sources of data and avoiding the answers of the participants to be influenced by the researcher. The findings were also generalized though it was mainly focusing on a small group of leprosy patients, descriptions provided would be used by other researchers to determine if the findings would be used in similar settings.

3.14 LIMITATIONS OF THE STUDY

One of the limitations of the study is the sample size. The sample size may limit the generalizability of the findings to the wider population. It has been argued that small sample may limit the representativeness although they allow for a deeper understanding (Combs, 2010). The participants were only drawn from Mutemwa leprosy centre which may not reflect the experiences and perceptions of all people affected by leprosy. The other limitation is of time constraints. The study was conducted in a limited timeframe of 35 to 40 minutes which have affected gathering of data. Some participants may not have fully expressed themselves due to time. The other limitation of the study is response bias. Other participants could have given false information according to their desires in fear of stigmatization. This could have affected the accuracy of the data collected. Price and Murnan (2004) notes that other participants respond in a way they think is acceptable.

3.15 DELIMITATIONS OF THE STUDY

The delimitations of the study includes the geographical scope. The study was limited to Mutemwa Leprosy centre and this was made to focus deeply on the research problem within a specific context. The other delimitation is that of the target population. The study only focused

on the leprosy patients and their caregivers only, the family and policymakers were excluded from participating. This was made to focus only on people who are directly involved in patient care. According to Willie (2024), defining a specific population helps to maintain clarity of the study. Data collection methods were also the other delimitation of the study, the study employed interviews and focus group discussions to maintain consistency in data collection. Bryman (2019) posits that selecting specific methods helps to streamline the research process.

3.16 CHAPTER SUMMARY

This chapter presented the research methodology employed in the study. It explored the interpretivism philosophy and the qualitative research approach that was used in the study. The study utilized the case study design to focus on Mutemwa leprosy Catholic and Care Centre as the study area. The target population consisted of the leprosy patients, nurse Aides, Registered general nurses and social workers. The study used purposive sampling to select participants who had knowledge on the experiences of leprosy to give their perceptions related to the study. Data was collected using in-depth interviews, key informant interviews and focus group discussions using then interview guides and focus group discussion guides as the data collection tools. Ethical considerations were consistently followed which include confidentiality, informed consent and avoidance of harm. Permission was obtained from the responsible authorities at the centre to collect data. The study also had limitations such as time constraints, the sample size which was small and possible response bias from the participants. The chapter also outlined the delimitations which includes the use of qualitative methods only. Data was recorded, transcribed and prepared for thematic analysis.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the findings on the intervention strategies on the effects of leprosy on the quality of life of people in Zimbabwe, a case of Mutemwa Leprosy Care Centre. The chapter outlines the objectives of the study which are to investigate the effects of leprosy on the quality of life of people affected by leprosy, to identify the strategies that have been used to improve the quality of life and social integration of people affected by leprosy and to develop intervention strategies that seeks to improve the quality of life of people living with leprosy. The chapter focuses on the interpretation and analysis of the data collected from the field guided by the research objectives. The main aim of this chapter is to present and analyse the data that was collected using interviews, questionnaires. The findings are organized systematically in tables to enhance easy clarification and interpretation.

4.2 DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Table 4.2.1 shows the demographic characteristics of the leprosy patients participants

Name	Age	Gender	Level of education	Marital status	Number of years in the institution
Participant 1	60	Male	Ordinary	Single	10
Participant 2	46	Female	Primary	Married	8
Participant 3	70	Male	Tertiary	Married	9
Participant 4	55	Female	Primary	Single	6
Participant 5	43	Male	Ordinary	Single	8
Participant 6	62	Female	Primary	Married	5
Participant 7	73	Female	Primary	Single	9
Participant 8	66	Female	Ordinary	Single	6

Table 1: Demographic characteristics of the leprosy patients participants.

The table above presents the demographic information of the respondents that participated in the study. Variables includes age, gender, marital status, level of education, employment status.

The researcher asked the demographic information of the people living with leprosy as well as of the caregivers so as to note the different experiences of these according to their sex, age and marital status. The table shows that 3 males and 5 females participated. The findings show that 4 of the participants has attained Primary level of education, 3 of the participants had attained Ordinary level of education and the other 1 attained Tertiary level. This implies the awareness and understanding and management of leprosy as well as its treatment. The ages of the participants included 60 years, 46 years, 70 years, 55 years, 43 years, 62 years, 73 years and 66 years. The table also shows the duration of stay in the institution of the participants.1 of them had stayed for 5 years, 2 had stayed for 6 years, 2 for 8 years, 2 for 9 years and 1 for 10 years. The table also presents the marital status of the participants.5 of them were married and the other 3 were single. All the genders were presented to promote gender balance. The duration of stay in the institution shows that they had more experience which enhanced information for the study.

Table 4.2.2

The demographic information of key informants

Name	Age	Gender	Level of education	Marital status	Years in the institution
Nurse Aide1	61	Female	Ordinary	Single	12
Nurse Aide 2	45	Male	Ordinary	Married	6
Nurse Aide 3	43	Female	Ordinary	Married	8
Social Worker 1	25	Female	Tertiary	Single	1
Social Worker 2	30	Female	Tertiary	Single	2
Registered Nurse 1	55	Female	Tertiary	Married	3
Registered Nurse 2	60	Female	Tertiary	Single	4

The table shows the information of 7 key informants. It presents the age, gender, level of education, marital status and the number of years they have spent in the institution as well as

their experience with persons affected by leprosy. Three Nurse Aides participated (2 women and 1 man). Two registered nurses who were both female. Two social workers also females. The two Registered nurses were females. The age of the key informants included one with 25 years, 30 years, 43 years, 45 years, 55 years, 60 years and 61 years. 6 were females and 1 was male. 3 of them had attained Ordinary level and the other 4 had attained Tertiary level of education. 4 of them were single and 3 were married. The number of years spent shows the experience that the caregivers have with the effects of leprosy and intervention strategies that have been used and also enables them to structure methods that can be used to deal with the effects to improve the quality of life of people affected. The fact that they attained a better level in formal education enhances them to better understand the effects of leprosy and the better ways that can be used to deal with the effects so as to improve the quality of life of the people affected by leprosy. The duration of the caregivers in the institution includes 1 year, 2 years, 3 years, 6 years, 8 years and 12 years.

4.3. PRESENTATION AND DISCUSSION OF FINDINGS

The findings revealed that leprosy continues to have a myriad of effects on the quality of life of people affected by leprosy socially, physically and psychologically. Many participants reported that they are facing stigma and discrimination. Participants and key informants showed that addressing stigma and improving access to education and strengthening intervention strategies are critical steps towards enhancing the wellbeing of people affected by leprosy in Zimbabwe.

4.4.0 Effects of leprosy on the quality of life of people living with leprosy focusing on the physical, emotional and social aspects.

Participants explained that they are facing a lot of challenges in their day to day lives due to leprosy. They showed that the effects of leprosy are myriad and are interconnected. The effects include the psychological effects which affects the mental functioning of patients, social effects that affects the social relationships, economic effects where the financial issues are disturbed due to leprosy.

4.4.1 Psychological effects

The findings show that many participants experience psychological distress due to leprosy. This is experienced by feelings of sadness and anxiety. This is also due to the fear of visible physical deformities that develops on the body. Participant 1 mentioned that:

“Chirwere ichi chakatikanganisira, pane dzimwe nguva dzandinonzwa sekuti handioneke kukosha kwangu zvinoita ndinzwe kuti hupenyu hwangu hausi chinhu .Ndinotonzwa kunyara pane vamwe nekushaya zvigunwe.Ndinonzwa kuzvidzikisira nekunyara nemaperembudzi.” (Leprosy is leading us to be always depressed and it makes us feel helpless and stressed. We always have anxiety and fear of how others will treat us. The changes to our bodies makes us feel ashamed and to lose confidence among other people and this creates emotional pain which reduces the quality of life).

Nurse Aide 1 supported that people affected by leprosy face psychological challenges when they said:

“I realised that most of these patients will be always depressed as I talk to them, this is due to the rejection they faced from their families, which left these people isolated. They also face financial strain which makes them to be always worried because some of them have families whom they left coming here. Stigma and discrimination is also affecting patients psychologically.”

The findings shows that leprosy patients are psychologically affected by leprosy and this affects their day to day functioning and affects the overall quality of their lives. Sermtittirong and Van Brakel (2014) posits that, leprosy does not only affect the body, many people living with leprosy experience stress, fear, shame and loneliness. Participants explained that the physical deformities on the hands and skin causes patients to lose confidence in themselves and causes depression, it affects them emotionally. The cultural beliefs are fuelling the stigma discrimination, therefore due to the myths and beliefs in their cultures, they will be always stressed which therefore affects their normal functioning. The loss of income also intensifies the stress. The fear of future rejection also makes people with leprosy to be psychologically distressed.

4.4.2 Physical effects

Leprosy affects the normal functioning of leprosy patients. Leprosy damages the nerves which therefore affects the sensation as well as the sight of patients. Physical disabilities leads to pain and loss of independence due to deformities. Patients are also disturbed in participating in manual labour which therefore increases poverty. Ulcers also results due to leprosy. Further complications lead to infections. Loss of limbs also may affects their daily chores such as washing and bathing which creates dependency. Participant 2 said that:

“Ndinonzwa sendabatwa nechiveve mumaoko umu zvese nemutsoka zvekuti chero ndichida kunogeza ndinombomira. Handitokwanise kana kubata ndiro chaiyo zvakanaka.” (Leprosy has weakened my body, I often feel numbness in my hands and feet which affects me doing my daily tasks. My muscles feel weak and I cannot grip objects which makes physical work challenging.)

Participant 3 also mentioned that:

“Ndine mwedzi miviri ndabva kuHarare kunogurwa gumbo iri. Ndaisarara naro husiku richibanda nemaronda zvekuti ndakaona kuti zvirinani ribviswe ndozofamba nemadondoro zvangu.” (I have two months after my leg was amputated in Harare because the wounds had become so painful to endure. I believe I will find a better comfort in using clutches to walk and continue with my life).

Key informant 2 supported that people affected by leprosy face challenges physically. They said:

“Sometimes I am the one who tells them their hands are bleeding because they can get injured without even realizing it since they are struggling with sensation in their limbs.”

The above findings show that leprosy have a significant physical impact on the quality of life of leprosy patients. This is concurring with Cota Queiroz et al. (2024) who asserts that, leprosy causes skin sores, numbness and skin damage which can lead to physical disabilities and physical deformities. As noted by the participants who outlined that leprosy leads to the weakening of muscles which therefore affect them to perform their daily activities such as gripping objects or lifting objects. The findings also shows that leprosy is physically affecting them and affects their mobility. Physical limitation creates dependency and affects an individual's ability to engage in normal social and economic activities which therefore affects the overall quality of life of a patient. As a result there will be reduced strength which affect their productivity and if the nerve damage become progressive, it leads to deformities resulting in physical disabilities.

It becomes hard for the patient to detect pain. This is in line with the study by Lockwood (2019) who posits that the damage of nerves makes it difficult for the person to detect pain and injuries on the affected parts. The findings shows that, leprosy leads to loss of sensation in hands and feet which makes it hard for them to feel and detect pain. This leads them to sustain wounds

which later leads to complications if not properly managed thereby undermining the overall quality of life of patients affected by leprosy.

4.4.3 Social effects

Leprosy have social effects that limits the overall quality of the patients affected by leprosy. Leprosy leads to the stigmatization and discrimination of affected people. Other societies believe that leprosy is caused by curses and witchcraft which therefore puts negative attitudes towards people affected. Leprosy patients will be labelled, leading to stereotyping and separation from families and communities. The exclusion and separation from the family affects the normal functioning thus quality of life affected negatively. Patients also lose their partner for marriage. Affected patients lose a sense of belonging and are restricted from participating in the community gatherings. Participant 3 said that:

“Parufu chaipo ndinonzwa kubatikana vanhu vachizeza kuti ndivabate maoko kana kuswedera padhuze navo, unotoona wega kuti apa ndikusemewa .Pandaigara kumusha kwangu ndaisarudzwa muraini zvekuratidzwa kutyiwa uye kuti vaisada kuti ndiverengwe muzviitiko zvemuraini”. (People started avoiding me, in funerals they would avoid handshakes with me. In social gatherings, people keep their distance and they will not be comfortable around me. Before living in this institution, I would experience loneliness because I was being excluded from community activities).

Key informant 2 stated that:

“It’s hard for them to maintain relationships, even visitors who come here for pilgrimage keep their distance when they come to see our clients.”

Findings indicates that patients are facing social challenges that are disturbing their normal functioning and the overall quality of life due to leprosy. According to Van Brakel et al. (2012), leprosy affects the social relationships of people living with leprosy and their families, communities and friends. People affected by leprosy are treated differently and this is pushing them to withdraw from the society interactions as stated by participants. Leprosy is leading to stigma and discrimination as patients are being avoided during gatherings by keeping a distance which undermines the people affected by leprosy. It also affects the rebuilding of relationships with friends and families. This therefore kills the confidence within them which create a tense situation that will be difficult to navigate. Due to fear of being judged by the community, people affected by leprosy remains reserved which makes them to lose identity. This is in line with

Bhadra (2022), who asserts that, people living with leprosy are isolated and rejected which makes them loose identity.

4.4.4 Economic effects

Leprosy affects the capacity of people affected by leprosy which leads to income loss. Nerve damage hinders the normal functioning which leads to job losses yet of which employment is the source of income for many people. Since many people rely on informal labour intensive economic activities, the disease become more severe. The reliance on agricultural activities increases poverty since the affected people will not be able to perform those duties therefore their source of livelihood will be hindered and distracted. Participant 4 noted that:

“Ndaitombova bhiridha, basa rikapera, ndakatanga kutengesa zvese zvandaiva nazvo kuti ndizvirapise nokuti ndaingofunga kuti pada zvisasa zvichapera. Chero ndikada kushanda izvezvi mikana handiiwane, zvinotondidya moyo kuti ndoriritira sei mhuri yangu yandakasiya kumusha.” (Leprosy has taken away not just my health, but my ability to earn a living leaving me financially strained. I have sold my belongings to afford treatment, and left me into someone who must rely on others which affected my financial stability. Though I am willing to work, rejection and discrimination has closed many doors which makes it difficult for me to support my family I left home).

Key informant 1 said that:

“Because of stigma and discrimination, many of them affected by leprosy are excluded from employment opportunities which makes them to be more dependant which is a biggest barrier to improving the quality of life of people affected by leprosy.”

Findings have shown that leprosy affects people economically which hinders the overall quality of life of people living with leprosy. As noted by participants, Leprosy affects people that it disturbs the ability to work the way one used to do hindering an individual to sustain themselves and their family. Medical costs also place financial burden which makes people affected do depend on others. Due to the nerve damage, people affected by leprosy are stigmatized and discriminated which limits employment opportunities which leaves tem struggling. Leprosy causes economic problems because affected people lose jobs which leads to poverty and financial dependence (Arulanantham, 2014). The scarce of resources increase the strain of poverty which pushes people affected by leprosy into financial insecurity due to the long term effects of the disease, this therefore affects the overall quality of life of the people living with leprosy.

4.5.0 Intervention Strategies that have been used to mitigate the effects of leprosy, improve the quality of life and social integration of people affected by leprosy.

This theme addresses the second objective that seeks to identify the strategies that has been used to improve the quality of life and social reintegration of people affected by leprosy at Mutemwa Leprosy Catholic and Care Centre. The strategies are effective, however there are weaknesses and challenges that limits the effectiveness of the efforts to address the effects that undermines the quality of life of people affected by leprosy.

4.5.1 Multi drug therapy and treatment

The multidrug therapy significantly reduced the physical effects of leprosy by preventing the nerve damage thus improving the overall quality of life. The early diagnosis and adherence to the treatment enhances quick recovery. The provision of the drug at Mutemwa Leprosy centre makes it easier for patients to access the treatment without travelling for long distances. Though some of the people affected had lost their limbs, the continuous use of the treatment reduces pain and the chronic illness. Participant 1 said that:

“Pandakazobatwa kuti ndine chirwere ichi ndakabva ndauiyiswa kuno kuMutemwa ndikatanga kupiwa mishonga, ndopandakatoona kuti ndakuita zviri nani nekufamba kwenguva, ndaitombofunga kuti ndichafa.Ndiri kumba ndaiiswa munyu nekugeza nemakwati nokuti taingoti zvinopera asi ndairwadziwa zvokuti”. (Since I came here and started taking MDT, my body started healing slowly and my hope became restored. I started to feel less pain, the wounds started healing. I really appreciate MDT because it gave me a second chance to live again.)

Key informant 2 supported the effectiveness of MDT. They said:

“Before MDT, we could see that the affected people were feeling hopeless and isolated but now we can see a great improvement in their health. The treatment is restoring their strength, reduced suffering and now we have hope that they can live a better life again. I am really grateful for MDT because it has restored the dignity and hope in the lives of people affected by leprosy.”

From the above findings and perspectives, it shows that MDT have led to visible physical recovery such as reduced pain and recovery of wounds. This indicates that the treatment is effective in preventing further complications. It also improves the psychological states of people affected by leprosy as it brings hope and increases confidence thus reducing

hopelessness in the future. World Health Education (2012) notes that if MDT is adhered to, it stops the spread of the disease and helps to prevent further disabilities.

4.5.2 Stigma reduction and social inclusion

This is the other strategy that has been used to address the effects of leprosy on the quality of life of people affected by leprosy. Awareness campaigns and the advocacy of human rights have been used to reduce the discrimination and stigmatization of people affected by leprosy at Mutemwa Leprosy Centre. This is done through the education of people who come at Mutemwa for pilgrimage, they are explained more about Leprosy and informed the disease is no longer contagious. The awareness campaigns are also done through the use of posters at the clinic where most people around Mutemwa community come for health assistance. Participant 3 said:

“Ndinoona kuti zvirongwa zvekufamba vanhu vachipiwa chenjedzo nevezvehutano uye dzidziso zvakakosha nokuti vanhu vave kunzwisisa kuti maperembudzi haaneyi nehuroyi kana munyama.Chero ndikaenda kubhawa uko ndinotomwidzana doro nevamwe.Dzimwe mhuri dzinotobva kuBulawayo kuzopemberera mabhavhadhe avo vachifara nesu pano.” (I can see that the awareness programmes are helping a lot because people are starting to understand that leprosy is not a curse. I can now interact with others. Other families come from as far as Bulawayo to celebrate their birthdays with us here showing that other people are now accepting us as we are. It also makes us feel that we are recognized).

Key informant 2 stated that:

“Before the communities were educated about leprosy, I could see that there is rejection and isolation. But through the education programmes and awareness campaigns, I can see that they are now participating in social activities like the John Bradburne Ceremony that is held here each year, they are no longer avoided and this is helping them to regain confidence and feel that they truly belong in the society.”

The views of the participants show that there is clear shift from rejection and isolation to acceptance and participation, which shows that community education and awareness programmes are changing the negative attitude towards the misconceptions and other cultural beliefs that supports discrimination and stigmatization. This also supports the psychological wellbeing as the participant reported restored confidence and this shows that it does not only address the external discrimination but also the self-esteem and dignity which therefore

enhances the psychological wellbeing of a person affected. The study by Chronister et al. (2013) highlights that stigma reduction helps people living with leprosy to regain confidence and rebuild their relationships to improve their overall quality of life.

4.5.3 Community based rehabilitation

Community based rehabilitation is the other effective strategy in use that is addressing the socio economic effects of leprosy on the quality of life of people affected by leprosy. It helps affected people to gain dignity, and active participation in society. CBR is helping affected people through skills training, education and income generating activities to avoid the spirit of dependency and reliance on the institution. The programmes reduces poverty and also improves the mental wellbeing of people affected by leprosy. Participant 7 stated that

“Takadzidziswa mibato yemaoko yakaita sekusona uye kuchengeta huku. Izvezvi ndinosona maunifoms uye hembu dzakabvaruka ndotowana kamari kangu keairtime kana kutenga tufish.” (Community based rehabilitation has helped me regain dignity and independence, as for me I was trained sewing and poultry activities. I use to sew clothes for other people around the community and I can get money though it may be a small amount but I can say I have my own money. I learned to sustain myself which give me independence and confidence in my daily life).

Nurse Aide 3 stated that:

“As a nurse aide have seen that in Mutemwa community, community based rehabilitation is helping people affected by leprosy to improve their lives. We sometimes buy broilers from their projects, we also give them our torn uniforms to sew so that they can get money to sustain themselves and the families they left back home.”

The findings highlighted the core strength of community based rehabilitation which is independence beyond institutional support. It shows that though they receive essential support from the institution, CBR helps individuals to develop skills like sewing and poultry farming that enables them to be independent. This reduces long term dependency and enhances self-reliance. Nurse Aide 3 highlighted the effectiveness of CBR as a strategy to address the effects of leprosy on the quality of life of affected people saying that it restores dignity. The validity of CBR as a strategy addressing the effects of leprosy is concurring by the views of Ayalew et al. (2020) who posits that, CBR promotes social inclusion, economic empowerment, psychosocial support and improved independence for people affected by the disease.

4.5.4 Policy frameworks and integration into healthcare systems

Policy frameworks and the integration into health systems enhances the management of leprosy and improves the quality of life of people affected by leprosy. The integration of national policies into primary healthcare allows the affected to access services and promotes early diagnosis and treatment. The collaboration between the Government, NGOs and community organizations ensures that the affected receives both medical support and social support. Training of health workers improves early detection and reduces stigma in health facilities. Early identification and treatment adherence is supported by community health programmes.

Registered nurse 1 stated that:

“Integrating leprosy care into primary healthcare has made our work easier as nurses and its improving the quality of life of patients because the policies enhances early treatment and follow ups.”

Registered nurse 2 supported this saying:

“With clear national health policies, we are able to provide standardized care and reduce stigma, ensuring that people affected by leprosy are treated with dignity in all health facilities.”

The strategy of policy frameworks and integration into healthcare systems is essential as stated by the caregivers, it improves care for affected people. Sunda Rao (2015), is also of the view that integrating leprosy services into general healthcare systems through strong policy frameworks promotes accessibility, reduces stigma and ensures sustainable and inclusive care. The findings implies that the integration of leprosy services into healthcare systems allows people affected to easily access the diagnosis, treatment and rehabilitation. Regular follow ups by the healthcare systems by health facilities rather than being isolated in special institutions, this therefore reduces unequal treatment. Frameworks are also effective as they support funding, staff monitoring and collaboration between the government and community based rehabilitation programmes.

4.6.0 Challenges in implementation of the intervention strategies tailored on the effects of leprosy on the people affected by leprosy.

The current intervention strategies face challenges that limit their effectiveness in improving the quality of life of persons affected by leprosy. Despite the measures available, challenges continue to hinder the progress.

4.6.1 Inadequate funding and resources

The shortage of resources is limiting the effectiveness of intervention strategies that aims at addressing the effects of leprosy on the quality of life of people affected by leprosy. Due to limited funding the institution struggles to provide essential services such as protective equipment assistive devices and rehabilitation materials. Inadequate resources also undermines the recruitment of adequate staff that caters for the affected people. This therefore increases the workload on the nurses and social workers which makes some patients to be left without proper care. Lack of funding also limits the health education and awareness campaigns which makes stigmatization to persist. Nurse Aide 1 stated that:

“Since the institution rely on donations, sometimes we often struggle to provide proper care because essential medicines and supplies such as bandages run out before new stock arrives which may delay the recovery of our clients.”

Registered nurse² also supported that the shortage of resources limits the effectiveness of current intervention strategies. They said:

“As nurses we are committed to helping patients, but limited funding means we sometimes work without enough equipment, which affects the quality of care we give.”

The findings above highlights that the inadequate funding and shortage of resources significantly undermines the intervention strategies that are tailored to address the effects of leprosy on the quality of life of patients affected by leprosy. It shows that even if the healthcare providers are committed to provide proper assistance their efforts are undermined by the lack of resources and funding which limits effective treatment and continuity of care. This results in the delay of physical recovery thus the physical effects persists Therefore the situation demonstrates that without sufficient resources, the quality, efficiency and sustainability of leprosy care services are compromised. This perspective aligns with the study by World Health Organization (2012) that stresses that inadequate funding affect medicine supply, rehabilitation services, staff training and community outreach programmes.

4.6.2 Stigma and discrimination

Stigma and discrimination remains one of the setbacks of the efforts that are being done to address the effects of leprosy on the quality of life of people affected by leprosy. Stigma can affect the reintegration of the affected people into their own communities even after treatment. This therefore limits the effectiveness of CBR programmes. Stigma and discrimination limits the reintegration of people affected by leprosy into their families which reduces family reunification due to rejection. There are also cultures with beliefs that leprosy is caused by witchcraft and curses which makes it difficult for them to accept the scientific information from the health awareness programmes. Participant 6 stated that:

“Pandinotomboshanyira mhuri yangu kumusha ndinotonzwa kuti vanhu vanondinyeya kuti ndakarangwa naMwari kuti ndizoita dambudziko iri uye zvinotokanganisa kuwirirana kwangu nemuroora wangu.” (Sometimes when I go back home visiting my family, some people in my community say leprosy is spiritual punishment and because of that it disturbs the reunification with my family).

Nurse Aide 1 stated that:

“As we bring visitors to the wards, we still observe hesitation and fear in how they interact with patients, proving that discrimination has not completely disappeared.”

The other Nurse Aide from the focus group discussion supported this saying:

“Even after explaining that leprosy is no longer contagious to the visitors, some still avoid getting close to patients showing fear and misunderstanding are still persisting.”

The findings clearly shows that stigma and discrimination is undermining the efforts to address the effects of leprosy on the quality of life of patients affected by leprosy. Nurse Aide 1 highlighted that patients continue to experience discomfort, social distance and fear from visitors and some individuals interacting with them and this is also limiting the people affected to get reintegrated into their original communities and families. This indicates that though awareness may have been improved, attitudes and misconceptions about leprosy have not been fully eliminated. Van Brakel et al.(2019) supports this view by noting that stigma and discrimination discourages people from seeking treatment, support and social inclusion services due to fear of rejection and isolation. This is therefore limiting the effectiveness of current intervention strategies tailored to address the effects of leprosy on the quality of life of people affected by leprosy.

4.6.3 Limited psychosocial support and rehabilitation services

The lack and limited trained counsellors and mental health services to help patients cope with psychological impact of stigma, disability and rejection which is a challenge to the strategies tailored at addressing effects of leprosy. This makes other individuals to experience prolonged feelings of depression, low self-esteem, anxiety, hopelessness which affects them psychologically. Rehabilitation services such as occupational therapy, assistive devices and vocational training are limited. This means that the people affected by leprosy struggle to be independent. Due to lack of support in income of generating activities, many patients face challenges in becoming self-reliant which leads them to rely more on institutional support. The empowerment theory emphasizes everyone people to be self-reliant and to be independent so that they can make the choices and decisions on their own. Nurse Aide 3 stated that:

“Patients often struggles after diagnosis, thinking of the families they left back home coming here. But because we have limited counselling services, we are not always able to provide psychological support they truly need.”

Registered nurse 2 supported this saying:

“Many patients recover medically, but due to lack of proper rehabilitation services like occupational therapy and skills training, they still find it difficult to regain independence and go back to their families and homes, therefore they stay here.”

Participant 5 stated that:

“Pane nguva dzandonzwa kusurukirwa zvekuti ndinenge ndichinyatsoda munhu wekutura naye nyaya zvino ndinomushaya. Ndoswera ndakatarisana nemadziro.” (We are treated for illness, but no one really sits down with us to talk about our worries or how we feel even if we have received our treatment.

The study reviewed that there is concern about lack of adequate psychosocial support. Patients feel that they are neglected even after physical healing. Caregivers further support by highlighting that rehabilitation services are insufficient. There is need for rehabilitation services so that if patients are to be integrated into the community or rebuild their livelihoods. This therefore limit the effectiveness of current intervention strategies towards the effects of leprosy on the quality of life of people affected by leprosy. Bonkass et al. (2025) support this view by asserting that limited psychosocial support hinders the emotional recovery and reintegration of people affected by leprosy.

4.7.0 Intervention strategies that can be utilized to mitigate the effects of leprosy and to improve the quality of life for people living with leprosy.

Improving the quality of life for people living with leprosy requires practical, scalable interventions. The most effective strategies today are those that are affordable, community based and not dependant on highly specialized infrastructure. This sector contains highlights the proposed strategies from the study findings.

4.7.1 Economic empowerment programs

Economic empowerment is one of the intervention strategies that can be tailored towards the effects of leprosy to improve the quality of life of people affected by leprosy. Leprosy affect people economically leading to job loss, reduced productivity which leads to long-term poverty.

Economic empowerment can be done through building sustainable livelihoods that restores independence and dignity hence then quality of life enhanced. Participant 2 stated that

‘Dai mari dzinouya vachititangira maprojects ekuchengeta huku umwe neumwe dzake kuitira tisamirira kuitirwa zvese kubva kuOffice nokuti tinodawo mari yedu pachedu.’
(We need practical support such as skills training, start-up capital and tools so that we can start small businesses and be self-reliant).

Participant 3 also supported that they should be given funds to start businesses on their own, they said

“Kana zvichiita iyo hurumende ngaitipe mari titange mabhizimusi edu tega kuitira kuti tiwane mari dzedu pachedu”. (The government should include us in loan programmes and market opportunities so that we can grow financially like everyone else.

Participant 6 also shared the same idea and said:

“Ini dambudziko rangu rimwechete, dai veWurufeya vatipawo mari taita maproject ehuku.Ndinoda kuvaka kumusha kwangu ndinogara nemhuri yangu, chero ndikada kuenda kumusha nhasi handina pangu pekusvikira.Ndotoenda kumba kwemuroora.”
(If we are given economic activities to do, we can immediately earn income, build our own homes and go back live with our families. Even if return home today, we have nowhere to stay because we left our homes long ago).

Nurse aide 3 from the focus group discussion said:

“If it’s possible we are asking support that matches their physical disabilities so that they can work on their own and provide for their families they left back home.”

Registered Nurse 1 also supports that. They said

“I think they should be given projects to keep them occupied and help them gain financial independence because it’s hard for them to continue relying on the office as if they are babies. These projects can also help to reduce loneliness by keeping them busy and socially engaged.”

The findings highlights that there is strong desire for vocational training that matches the physical disabilities. For example they can be trained tailoring, carpentry, poultry and vending. This is in line with the Empowerment theory that supports empowerment programmes, such as vocational training and income generating projects, which makes people to be independent and confident, emphasizing the importance of helping people gaining control over their lives .The other key point is to avoid one size fits all training instead they should first assess each person’s condition and interests therefore the tailor made strategies should be taken into consideration. The strategy is person centred and basing on the strengths and the abilities of an individual. Income generating initiatives can also be used such as small grants so that they can apply their skills. Therefore without this support, training alone cannot translate into real income. Microfinance and saving groups (mukando) can also help them economically as it builds financial discipline, peer support and resilience during emergencies. Economic programmes should be group based so that isolation can be reduced and this helps members to support each other emotionally and financially. Therefore economic empowerment programmes can be tailored towards the effects of leprosy to improve the overall quality of life of people affected by leprosy. The findings align with the existing literature, such as Shrestha et al. (2025) which stresses that economic empowerment programmes should be implemented as a strategy to equip people affected by leprosy with skills so that they can generate income and be independent and have an improved quality of life.

4.7.2 Psychosocial support services

Participants and key informants stressed out the significance of psychosocial support services in addressing stigma isolation and emotional distress among people living with leprosy to promote the overall quality of life .Their perspectives reflects that services can be provided through basic counselling by trained health workers. Peer support groups create a safe space for sharing experiences and reducing loneliness. Involving families through education and

counselling helps improve acceptance and home based support. Community awareness programmes reduces stigma and promotes social inclusion. Participant 4 stated that:

“Dai kuchiitwa zvirongwa zvekuti kunowanikwa nguva yekutaura nesu zvinotishungurudza pamoyo nekuti tinofungawo zvakawanda tiri tega mudzimba umu.”

(Psychosocial support services should be strengthened through counselling and support groups so that we can overcome stigma, stress and isolation caused by leprosy).

Nurse Aide 2 from the focus group discussion mentioned this strategy, they said:

“Health workers and communities should provide continuous emotional support and education to help them regain confidence, acceptance and improve the quality of life of persons affected by leprosy.”

From the above findings, it highlights that psychosocial support services can be tailored towards the effects of leprosy to improve the quality of life of people living with leprosy. Psychosocial services should be strengthened through regular counselling sessions, emotional support programmes so that they overcome stigma, fear, and loneliness and feelings of rejection caused by the disease. This is also supported by Agarwal (2023), who posits that psychosocial support services should be strengthened to provide counselling, emotional support for people affected by leprosy helping them to cope and improve well-being. This is in line with the Bio psychosocial model which emphasizes that leprosy does not only affect physically but the physical effects leads to social effects and results in psychological effects hence there is need for addressing the problem physically, socially and psychologically. The findings note that, healthcare workers, social workers and the communities should offer continuous care and emotional support to help the people living with leprosy rebuild their self-esteem and improve the relationship with others. Participants expressed also that there is need for community awareness so that they accept the people living with leprosy as they are and reduce discrimination which helps them to participate freely in socio economic activities. Strengthening the psychosocial support is an essential intervention strategy that can enhance the psychological wellbeing, address the social stigma and improve the overall wellbeing of the people living with leprosy.

4.7.3 Early detection and effective use of Multi Drug therapy

The early detection and the proper use of MDT is essential in preventing severe physical effects of leprosy on people affected by leprosy. Early diagnosis helps people affected by leprosy to begin their treatment before severe damages, deformities and disabilities occur. It also helps to

reduce transmission within the communities by identifying and treating cases quickly .Proper use of MDT ensure complete cure of the disease if the affected people adhere to the treatment. Regular monitoring have also to be done even after the person is discharged from the institution to avoid complications and ulcers. Participant 3 stated that:

“Dai zvakakasika kuonekwa kuti maperembudzi dai ndakarapiwa nekukurumidza zvigunwe zvangu zvisati zvadonha.Hurumende nevezvehutano ngavatore matanho ekuti zvirwere zviongororwe nekukurumidza munhu asati aparara uye kunyanya kumamisha ngakusakanganwikwa nokuti ndokwandaiva pandakawirwa nehosha iyi.”
(If I had been diagnosed early at my local clinic, I would not have developed these disabilities, the government should strengthen early detection and improve the use of Multi drug therapy especially in rural areas).

Participant 7 also noted that:

“Pandakangotanga kutora mushonga ndakatanga kutoona shanduko hombe.Dai chirwere chakakasika kuonekwa dai ndisina kuzonyanyokanganisika chero maziso aya.” (MDT treatment has helped me improve, but I wish health workers could identify my condition sooner, I could not have suffered for so long before getting help).

Participant 8 also stated that:

“Kubva 2017 kusvika 2022 ndichingonzi ndine Shuga ne BP.Kusvika ndazongonzi dai tambomuongorora maperembudzi, apa vaingofungirawo.”(They were treating me for 5 years for conditions like high blood pressure and diabetes, but they were not sure of the diagnosis. No specific test was done for leprosy at that time so I was misdiagnosed which worsened my situation).

Registered nurse 1 also stated that:

“We see better recovery outcomes when patients start MDT on time, but limited awareness especially in remote areas often delays treatment.”

The above findings highlights that early detection and effective use of multidrug therapy is essential in addressing the effects of leprosy on the quality of life of persons affected by leprosy. The participant expressed that early diagnosis could have prevented disabilities and MDT has been effective in improving their health once the treatment begin. Health workers also highlighted that MDT is highly effective when started early but its impact is reduced by

last presentation of cases. They pointed out that limited screening contribute to delayed diagnosis which can lead to disabilities. Therefore early detection and effective use of MDT is an essential strategy that can be tailored towards the effects of leprosy to improve the quality of life of people affected by leprosy. World Health Organisation (2012) posits that, early detection and effective use of MDT should be promoted as an intervention strategy to prevent disability, reduce transmission and ensure successful treatment outcomes for people affected by leprosy.

4.7.4 Community awareness and stigma reduction

Community awareness and stigma reduction is the other intervention strategy that can be tailored towards the effects of leprosy to improve the quality of life of persons affected by leprosy. In areas where cultural beliefs and myths contribute to stigma and discrimination, leprosy is believed that it is a curse and highly contagious and this therefore leads to isolation of affected individuals. School programmes should be conducted, engaging with religious and traditional leaders is important to change the negative attitudes. Awareness can be conducted, that leprosy is a treatable condition and early treatment prevents disability. Participant 2 stated that:

“Vanhu ngavadzidziswe kuti Leprosy chirwere chogona kungobata munhu wese kwete kuti chinouya nemunyama nokuti ndozvikukonzeresa kudzikisirwa nekusemiwa munharaunda. Pandinoenda kumusha ndinotoona kuti vanhu vachiri kundisema muraini mangu.” (The government should continue educating people because others still believe that leprosy is a curse and this leads to discrimination. When I visited my family I could see that people in the community would avoid handshakes with me thinking I would affect them with my condition).

Participant 3 also noted that:

“Isu vanhu vemaperembudzi nemaSabhuku kana Mambo ngavadzidzise vanhu vave neruzivo rwezechirwere ichi.” (Community leaders and people with leprosy just like me should speak out to others so that they can understand and stop fearing or isolating people living with leprosy).

Nurse Aide 2 from the focus group discussion pinpointed this strategy. They said:

“Radio programmes and outreach campaigns should be increased so that even people in remote areas learn the truth about leprosy and seek treatment early.”

The findings show that community awareness is one of the strategies that can be tailored towards the effects of leprosy to improve the quality of life of people affected by leprosy. Participants emphasized that continuous education is essential as some people in rural areas still hold beliefs that leprosy is a curse which contributes to discrimination. They also highlighted the importance of involving community leaders and individuals with leprosy as these voices can change the negative attitudes. The responses shows that stigma reduction requires a combination of sustained education, influential community engagement and wide reaching communication strategies to effectively improve awareness and support for people affected by leprosy. The strategy is also supported by Rafferty (2005) who asserts that community awareness and stigma reduction should be promoted as a strategy to correct myths about leprosy and foster acceptance and social inclusion of affected individuals.

4.8.0 Chapter Summary

This chapter has presented and discussed the findings of the study, underscoring the effects of leprosy on the quality of life of people affected by leprosy, identifying the strategies that has been used to improve the quality of life of people affected and to develop the intervention strategies towards the effects of leprosy on the quality of life of people affected by leprosy. The chapter highlighted the physical effects, psychological effects social and the economic effects of leprosy on the quality of life of people affected by leprosy. Despite the advances in treatment such as multidrug therapy, key challenges such as stigma and discrimination, inadequate funding and weak community awareness continue to hinder the effective care and reintegration. However this chapter emphasized the intervention strategies that can be tailored towards the effects of leprosy to improve the quality of life of affected people such as psychosocial support, early detection to prevent further disabilities and economic empowerment. These approaches when effectively implemented and integrated into healthcare systems have the potential to improve the quality of life and improve dignity and independence among people affected by leprosy. Hence addressing the effects of leprosy requires a holistic and people centred approach that combines medical treatment with strong social and economic support systems.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings, conclusion drawn from the study and recommendations based on the findings. The research focused on the intervention strategies towards the effects of leprosy on the quality of life of people living with Leprosy at Mutemwa Leprosy Catholic and Care Centre in Zimbabwe. The chapter is guided by the research objectives which sought to investigate the effects of leprosy on the quality of life of persons living with leprosy, focusing on physical, emotional and social aspects, to identify the intervention strategies that have been used to improve the quality of life and social integration of people affected by leprosy and to develop intervention strategies that seek to improve the quality of life of individuals living with leprosy. The chapter also presents the recommendations to institutions that caters for individuals living with leprosy. The chapter also highlights the study gaps and how future researchers should fill them.

5.2 Summary of findings

The study highlights that Leprosy continues to negatively affect the quality of life of people affected by the despite the efforts being made to address the effects such as the availability of treatment and rehabilitation programmes. The findings established that the effects of Leprosy are interconnected and extend beyond physical to psychological, social and economic dimensions hence they need a multidisciplinary approach to address the effects comprehensively. The study was guided by three objectives which were to investigate the effects of leprosy on the quality of life of persons living with leprosy, focusing on physical, emotional and social aspects, to identify the intervention strategies that have been used to improve the quality of life and social integration of people affected by leprosy and to develop intervention strategies that seek to improve the quality of life of individuals living with Leprosy.

5.2.1. The effects of Leprosy on the quality of life of Leprosy patients, focusing on the physical, emotional and social aspects.

The study found out that psychologically, people affected by leprosy face emotional distress, depression, fear, anxiety, hopelessness and low self-esteem. The findings highlights that the visible deformities caused by the disease contribute to the loss of confidence and feelings of shame. Participants highlighted that stigma and rejection from the families worsen their emotional suffering. The findings further revealed that the fear of discrimination and isolation negatively affects their mental wellbeing and social functioning.

Physically, the study revealed that Leprosy causes nerve damage, loss of sensation, physical deformities and disabilities which affect the ability of the affected people to perform their daily activities independently. Participants reported that they are facing challenges in carrying activities such as bathing, washing and gripping objects as well as walking. The findings also established that the loss of sensation exposes affected individuals to injuries and ulcers because they fail to detect pain. The physical limitations therefore increase dependency and reduce productivity.

Socially, the study established that stigmatization and discrimination remains the major challenges affecting individuals living with Leprosy. Many participants highlighted that they are excluded from community gatherings, isolated by family members due to misconceptions surrounding the disease. Discrimination and social rejection is being fuelled cultural beliefs that associates leprosy with curses and witchcraft. This therefore affects the social relationships, belonging and social reintegration of affected individuals.

Economically, the findings revealed that Leprosy contributes to poverty, unemployment and financial instability. Physical disabilities and discrimination reduces the chances of being employed and the affected individuals to engage in productive economic activities. Participants highlighted that they struggle to provide for themselves due to loss of employment and dependence on institutional support. Long term expenses on medications leads to financial burden.

5.2.2 Current intervention strategies on the effects of Leprosy on the quality of life of people living with Leprosy.

The study further on established several intervention strategies that are being utilized to address the effects of Leprosy and improve the quality of life of persons living with leprosy. The strategies include the use of multidrug therapy (MDT), stigma reduction and social inclusion programmes, Community Based Rehabilitation (CBR) and integration of Leprosy services into healthcare systems. The findings established that MDT was found as an effective treatment that reduces pain, prevents complications and restores hope among individuals. CBR programmes were reported to improve self-reliance dignity and reduce dependency through skills training and income generating activities. The other strategy identified were community awareness campaigns that aims at reducing stigma and promoting social acceptance.

However even though there are strategies that are there to address the effects of Leprosy on the quality of life of persons living with Leprosy and improve their quality of life, there are

challenges that limits their effectiveness of these strategies that were identified by the study. These include inadequate funding and shortage of resources, persistent stigma and discrimination and limited psychosocial support and rehabilitation services. The findings identified that the shortage of resources affects the availability of medicines, rehabilitation materials and adequate staffing. Persistent stigma hinders the reintegration into families and communities while limited counselling and mental health support negatively affect emotional recovery and independence.

5.2.3 Intervention strategies that can be tailored to mitigate the effects of Leprosy on the quality of life of Leprosy patients.

The study proposed intervention strategies that aims at addressing the effects of Leprosy on the quality of life of people affected by leprosy. The strategies proposed that can further improve the quality of life of people affected by leprosy include strengthening economic empowerment programmes which helps people affected by leprosy to become financially independent through income generating projects and vocational training. The programmes reduces poverty and increase confidence among them which therefore promotes social inclusion and reduce stigma and discrimination. Enhancing psychosocial support services which promotes emotional healing and promotes social acceptance which reduces isolation within communities thus overall quality of life and social functioning improve. Promoting early detection and effective use of MDT, increasing community awareness and stigma reduction campaigns. The findings emphasized the need for sustainable livelihood programmes, counselling services, family involvement and community education to promote acceptance and inclusion.

5.3 Conclusions

The study concludes that, Leprosy remains one of the devastating diseases with effects that undermines the quality of life for people affected by the disease despite the availability of medical treatment and rehabilitation programmes. The findings revealed that, the effects of Leprosy are multidimensional, affecting the physical, emotional, social and economic wellbeing of affected individuals. Leprosy goes beyond being a health condition, it creates emotional suffering, social exclusion and economic hardship that negatively affects the dignity and everyday functioning of people affected by Leprosy.

The study concludes that intervention strategies such as MDT, stigma reduction programmes and integration of leprosy services into healthcare systems have positively contributed towards improving the quality of life of people living with Leprosy through promoting independence

and reducing misconceptions and improving social acceptance. However the current intervention strategies are undermined by challenges such as inadequate funding, shortage of resources, limited psychosocial support services and persistent stigma and discrimination. Shortage of trained personnel limits the quality and sustainability of care services provided to affected individuals. The study therefore concludes that improving the quality of life of people affected by leprosy requires a holistic, inclusive and people centred approach that combines medical treatment with psychosocial support, economic empowerment and community awareness programmes. Addressing the effects of Leprosy requires the collaboration of government institutions, healthcare providers, communities, nongovernmental organizations and families to ensure that affected individuals regain independence, dignity and full participation in the community. Intervention strategies that are sustainable mainly enhances empowerment, inclusion and stigma reduction which are essential in promoting long term wellbeing and improving the overall quality of life of people living with Leprosy.

5.4 Implications to the study

The findings of this study implies that leprosy should not only be viewed as a health condition but also as a social and developmental issue that requires comprehensive intervention from different stakeholders such as health professionals, social workers and policy makers. This implies that social workers should adopt a holistic and people centred approach when supporting individuals affected by Leprosy. This means that social workers have to provide services and promote programmes that help individuals to gain confidence and dignity. The study implies that social workers have a critical role in promoting the well-being of people affected by leprosy through counselling, psychosocial support, advocacy, community mobilization and empowerment programmes. The findings further suggest the need for continuous awareness campaigns and community education programs aimed at addressing misconceptions surrounding leprosy and promoting the acceptance of affected individuals.

The study also implies the importance of the empowerment programmes which are consistent with the Empowerment theory which emphasizes that marginalised people can be empowered through the access to resources, participation and support systems. Social workers should facilitate programmes that improve the economic wellbeing and independence of people affected by Leprosy. The study also implies that social workers need to strengthen family and community support systems by encouraging family involvement and community participation

in the care and reintegration of affected communities. This improves social functioning and reduce isolation and loneliness.

In terms of healthcare, the study implies that social workers should note that rehabilitation services should be strengthened and healthcare workers should work collaboratively with social workers to ensure comprehensive support for survivors.

The findings imply that social workers have to advocate for the strengthening of inclusive policies that protect the rights and dignity of the people living with leprosy. Policies should promote equal access to healthcare, employment opportunities, education, and social protection services without discrimination.

5.5 Recommendations

The recommendations seeks to address the identified gaps through holistic and inclusive intervention strategies. Their main aim is to improve the wellbeing, dignity and social inclusion of Leprosy patients.

- For the government, the study recommends that it should recognize that Leprosy services are easily accessible to all people, both in rural and urban areas. This can be done through the Ministry of Health and Child Care and other relevant departments enhancing the national control programmes through increased funding, improving policy implementation. Leprosy services have also to be integrated into the healthcare services so that people affected by leprosy can easily access treatment and other services without stigma and discrimination. The better access to services improves the early detection of the disease and this reduces the high cases of long-term disabilities associated with Leprosy.
- Healthcare workers and institutions are recommended to increase the community awareness campaigns and health education that aims at reducing misinformation, stigma and discrimination surrounding the disease. Healthcare workers should thoroughly teach about the causes, treatment and prevention of Leprosy to the communities so hard people reduce the misconceptions and beliefs that Leprosy is untreatable and is a curse. Increased awareness campaigns can encourage the communities to do early diagnosis and it also enhances the acceptance of people living with Leprosy in the communities.

- The study recommends that Social workers have to do their best to strengthen psychosocial support services for people affected by Leprosy through counselling, support groups, community reintegration programmes and family therapy. Since the study revealed that Leprosy goes beyond physical effects, it also affects the emotional wellbeing of an affected individual, social workers have to support individuals affected in building self-esteem and reconnecting them with the community .The psychosocial support services helps them to cope with the effects and reduce isolation ,shame and hopelessness caused by the disease among the survivors.
- Nongovernmental Organizations and community based organisations have to work on increasing and expanding economic empowerment programmes that aims at empowering the people living with Leprosy. Leprosy leads to and fuels poverty through the economic loss which therefore leads to the dependence over someone. Therefore the vocational training, provision of start-up capital, income generating projects and skill development initiatives are essential as they help to deal with poverty which therefore reduces the overall quality of life of an individual. Economic empowerment can reduce the economic effects and improves self-reliance and brings back dignity among people affected by individuals who often face rejection and stigma in work places due to their physical disabilities.
- Families and caregivers of the people living with Leprosy should receive education on how to provide the emotional support to their family member. Family plays an important part in the recovery of an individual affected. Families should receive education on acceptance, care and reduce the discrimination within their households. Strong support from the family enhances emotional healing of the survivor.
- The study recommends that community leaders should actively participate in the initiatives that aims to reduce stigmatization and aims at community reintegration. These leaders have a great influence on the community and can challenge the harmful cultural beliefs associated with Leprosy such as the belief that Leprosy is curse and punishment from God. The involvement of traditional leaders, religious leaders and local authorities is significant because they encourage the community to treat people living with Leprosy with dignity, respect and equality while promoting social cohesion and inclusion which enhances the overall quality of life and reduces the effects on the quality of life of persons living with Leprosy.

- Education institutions have to incorporate the issues of health education on Leprosy and disability issues into school programmes and awareness programmes. This can be done through teaching learners about the causes, signs and symptoms of Leprosy and on how Leprosy can be get rid of before causing serious damage to an affected person. Schools play a pivotal role in shaping a positive attitude to young people so that they grow knowing about being empathetic, inclusion of everyone regardless of their status and positions in the community, respect for people affected by Leprosy. This can reduce bullying and discrimination while creating a community that is more inclusive.
- The study also recommends that the rehabilitation centres and healthcare institutions should improve their services to enhance the reintegration of people affected by Leprosy into the community. This can be done through improving the services like physiotherapy, assistive devices, reconstructive surgery and occupational therapy where it is needed. Rehabilitation services enhances the functioning, improve mobility and enhances their ability to participate in daily activities. The services can also improve the daily functioning of affected individuals and enhances their overall quality of life.
- Researchers and academic institutions are recommended to continue doing studies that aims at finding the effects of Leprosy on the quality of life of people affected by leprosy in Zimbabwe and other countries. More research is needed as it enhances the understanding of emerging challenges, evaluate the effectiveness of current intervention strategies and to structure or tailor sustainable solutions and strategies that are capable of addressing the physical, economic, social and psychological effects of the disease. The findings can enhance and guide policy makers to make informed and evidence based interventions for the future.
- The study also recommends that, the community as a whole have to make their efforts to promote inclusive participation of individual affected by Leprosy. This have to be doe focusing on the social, cultural, economic and developmental activities. Community members have to avoid discrimination of people based on their physical appearance and should create opportunities o=for people affected so that no one can be left behind and promote the full participation in the society without fear or rejection. Inclusion programmes such as community dialogues, support networks and collaborative projects can help restore confidence, strengthen relationships and improve the overall quality of life of people living with Leprosy.

5.6 Areas for future study

Future studies should focus on examining the long term psychological effects of Leprosy on survivors even after treatment and reintegration into the society. This can be done even after completing the treatment and reintegrated into the society. Further research in this area may help in develop sustainable psychosocial support programmes that improve the mental health and social wellbeing.

Future researchers should also further research on the effectiveness of economic empowerment programmes that aims at improving the quality of life of people affected by Leprosy. Since many survivors face poverty, unemployment and depend financially due to their physical disabilities and social exclusion, future studies can do researches on how the economic programmes and financial support programmes tailored at addressing the economic effects are being effective. They can also assess how the strategies are contributing towards the economic independence and improved living conditions.

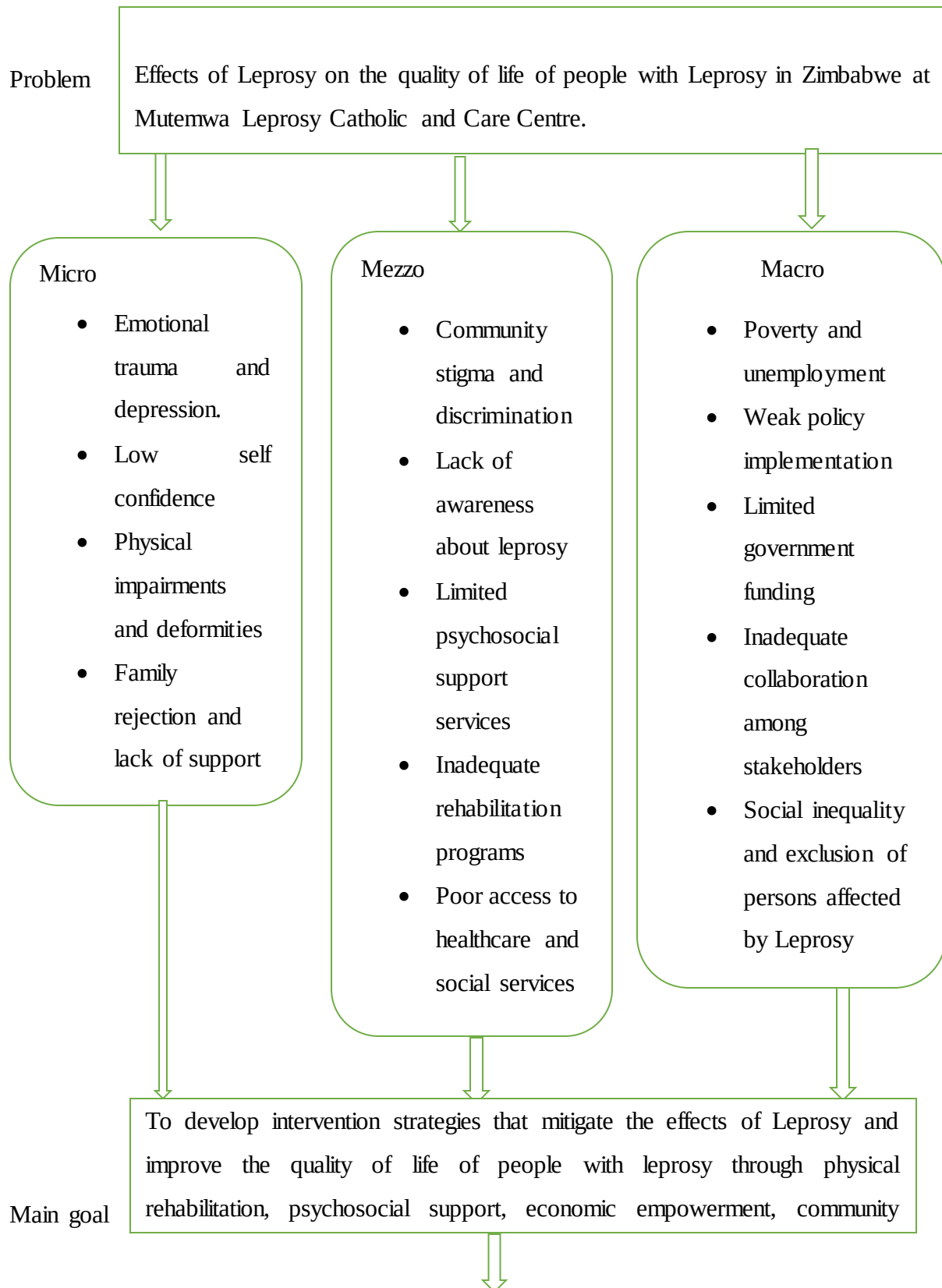
There is also need for future research on the role of community awareness and education programmes in addressing effects like stigma and discrimination associated with Leprosy. Misconceptions and negative cultural beliefs acts as stumbling blocks to the social inclusion of people affected by Leprosy, therefore further studies can enhance and helps the identification of effective awareness strategies that promote acceptance, inclusion and community participation of survivors.

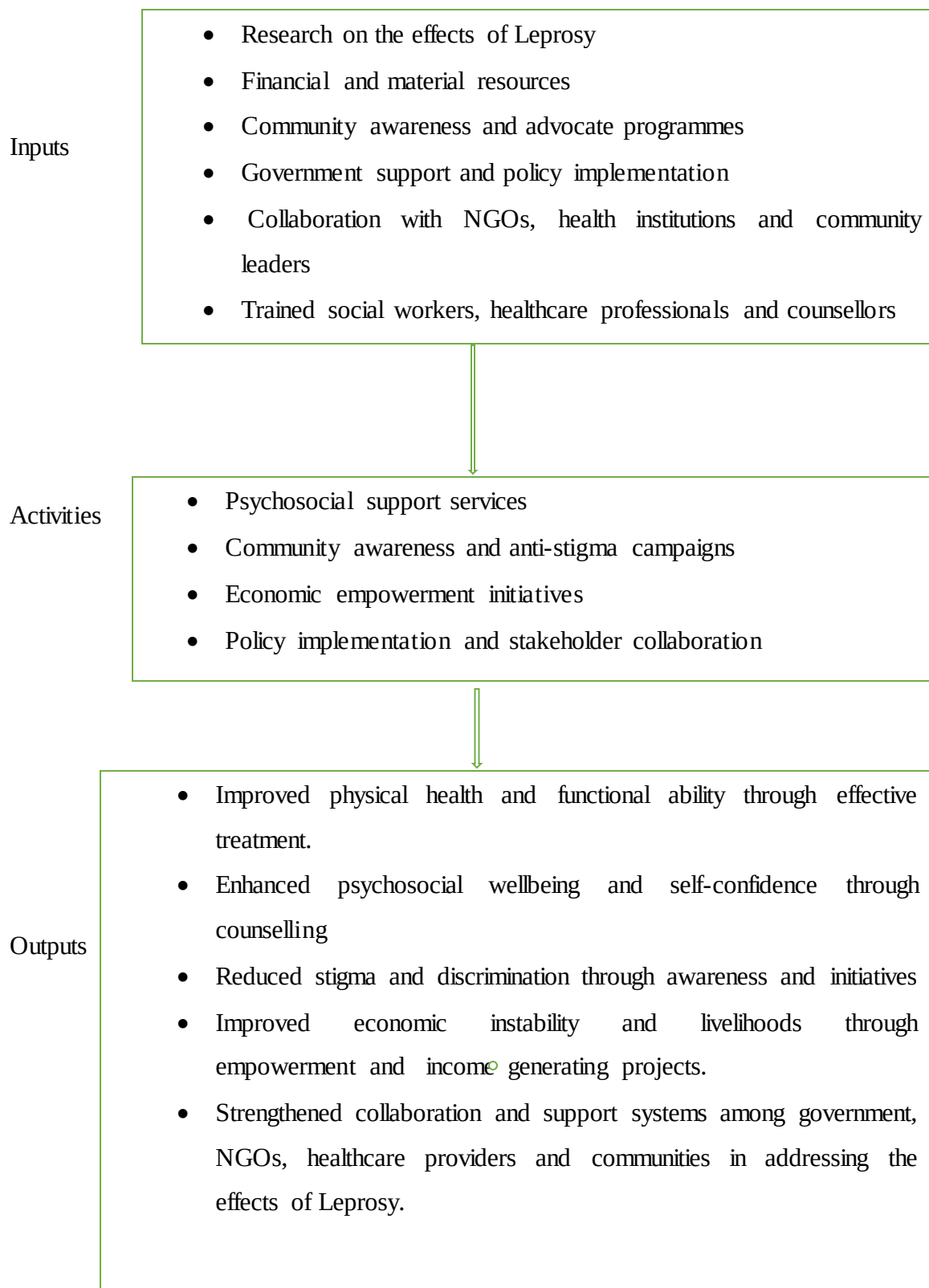
Future studies also need to assess the accessibility of psychosocial support services, tailored for people affected by Leprosy especially in rural communities that are remote and health services are limited. Such research aims to explore the availability of services such as counselling services and support groups tailored to reduce the effects of Leprosy.

More studies should also explore the gaps left in policy implementation. Examine the role of social workers, government institutions and non-governmental organisations in promoting welfare and inclusion of people affected by Leprosy. Although strategies and policies may be tailored, challenges, like limited funding and limited resources may affect service delivery hence there will be need for follow ups that contribute to the restructuring of more effective policies and intervention strategies that improve the overall quality of life.

5.7 Intervention model

5.7.1 Integrated Multi –Level Community Support Intervention Model





The above presented Integrated Multi-Level Community Support Intervention model illustrates the model informed by the Empowerment theory which aims at addressing the effects of Leprosy on the quality of life of people with Leprosy. The model recognizes that Leprosy is

not only a medical condition but it needs a Bio psychosocial model that addresses the physical, emotional and social effects of Leprosy. Since leprosy patients may receive medical treatment Integrated Multi-Level Community Support Intervention model but continue to suffer from stigma and discrimination, social exclusion and financial hardships, there is need for comprehensive intervention strategies that go beyond medical care and focus on improving the overall wellbeing of individuals. The model is built on the micro, mezzo and macro levels to ensure that the needs of leprosy patients are addressed holistically and sustainably.

At the micro level, the model focuses on the family and the individuals with Leprosy. The study revealed that people with Leprosy experience emotional distress, low self-esteem and physical disability. Therefore to address these challenges, the model proposes psychosocial support and these interventions helps to regain confidence, cope with trauma and improve their daily functioning.

At the mezzo level, the model focuses on the community and institutions. The findings revealed that Leprosy patients are experiencing stigma and discrimination due to lack of awareness. Therefore the model recommends that there should be community awareness campaigns, support groups and economic empowerment initiatives that enhances the acceptance and the economic wellbeing.

At the macro level, the model addresses the broader societal and policy related challenges such as poverty and inadequate funding. The model emphasizes that there is need for collaboration among the government support, stakeholders and increased funding for Leprosy programmes. These interventions enhances service delivery and the dignity of Leprosy patients.

The model further highlights the significance of resources such as trained personnel, financial resources and collaboration among stakeholders in ensuring a successful implementation of intervention strategies. Through these coordinated efforts, the model aims at bringing holistic wellbeing informed by the Bio psychosocial model to offer better quality of life to Leprosy patients.

Therefore the model offers a comprehensive framework that can guide social workers, healthcare providers, policy makers and community organizations in implementing effective intervention strategies that address the effects of Leprosy.

5.8 Chapter summary

The chapter presented the summary of the study, conclusions, implications, recommendations and the proposed model on the effects of Leprosy on the quality of life of Leprosy patients. The chapter was guided by the research objectives which sought to assess the physical, psychological, social and economic effects of Leprosy as well as to explore intervention strategies that can improve the wellbeing of Leprosy patients. The study established that Leprosy has significant negative effects on the quality of life of people affected. Leprosy affects physically, psychologically, socially and economically. The findings further revealed that stigma and discrimination remain major barriers affecting the wellbeing and social functioning of people affected by Leprosy. Misconceptions and lack of knowledge within communities continue to fuel fear, rejection and marginalization of affected individuals. Findings revealed that there are difficulties in maintaining social relationships and participating in communities. The chapter further highlighted the importance of intervention strategies such as psychosocial support services, community awareness campaigns, rehabilitation programmes and economic empowerment initiatives. The proposed intervention model presented in this chapter showed that addressing the effects of Leprosy requires the involvement of different stakeholders including government ministers, social workers, health institutions, NGOs, families, churches, communities and leprosy patients. The model emphasized the importance of working together to reduce stigma, improve access to support services, promote inclusion and empower affected individuals.

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Appendix 1

CONSENT FORM

STUDY TITLE: INTERVENTION STRATEGIES ON THE EFFECTS OF LEPROSY ON THE QUALITY OF LIFE OF LEPROSY PATIENTS IN ZIMBABWE.A CASE OF MUTEMWA LEPROSY CATHOLIC AND CARE CENTRE IN MUTOKO

Researcher: Ropafadzo Mapipi

This study aims to create and tailor intervention strategies that mitigate the effects of leprosy on the quality of life of leprosy patients.

1. You will be asked about your experiences with leprosy.
2. The interview will take about 30-45 minutes.
3. Your participation is voluntary.
4. You may stop or skip questions you are not comfortable with answering or stop the interview without any penalty.
5. Your responses will remain confidential in any reports.

CONSENT

I have read or been told about the study and I agree to participate.

Name:

Signature:

Date:

Researcher name:

Signature:

Date:

Appendix 2: In-depth interview guide with Leprosy Patients

STUDY TITLE: INTERVENTION STRATEGIES ON THE EFFECTS OF LEPROSY ON THE QUALITY OF LIFE OF LEPROSY PATIENTS IN ZIMBABWE.A CASE OF MUTEMWA LEPROSY CATHOLIC AND CARE CENTRE IN MUTOKO

My name is Ropafadzo Mapipi, a student at Bindura University of Science Education and I am conducting a research study on the intervention strategies on the effects of leprosy on the quality of life of people affected by leprosy. All your responses will be kept confidential

Section A

Demographic information

Age:

Gender:

Level of education:

How long have you lived with the condition

Interview Questions

Section B

To investigate the effects of leprosy on the quality of life of leprosy patients, focusing on physical, emotional and social aspects.

1. How has leprosy affected your physical health, mental and emotional wellbeing?
2. How has it influenced your relationships with the family and community?
3. How has it affected your ability to work or to earn a living?

Section C

To identify coping mechanisms that has been used to improve the quality of life and social reintegration of people affected by leprosy.

1. What types of treatment or care have you received for leprosy since when you were diagnosed?
2. Was the access of the services easy or difficult and how
3. Are there any challenges you faced while trying to access the services?

4. Can you comment overall on the services that are being provided?
5. How have your family, friends or community supported you?
6. How have the health workers or NGOs played their roles in helping you?
7. How do you deal and manage the challenges caused by leprosy in your daily life?

Section D

To develop intervention strategies that seeks to improve the quality of life of patients with leprosy.

1. What do you think can be done to improve the support and interventions for people affected by leprosy?
2. Do you have any suggestions for health workers, organizations or policymakers?

Thank you.

Appendix 3: KEY INFORMANT INTERVIEW GUIDE

STUDY TITLE: INTERVENTION STRATEGIES ON THE EFFECTS OF LEPROSY ON THE QUALITY OF LIFE OF LEPROSY PATIENTS IN ZIMBABWE.A CASE OF MUTEMWA LEPROSY CATHOLIC AND CARE CENTRE

My name is Ropafadzo Mapipi, a student at Bindura University of Science Education and I am conducting a research study on the intervention strategies on the effects of leprosy on the quality of life of people affected by leprosy.

You are being interviewed because you provide care and support to people affected by leprosy. Your experiences and answers are important on understanding the intervention strategies towards the impacts of leprosy on the quality of life of leprosy patients and the support that is given by the caregivers. The interview will take 30-45minutes.

Your responses will not be disclosed and are kept confidential and no personal information will be shared.

Section A

Demographic information

1. Age:
2. Gender:
4. Level of education:
3. Relationship to clients:
4. Duration of caregiving:

Interview Questions

1. Can you tell me what you know about leprosy?
2. Were you aware of the available support programs or interventions when patients were diagnosed?

Section B

To investigate the effects of leprosy on the quality of life of patients, focusing on physical, emotional and social aspects.

1. How has leprosy affected the physical health, mental and emotional wellbeing of patients?
2. How has it influenced their relationships with the family and community?
3. How has it affected the patients' ability to work or to earn a living?

Section C

To identify current strategies that has been used to improve the quality of life and social reintegration of people affected by leprosy.

1. What types of treatment or care have you provided to the patients?
2. Was the access of the services and interventions to the patients easy or difficult and how?
3. Are there any challenges you faced while trying to provide care to the patients and helping them to access their treatment?
4. Have you received any support as a caregiver?
5. How have the health workers or NGOs played their roles in helping you and the patients?
6. How do you deal and manage the challenges of being a caregiver?

Section D

To develop intervention strategies that seeks to improve the quality of life of people with leprosy.

1. What do you think can be done to reduce the impact of leprosy on the quality of life of leprosy patients?
2. Do you have any suggestions that can be referred to the health workers, organizations or policymakers?

Appendix 4: Focus Group Discussion with Nurse Aides

CONSENT FORM

STUDY TITLE: INTERVENTION STRATEGIES ON THE EFFECTS OF LEPROSY ON THE QUALITY OF LIFE OF LEPROSY PATIENTS IN ZIMBABWE.A CASE OF MUTEMWA LEPROSY CATHOLIC AND CARE CENTRE

Researcher: Ropafadzo Mapipi. This study aims to create and tailor intervention strategies that mitigate the effects of leprosy on the quality of life of leprosy patients.

1. You will be asked about your experiences with leprosy.
2. The interview session will take about 30-45 minutes.
3. Your participation is voluntary.
4. You may stop or skip questions you are not comfortable with answering or stop the interview without any penalty.
5. Your responses will remain confidential in any reports.

CONSENT

I have read or been told about the study and I agree to participate.

Name.....Signature.....Date.....

Name.....Signature.....Date.....

Name.....Signature.....Date.....

Researcher name:

Signature:

Date:

Appendix 5: Focus group discussion with Nurse Aides

STUDY TITLE: INTERVENTION STRATEGIES ON THE EFFECTS OF LEPROSY ON THE QUALITY OF LIFE OF LEPROSY PATIENTS IN ZIMBABWE.A CASE OF MUTEMWA LEPROSY CATHOLIC AND CARE CENTRE IN MUTOKO

Good day, thank you for participating in this discussion. The purpose of this discussion is to gather information about the effects of leprosy on the quality of life of leprosy residents and the intervention strategies that are currently tailored to mitigate these effects and improve their quality of life. Your insights will help in creating more effective strategies that will address the effects of leprosy on the quality of life of leprosy patients and improve their overall quality of life making a sustainable impact in our Zimbabwean communities.

Section A

Demographic information

May each one of us introduce themselves with their age, gender and current level of education?

Section B

To investigate the effects of leprosy on the quality of life of patients, focusing on physical, emotional and social aspects.

1. What physical challenges do leprosy residents commonly experience?
2. How does leprosy affect patients emotionally or psychologically?
3. What social challenges or stigma do leprosy patients face in their families and in this community?

Section c

To identify current strategies that has been used to improve the quality of life and social reintegration of people affected by leprosy.

1. What strategies or support services are currently being used to assist leprosy clients?
2. How effective have these strategies been improving the quality of life of leprosy patients?
3. What role do healthcare workers, families and communities play in supporting the reintegration of leprosy patients?

Section D

To develop intervention strategies that seek to improve the quality of life for people with leprosy.

1. What additional interventions can be introduced to improve the wellbeing of leprosy clients?
2. What can be done to reduce stigma and discrimination against people affected by leprosy?
3. What recommendations do you give to improve the healthcare and support services for leprosy patients?

Appendix 6: Research letter stamped by the organization, confirming permission to conduct research in their institution.



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