

**MYTHS AND STIGMA ASSOCIATED WITH SKIN DISEASES: A REVIEW ARTICLE****Uzma Eram***

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DOI: 10.5281/zenodo.253878**KEYWORDS:** myths, stigma, skin diseases.**ABSTRACT**

Skin disease is often obvious and very visible to others. Those who have skin diseases have not only to cope with the effects of their disease but also the reaction of others to their condition. There is stigma attached to a wide range of skin diseases, affecting many millions of people, just as there is for mental illness and sexually-transmitted infections. The skin diseases are often incurable and treatments aim to reduce symptoms. Common examples include eczema, psoriasis, acne, rosacea and vitiligo. Whether these conditions are common or very rare, the impact on quality of life can be far-reaching and profound even without stigmatisation. Stigmatisation is an expression of prejudice and ignorance which the medical profession has a duty to combat with information and education.

This study is done to review the literature related to myths and stigma associated with skin diseases. The people should be given health education by medical staff and myths should be removed. The community health workers should give proper health education to people. Education programs are needed to dispel common myths and misconceptions.

INTRODUCTION

A study(1) reported that there has been a stigma attached to diseases of the skin for centuries. Lepers were cast out from society in biblical and medieval times as they were considered 'unclean'. Some labelled and persecuted as lepers had other diseases such as eczema or psoriasis. The stigmatisation of lepers was not a public health measure to control spread but an expression of fear, ignorance and prejudice. Skin disease is often obvious and very visible to others. Those who have skin diseases have not only to cope with the effects of their disease but also the reaction of others to their condition. There is stigma attached to a wide range of skin diseases, affecting many millions of people, just as there is for mental illness and sexually-transmitted infections. The skin diseases are often incurable and treatments aim to reduce symptoms. Common examples include eczema, psoriasis, acne, rosacea and vitiligo. Whether these conditions are common or very rare, the impact on quality of life can be far-reaching and profound even without stigmatisation. Stigmatisation is an expression of prejudice and ignorance which the medical profession has a duty to combat with information and education. According to epidemiology of skin diseases(2), they are very common. Indeed it is true to say that everyone will at some time in their life have some form of skin disease.

This study is done to review the literature related to myths and stigma associated with skin diseases.

REVIEW OF LITERATURE

Acne (1) is a common skin condition which illustrates some of the difficulties of living with skin disease. Acne occurs at an age when those who have it are undergoing other physical changes which also have major psychological effects. Many papers have looked at the implications of acne for young people. For example: A study reported(3) that acne can cause psychological abnormalities including depression, suicidal ideation and anxiety. Psychosomatic symptoms, including pain and discomfort, embarrassment and social inhibition, can also occur. Acne is associated with a greater psychological burden than a variety of other disparate chronic disorders. Acne should be treated early to avoid scarring and the psychosocial consequences in adolescence(4). It is important to identify those in need of intervention and to start treatment early before both dermatological morbidity and psychological morbidity become established(5). A survey of patients with *psoriasis* revealed that many deliberately avoid swimming(6). In addition, few wear short sleeves, shorts or skirts because they feel that



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people regard them as 'untouchable' or 'contagious'. Playing sport is a problem for psoriasis sufferers(7). Children with psoriasis are more likely to be bullied(8). A Polish survey found that disease severity was related to impact on employability and family finances(9). The poor correlation of quality of life with severity of disease and other demographic variables, such as gender and education, has also been reported(10,11). Depression and even suicide may occur(7).

The treatment of skin disease can be complicated and will often place restrictions on the lives of those who have a skin disease. For example: The application of creams or pastes to large areas of the body is time-consuming and can require help from others. Skin disease may cause pruritus. This is distracting by day and causes insomnia by night. For some skin diseases including vitiligo, and beliefs can be hard to dispel. For example, acne is not caused by poor hygiene and patients with rosacea are not necessarily alcoholic!

Leprosy stigma is a kind of social stigma(12). It was long believed to be inherited and was associated with ideas of unclean blood. In Thailand, it was also reported that leprosy was thought to be hereditary, because the community often saw many cases of leprosy in one family. Villagers were thus proscribed from allowing their children to marry people with leprosy(13). In the same country, many people with leprosy related disability were sent to a leprosy colony by their families as they were thought to be cursed and deserved social segregation(14). People believed that leprosy is not curable because of its persisting external manifestations. The studies in Thailand and Nigeria provide evidence to support this claim. They reported that patients with deformities were not perceived as cured, because their lost fingers and toes could not be restored. Nor was a patient considered cured who had any other symptoms such as a reaction or pain(15). The fear of transmission is evidently one of the main reported causes of concern for people in a community(16). This fear is enhanced by the visible signs that make people want keep a safe distance and especially take care that their children, considered most vulnerable to infectious, stay away from a 'patient'(17). Fear has also been reported to be based on prevailing inaccurate beliefs. In Brazil, traditional notions that leprosy is an incurable, disabling and highly infectious disease widely prevail and lead to unnecessary fears and stigmatisation of patients(17). Villagers in Thailand believed that once the person with leprosy was deformed, there was no cure and that the patient cannot return to a normal state(13). In Nepal it was commonly believed that touch or close contact was the main cause of transmission(18). In the same country, people also believed that transmission could occur through food, water, air, faeces, and patients' excreta, such as urine, sweat, pus from ulcers, semen, and vaginal fluid(16,18). Seclusion was voluntarily practiced by leprosy patients who were in such an advanced stage, because of the shame and fear of being repulsive. Navon recorded that fear of contagion did not arouse stigma against leprosy, since the Thai public considered it to be hereditary(19). There is evidence from different cultures that leprosy is regarded as a punishment. For instance, among Christians, Hindus and Buddhists, leprosy may be regarded a punishment for sin or misdeed in this or a previous life(20,21,22).

Vitiligo(23) is also a skin disease which has a lot of social stigma because of its cosmetic reasons. It brings a lot of psychological trauma to the patient. The individual may be blamed for their lesions. In India, it is called *safed dag or kod* and it carries much social stigma. Vitiligo is considered as punishment of past sins. Young women face more social stigma and suffer more due to matrimonial reasons. Common response is to conceal lesions, which avoids the possibility of stigmatization, but can cause anxiety and preoccupation with the concealment(24). Social isolation leads to loneliness, negative effect and ill health, changes in processing of social information, anxiety and even criminality(25). Another study(26) reported that patients had a range of concerns regarding their disease, such as physical appearance, progression of white patches onto exposed skin and the whole body, ostracism, social restriction, dietary restrictions, difficulty in getting jobs and marriage problems. Stigma and suicidal ideation was reported. Although vitiligo does not directly cause physical impairment, it may considerably influence patients' psychological well-being(27). The appearance of the skin can condition an individual's body image. Many vitiligo patients feel distressed and stigmatized because of their condition(28). These patients often develop negative feelings that are reinforced by their experiences over the years. Most vitiligo patients report feeling embarrassed, which can lead to low self-esteem and social isolation(29). Vitiligo has often been associated with myths, including a lack of personal hygiene and contagion. Such myths can influence others to act negatively toward the patient and hence often generate feelings of profound stigmatization(30,31). Previous studies explored the attitudes of vitiligo patients toward their disease and how the public's reaction affects them(32,33). Vitiligo



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has been specifically studied in Saudi Arabia(34) where 44% of patients believed that vitiligo had strongly affected the way others see them, and more than 50% reported feeling depressed and anxious because of their disease.

CONCLUSION

The people should be given health education by medical staff and myths should be removed. The community health workers should give proper health education to people. Separate skin clinic should be opened at the centres and skin specialists should be there at the clinics. Understanding how belief of myths and misconceptions about skin diseases in a community-in the aggregate ,as well as among individuals – is important for the development of programs and policies. Education programs are needed to dispel common myths and misconceptions.

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