ORIGINAL ARTICLE

Knowledge, Attitude, Practices toward Leprosy among General Population and Healthcare Workers

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Abstract

Background: Leprosy is one of the major public health concerns in India, despite achieving elimination status in 2005. There is a lack of knowledge, prevalence of misconceptions, and stigma toward leprosy patients not only among the general public but also among Healthcare workers (HCWs), leading to delayed diagnosis and reduced new case detection. **Aims and Objectives:** This study aimed to assess the awareness, knowledge, attitude, and stigma toward leprosy among the general public and non-physician HCWs in a tertiary care teaching hospital in South India. **Methodology:** This hospital-based cross-sectional study was conducted among 390 adults attending outpatient clinics and 106 Non-physician HCWs in a tertiary care center. Data collected using structured questionnaires and analyzed. **Results:** Among 390 adult respondents including 201 (51.5%) males and 189 (48.5%) females, only 29.5% identified the microbial etiology while 55.4% were not aware about the etiology. Nearly 57.9% were aware about the mode of transmission of which 50.4% pointed correctly to droplet transmission. Nearly 30% considered leprosy as contagious, and 22% believed that treatment is expensive. Surprisingly, social acceptance was high and 64.1% were unsure about marriage with leprosy-affected patients. Among Non-Physician HCWs with a mean age of 28.8 years, 85.8% identified the etiology, and only 49.1% were aware of the etiology. More than half 59.4% believed that leprosy patients required isolation and avoidance of marriage. **Conclusion:** The present study highlights the knowledge gaps, misconceptions, and stigmatizing attitudes among both the general public and Non-Physician HCWs and recommends further effective community outreach activities to eliminate leprosy-related discrimination.

Key words: Healthcare workers, leprosy, misconceptions, public awareness, social stigma

INTRODUCTION

Leprosy also known as Hansen's disease chronic disease affecting the skin and nerves caused by *Mycobacterium leprae*. Despite attempts at control and elimination, it continues to be a persistent public health problem, particularly in the tropics where it continues to persist in some regions.[1,2] In the year 2023, the World Health Organization (WHO) reported approximately 200,000 new cases of leprosy from 120 different countries.[2] Although estimates of global prevalence fell below the WHO-defined elimination threshold (<1 case/10,000 population) around the year 2000, the consistent incidence of new cases underscores that public health "elimination" does not equate to complete eradication.[3]

India is believed to be one of the countries where leprosy originated. Leprosy was eliminated in India in the year 2005. However, leprosy continues to be a public health problem with over 100,000 new cases being reported annually each year, many with disabilities. Stagnant rates of disability and childhood leprosy suggest active transmission continues in the community with many cases remaining undetected until

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active surveillance programs are implemented.[4] Delays in seeking health care often arise from stigma, misinformation along with systemic barriers.[5]

Untreated leprosy may eventually result in irreversible nerve damage, further leading to disabilities or deformities. Besides the impairment in normal functioning due to disability, stigma further reduces participation of the patients in participation in social and economic activities.[3]

Stigma persists as one of the most formidable barriers in leprosy control and care. Affected individuals frequently conceal symptoms or avoid seeking medical attention due to fear of stigma. Stigma operates bidirectionally – it deters patient engagement while also being perpetuated by negative attitudes among healthcare providers.[5] A systematic review of stigma-reduction strategies identified multiple promising approaches, such as educational interventions, community contact programs, and counseling. However, sustainability and successful integration of these strategies into routine health systems remain significant challenges.[6]

Healthcare workers (HCWs) occupy a critical position in confronting these challenges. As primary agents of early detection, treatment, and patient counseling, their knowledge, attitudes, and behaviors substantially influence both care outcomes and societal perceptions. However, studies indicate notable gaps in knowledge and persistent misconceptions among HCPs as well as in endemic regions, which may adversely affect patient trust and the quality of care provided.[5]

Given the access to new sources of awareness to the public such as the internet, we wished to perform a questionnaire-based study to assess levels of leprosy knowledge, awareness, acceptance, and attitudes both among the lay population as among non-physician HCWs.

MATERIALS AND METHODS

Study design and setting

This hospital-based, cross-sectional descriptive study was carried out at a tertiary care teaching hospital in South India. The purpose of the study was to assess the level of awareness, knowledge, attitudes, and stigma related to leprosy among two groups – members of the general public visiting outpatient clinics and non-physician health-care workers working at the same institution. Adult patients attending various outpatient departments during the study period were recruited to represent the general public. Both permanent residents and temporary migrants were included. Non-physician HCWs employed at the tertiary care hospital were also included. This group comprised nurses, physiotherapists, laboratory and radiology technicians, and physician assistants.

Inclusion criteria

- Age 18 years or older
- Willingness to participate and provide written informed consent.

Exclusion criteria

- Medical doctors and postgraduate trainees
- Persons with a current or prior diagnosis of leprosy.

Sampling technique

A convenience sampling method was used. During the study period, 390 members of the general public and 106 non-physician HCWs were recruited consecutively until the target sample size was achieved.

Data collection

Information was gathered using a pre-designed, structured researcher-administered questionnaire covering the following domains:

- Socio-demographic information of the participants (age, gender, residence, education, occupation, language, migration status)
- Knowledge about the cause and transmission of leprosy
- Awareness of clinical features and disease recognition
- Attitudes and stigma related to leprosy (including views on isolation, social exclusion, and marriage)
- Knowledge about treatment and curability of the disease
- Sources of information and training exposure.

Each participant was interviewed in a private setting to ensure confidentiality and minimize response bias.

Ethical considerations

The study protocol received approval from the Institutional Research Committee. Written informed consent was obtained from all participants before enrolment. Participation was voluntary, and anonymity was maintained by de-identifying all collected data.

Statistical analysis

Data were entered into Microsoft Excel and analyzed using the Statistical Package for the Social Sciences software v. 25. Continuous variables were summarized as mean ± standard deviation, while categorical variables were described using frequencies and percentages. Findings were presented descriptively to highlight awareness levels, misconceptions, and stigma associated with leprosy among the study groups.

RESULTS

A total of 390 adult respondents were interviewed among the members of the general public attending out-patient clinics at a tertiary care hospital. Mean respondent age was 37.64 ± 14.71 years. Interviewed general respondents included a near-equivalent proportion of males (201 [51.5%]) and women (189 [48.5%]). Of the 390 members of the general public interviewed, 68 (17.4%) were temporary migrants from other states. Only 275 (70.5%) of respondents spoke Tamil, the official language of the state as their 1st language, while the remainder spoke a number of other languages, including Bengali, Telugu, Hindi, Urdu, Odia, Marwari, etc., in decreasing order of prevalence. Most respondents were residents of urban (139 [35.6%]) or semi-urban areas (138 [38.5%]) with the remainder (113 [29%]) from rural areas. Majority of them (235 [60.3%]) had attended high school or educated further [Table 1]. Only 50.4% of respondents correctly identified nasal secretions as the mode of transmission of leprosy, whereas others incorrectly believed that the disease is transmitted through touch, contaminated water, and other routes.

Awareness of disease etiology and transmission

Less than a third of respondents (115 [29.5%]) were aware of leprosy being microbial in etiology. The remainder attributed the disease to other factors including hereditary (32 [8.2%]), evil actions (6 [1.5%]), malnutrition (6 [1.5%]), and increased body "heat" (4 [1%]). A majority (216 [55.4%]) were completely unaware of the etiology of leprosy.

A large fraction of respondents (117 [30.0%]) wrongly believed leprosy to be a highly contagious disease. Many of them (226 [57.9%]) had knowledge regarding the mode of transmission of leprosy. Only 60 (50.4%) correctly understood that leprosy may be transmitted through nasal secretions [Figure 1]. Others believed that leprosy can be transmitted through other means such as touch (43 [11.0%]) or contaminated water (6 [1.5%]). Some (42 [10.8%]) of them responded that leprosy is not transmitted from person-to-person at all.

Identification of disease presentation

Only 39 (10%) respondents personally knew an acquaintance or family member with leprosy. Awareness regarding symptoms of leprosy was reported by 113 (29%) of respondents. Of these, 80 (20.5%) identified hypopigmented skin lesions, 23 (5.8%) sensory loss, and 21 (5.4%) and 4 (1.0%) identified deformities of the hands and feet. Several patients misattributed unrelated symptoms to leprosy such as pruritus in 9 (2.3%) and erythematous skin rash in 7 (1.8%).

Social stigma

A minority of respondents (68 [17.45%]) were of the view that patients of leprosy require isolation, while 135 (24.6%) disagreed

Table 1: Comparative analysis regarding leprosy awareness

Variable	General population (*n*=390) (%)	Healthcare workers (*n*=106) (%)
Mean age (years)	37.64±14.71	28.8
Male	201 (51.5)	28 (26.4)
Female	189 (48.5)	78 (73.6)
Temporary migrants	68 (17.4)	Not reported
Primary language Tamil	275 (70.5)	Not reported
Urban residence	139 (35.6)	Not categorized
Semi-urban residence	138 (38.5)	Not categorized
Rural residence	113 (29.0)	Not categorized
High school or above	235 (60.3)	100 professional qualification
Correct etiology (Microbial)	115 (29.5)	91 (85.8)
Completely unaware of etiology	216 (55.4)	4 (3.6)
Correct transmission (Nasal Secretions)	60 (15.4)	52 (49.1)
Believed highly contagious	117 (30.0)	63 (59.4)
Aware of symptoms	113 (29.0)	62 (58.5)
Aware disease curable	Not assessed	75 (70.8)
Believed treatment expensive	86 (22)	27 (25.2)
Isolation Required	68 (17.45)	63 (59.4)
Exclude from social gatherings	49 (12.6)	46 (43.4)
Marriage should be avoided	72 (18.5)	50 (47.2)

and a plurality of 187 (47.9%) were uncertain. The percentage of patients who felt that patients of leprosy must be excluded from social gatherings was lower (49 [12.6%]). Disagreement with such exclusion was expressed by 129 (33.1%) and 212 (54.4%) were uncertain. Marriage with a patient of leprosy was opposed by 72 (18.5%) respondents, while 62 (17.4%) considered it permissible but the majority (250 [64.1%]) were unsure if marriage with a leprosy patient was acceptable [Figure 2].

Knowledge regarding treatment of leprosy

Most interviewees (271 [69.5%]) reported being unaware of the costs involved in treating leprosy; only 33 (8.5%) were aware that the treatment of leprosy is inexpensive, and the remaining 86 (22%) held the misconception that leprosy treatment is costly [Figure 3].

Sources of information and self-assessment of awareness levels

The sources of information regarding leprosy among general populace were other community members (144 [36.9%]), followed by visual media such as TV or movies (80 [20.5%]), the internet (26 [6.7%]), doctors or HCWs (18 [4.6%]), newspapers (7 [4.3%]), and other sources such as schools, religious institutions, and books in (25 [6.4%]). Over a quarter (98 [25.1%]) of interviewees were unable to identify the source of their ideas [Figure 4]. Interviewees were asked to self-assess their knowledge levels regarding leprosy on a scale of 1–10. Most responders reported inadequate knowledge regarding the disease with a median score of only 3 (interquartile range 1–5).

Awareness levels among non-physician health-care workers

A total of 106 health-care providers working at a tertiary care institution including 78 (73.6%) women and 28 (26.4%) men were interviewed. This included 77 (72.7%) nurses, 13 (12.3%) physiotherapists, 9 (8.5%) laboratory and radiology technicians, and 7 (6.6%) physician assistants. Mean participant age was 28.8.

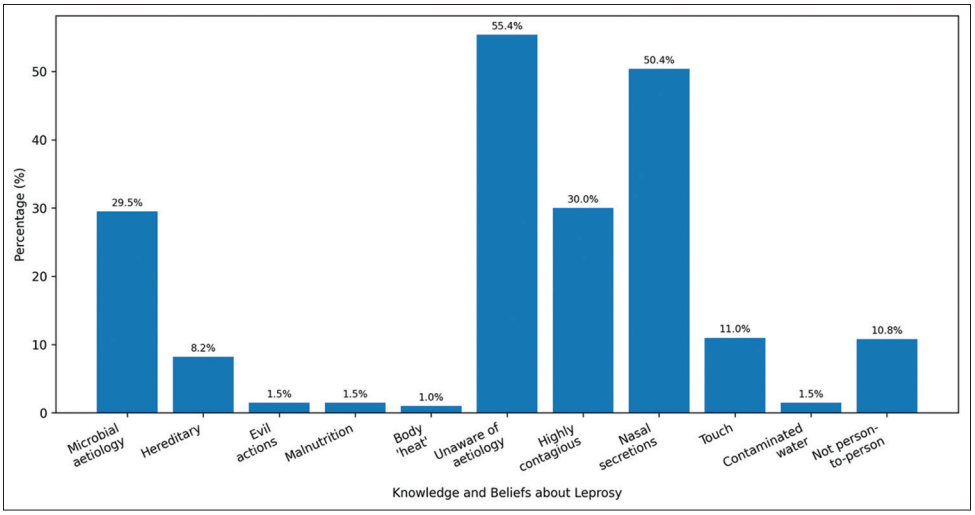

Figure 1: Respondents' knowledge and beliefs about leprosy

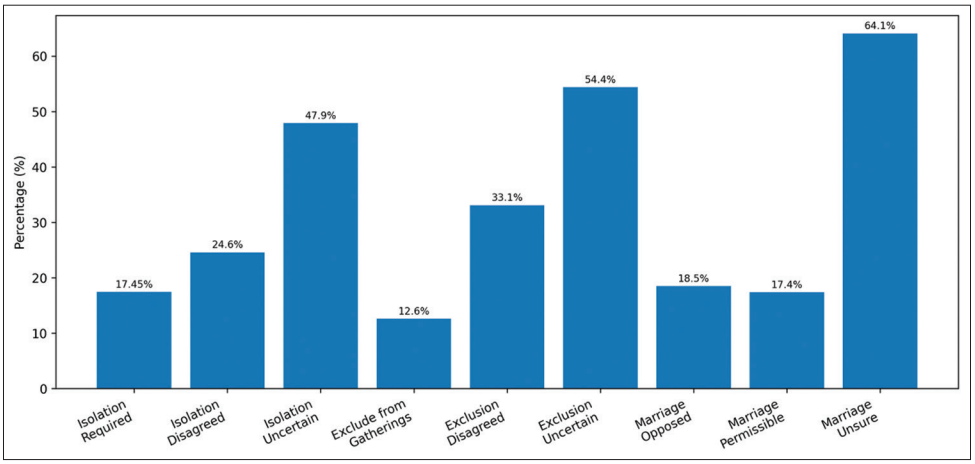

Figure 2: Social stigma associated with leprosy

Majority (91 [85.8%]) of HCWs were aware of the pathogenic etiology of leprosy. Inaccurate ideas regarding etiology included genetics (6 [5.6%]), sinning (3 [2.8%]), or excessive body heat (2 [1.8%]). Four (3.6%) of them claimed to be completely unaware of the etiology of leprosy. Slightly below half (52 [49.1%]) could correctly state that leprosy could be transmitted through nasal secretions. Others identified touch (38 [35.8%]), sexual contact (8 [7.5%]), or contaminated needles (3 [2.8%]) as the mode of transmission. Five (4.7%) participants were unable to point out any specific cause. A majority (63 [59.4%]) wrongly believed leprosy to be highly contagious.

Only 62 (58.5%) were aware of the signs and symptoms of leprosy. Almost three-fourths (75 [70.8%]) were aware that leprosy is completely curable with currently available therapies.

Majority 63 (59.4%) of the workers continue to believe that leprosy patients require to be isolated during the course of their symptoms. The majority of HCWs interviewed (63 [59.4%]) believed that leprosy patients must be isolated during the course of their treatment. A little less than half (46 [43.4%]) felt that patients with leprosy should be excluded from social gatherings and almost half (50 [47.2%]) thought that marrying them should be avoided.

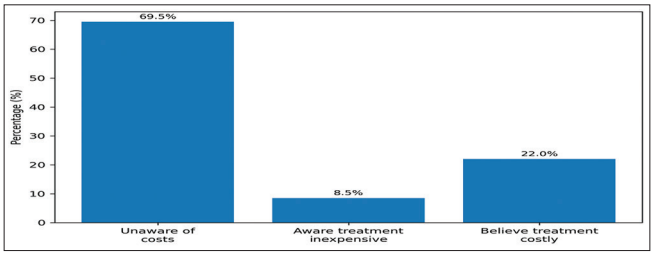

Figure 3: Knowledge regarding treatment cost of leprosy

Nearly a quarter of interviewees (27 [25.2%]) mistakenly believed that anti-leprosy medications are expensive.

Only 63 (59.4%) of respondents had been adequately taught about leprosy in college. The rest drew their knowledge from interactions with doctors 17 (16.0%), community members 11 (10.4%), or 6 (5.7%) among other sources. Table 2 shows the demographic profile and knowledge, attitudes, and beliefs regarding leprosy among health-care providers (n = 106)

DISCUSSION

Leprosy has a long, documented history in the Indian Subcontinent having been mentioned in religious texts nearly 4000 years ago. Equally old is the stigma attached to the disease, and early religious laws curb marriage with those afflicted by it. Fears of its contagiousness continued to persist well into the modern period, and efforts to contain the disease through isolation of patients were common in the colonial era.[7]

In recent times, the prevalence of leprosy has been falling and elimination (prevalence <1 case/10,000 persons) in 2005.[7] In the same time period, there has been a rise in literacy and mobility. Access to information has sharply risen, particularly with increasing access. It is not clear what effects these social changes as well as falling exposure to patients with leprosy would have in modifying social awareness and attitudes toward leprosy, and hence, this questionnaire-based study was planned where leprosy continues to be endemic.

While the interviewees were sampled from among visitors to the hospital, there was a nearly equal proportion of men and women as expected in the general community. Among HCWs, though, there was a skew toward women, possibly reflecting employment patterns. Interviewees hailed from

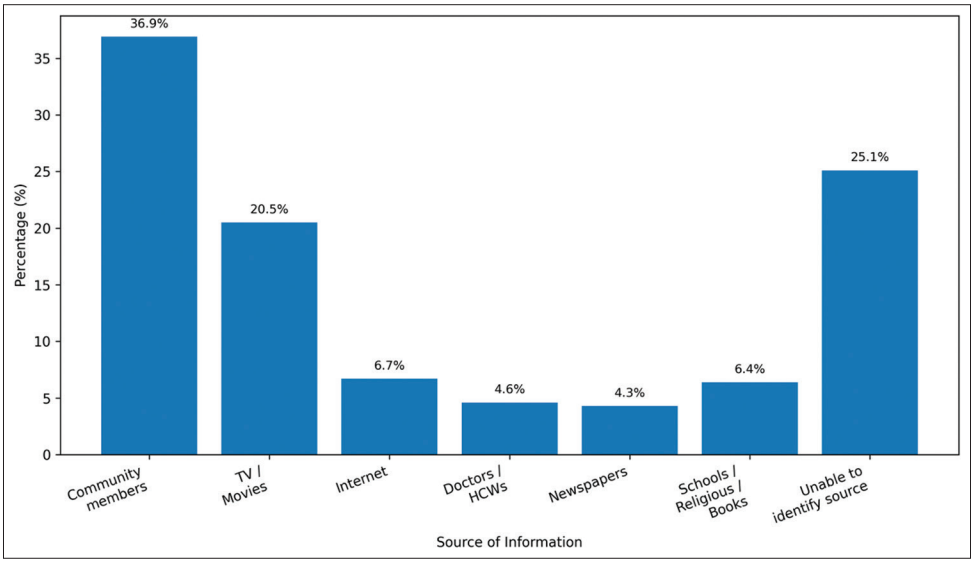

Figure 4: Sources of information regarding leprosy

Table 2: Demographic profile and knowledge, attitudes, and beliefs regarding leprosy among health-care providers (*n*=106)

Variable	Category	*n* (%)
Age (years)	Mean±standard deviation	28.8
Sex	Female	78 (73.6)
	Male	28 (26.4)
Profession	Nurses	77 (72.7)
	Physiotherapists	13 (12.3)
	Laboratory and radiology technicians	9 (8.5)
	Physician assistants	7 (6.6)
Knowledge of etiology	Correct (pathogenic cause)	91 (85.8)
	Genetics	6 (5.6)
	Sinning	3 (2.8)
	Excessive body heat	2 (1.8)
	Unaware	4 (3.6)
Knowledge of mode of transmission	Nasal secretions (correct)	52 (49.1)
	Touch	38 (35.8)
	Sexual contact	8 (7.5)
	Contaminated needles	3 (2.8)
	Unable to specify	5 (4.7)
Perception of contagiousness	Believed leprosy is highly contagious	63 (59.4)
Knowledge of signs and symptoms	Aware	62 (58.5)
Knowledge of curability	Aware leprosy is completely curable	75 (70.8)
Attitude toward isolation	Isolation required during illness	63 (59.4)
	Isolation required during treatment	63 (59.4)
Social stigma-related beliefs	Exclusion from social gatherings	46 (43.4)
	Marriage should be avoided	50 (47.2)
Perception of treatment cost	Believed treatment is expensive	27 (25.2)
Source of knowledge	Adequately taught in college	63 (59.4)
	Doctors	17 (16.0)
	Community members	11 (10.4)
	Other sources	6 (5.7)

urban, semi-urban, and rural backgrounds, reflective of the hospital's location on the city's outskirts. Nearly a third (29.5%) of patients did not have Tamil, the local official language as their primary language of communication, and 17.4% were recent migrants. These persons may have less access to information and resources provided by the local government due to lack of language fluency, despite some hailing from regions. The HCWs recruited were limited to non-doctors, since medical courses are expected to have more rigorous professional training and their higher levels of awareness, which might mask lower awareness and myths prevalent among paramedical professionals.

Etiology and transmission of leprosy

Lay respondents exhibited low awareness regarding the etiology of leprosy, and only 29.5% could identify its microbial etiology accurately. Most of them 55.4% declared that they were not aware of the etiology, and only a small minority continued to erroneously attribute it to causes like heredity, evil actions, malnutrition, or increased body "heat." Similar large knowledge gaps regarding disease etiology have also been noted in recent surveys from other parts of India. However, the percentage of persons currently identifying a microbial etiology for the disease was substantially higher, possibly correlating with higher levels of literacy and education among the local populace.[7,8] Similar levels of awareness have been noted in surveys from other endemic developing countries.[9]

Regarding disease transmission, a large fraction of general respondents (30.0%) wrongly believed leprosy to be highly contagious. Only 50.4% of them correctly understood that leprosy may be transmitted through nasal secretions.

Although awareness regarding the etiology and transmission of leprosy was relatively better than or comparable to that reported in other regions of India, misconceptions about the disease remained common. Notably, many participants from both the general population and healthcare workers incorrectly believed that leprosy is highly contagious. The awareness levels were similarly substantially higher than those noted in some surveys from other parts of the country, and comparable to awareness levels noted abroad.[7-10]

Among HCWs, most (85.8%) were aware of the microbial etiology of leprosy and just below half (49.1%) were aware that leprosy can be transmitted through nasal secretion transmission. A majority of them (59.4%) however wrongly considered leprosy to be highly contagious. These results were comparable to those reported from recent studies on HCWs both in India and abroad.[11,12]

Although people were relatively well aware of the causes and spread of leprosy compared with other parts of India and developing countries, a significant number of people still lacked adequate knowledge about the disease. Such misconceptions are concerning because they may promote stigma and discrimination, discourage affected individuals from seeking timely medical care, delay diagnosis and treatment, and ultimately compromise disease control efforts.

Exposure of disease patients and recognition of symptoms

Among the general populace, personally only 10% knew a neighbor, acquaintance, or family member with leprosy. Levels of knowledge regarding the clinical presentation of leprosy were low (29%) and respondents were aware of the symptoms with the most recognized symptom being hypopigmented skin patches, followed by sensory loss and deformities. Awareness among HCWs was slightly higher (58.5%), but the remainder were unaware of them. Low levels of awareness regarding symptoms among the patients can lead to late presentation, while low levels of awareness among health care workers may lead to delayed diagnosis both contributing to increased risk of disability and stigma.[13]

Stigma and social attitudes

Most respondents were unsure or ambivalent regarding the stigmatization of patients with around half of patients unsure if leprosy patients required care in isolation (47.9%) and exclusion from social events (54.4%). A majority (64.1%) were also unsure if it was inadvisable to marry a person who had suffered from leprosy. A substantial minority of respondents continued to hold views that isolation (17.45 %) and social exclusion (12.6%) of leprosy patients are warranted. While strong taboos seem to have waned with decreasing presence of the disease in the community, stigmatization continues to persist among some population members.

Worryingly such attitudes and wrongly stigmatizing leprosy were more common among HCWs than among the general populace with a majority (59.4%) of them continuing to believe that they require care in isolation and nearly half (43.4%) advocating social exclusion and avoiding marriage (47.2%) with leprosy patients' symptoms or seek treatment which result in the spread of the disease in the community.[7] Such stigmatization by HCWs may discourage patients from accessing treatment early, increasing disease burden and morbidity, and affecting their reintegration and rehabilitation after treatment.[14,15]

Treatment knowledge

Most interviewees among the general population (69.5%) did not know the costs involved in treating, and nearly a quarter (22%) wrongly believed leprosy treatment to be expensive. These misconceptions were equally prevalent among interviewed HCWs (25.2%). Multidrug therapy for leprosy is provided free of cost by the Indian government; however, there seems to be low awareness about this program even among HCWs. The misconception that the treatment is expensive may dissuade patients from seeking appropriate therapy and therefore must be corrected.

Knowledge sources

Most general respondents attributed their knowledge regarding leprosy to non-professional sources such as community members or visual media. They were also aware of the inadequacy of their knowledge levels regarding the disease. This suggests that greater efforts should be made to educate the public with verified information regarding leprosy via reputable sources such as doctors and educational institutions. Appropriate portrayal of leprosy and leprosy patients on popular media is also essential to curb the spread of misinformation.

Even among HCWs, only 59.4% of respondents recalled having been imparted adequate knowledge about leprosy during the course of their training. The remainder drew their information from interactions with doctors or even dubious sources such as interactions with other community members. Although some previous studies suggested higher levels of awareness regarding the disease and programs such as NLEP among HCWs, this was not seen in our study.[11,16] This difference may be due to the non-inclusion of medical officers in our study. Since our study was conducted in a multi-specialty tertiary care hospital, exposure to leprosy cases among general staff may also be low.

Around one-and-a-half decades ago, Thilakavathi *et al*. had conducted a study of attitude and stigma toward leprosy in the same area in which our study was conducted. While the study differed in methodology, involving an open-ended interview and directly gathering opinions from leprosy patients, it

provides a benchmark to track changes in attitudes toward the disease.[17] Not much progress has been made in creating awareness and clearing up misconceptions regarding disease transmission and etiology. While not universal, a section of the population continues to stigmatize the disease.

While our study was limited due to its single-centric design and non-inclusion of the perceptions of leprosy patients themselves, it attempts to identify the attitudes of the general populace and non-physician HCWs. Overall awareness levels of the disease are low, and myths regarding the disease leading to stigmatization of the disease continue to persist. Incorporation of more information regarding leprosy in the training curricula for HCWs is also warranted.

CONCLUSION

The present cross-sectional study reveals that poor knowledge, awareness, and stigmatizing attitudes continue to persist among both the general public and non-physician HCWs toward leprosy patients in Southern India. Despite post-elimination status, our study indicates that misconceptions and stigma remain major challenges. Most of the participants knew about leprosy from informal sources. It is therefore recommended to enforce combat community training programs, public awareness, and elimination of leprosy-related discrimination.

AUTHOR CONTRIBUTIONS

Varun Rajagopal MBBS, MD, DNB, Narasimhalu CRV MBBS, MD, and Sai Rithika Reddy B, MBBS were responsible for conceptualization, methodology, data curation, and writing. Ragadharshini Eswaran MBBS, Narasimhalu CRV MBBS, MD, and Afthab Jameela Wahab MBBS, MD contributed to the literature search, formal analysis, validation, and writing.

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