



## LEVEL OF SOCIAL ACCEPTANCE AMONG PATIENTS WITH LEPROSY: CROSS-SECTIONAL STUDY

Thenmozhi.P<sup>1\*</sup>, Kavinmathi . P<sup>2</sup>, Kaviya. V<sup>2</sup>

<sup>1</sup>Saveetha College of Nursing, SIMATS, Chennai, Tamilnadu

<sup>2</sup>Saveetha College of Nursing, SIMATS, Chennai, Tamilnadu

\*Corresponding Author: thenmozhi.sethu@gmail.com

### ABSTRACT

**Introduction:** Leprosy remains a public health problem in many countries of the world including India, even today. Several studies indicated that perceived stigma and social acceptance towards leprosy was high still.

**Materials and Methods:** A cross sectional study was conducted with 100 participants selected by convenience sampling technique. The tool used for the study was socio demographic variables and structured multiple choice questions to assess the level of acceptance. Data were collected by interview method on one-one basis. Collected data were analysed by using descriptive and inferential statistics.

**Result:** The result of the study reveals that 13% had low level of social acceptance, 20% had medium level of social acceptance and 67% had high level of social acceptance.

**Conclusion:** The study findings concluded that patients with leprosy patients had facing lot of discrimination and not fully accepted by society. Health care professionals must take challenges to break the social stigma as well create awareness on myths and facts about the leprosy.

**Keywords:** Social acceptance, leprosy, stigma, discrimination

### INTRODUCTION

Leprosy remains a public health problem in many countries of the world even today. Leprosy is a chronic infectious disease caused by Mycobacterium leprae, an acid-fast, rod-shaped bacillus. M leprae multiplies slowly and the incubation period of the disease, on average, is 5 years. Symptoms may occur within 1 year but can also take as long as 20 years or even more. The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract, and the eyes. There were 127558 new leprosy cases detected globally in 2020, according to official figures from 139 countries from the 6 WHO Regions. This includes 8 629 children below 15 years. The new case detection rate among child population was recorded at 4.4 per million child population as per the WHO fact sheet 2022.[1]. The economic times, 2020 reported that there are many myths and misconceptions about the disease, such as leprosy is the result of a sin or curse, it is hereditary and is not curable. This lack of awareness about the disease is primarily responsible for propagating fear about the disease. Leprosy is still seen as a disfiguring, contagious and incurable disease and society continues to stigmatise people affected by the disease. Stigma leads to irrational behaviour towards those affected. It also promotes discriminatory practices. Leprosy and its stigma have a pervading effect on a patient's life, affecting marriage, interpersonal relationships, employment, leisure activities as well as attendance at religious and social functions (Adhikari Bet al, 2013) while the extent and types of stigma can disproportionately vary between the different cultures and countries (Hotez

PJ, 2008)). A person may feel fear or shame which can lead to anxiety and depression (Rafferty J, 2005). Leprosy has been a social disease because of its recognition throughout the history and the attached stereotypes with it. In a study conducted in Indonesia, unemployment in community members was found associated with higher perceived stigma towards leprosy (Van Brakel WH et al, 2012). Similarly, in India stigma towards leprosy was found higher in older patients and was associated with community subjects with lower education and lower socio-economic class (Rao PSS et al, 2009). Hence the present study was conducted with the aim to assess the level of social acceptance perceived by the patients with leprosy.

## METHODS AND MATERIALS

The research approach adopted in the study was quantitative approach by using non experimental community based cross-sectional research design. The study was conducted after obtaining formal permission from concerned authority in the selected leprosy hospital with 100 samples. Participants who matched the inclusion criteria were selected by convenience sampling technique. The leprosy patients who consented for willing to participate in the study was informed about the purpose of the study. The tool used for the study was socio demographic variables and structured multiple choice questions to assess the level of acceptance. Questionnaire was interpreted as low, medium and high level of social acceptance. Data were collected by interview method on one-one basis. Confidentiality and anonymity was maintained throughout the procedure. Collected data were analysed by using descriptive and inferential statistics. P values less than 0.05 were considered statistically significant.

## RESULTS

**Table 1- Frequency and percentage distribution of demographic variables**

S.No	Demographic Variables	Frequency (n)	Percentage (%)
1	<b>Age</b> a) 20-40 years b) 40-60 years c) Above 60 years	21 52 27	21 52 27
2	<b>Gender</b> a) Male b) Female	65 35	65 35
3	<b>Religion</b> a) Hindu b) Muslim c) Christian	66 20 14	66 20 14
4	<b>Level of Education</b> a) Illiterate b) High school c) Higher secondary and above	22 60 18	22 60 18
5	<b>Occupation</b> a) Unemployed b) Daily Workers c) Private / Govt employed	83 12 5	83 12 32
6	<b>Presence of disfigurement</b> a) Yes b) No	36 64	36% 64%
7	<b>Physical Limitation</b> a) Unlimited b) Partially limited c) Fully limited	45 44 11	45% 44% 11%

The data presented in Table-1 shows that out of 100 participants, 21(21%) were the group of 20-40 years (21%) and 52(52%) were the group of 40-60 years. Regarding sex, 65% were male and 35% were female. With regards to Religion, 66%, 20% and 14% were Hindu, Muslim and Christian respectively. Regarding level of education 60% were educated till high school, 83% were unemployed, 36% had the disfigurement and 11% were fully limited physically due to the effects and involvement of leprosy.

**Table-2. Frequency and percentage distribution of level of social acceptance on Leprosy among adults in rural area**

Level of Social Acceptance	Frequency (n)	Percentage (%)
Low	13	13%
Medium	20	20%
High	67	67%

The above Table-2 reveals that 13% had low level of social acceptance, 20% had medium level of social acceptance and 67% had high level of social acceptance.

**Table-3: Association between level of social acceptance and selected demographic variables**

S.no	Demographic Variables	Low		Moderate		Severe		Chi-Square
		NO	%	NO	%	NO	%	
1	<b>Age in Years</b>							$\chi^2=81.525$ d.f=4 p = 0.05 S
	20-40	0	0	10	10.0	11	11.0	
	40-60	29	29.0	0	0	0	0	
	Above 60	18	18.0	16	16.0	0	0	
2	<b>Religion</b>							$\chi^2=32.487$ d.f=6 p = 0.05 S
	Hindu	37	37.0	16	16.0	0	0	
	Christian	10	10.0	0	0	11	11.0	
	Muslim	0	0	7	7.0	0	0	

**d.f – Degrees of freedom, S- Significant**

Chi-square test reveals that there is a significant association between the demographic variables of age and religion with the level of social acceptance at the level of  $p < 0.05$  as depicted in Table -3.

**DISCUSSION**

Leprosy is a leading cause of permanent physical disabilities due to many patients with leprosy does not report early for treatment because of the fear and stigma associated with the disease and forced to bear life-long disabilities. Measurement of social acceptance towards leprosy affected persons is a significant means of reflecting the attitudes and the stereotypes attached to leprosy in a society. The current study finding found that 13% had low level of social acceptance, 20% had medium level of social acceptance and 67% had high level of social acceptance. This finding is consistent with the study by Eyanor PC, 2018 reported that the impact of negative stigma on society causes depression and problems in workplace cause difficulty in patient's daily life due to forced to leave from school, refused for employment, public transport, refused in prayer places, restaurants, etc., Age group is significantly associated with the level of social acceptance in the current study. Similar results were found in study conducted by Kushwah SS stated that low educational and economic status, older age-groups, and presence of deformities enhance both perceived and enacted stigma in India where

stigma was higher in subjects above the age of 46 years. Several studies indicated that the women were more affected by leprosy. Rao.S et al stated that patients with leprosy suffered more isolation, rejection from spouses, children and relative, loss of freedom to touch and have more restrictions than men in India Grand AL, 1977. However in current study found that 65% of patients with leprosy are male. The current study also lacks in measurement of impact of social acceptance on physical, psychological, economical, spiritual well-being as well as quality of life of patients. Hence the current study recommends to conduct future study by assess the quality of life of patients with leprosy with large number of samples and moreover the reasons for the stigma towards leprosy among general public.

### CONCLUSION

The study findings concluded that patients with leprosy patients had facing lot of discrimination and not fully accepted by society. Health care professionals must take challenges to break the social stigma as well create awareness on myths and facts about the leprosy.

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### CONFLICT OF INTEREST

Authors declares no conflict of interest

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