'3 PS' IN SCHOOL SURVEYS—'PRIMING', PRIVACY AND A PERSONALIZED APPROACH

Sir,

The degree of exposure of the body in most school medical surveys in India depends on the age, sex and the community of the children being examined. In our field area, which is endemic for leprosy, we have attempted to compare surveys conducted at school with a near-total examination of the same children in the privacy of their homes.

The initial examination was conducted, as per usual practice, at school. The whole body except the upper thigh, groin and buttocks (about 80% of body surface) was examined in the case of all boys and primary school girls (6–9 years old). A female paramedical worker trained in leprosy examined the face, neck, upper limbs, abdomen, lower back and lower extremities below the knee (about two-thirds of body surface) in older girls (10–15 years old). In all, 24 out of 3,129 children examined (7·6/1000) were found to be suffering from leprosy. All had single lesions.

A week later, health education sessions were organized and community leaders, parents/

Table 1. Distribution of single lesions

Site	Males		Females		Total	
	N	%	N	%	N	%
Face and neck	2	11·11	2	15·38	4	12·90
Upper extremities	5	27·78	3	23·78	8	25·80
Chest and abdomen	1	5·56	1	7·69	2	6·45
Back	2	11·11	1	7·69	3	9·67
Thighs and buttocks*	4	22·22	3	23·08	7*	22·59
Legs and feet	4	22·22	3	23·08	7	22·59
Total	18	100	13	100	31	100

* Lesions on thighs and buttocks were detected only during near-total body examination.

guardians and school children were told facts about leprosy using audio-visual aids. The importance of early detection was emphasized.

Subsequently, the same children were re-examined thoroughly in the privacy of their homes, by the same personnel. The degree of exposure of the body varied for sociocultural reasons, but on average, a near-total examination of the body (except genitalia) was carried out on all boys and primary school girls while approximately 80% of body surface was examined in older girls. All the children were highly cooperative, possibly because of the team's personal approach and the reassuring presence of their family. In all, 31 cases (all with single lesions) were detected, as against 24 cases detected by the routine method of the school survey. The prevalence rose from 7·6/1000 to 9·8/1000.

The site where the lesion appears first is significant and can be easily ascertained in patients with single lesions. The commonest sites in this study were the upper limbs (25·80%), thighs and buttocks (22·59%), and legs and feet (22·59%) (Table 1). We had reported a similar distribution of single lesions in an earlier study conducted in an urban slum.[1] The thighs and buttocks are among the regions that receive maximum trauma and friction and are common sites for leprosy lesions,[2] which may escape detection in the absence of maximum exposure of the body. In this study, all the additional 4 boys and 3 girls detected during near-total body examination had lesions on these regions.

School children are a 'captive' and easily accessible subset of the population wherein surveys can be carried out with maximum exposure of the body provided parents and children are 'primed' with health education and the survey team uses a personal approach in which their privacy is ensured.

References

[1] Chaturvedi RM. Epidemiological study of leprosy in Malwani suburb of Bombay. *Lepr Rev* (1983), **59:** 113–120.

[2] Jopling WH. *Handbook of Leprosy.* Third Edition (1984) William Heinemann, London.

ICRC Anti-Leprosy Vaccine Project
Solapur-413001, Maharashtra
India

S KARTIKEYAN &
R M CHATURVEDI†

† Correspondence: 'Sneh' Co-op. Hsg. Society, 12/37 Jankalyan Nagar, Kharodi, Malad (West), Bombay 400 095, India.