A STUDY OF STIGMA AND PSYCHIATRY MULTI-DISORDER IN LEPROSY PATIENTS IN THE STATE OF JAMMU AND KASHMIR

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Abstract: Stigma, a negative response such as difference in behavior or some obvious visible sign or other subtler negative response to human differences may be a result of some heath condition such as leprosy often called health-related stigma. Stigma experienced by leprosy patients may be subtle such as being questioned, labeled or gossiped then called discrimination or experienced or enacted stigma. The current study determines the association of stigma and psychiatric multi-disorder in 100 leprosy patients living in the State of Jammu and Kashmir by undertaking a comprehensive analysis of various types of psychiatric disorder and stigma conditions through a questionnaire used to assess the psychiatric morbidity and social stigma associated with it designed specifically for the study. It has also been found that percentage of effected patients varied on the basis of type of stigma. As many as 81% of patients were found to have psychiatric co morbidity (out of which 13.58% had no stigma and 86.42% had stigma) and 19% of patients were without psychiatric co morbidity (out of which 21.06% had not stigma and 78.94% had stigma). Beside the type of stigma according to psychiatric co-morbidity, the rate varied among the patients due to asocio environmental conditions. The percentage of patients suffering from psychiatric co morbidity at work places, in family and in society were 21.42%, 10% and 64.29% respectively.

Keywords: Stigma; Co-morbidity, Psychiatry, Leprosy, Discrimination Stigma, Perceived Stigma, Self Stigma.

Introduction: Leprosy which is one of the primogenital diseases known to mankind since times is socially stigmatized and has become very difficult to reduce the prevalence, however the most sophisticated treatments are available yet to be effectively cultured and answers are still awaited as to exact mode of transmission nor has medical research led to any conclusive vaccine. Traditionally, India holds the unenviable position of the origin of leprosy. The disease is supposed to have then blowout, via trade and war, to China, Egypt, and the Middle East, and well ahead to Europe and the Americas. Indian society has treated leprosy unusually with respect to custom and law, a response shaped by both scientific knowledge and cultural

attitudes. Myths and distortions, however need to be corrected by comprehensive and sustained effort. There are a number of things that leprosy is not, yet it is tortured and misunderstood beside the disease itself. The past of leprosy in India bids insights into one of the world's most misinterpreted diseases. Moreover, leprosy control and elimination in India still surfaces many challenges. Though many of the theoretical and applied approaches of the past have been cast-off, their cautious examination provides visions for the future. Supporting the gains made so far and auxiliary reducing the disease encumbrance in India require an innovative, all-inclusive approach that includes continuing education, efforts to identify interferences to disperse stigma, and the inclusion of non-allopathic practitioners in disease resistor programs. Leprosy disgrace is a type of social stigma, a durable negative feeling towards a person with leprosy linking to their ethical status in society. Leprosy-related stigma, lepro stigma, and stigma of leprosy are the other synonyms of leprosy disgrace. Since early times leprosy implanted the practice of fear and escaping in many societies because of the related physical defacement and lack of empathetic behind its cause. Stigma surrounding Hansen's disease often preferred society and sacrificed the discrete rights of those tormented. Leprosy affected persons were parted from the general population in numerous societies in the Middle Ages and nineteenth and twentieth centuries. It is actually an infectious disease of the Skin, nervous system, and mucous membrane, in that the human body is the principle reservoir of the causative germ that is caused by bacteria Mycobacterium leprae, it is known that transmission occurs through close contact between a person who suffers the infectious form of the disease and who transmits the lepra bacilli through nasal discharge or skin ulceration to healthy persons. Manifestations of the disease appears to vary according to geographical variations and host response. It does not give any forewarning, but early clinical signs may take the form of oily, shining skin surface or one or more faintly discolored patches on the skin, which become anesthetic and lose sensation. The nerve and skin damage often led to dreadful disfigurement and disability. Today the leprosy can be smoked, particularly if treatment is initiated early. Antibiotic therapy is the backbone of treatment. Surgery can be performed to restructure damaged faces and limbs. Due to Stigma to patients, some prefer not to use word 'leprosy' but preferring Hansen Disease. Acute and chronic are the two well defined groups of infectious diseases. Among these, chronic diseases often result in long-term physical and social effects. Goffman describes a "stigmatized person as one with a spoiled identity". Stigma infits dictionary means variously a stain, taint or defect, a sign of moral blemish, a reproach caused by dishonored conduct or as in an earlier age, a mark caused by a branding iron, as in aspects of slavery or criminality. Stigma takes on different degrees of intensity which vary from and within characteristics as well as aberrations in character. Numerous systems of medicine, stigma, and educational information gaps are most prominent forthcoming challenges in leprosy control in India which can be overcome through by an all-inclusive approach.

Related Work: This section provides a review of various studies conducted on leprosy patients to determine their mental health in terms of factors such as stigma and effect of psychiatric co morbidity on stigma. Many works such as those conducted by Vlassoff et al (1996), Kumar et al (1983), and Vasundra et al (1983) have concluded that stigma coupled with physical deformity, reduced productivity and social isolation increases the level of stress. All these factors have obvious mental health consequences. Stigma connected with leprosy is disseminated due to different factors like widespread myths of causation by hereditary factors, heavenly curse or ill deeds of past life and disfiguring physical deformities (Kaur et al 2002). Elissen et al (1991) opined that leprosy patients tend to differentiate themselves. Kumar at al. (1983) experiential that leprosy patients' veteran adverse reactions from their families, supposes and society

members too. Separating a leprosy-afflicted suppose is one of the appearances of social stigma attached to leprosy and be contingent on the decision resulting from alleged physical and social threat. Raju et al (1995a, 1995b, 1995c,) conducted an attitude study on this aspect connecting 1199 community members from Orissa and Andra Pardesh. The study concluded that a large number of plaintiffs from Orissa suggested divorce. Kushwah et al (1991) in a longitudinal study on stigma found that 26.45% cases had to face one or more than one type of social stigma. The Stigma was more prevalent in males, illiterates and low socio-economic group. Zodpey et al (2000) in a research work involving 486 patients observed that leprosy patients were inaccessible and abstained from numerous activities in the family and extra in females. Further women were found to suffer more isolation and denial from the society. Cakiner et al (1993) discoursed that women with leprosy have problems in joint with other women. In a Meta-analysis study of women and leprosy in Kenya also observed gender inequality in health. Elissen et al (1991) was of the opinion that leprosy patients tend to discriminate themselves, while more tolerance is found in their health contacts. Pal et al (1985) also observed that 75% patients did not encounter any adverse reaction from the family members or neighbors even though they knew about their disease. Arole et al (2002) observed in a population receiving vertical control programme, a high level of self-stigmatization among leprosy patients beside social stigma in their communities leading to reduced interaction between the leprosy patients and their community. Physical impairment and psychosocial disorder reduce the factors responsible for stigma and other psychiatric multi disorder if well treated between the initial diagnosis and the culmination of the treatment. Moura, et al (2017) in a study reflects the changes in the status of leprosy patients before and after MDT. Bronners et al (2011) in a study made an attempt to realize that perceived stigma was significantly high as compared to the people with leprosy related disability. Though it is difficult to imagine that the treatment of all cases of leprosy should reduce disease transmission and the stigma associated with it. Bipin et al (2014) in a study to investigated the other factors which could help that it is conceivable that good leprosy treatment programme along with extensive focus on awareness like lack of knowledge, economic adequacy and occupational status can help better living of leprosy patients.

Case Study: The study has been undertaken to evaluate the association of Stigma and psychiatry illness in leprosy patients due to the discrimination, experienced or enacted stigma which ultimately develops multiple psychiatric disorders. This study is an attempt to distinguish the relationships between the two, its consequence within the society and the impact of the two on the quality of life of leprosy patients. The study also summarized the different groups and components distribution and reflect stigma accordingly to the psychiatric morbidity and multi illness status among the leprosy patients. Varied sources for collection of samples that include government hospitals, leper colony and homes have been used to identify and interact with the leper patients.

Methodology for Selection: Out of 120 identified leprosy cases, 20 cases were excluded as they did not meet the prescribed criteria. The common reason for exclusion were lack of reliable informer or refusal of relative or patient for psychiatric referral. Various inclusion and exclusion Criterion have been adopted in the selection of leprosy patients during the study. These include different age group (15 to 65 years), physical fitness of the patient to answer the question, and availability of reliable information. Other Exclusion criterion were patients with reliable prescriptions and information, patients more than 65 years of age were excluded to rule out the possibility of any organic involvement, patients previously diagnostic as a case of leprosy and under cover of any psychiatric drugs, patients taking any medication, which can

produce psychological defects, patients taking any medication, which can produce Cognitive defects and Patients with additional co-morbid dermatological and general medical disorder, those needing vital consideration for physical problems. The instruments like NTD, IADL, and ISEL have been used in the present study in the relevant questioners to assess the social relationship between patients and general public. A global statistical cataloging of diseases and connected health hitches has been taken into consideration and semi structure interview schedule practiced at various prestigious medical institution.

Results and Discussions: A total of 100 patients who were examined through standard instruments as described above for social stigma and psychiatric morbidity associated with it. The summarized group and component distribution as shown in Tables 1 and 2 reflects stigma according to psychiatric morbidity illness status regardless of sufferings with psychiatric morbidity are not in at all, 85 patients out of 100 studied leprosy patients were suffering from stigma at various levels.

Table 1: Stigma According to Psychiatric Morbidity/Multi-Illness Status.

Stigma	Without psychiatric co morbidity *(19 patients out of 100)*		With psychiatric co morbidity *(81 patients out of 100)*		Total *(100 patients)*	
	Number	%age	Number	%age	Number	%age
Without stigma	4	21.06%	11	13.58%	15	15%
With Stigma	15	78.94%	70	86.42%	85	85%
Total	19	100%	81	100%	100	100%

Table 1, classifies the stigma according to psychiatric morbidity it can be observed that 70 leprosy patients out of 85 patients who suffer from stigma have psychiatric morbidity and only 15 did not show any signs of stigma ,11 patients still suffered from psychiatric morbidity .the figures revealed that only 4% of leprosy patients neither exhibits stigma nor suffer from psychiatric morbidity , further over 73% of leprosy patients who do not have stigma still have psychiatric morbidity disorder.

Table 2: Breakup of Type of Stigma According to Psychiatric Morbidity.

Place of Stigma	Without psychiatric co morbidity *(15 patients out of 19)*		With psychiatric co morbidity *(70 patients out of 81)*		Total *(85 patients out of 100)*	
	Number	%age	Number	%age	Number	%age
At panchayat	2	13.33%	3	4.29%	5	5.88%
At work place	4	26.67%	15	21.42%	19	22.35%
In family	2	13.33%	7	10.00%	9	10.59%
In society	7	46.67%	45	64.29%	52	61.18%
Total	15	100%	70	100%	85	100%

Table 2 gives details of leprosy patients suffering from stigma at different places in relation to psychiatric morbidity. From Table 2, it is evident that stigma is highly prevalent in society whether the patients is suffering from psychiatric morbidity or not, which is followed by

stigma at work place. It can be observed that leprosy patients suffering with a higher percentage of leprosy patients face stigma in society in comparison to those who do not suffer from psychiatric morbidity. However, a higher percentage of leprosy patients who do not have psychiatric morbidity associated with them suffer from stigma at work place, family and panchayat in comparison with those leprosy patients who suffer from psychiatric co morbidity.

The result of the study reveals with a fact that in all circumstances and situations, the stigma associated the leprosy patient is dominant and prominent with or with psychiatric morbidity due to the after effects of its disease other than the disease itself such as environmental factors, social participation, social rejection and myths and beliefs about leprosy

Though at society level stigma is highest for leprosy patients with or without psychiatric morbidity. the study reveals that higher percentage of leprosy patients with psychiatric morbidity have stigma at society than those patients who do not have psychiatric co morbidity. this is due to the fact that various co morbidity that include mood disorders, suicidal risks, anxiety disorder (panic, agoraphobia, social phobia, etc.) psychiatric disorder (present and future), somatic symptoms (body and somatic pain) and other mental disorders (current anorexia nervosa, hyper activity disorder, adjustment disorder plays a major negative role in society.

This study reveals that stigma is dominant among leprosy patients at society level and comparable results with those presented in related work of this paper at societal level have been obtained in the present study. However, the results obtained in the present study reveal that the prevalence of stigma among leprosy patients with psychiatric morbidity at work place is much lesser than the results of most of the other similar studies. This could be due to the fact that in the present place of the study much lesser leprosy patient work and instead are dependent on government funding, donations and families. Further, stigma found in leprosy patients at family is again much lesser than the result of the other studies which could be due to the cultural difference, socio economic and religious beliefs. The fact that patients of leprosy have given initial consent for inclusion in the study declined for psychiatric referral clearly indicates the prevalent stigma in respect of mental disorder. The interface of leprosy and psychiatry, thus involves the effect of preventive taboos against leprosy as well as psychiatric disorder. Similar to the current study, stigma is a pervasive social phenomenon and various other research works have highlighted adverse consequences of stigma in leprosy (Kushwah et al, 1981). The domain of stigma involves not only the society but also family, school, institutes and other work places.

Conclusion: The conclusion derived on the basis of observations of the present study is that the maximum leprosy patients have simultaneous psychiatric disorder, stigma has an important negative factor both on mental disorder and leprosy and is more experienced by the patients with co-morbidity. There is a need of psychiatric consultation to be developed in centers dealing with leprosy which can be facilitated by providing psychiatric units in each Centre. Beside that all medical and paramedical personnel dealing with leprosy should be provided appropriate orientation in psychiatry. This process would be helpful in primary presentation and early detection and removal of stigma in leprosy patients. Advanced therapy like MDT (Multi Drug Therapy) needs to be provided at all leprosy hospitals to prevent any deformation in muscles of leprosy patient at an earlier stage.

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