ROLE OF STIGMA AND DEPRESSION IN INFLUENCING THE LEPROMCY AFFECTED PERSON’S QUALITY OF LIFE

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BACKGROUND

- Impairments and disabilities cause stigma and discrimination among the leprosy affected patients
- The stigma when internalized, anticipated or experienced in the society leads to depression
- The patient tend to lack in their aspirations because of the depression and the feeling of hopelessness
- Interventions to break the complex chain of stigma, discrimination and depression are very essential to make the patient confident and be more productive to the society inspite of the challenges
OBJECTIVES

• The role of stigma in influencing the leprosy affected persons quality of life

• To determine if there is a relation among Stigma, Depression, Participation and Quality of life in leprosy patient.
METHODOLOGY

- **Study Design:**
  - Prospective Cross Sectional Study

- **Study Duration:**
  - 3 months

- **Scales Used:**
  - Internalized Stigma of Mental Illness Scale (ISMI)
  - The Explanatory Model Interview Catalogue (EMIC)
  - Center for Epidemiologic Studies Depression Scale (CES-D Scale)
  - The Participation Scale
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>64 (50%)</td>
</tr>
<tr>
<td>Female</td>
<td>64 (50%)</td>
</tr>
<tr>
<td><strong>Deformity</strong></td>
<td></td>
</tr>
<tr>
<td>Visible</td>
<td>64 (50%)</td>
</tr>
<tr>
<td>Not Visible</td>
<td>64 (50%)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>15-25</td>
<td>37 (22.57%)</td>
</tr>
<tr>
<td>25-40</td>
<td>28 (17.07%)</td>
</tr>
<tr>
<td>40-60</td>
<td>32 (19.51%)</td>
</tr>
<tr>
<td>60-80</td>
<td>67 (40.85%)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<tr>
<td>Ever Married</td>
<td>87 (53.04%)</td>
</tr>
<tr>
<td>Single</td>
<td>77 (46.95%)</td>
</tr>
</tbody>
</table>
Results

ISMI

- No Stigma: 14 (11%)
- Mild Stigma: 20 (16%)
- Moderate Stigma: 36 (28%)
- Severe Stigma: 58 (45%)

EMIC

- No perceived Stigma: 4 (3%)
- Mild Perceived Stigma: 56 (44%)
- Moderate Perceived Stigma: 48 (37%)
- Severe Perceived Stigma: 20 (16%)

CES - Depression Scale

- No Depression: 10 (8%)
- Mild Depression: 37 (29%)
- Moderate Depression: 23 (18%)
- Severe Depression: 58 (45%)

Participation Scale

- No Restriction: 38 (30%)
- Mild Restriction: 11 (8%)
- Severe Restriction: 20 (16%)
- Moderate Restriction: 15 (12%)
- Extreme Restriction: 44 (34%)
Quality of Life (QOL)

Self-Stigma Vs Quality of Life

- Quality of life of patient QOL severely affected
- Quality of life of patient QOL moderately affected
- Quality of life of patient QOL mildly affected
- Quality of life of patient QOL not affected

Depression Vs Quality of Life

- CES- depression scale
  - Severe depression
  - Moderate depression
  - Mild depression
  - No depression

QOL severely affected
QOL moderately affected
QOL mildly affected
QOL not affected

ISMI score
- Severe self stigma
- Moderate self stigma
- Mild self stigma
- No self stigma

Quality of life of patient QOL
- Severe self stigma
- Moderate self stigma
- Mild self stigma
- No self stigma
Participation of the Patient

Participation Vs Quality of Life

- Quality of life of patient
  - QOL severely affected
  - QOL moderately affected
  - QOL mildly affected
  - QOL not affected

Participation Vs. Depression

- Severe depression
- Moderate depression
- Mild depression
- No depression

For more information, please refer to the International Leprosy Congress, Brussels, 16-19th September 2013.
Inference

- Age, gender, marital status did not influence the likelihood of stigmatization.
- Stigmatization was associated with depression ($P < .001$), and worsened quality of life ($P < .001$).
- Individuals who experienced stigmatization also mentioned problems in their participation in the work environment ($P < .001$) and with family members ($P < .001$).
Conclusion

• Stigmatization is a very common emotionally burdensome experience for patients with leprosy, which can erode social support.

• The health care provider should address the issues of the leprosy affected patient in a holistic way irrespective of their disease status.

• Effective Information, education and communication methods should be used to address the issues causing stigma.
Conclusion

• Involvement of the community and the family members will be more effective in improving the patients quality of life
• Programs and projects encouraging the patients to do lifestyle modifications and self-monitoring of the impairments will help prevent and manage impairments in a better way