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Assessment of patients' perceptions towards the diagnosis of leprosy

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Abstract: Leprosy is a contagious, long-term infection, which manifests dermatological and neurological symptoms and signs, being considered an endemic, widespread disease, regarded as a serious health problem in Brazil. Early diagnosis of leprosy and its proper treatment prevents disease from progressing, avoiding physical disabilities, which are frequent as the infection evolves, and constitute a major cause of stigma, leading the patient to social isolation. This study aimed to verify the patient's perceptions regarding Hansen's disease diagnosis, seeking to contribute to the prevention of physical disabilities. It was carried out in Sinop in the State of Mato Grosso, being classified as a qualitative research approach. Patients diagnosed with leprosy, enrolled for annual treatment in Nações Basic Health Unity (Unidade de Saúde Básica Nações), took part in the research. Data was collected using semi-structured interviews, and the results were analyzed in categories, these being, the implications on the patients' self-esteem after diagnosis of leprosy; patients' perceptions of treatment and changes in socioeconomic status after leprosy. It is worth noting that leprosy as a public health issue does not restrict to the immense amount of cases and its potential to cause physical disability, which interferes in the psychosocial context, should be taken into consideration. It is valid to point out that leprosy affects several aspects of the patient's life, including their physical, mental and social well-being, requiring a holistic and humane nursing care.

Keywords: leprosy; Diagnostics; prejudice

Introduction

Hansen's disease is contagious, long-term infection, which manifests dermatological and neurological symptoms and signs, such as lesions in skin and peripheral nerves, most commonly occurring around eyes, hands and feet (BRAZIL, 2007).

Currently, leprosy represents a major issue to public health in Brazil. Such a situation is mainly caused by the long-term consequences for the patient's quality of life, which are, moreover, inherent to diseases of socioeconomic and cultural origins, in addition to causing psychological disorders, triggered by physical deformities and disabilities, which are commonly seen as the disease progresses. These deformities and physical disabilities are major causes of social stigma and isolation in persons affected by leprosy (BRAZIL, 2008).

The World Health Organization (WHO) classifies leprosy as a severe, long-term, infectious illness, endemic to developing areas, caused by *Mycobacterium leprae*. The diagnosis is established

by clinical examination, being especially symptomatic signs such as skin lesion with sensitivity loss; thickened peripheral nerve and changes in aesthesia (AQUINO; SANTOS; COSTA, 2003).

The improvement in the quality of human life and the progress of scientific knowledge provided significant changes within the prognosis of leprosy. Multidrug therapy, whose drugs are highly effective in treating leprosy pathogens, leading to the complete remission of symptoms, has been available in Brazilian public healthcare system (SUS) since 1986, being free of all charges. However, in defiance of provision of free treatment, leprosy still represents a significant public health issue throughout the country.

Neurological examination, defining disability and levels of need and administering basic techniques for the prevention, control and treatment are key measures that must be carried out on Basic Health Units, by a properly trained health professional, either a nurse or a physician. Such measures used for the diagnosis of leprosy are the

most important weapon in the fight against the main cause of the social stigma of the disease (BRAZIL, 2008).

The diagnosis of leprosy is based on some symptomatic signs, such as the presence of anesthesia in cutaneous lesions reported by the patient, which are strongly suggestive of the disease, in addition to thickened peripheral nerves, and the direct identification of the *Mycobacterium leprae* in lymph nodes or histological sections of tissues (BRAZIL, 2007).

Professional nurses are increasingly needed for monitoring people affected by Hansen's disease and other potentially infected individuals, by focusing in early diagnosis and preventive interventions, being thus regarded as essential actors to the eradication of the malady in Brazil, active in the prevention, control and treatment of the disease (VIEIRA, 2008).

As mentioned above, the observation of the signs symptomatic of the condition occur during the preliminary examination, which is carried out by a nurse and is an essential instrument for nursing interventions; nurses are also required to refer to further clinical examinations, as well as follow the monthly treatment.

The nursing consultation is a time for encountering and dialogue between the patient and the health professional, which intends to fulfill the therapeutic communication and health education, focusing on the health needs of the client, providing the opportunities for mutual learning between nurse and patient, in order to build up a secure bond converging on trust and compromise between both (XIMENES et al., 2007).

When discoursing about people affected by contagious maladies, like leprosy, one should prioritize a holistic and humane perspective, focusing on providing support to the patients' physical, psychological and emotional issues, given that leprosy is a stigmatizing pathology which leads to physical and psychological disorders in its bearer (VIEIRA et al., 2004).

The Brazilian States of Mato Grosso, Maranhão and Tocantins showed a high prevalence coefficient (between 5 and 9.99 cases per 10000 inhabitants), whilst all the three southernmost States, Minas Gerais, Rio de Janeiro and São Paulo, in southeastern Brazil, in addition to Rio Grande do Norte in northeastern Brazil, have achieved the goal of eliminating of leprosy as public health problem. Among Brazilian States, the one in which leprosy is the most widespread is Mato Grosso, with 80.3 new cases per 100,000 inhabitants in 2012, while the least endemic one is Rio Grande do Sul, with 1.4 cases per 100,000 inhabitants (BRAZIL, 2013).

Leprosy is a severe illness endemic to many places, which can be effectively cured if properly treated. Lack of active diagnosis in the early stages of the disease, however, impedes its control and the prevention of physical disability following, which

constitute a great cause of stigma and social isolation to the bearer. These facts aroused interest in this study, which intends to assess patients' perceptions in light of the diagnosis of leprosy.

Methods

It is a descriptive research, which therefore intends to describe features of particular population and/or correlate one variable to another. Furthermore, it is classified as a qualitative research. The qualitative approach was chosen for the study because it allows unveiling social processes yet to be known and for particular groups, promoting the construction of new approaches, revision and creation of new concepts and categories during the investigation (MINAYO, 2010; GIL, 2010).

This study was based in the City of Sinop, located in northern Mato Grosso, where 150 new cases of leprosy were reported in 2012. The Public Health Unit chosen as a paradigm was the Basic Health Unit based in Nações, an inner-city suburb in which 07 (seven) patients are enrolled in leprosy treatment. Methods of inclusion considered patients diagnosed with Hansen's disease enrolled in yearly treatment who agreed to participate in the research. The criterion for exclusion was having successfully finished treatment to the end.

Interviews were conducted individually, during prescheduled home visits, according to the patient's availability, which were recorded using proper equipment. These interviews took place in March, 2014. Aliases were used to ensure the anonymity of the patients enrolled in the interview, each one having been given either a precious gem or metal, as follows: Gold, Jade, Amethyst, Pearl, Ruby, Emerald and Silver.

The interviews occurred satisfactorily, since the respondents' participation was very active, having reported faithfully their anxieties regarding the malady and showed a high degree of certainty when answering the questions presented. The screenplay for interview was structured on questions which evaluated the patients' perception regarding the diagnosis of leprosy, being structured in three areas: implications for the patient's self-esteem after diagnosis of leprosy, perception of the patient in light of the diagnosis and changes in socioeconomic conditions caused by leprosy.

In order to promote actions of prevention and promotion of health of individuals who dwell in the municipality, a folder displaying educational measures related to avoiding disabilities caused by Hansen's disease was printed, as a propaedeutic tool.

Preceding data collection, this study has been submitted for approval by the Committee of Ethics Research, provided by Plataforma Brasil, in such manner as to ensure respect for ethical principles in researches involving human beings, whose approval inscribed under number 25316913.0.0000.5541. Moreover, after being elucidated about the goals of the research, patients

were asked to sign a consent form, so as to take the precautions mentioned in the guidelines and standards of research involving human beings, adopted by resolution CNS196/96, Confidentiality, Ethics and Transparency.

Results and discussion

Patients with Hansen’s disease who dwell in the City of Sinop-MT were carefully selected as to structure the research. Seven people were interviewed, having given their answers according to the questions asked. Firstly, questions sought to establish the socioeconomic profile of the sample, as shown in Table 01.

Table 1: Frequency distribution of the characteristics of the sample in relation to the socio-economic profile.

Genre	Sample	%
Female	4	57,1
Male	3	42,9
Family income (R\$)		
500,00 to 1.000,00	1	14,3
1.001,00 to 1500,00	1	14,3
1.501,00 to 2.000,00	3	42,9
2.001,00 to 2.500,00	2	28,5
Education		
Elementary	3	42,9
High School	4	57,1

According to Table 3, there was a predominance of female patients, which represents 57.1% (4) of the sample, comparing to 42.9% (3) of male patients. These data differ from those collected countrywide and published in 2012, in which 42.4% (16,271) of the patients are female and 57.6% (22,101) are male (BRAZIL, 2012).

As reported by the IBGE (Brazilian Institute of Geography and Statistics), 21.1% (193,245) of households in the State of Mato Grosso have an average income ranging from 1 to 2 minimum wages. As shown on the table above, 14.3% (1) of the respondents who participated in the research have family income between R\$500.00 and R\$1,000.00. Moreover, 85.7% (6) of the respondents have monthly income ranging from R\$ 1,001.00 to R\$ 2,500.00. When compared to the State realized that there is a scenario predominance of that family income in our State, whereas 37.3% (341,794) have family income within these values and 41.6% representing the State household income falls between 5 to 10, 10 the 20 and more than 20 monthly minimum wages (BRAZIL, 2010).

The respondents in this survey have insufficient education levels overall, since only 57.1% (4) of them have finished high school and 42.9% (3) have completed elementary school. This scenario is analogous to the national panorama, in which 49.2% (54.5 million) have not completed

elementary school and only 35.8 percent (39.6 million) have completed high school. Therefore, health promotion and prevention should be widely implemented within this audience.

As far as the research results are concerned, one can conclude that the socioeconomic profile of the respondents in this survey conforms to the current reality of the Brazilian population, which has low schooling overall and is mainly comprised of low and average-income households.

4.1 Implications on the patients' self-esteem after diagnosis of leprosy

Leprosy-affected people have been historically marked by a strong social stigma, which dates back time immemorial and can still be perceived in modern times to a lesser extent (BAIALARDI, 2007).

As stated by Eidt (2004), leprosy patients experience countless emotion associated to their malady, such as lack of family support, physical consequences, grievance for not being the household breadwinner, abandonment, disease, social rejection and loneliness.

Sometimes, the patient chooses not to tell people of their social circle about their pathology, usually led by fear of being discriminated against, a posture that only reinforces prejudice and lack of information (FIGUEIREDO, 2012). This observation is confirmed by Gold’s speech:

[...] I felt ill because of people [attitudes], I went somewhere and people commonly asked me: Wow! You're tanned, you've been sunbathing, haven't you?, so sometimes I was afraid of telling it [about my illness], I chose carefully whom to tell it.

According to Eidt (2004), the concealment of body parts shall be seen as an attempt to hide the disease. Leprosy-affected individuals commonly seek to disguise their physical deformities, skin lesions and abnormal complexion in order to avoid having to give explanations which could reveal their malady, making it clear the conflict experienced by patients, who feel divided between disclosing and hide their illness. Ruby’s speech corroborates this statement:

“People sometimes asked: ‘Have you sunbathed lately’: ‘Yes, I have, I have sunbathed lately’, but, deep down I knew it wasn’t that, but I didn’t confidence that with everybody”

Leprosy patients’ self-imposed segregation and isolation have emerged as a result of the biased attitude of people in their social circle, who often discriminate against them (CID et al., 2012). Confirming this statement, Jade says:

"[...] even at work people changed their behavior whenever I told them I had leprosy, I saw they changed their behavior towards me; so, this disease is a complicated issue [for her]".

The patients' willingness to hide their disease is mainly caused by fear of being socially excluded, which can motivate even more societal isolation, as a defense mechanism against sorrow (CID et al., 2012). Endorsing this statement, Gold says:

"[...] at first, I was afraid of exposing my condition because of prejudice, because I had already seen, within my own beauty parlor a situation in which a client wanted me to expel another one because she had leprosy, because she was afraid of being infected".

According to Cid et al (2012), the bias still persists and is more resistant than the disease itself. The individual is stigmatized when display any physical feature which can draw attention in their social environment, such as copper-skinned complexion, dark lips, skin blemishes, which eventually attracts prying eyes and repels people, because of prejudice or fear. That is confirmed by Gold, who affirms that:

"[...] yes, people make questions about that everytime, when I finish trying to explain someone that I do not know why I got a different complexion, there is another one asking: 'what have you done to be so tanned? Why are you so dark skinned? What happened to you?' So, I suffer a lot. Curiosity and prejudice harm me so much".

Leprosy leaves deep and immense scars in affected human beings; the stigma remains in their bodies, in their consciousness and in their souls (SILVA, 2010). As to confirm this statement, Gold affirms that:

"My routine changed a lot. I stopped going out, I stopped going to church, which I liked a lot. It changed, it changed a lot; it changed everything in my life.

According to the author quoted above, the lives of people affected by Hansen's disease go through great transformations, which are chiefly caused by their personal losses. Changes in physical appearance, rejection and abandonment of family, friends, the arbitrarily imposed termination of employment, worsening quality of life and general health, caused by countless and endless treatments to which they are subjected, are some of the situations caused by the illness which become part of their daily lives.

According to Baialardi (2007), societal exclusion, fear of prejudice and discrimination are very noticeable, having been deeply ingrained in the

social construction of leprosy, and are factors that currently prevents patients from participating fully in society. That is endorsed by Ruby's speech, when questioned about her self-esteem:

"my self-esteem was damaged, because I stopped wearing some clothes, I stopped wearing shorts, dresses and skirts. It's complicated because our skin becomes different."

As evidenced by Ruby's speech, rescuing the patient's self-esteem is of uttermost importance, as well as recovering their affective bonds and reintegrating them into society, by means of health education, self-make-up workshops with affected women, leading them to regard themselves through a positive perspective, overcoming self-prejudice.

Henceforth, it is vital for the nursing staff to encourage patients to be persistent during the multidrug therapy, assisting them in overcoming their fears and prejudices, in addition to supporting their family, mentoring them and, most importantly, engaging in the prevention of the impairments caused by the malady (MALHOTRA; BARKSHIRE, 2010).

It is thus important to consider the role of nursing staff in the quest to alleviate leprosy-related complications. Humanized care, health education and healthcare focused on prevention of impairments promote better understanding among patients, who, by understanding the body changes arising from leprosy, can prepare psychologically and act together with the nursing team to prevent disabilities and permanent sequelae, alleviating the stigma suffered by them (BAIALARDI, 2007; DUARTE; AYRES; SIMONETTI, 2009).

Speeches referring to prejudice and social exclusion are particularly meaningful, taking into consideration the age-old stigma attached to leprosy, as well as the isolation and societal alienation which have been historically imposed on the sick. Ergo, being infected by leprosy may bring to mind old biased ideas, beliefs that populate the collective consciousness and relate to social, cultural, emotional and biological issues (BRIDGE; GRANDSON, 2005).

As stated by Duarte; Ayres and Simonetti (2009), significant behaviors that indicate societal alienation trigger even more negative emotions such as sadness, depression and non-acceptance of the disease, worsening leprosy-affected patients' suffering. The prejudice suffered by them manifests in daily situations, and is primarily expressed through questions pertaining to the patients' abnormal physical features, as endorsed by Esmeralda:

"[...] Whenever you go somewhere, somebody asks: Wow! You're tanned, you've been sunbathing, haven't you?, so sometimes you feel fearful about telling people about it [her illness].

Moreover, it is necessary to take into consideration the changes in the body self-image which those patients face. As the alterations in the body progress, their self-esteem is damaged, and the disseminated abnormal skin complexion makes their infirmity evident, which triggers fear of rejection by taking into account the stigma and prejudice associated with the illness (FIGUEIREDO, 2012).

Even when clarified that leprosy is a fully curable malady, the patients commonly retain the misconception that it inevitably leaves sequelae or deformities; therefore, the affected or previously affected patients carry marks that prevent them from being fully integrated in certain social groups. Facing prejudice, henceforth, as well as the sick's damaged self-esteem, is not a noticeably easy task, neither for the patients themselves, nor for their family (PALMEIRA, 2011). Confirming the statement, Amethyst states that:

"[...] you become, especially when people meet you and ask them about your [abnormal] complexion; you feel ugly, tainted; it was complicated, and it is still complicated, a lot".

The bias present in the physical appearance of the bearer of the Hansen's disease, characterized by smears and disabilities caused by illness, since the lack of information and fear the contamination are the main reasons for the exacerbation of prejudice (DAYS; CYRINO; LASTÓRIA, 2007).

The behavior change is closely linked to the stigma, that term used in accordance with the concept developed by Goffman, who finds him three fundamental characteristics: the abominations of the body, the defects of character and social origin (nationality, religion, caste etc.). It is clear that in the context of leprosy, the stigma refers to discredit, to disqualification and social marginalization as a result of the patient's physical deformities (SEN; DELELLO, 2005).

Patient's attitudes towards the diagnosis

Most commonly, the diagnosis of leprosy frightens the patient, even after being aware of its curability and that their contagiousness ceases immediately after the treatment begins. They eventually internalize the need for hiding their condition, and experience strong stigma and fear. Likewise, many of them are especially fearful about having infected members of their family and people from their social circle (FELICIANO; KOVACS, 1997). Ruby's speeches are emblematic examples of this trend:

"[...] I felt so afraid, because I'm not with the disease, but I felt fear already have passed for someone, I have gone mostly to people from home, but so, for me I was sad about that. "

Simões; Delello (2005) report that the diagnosis of leprosy causes a strong and negative

emotional impact, which can vary widely depending on the individuals' socioeconomic backgrounds and may induce self-stigmatizing attitudes, which are highly damaging to their mental integrity. This trend is evidenced in Pearl's speech:

"[...] then I got a little worried that this disease could "it happens" something, a "can", "more", "getting" what hillside, hillside in SOCIAL SECURITY num is "Bao", the salary is very "poco", there was a little like that without "knows" what "contecê" me ".

In most cases, as stated by Baialardi (2007), patients have little knowledge of leprosy and its treatment, most of which is biased by false beliefs spread within their communities. This statement is affirmed by Pearl, who argues that:

"[...] first impact I've had which I thought a had [...], [...] thinking this I could have ", I thought that only the" other "could" have ", I had [...]".

Leprosy-affected people experience their malady individually, that being one of the major factors that affect their acceptance of the illness. The deformities and physical disabilities caused by Hansen's disease lead the patient to social alienation, and strongly affect their self-esteem and image (LIRA; SILVA, 2010).

According Malik; Torres; Oliveira (2008), leprosy causes changes and disorders, not only in the individual's public life, but also in private life, causing negative effects in the affective and sexual fields. Amethyst, corroborating this allegation, refers to changes in her lifestyle, asserting that:

"" Mute "heim, change quite a lot. In sexual relationship even, change a lot, I don't feel like anything [...], [...] "they said they would" have sex "will to" do "anything, and it was really all that happened".

Furthermore, Eidt (2004) affirms that the diagnosis triggers the destabilization of the patients' emotional integrity, which is also associated to generalized anxiety and tension, leading to the corrosion of familiar and social relationships, as evidenced by Silver:

"[...] I went into depression, I got nervous, "right", I was there, I didn't think I was worth anything anymore, I thought it would be someone like that useless [...], [...] There came that way, had given up day cry of nervous because "you" "have" the will to "trabaiá", "have" a willingness to "do" things and don't "have" strength and felt a lot of pain ".

Being diagnosed with leprosy usually leads the sick to an intense experience, so that it may take some time for them become accustomed to the idea of being infected. The acceptance of their diagnosis

can be characterized in two extremes: the denial of being ill and passive acceptance. The denial of the diagnosis is the patients' ordinary response in the face of perceived prejudice and discrimination; passive acceptance, by its turn, is usually linked to the lack of knowledge and religious beliefs. By fully acknowledging their new reality, the individuals commonly show concern for their physical appearance, their self-esteem erode – which evidences prejudiced attitudes – and lead them to becoming dissatisfied and scared of losing space in their families and at work (COELHO, 2008).

Changes in socioeconomic conditions arising from leprosy

According to Aquino; Santos; Costa (2003), leprosy as a public health issue does not restrict to the immense amount of cases and its great potential to cause physical disabilities should be taken into consideration, as it may deeply interfere at work and in the patients' social lives, in addition to financial losses and psychological trauma.

According to Oliveira; Romanelli (1998), when weakened, individuals feel the erosion of their dignity and citizenship due to the reduction or, in more grievous cases, loss of productivity and competitiveness in the labor market. That is asserted by Pearl, who states that:

"[...] When I started at work, I'm a "guentava". I started "trabaiá" had time to "stop", then I switched sector, a "guentei" on another service industry, I had to "stop", I had to ask for "placing" [...].

According to the authors quoted above, difficulties at work are steadily reported as the disease progresses. In addition to the clinical signs, constant malaise and preoccupation, aside from the need of absenting from work once a month in order to follow the treatment prescribed, threaten their permanence in the job. Silver's speech ratifies this claim:

"[...] I talked to my boss and my boss told me that you no longer have to work harder condition, because a had more strength "huh" I work of driver work messing with brick there the firm helped me went to SOCIAL SECURITY and "m" leaning [...]."

It is thus worth noting that leprosy jeopardizes patients' live in remarkably different ways, which includes their physical well-being, their social, emotional and professional relationships, making it necessary a more human, sensitive and integral nursing care (MALIK; BARKSHIRE, 2010).

According to Silva (2008), the reintegration of the disabled into society takes place when they are reemployed and remain in the labor market, which is an essential part of the multifactorial treatment, as prejudice and societal revulsion, expressed by discriminatory termination of

employment, is a major issue preventing them from fully reintegrating into society. Jade's speech contextualizes this claim:

"[...] the body does not help more, more still in the same business and thanks to God, just at the master of guidance work, so where facilitated some more, because if I had to "get" in the wild I would , the "nerve" doesn't help. "

According to Dolenz et al. (2014), leprosy directly affects the infected individuals' quality of life, as it causes great harm to their daily chores and interpersonal relationships and leads them to suffering beyond the physical pain and malaise strictly, leaving a great social and psychological impact in their lives. The physical disabilities arising from pathology can lead to decreased capacity for work, in addition to imposing limitations on their social life.

Beside its epidemical magnitude, leprosy must be thought of by its transcendence, as a major cause of human suffering, social discrimination and prejudices. The body changes, rejection and abandonment of family and friends, the loss of employment, the decrease in the standard of living and in the patients' general health, as well as the long treatments are situations which accompanies the disease and become part of the sick's' everyday life, immensely affecting them (LIRA; SILVA, 2010).

The economic problems arising from incapacity for work manifest in daily life, affecting their family lives, education and social relations, being directly linked to psychological disorders, which are commonly identified in leprosy-infected patients (DOLENZ et al, 2014).

Final Considerations

Currently, Brazil has a satisfactory epidemiological surveillance related to leprosy, considering the reduction in the number of notifications of the pathology, as well as the control of clinical conditions in previously diagnosed patients. Being the leprosy control Program responsible for results obtained in the implementation of their shares in the family health Strategy, it is necessary to stress the importance of the commitment of both the professionals who work in the face of this pathology, and the patients regarding treatment adherence, self-care, prevention of physical disability and therefore the reduction of prejudice and stigma surrounding leprosy who were objects of study in this work.

This research enabled the perception of the patient in relation to the diagnosis of leprosy, showing his feelings before the experienced situation, as the fear of Pathology transmitter, the sense of exclusion in the face of society, beyond hope around the reduction of prejudice.

It was possible to realize the implications on self-esteem of patients after diagnosis, where it was strongly shaken, especially among women, due to

femininity. The changes reported show suffering related to blotchy skin, changes in coloring, as well as the psychological requirement to change the style of clothing, because of the prejudice and the curiosity of the people in the social convivality.

As to changes in socioeconomic conditions from the pathology showed great emotional changes mainly among men, these being caused by anguish in not providing the livelihood, as well as fear in relying on exclusively of government aid. It was possible to verify that some of these patients seeking to remain professionally active were forced to adapt to new assignments, because the physical changes brought about by Hansen's disease.

We see subjectively through lines of patients interviewed, these have rudimentary knowledge about the disease, where little information is acquired from the Ministry of health and advertisements of his own experience and may be justified by the low education level of the respondents.

Considering the low level of knowledge on the part of patients about the pathology, realized the need for the implementation of prevention and health promotion not only for patients affected by leprosy, but the whole population assisted by the The family health strategy in the city of Sinop-MT. in this context was elaborated a folder titled Self-care in Leprosy: prevention of disabilities Face, hands and Feet, with the aim of guiding in simplified form and objective self care in leprosy, craving the Prevention of physical disability, using colloquial language and illustrative, making it easy to understand.

We emphasize the need for use by healthcare professionals of an easy-to-understand language, educational actions according to the profile of the population served, so that they effectively form part of everyday life of these people. Education and promotion activities in health are fundamental to nursing care, recognizing the pre-existing empirical knowledge, transforming them and aiming for the exchange of experiences between professionals and community in pursuit of building a relationship between both governed by ethics and humanization.

Also confirmed by the results obtained that the stigma and prejudice are characterised as a condition impacting, leaving physical and emotional marks that remains active in daily experience of patients and is also related to lack of knowledge of the same about the pathology and the entire social history of leprosy.

We also observed that there were significant changes in the daily lives of patients affected by pathology, related to diagnosis and treatment for your time commitment the satisfactory performance of daily activities according to the style of life of each interviewee, being visible in clothing, sex life, professional and social environment.

Finally, after the theoretical and scientific notes on the theme researched, this study is relevant to professionals and researchers in the area of health, in particular in the area of nursing, because it

reinforces the need for activities related to measures of attention primary, with primary objective of preventing disabilities caused by Hansen's disease in patients affected by this injury.

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