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RESEARCH

Estigma e preconceito: realidade de portadores de hanseníase em unidades prisionais

Stigmata and prejudice: reality of carriers of leprosy in prisional units

Estigma y prejuicio: realidad de los portadores de lepra en las unidades prisionales

Raquel Caroline Carneiro da Silva ¹, Michelle Christini Araújo Vieira ², Claudelí Mistura ³, Margaret Olinda de Souza Carvalho e Lira ⁴, Sued Sheila Sarmento ⁵

ABSTRACT

Objective: Understand the perception of leprosy patients about the stigma and prejudice experienced in prisons. **Method:** A qualitative, descriptive and exploratory research. The participants were five men and two women incarcerated. Data was collected through the Association Free Word Test and semistructured interview and processed by content analysis. **Results:** Using the Test emerged the categories Treatment, Prejudice, Symptoms and Feelings. From the interviews emerged the following categories: Leprosy from the perspective of patients and family relations; Stigma of leprosy, the impact of the diagnosis and their feelings; Refusing leprosy and Resorting to divine faith to tackle the disease. **Conclusion:** Negative feelings, prejudice and stigma were present in the speeches of subjects. Research and monitoring of leprosy patients become indispensable for nursing actions and for spaces of care in relation to social aspects of leprosy. **Descriptors:** Leprosy, Prejudice, Social stigma, Nursing.

RESUMO

Objetivo: Conhecer a percepção dos portadores de hanseníase acerca do estigma e preconceito que vivenciam em unidades prisionais. **Método:** Estudo qualitativo, descritivo e exploratório. Foram participantes cinco homens e duas mulheres encarceradas. Dados coletados através do Teste de Associação Livre de Palavras e entrevista semiestruturada e tratados por Análise de Conteúdo. **Resultados:** Com o uso do Teste, emergiram as categorias Tratamento, Preconceito, Sintomas e Sentimentos. Das entrevistas emergiram as seguintes categorias: A hanseníase sob a ótica dos portadores e as relações familiares; O estigma da hanseníase, o impacto do diagnóstico e seus sentimentos; e Negando a hanseníase e recorrendo à fé divina para enfrentar a doença. **Conclusão:** Sentimentos negativos, preconceito e estigma fizeram-se presentes nos discursos dos sujeitos. A investigação e o acompanhamento de portadores de hanseníase tornam-se indispensáveis para as ações de enfermagem e para os espaços de cuidados no que se refere aos aspectos sociais da hanseníase. **Descritores:** Hanseníase, Preconceito, Estigma social, Enfermagem.

RESUMEN

Objetivo: Conocer la percepción de los pacientes de lepra sobre el estigma y los prejuicios enfrentado en las prisiones. **Método:** Estudio cualitativo, descriptivo y exploratorio. Los participantes fueron cinco hombres y dos mujeres encarceradas. Los datos recogidos a través de la Teste de Asociación Libre de Palabras y la entrevista semi-estructurada y procesados por análisis de contenido. **Resultados:** Con el uso del Teste surgieron las categorías: tratamiento, los prejuicios, síntomas y sentimientos. De las entrevistas emergieran las siguientes categorías: La perspectiva de los enfermos acerca de la lepra y las relaciones familiares; Lepra y el estigma de la sociedad, el impacto del diagnóstico y sentimientos; Ocultándose de la lepra e Recurriendo a la fe divina para enfrentarse la enfermedad. **Conclusión:** Sentimientos negativos, los prejuicios y el estigma estuvieron presentes en los discursos de los sujetos. La investigación y el acompañamiento de los enfermos de lepra son indispensables para las acciones de enfermería y para los espacios de atención en relación con los aspectos sociales de la lepra. **Descriptor:** Lepra, Prejuicio, Estigma social, Enfermería.

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INTRODUCTION

Leprosy is a chronic infectious disease, contagious, and slow evolution, whose clinical manifestations are related to dermatological signs and symptoms that can cause physical disabilities and deformities to evolve.¹

Brazil is the second country in the world in absolute number of leprosy cases were detected each year, about 47.000 new cases.² Among the regions with the highest number of national cases are the Northeast, and one of its states with characteristics of hyperendemia is Pernambuco.³ In Petrolina/PE, leprosy causes concern: the prevalence in 2009 was 8.92 cases per 10.000 inhabitants, a number higher than the WHO defines as ideal for disease control.⁴

Ancient disease, leprosy is popularly known as leprosy. With prejudice and discrimination rooted to its name, the disease afflicted humanity for a long time, due to its high contagion, deformities, mutilations, unavailability of treatment, hospitalization and compulsory isolation; all these factors. For centuries their patients were segregated by society.⁵

Reaching people of all ages and both sexes, the disease is directly linked to unfavorable socioeconomic conditions and health, as well as the environments agglomerations such as custodial environments, because the large amount of people existing in these spaces is spread the bacillus, through the airways. In this sense, being imminently clinical diagnosis and treatment of low cost, it appears that the high prevalence reflects the difficulties of access to health services.⁶

The leprosy patients are classified as paucibacillary (PB) and multibacillary (MB). PB present clinical forms indeterminate and tuberculoid, whose main characteristic submit up to five skin lesions and/or nerve trunk affected; forms are which house small number of bacilli, insufficient to generate the chain of transmission and outcome of smear negative. Correspond to MB and borderline lepromatous forms, considered contagious, which have more than five skin lesions and/or more than one nerve trunk affected, harboring large numbers of bacilli and with positive results.⁶

The specific treatment of leprosy, standardized by the World Health Organization (WHO), is multidrug therapy (MDT), held by default schema and time. MB for classification, treatment includes the minimum period of twelve and a maximum of fifteen months, and for CP, six to nine months. The treatment of leprosy patients is essential to cure it, break the chain of transmission of the disease, prevent disabilities, deformities and promote the physical and psychosocial rehabilitation of the individual.⁶

Access to diagnosis, information and treatment are the key elements in the strategy to eliminate leprosy as a public health problem. Since 1995, the treatment of leprosy is available free of charge to all patients worldwide, providing a simple cure, but highly effective.⁷

During long periods of history, little was known about the actual diagnosis of leprosy. Thus, various skin diseases with similar characteristics were confused with each other. Furthermore, the fear of segregation caused the patient hide the signs and symptoms of disease.⁸

It is in this context that the stigma and prejudice affect the lives of individuals in their physical, psychological, social and economic, representing a set of factors such as beliefs, fears and exclusion, remaining in the imagination the taboo of death and mutilation, bringing great psychological distress with serious repercussions in your personal and professional life.⁹

The leprosy patient and user jailed Health System has the right to access to health services and equality before the law, ensuring that there is discriminated against or prevented from enjoying the rights provided for in the Federal Constitution. Discrimination generates prejudice, which leads one to dismiss something before knowing, to know more about someone or something.¹⁰

The societal discrimination against persons affected by leprosy is due to factors such as ignorance of the nature of disease transmission, the forms of treatment and healing. These unknowns can cause in people the misconception that leprosy is transmitted by touch or by attending local public and fosters fear of acquiring deformities by close contact with people affected by the disease. Often, these discriminatory attitudes often inhibit people diagnosed with leprosy to seek health services to achieve the proper treatment.¹⁰

Given this situation, the work of nurses is replaced by increased importance in efforts to control leprosy. Among other actions, it is up to the nurse to supervise the treatment of patients, be aware of the presence of disabilities and deformities; manage control activities; effect compulsory notification of cases to the surveillance happen effectively, and also carry out scientific research,¹¹ disseminating the results of periodic events and national and/or international.

In this sense, the nurse has a key role in the process of searching for information, early diagnosis and treatment of leprosy, as is the monitoring, occurred in primary health care, which creates and strengthens the bond between the professional and carrier disease, contributing to the prevention of disabilities, identification of complications and complications.¹²

The complex network of relationships between inmates, employees of the penal system and the community can generate a chain of transmission. Thus, to protect the health of those in prisons also implies that there are, as, at some point, this meeting happen.

The production of knowledge concerning the relationship of leprosy with the prison population is scarce. When querying the database of the Virtual Health Library (VHL) observed that, although studies addressing different aspects of this disease (epidemiological, leprosy reactions and quality of life), does not include, among subjects selected population trapped.¹³⁻¹⁵ It was also noted that in the last five years, only 11 studies involved the prison population, yet none of them dealt with leprosy, exclusively addressing grievances related to tuberculosis, hepatitis C and chemical dependence.¹⁶⁻¹⁸ In this sense there is this gap in the development of research on leprosy that have inmates as subjects.

From what has been said, the relevance of this research is the perspective of thinking leprosy within the prison environment, and the impact that this disease causes the

carriers, especially considering the stigma and prejudice they experience. Therefore, this study aimed to work with leprosy patients in the process of rehabilitation in correctional institutions in the city of Petrolina-PE. The choice in this context is justified by the high number of reports of disease in these institutions. Thus, the study aims to understand the perception of leprosy patients about the stigma and prejudice faced in prisons.

METHOD

The research was descriptive, exploratory and followed a qualitative approach. Was conducted in two prisons - one male and one female - the city of Petrolina in Pernambuco, having characteristics selected by agglomeration of people whose intimate contact is an enabler for the proliferation of leprosy.

Participants were seven inmates - five men and two women - with diagnosis and treatment of leprosy. The selection according to the following inclusion criteria: be 18 years being treated for leprosy, is registered in the health service of prisons and being in a closed regime.

For data collection, we used two instruments: Test Free Word Association (TALP) and semi-structured interviews. Both were applied individually in the period August to November 2010, at pre-established by the directors or coordinators of the institutions, so that did not coincide with the schedules of visits detainees.

The TALP was conducted from inducing word "leprosy", asking participants to evoke five words associated with the stimulus presented from the question: "What words come to mind when I say the word leprosy"? Completed evocations were asked to choose two most important words, justifying the choice.

This technique allows respondents; through inducing stimuli evoke responses contents affective and cognitive- evaluative, allowing the interviewer a qualitative data analysis.¹⁹ A semi-structured interview was guided by three questions: "How is it for you to live with leprosy? As you face the leprosy? What changed in your life after the diagnosis of leprosy?" The responses resulting from both techniques (TALP and semi-structured interviews) were recorded and transcribed.

The data were subjected to content analysis technique proposed by Bardin.²⁰ respecting ethical principles of Resolution 196/96 of the National Research Ethics - CONEP,²¹ the study was approved by the Ethics Committee on Human Research of Federal University of Vale do São Francisco - UNIVASF, under protocol number 2428.0.000.441-10 . To guarantee anonymity, we chose to use names of Greek Gods and Goddesses in the identification of respondents.

RESULTS AND DISCUSSION

Study participants were five men and two women aged between 20 and 45 years. Three said they were brown, one white and three black. As for education, one participant had completed elementary school, four had incomplete primary education and two were illiterate. With regard to marital status, four stable relationships, one was married, one was a widow and one was single.

About the people who cohabited before being incarcerated, say two have lived with a partner, four with partner and with children and a mother and siblings. The importance of this information is directed to the chain of disease transmission and family support. With regard to work outside the home or not, it was found that before the prison situation all worked outside the home. Regarding the type of occupation, four were rural workers, one was a machine operator, and one was a tire fitter was artisan.

By analyzing the types of occupation, it was observed that all played roles that required physical strength or manual skill. This is also an important finding, since this brings about serious pathology decreased strength, and one of the participants reported the need to stop working due to the advanced stage of the disease.

The above aspects are important to understand who they are and how they are contextualized research participants. Understanding the impacts of the disease becomes critical because the condition may lead to some physical limitations and interfere with social aspects related to family and friends, influencing positively or negatively in the construction of concepts about the disease.²²

Regarding the diagnosis of leprosy, five participants had clinical form MB and two PB. This information is relevant for thinking about the commitment and responsibility of each individual to initiate and continue the treatment and also the effects of the disease in their lives. This clinical forms of matter especially because the leprosy patients experiencing a treatment for a longer period and thus have high risk to discontinue use of the medication, generating a new chain of transmission in the clinical forms MB. Such information requires attention from healthcare professionals, because it is not only to provide treatment to the wearer, but also to perform the supervision and monitoring of contacts so that they will not get sick.²³

The regular assistance to both PB leprosy patients as MB in health services is essential for them to complete the treatment and, therefore, contribute to the effective fight against leprosy.⁶ It is noteworthy that, in the last two decades, the involvement of nurses in the control actions and treatment of leprosy in Brazil has expanded considerably, playing a strategic role for the integral and humanized care to these patients.²⁴

In the methodological approach proposed to the participants, guiding questions in order to know the perception of leprosy patients about the stigma and prejudice faced in prisons; once in possession of the data was addressed initially to discuss the terms evoked by TALP, which enabled the construction of the treatment categories, Prejudice, Symptoms

and Feelings and, later, the categories that emerged from reports from the interviews: Leprosy in the perspective of patients and family relations; stigma of leprosy, the impact of the diagnosis and their feelings, and Denying leprosy and resorting to divine faith to tackle the disease.

FREE ASSOCIATION TEST OF WORDS

Before the stimulus, when participants were asked to answer what was in your mind regarding leprosy, there was a wealth of data whose interpretation and analysis emerged the previously mentioned categories. The results were achieved through the use of words evoked, fully transcribed. From there, we tried to understand the meanings present in terms evoked in order to build the categories presented in Table 01.

Table 01: Answers to TALP before Leprosy stimulus

Stimulus	Categories	F	Evocations
Leprosy	Treatment	13	Medicine (04), Exam (01), Cure (03), Treatment (04), Care (01)
	Prejudice	09	Prejudice (04), Critics (01), Discrimination (01), Abandon (02), Isolation (01)
	Symptoms	07	Spot (02), Pain (03), Numbness (01), Hunger (01)
	Feelings	06	Pain (02), Shame (01), Despair (01), Worry (01), Faith (01)

The category of treatment had a greater number of evocations, relating to the concern in treatment and get cured, care taking regular medications, signs of their reactions presented in the body, care for the symptoms of the disease, smudging and the desire to follow the progression of treatment:

The remedy is to treat it, if it gets bad take. Then if I do not treat me, told me I can get sick and get worse, said the pieces of leather boots, that's why the "goat" have to hunt a means to treat, but it is the worst sacrifice must take medicine every day, every day. (Eros)

Just wanted to take care, be good, with good health. (Dionísio)

I thought it was incurable, when I knew there was healing that had medicine, so I've stayed more excited, then I started taking the medicine immediately. What is important is the right treatment, do not delay any month, take right to stay healed, bring back health and joy. (Hefesto)

Why make the first call for leprosy patients, the nurse develops essential role in the planning and execution of assistance actions in the control of patients and their contacts and guidelines, including the provision of information about the use of medications, adverse

reactions and bodily changes²⁵⁻²⁷ In this context, it needs to develop mechanisms of persuasion for leprosy patients on the importance of completing the treatment, especially in cases with physical deformities caused by disease progression.¹¹

The second category, Prejudice, appeared associated with experiences of the patients, such as criticism, discrimination, abandonment and isolation, usually linked to the socially constructed myths along the ancient history of the disease, some clarification of the people about the disease and exclusion through the social isolation imposed during much of the history of leprosy in Brazil and worldwide. The results indicated that leprosy is rooted in leprosy, in the symbolism of punishment and great evil, as explained in the statements below.

The staff, they criticize, especially when you will sit in a chair, they say ... no, you cannot sit in my chair not, you're sick, you have leprosy. They do not treat them like leprosy, many leprosy as a treat it, you have no right to even lie in bed, have to stay on the ground because they do not want to lean on their bed afraid to pick up a spoon that I I pick up, they find that catch leprosy. (Apolo)

People were more distant from me, commented, were afraid to pull over to pick up. (Hefesto)

I had very abandonment, hardly anyone came to visit me, my only son. (Afrodite)

Stigma and prejudice are linked to memory that has common sense on how the disease was seen in the past, referring individuals to the taboo of death and mutilation. This representation brings much psychological distress to patients of leprosy, seriously impacting on their personal, social and professional.²⁸

The category of symptoms is associated with physical pain, the futility, the change in body characteristics, decreased productivity and negative self-images. The fear of physical deformity and death is a result of bodily changes and other symptoms caused by leprosy, which lead to hopelessness and discontent, according to interviewees. It is noteworthy that some respondents refer to changes experienced when starting treatment with MDT.

I've been hungry, the food is good medicine for the stomach does not chew much, I felt hungry and stomach hurting, too bad. (Atena)

I'm feeling weaker after this medication I'm taking, why I was not like this before and now I'm feeling weaker. (Eros)

I started feeling pain after these spots on my body, it was nerve pain. (Zeus)

I lost the sense of the fingers, I played the guitar, playing guitar, playing bass, I can no longer get a string instrument, I cannot drive anymore as directed before, I cannot ride bike. (Apolo)

Being leprosy a disease with functional disorders and deformities, which represent a denial of the human form valued, and produce feeling of displeasure, the carrier of this disease is often judged by society and discriminated against in the workplace.²⁹

Feeling the category was related to negative feelings such as sadness, anger, worry, shame, nervousness, fear and despair.

I was afraid not to treat because they told me that there kills. (Eros)

I was very ashamed of spots, big ones, in the leg and body, I hid until my wife, hid her arms not see. (Hefesto)

I was just nervous, I entered the same trauma. (Afrodite)

Well, living with this disease, it is very sad. (Zeus)

Leprosy affects the daily lives of its sufferers, threatened by prejudice, suffering, abandonment, deformities and psychosocial problems that inevitably occur eventually in the social order.³⁰

THE HANSEN'S DISEASE UNDER THE PERSPECTIVE OF PATIENTS AND FAMILY RELATIONS

When asked about how sighted a person with leprosy, respondents claimed to see a normal person, with no apparent difference in relation to the other, with just a disease that can be cured, and even claimed to have no kind of prejudice, as shown in the following lines:

I see myself as a normal person, the same way, without any prejudice. If you are doing the treatment has no prejudice, no catch as more. (Hefesto)

I would not be afraid to come in person, would not be prejudiced in any way. (Afrodite)

I see a person with leprosy, a person in need of help, why has no one dies to "starve". (Atena)

It is observed that the annulment of prejudice on the part of the carriers of the disease occurs not because they were better informed about the disease, but also because they are experiencing this situation and do not want anyone else to suffer the same way they stigma and social prejudice.

With regard to the family, it could be seen in the speeches of the participants, the disease produces various impacts on their daily lives, such as physical distance from family members or of the carrier of the disease, mainly due to fear of transmission to loved ones:

I "hunted" a way to stay as far away as possible from my little children, not to have contact to get them, you know. So I was far from them a way of not passing disease to them and to the staff inside. (Hefesto)

I think they changed me, not all, agents note a departure before we played, had those games and now the removal is complete. (Apolo)

It appears that the bias creates a great impact on the lives of leprosy patients, which arises when highlights within your own home, in relation to their own families. For the patient, family support is essential in the process of treatment and healing, making it less painful and difficult. There is a strong relationship between fear and family isolation, mainly characterized by physical distance, which causes losses in relationships, modifying the daily lives of patients, making them more lonely and providing conflict about the fear of contagion.²²

STIGMA OF HANSEN'S DISEASE, THE IMPACT OF DIAGNOSIS AND ITS FEELINGS

When studying the history of stigmatized groups is essential to study those who, for various reasons, were characterized as lepers and therefore suffered measures of exclusion and discrimination. Leprosy, throughout its history, when linked to the term "leprosy" is permeated by a strong socio-cultural significance and causes patients to experience difficulty in social interaction.³¹ Even after the discovery of an effective therapy against leprosy, emergency measures, segregation and violence continued to exist against the carriers.

The staff there from the street moved, were farthest from me, commented that they were afraid to touch and grab. (Hefesto)

As can be seen, exclusion, prejudice and discrimination are rooted in the social construction of leprosy and are factors that hinder their coping and coping carrier with others, making it necessary to recover their self-esteem, recover and reintegrate their ties it to society.²⁸

As colleagues saddle of the study participants, the testimonies reveal the prejudice of which they were victims.

In the saddle asked what was the remedy, then I said it was treating leprosy, there was everyone with prejudice. Then I said he was doing the treatment and not passed and would not start no more, yet they were still with prejudice. (Hefesto)

People who are suffering from AIDS are prejudiced me in here, I stood alone in the saddle, they isolated me, just talk to me and far. People did not want to come near me, were afraid to get my problem and when I discovered that I was leprosy, they isolated me soon, they sent me to isolate. (Afrodite)

Prejudice, stigma and discrimination faced by people affected by leprosy are often caused by the lack of information about the disease. Still, some participants reported that the diagnosis was a major pain, and a very negative impact, followed by attitudes self stigmatization, loneliness, anxiety, sadness, anger and hopelessness.

I feel sad to have this disease, just wanted to take care. I'm ashamed because of stains, afraid of anyone knowing the disease, the spots get afraid of losing my family because of it. (Dionísio)

I felt anxious without knowing it, thought it was incurable. Before I was cheerful, happy. After these things, I was sadder more anxious, I was very skinny and worried. (Hefesto)

I was very nervous, crying, desperate. It was very bad, it was very sad, Ave Maria, I thought the world would end for me and that would not exist for most world I live, I was just nervous, I entered the same trauma. (Afrodite)

Most feelings reported by participants is negative in character, referring generally to the state of anxiety, depression and helplessness, which favors the emergence of psychosomatic symptoms.²² In this sense, living with this disease the patient brings a load of bad feelings, always letting on much sadness, frustration, anxiety, contempt. It is clear how difficult it is to accept the disease and live with it, especially if it has caused some kind of deformity in the body.

Faced with these difficulties experienced by leprosy patients, nursing consultation is indispensable after the diagnosis, because that is when the nurse may contribute to the prevention of diseases, especially physical disabilities in order to meet individual needs and collective. In order to promote effective nursing care, improving the health of individuals and the welfare of their families, it emphasizes the importance of having a professional qualification appropriate for this consultation becomes efficient and bring positive results to the patient and their contacts.³²

DENYING HANSEN'S DISEASE AND USING DIVINE FAITH TO FACE THE DISEASE

As mentioned earlier, leprosy is rooted in leprosy, and confidentiality arises as a way to preserve the sound image. In the speeches below, it was observed that omit the disease to family members and colleagues emerge as a way to defend and preserve the self-image. On account of his conduct, it is clear that leprosy patients seek to avoid social contacts to prevent the feeling of shame. The very prejudice against leprosy causes reject even themselves, not accepting as carriers of the disease, isolating themselves from their social group and adopting a posture of self-punishment:

Nobody knows nothing, no one comes to visit me only my wife, and she does not know, I had not the courage to tell, I am ashamed and afraid to tell, for her not to worry. (Dionísio)

In the saddle does not know anyone that I walked away. (Dionísio)

The fact that some patients choose not to express diseased condition reveals the fear of exclusion. The awareness that exposure bias can cause the removal of people comes from remembering the historical roots of the disease in the past, relegated to isolation

patients. This fear is associated with several aspects, such as fear of pain, the inability to cure the deformity and discrimination.²²

As a way to accept and cope with the illness, the participants mentioned that they appeal to God to reduce the suffering caused by the condition. It was found that, while undergoing treatment, patients believed that the cure or improvement of clinical leprosy were also related to the religious aspects, as can be seen in the reports below.

Only God to have mercy for the people with this disease, if there is a person who has head to be reading the Bible, it's complicated, I do not give myself to the devil is not so. (Apolo)

Always beats a weakness in me, then I go to the corner to ask God to give me strength. I pray to God that he has cured me and do not let more I go through this situation. (Atena)

For some subjects, the religious aspect is understood in the light of divine punishment, faith and belief become a way of justifying healing and deliverance from evil. The belief in the healing of disease is involved internal and external issues every sick person, such as your life experience, giving assignments to the causes of disease, religion, health care, feeling about life or death.²²

Faith eases the pain and suffering of patients who rely on a divine entity, and this can help them, whether as a relief or as emotional support for coping with the disease. Thus, it is very important to respect the way leprosy patients face their difficulties, whether or not their strategy associated with beliefs and spiritual values and/or religious.

CONCLUSION

The predominant image in this study is anchored in leprosy. Stigma, prejudice, discrimination and the presence of negative feelings were evident. It was observed that the ignorance about leprosy is broad, materialized on the stigma, discrimination and segregation of society in relation to carriers; the absence of dialogue in family communication about the diagnosis of the disease, which has not happened in the family environment.

Unlike other diseases, leprosy causes a situation of social isolation. Thus, when faced with the diagnosis, the participants show unhappy and confused, prevailing shame and fear so they are not cured, as to transmit the disease to family members.

According to the evocations of the carriers, the family appears as the most important support for emotional balance and continuity of patient care, which was not experienced in its fullness by the subjects in this study, considering the condition of prisoners, prevented the daily contact with their families.

It is noteworthy that the understanding of feelings that plague of leprosy patients is extremely complex due to the psychosocial aspects involved in this process. It was found

difficult to compare the results with the literature, given the scarcity of studies related to the prison population, which underscores the importance of conducting further research in this area.

The research reinforces the need to implement more effective strategies for disease control and training of health professionals so that they can further contribute in making a diagnosis and early treatment. It also reveals the need for creation/expansion of spaces for social inclusion of different traditional, where prejudice is still rife.

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