



Article

Women's vulnerability in leprosy: an integrative literature review

As vulnerabilidades das mulheres na hanseníase: uma revisão integrativa de literatura

Las vulnerabilidades de las mujeres en la lepra: una revisión integradora de la literatura

Daphne Sarah Gomes Jacob Mendes¹

Fundação Oswaldo Cruz, Brasília, DF.

 <https://orcid.org/0009-0006-3229-8923> daphnesarah1997@gmail.com**Fernanda Deisy Santana Soares²**


Universidade de Brasília, Brasília, DF.

 <https://orcid.org/0009-0007-8736-1608> nandadeisy@gmail.com**Mycaelle Vieira da Silva³**

Universidade de Brasília, Brasília, DF.

 <https://orcid.org/0009-0009-3461-0492> myca0928@gmail.com**Sandra Mara Campos Alves⁴**

Fundação Oswaldo Cruz, Brasília, DF.

 <https://orcid.org/0000-0001-6171-4558> smcalves@gmail.com**Maria Inez Montagner⁵**

Universidade de Brasília, Brasília, DF.

 <https://orcid.org/0000-0003-0871-7826> inezmontagner@hotmail.com

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Abstract

Objective: To understand the vulnerabilities to which women with leprosy are exposed and the implications for both their health and their social, religious, political, and family life. **Methodology:** This is an integrative literature review. Data collection was conducted in April 2024 in the Scientific Electronic Library Online (SciELO) database. The descriptor used was women and leprosy. **Results:** In total, nineteen articles were selected. Based on the analysis conducted, it was decided to produce three thematic categories (vulnerability, body, and stigma) to classify the crucial point of the chosen articles. **Conclusion:** There is a need for research that can increasingly elucidate the needs of women

¹ LL.M in Collective Health, Universidade de Brasília, Brasília, DF, Brazil. Bolsista, Fundação Oswaldo Cruz, Brasília, DF, Brazil.

² Graduating Student in Collective Health, Universidade de Brasília, Brasília, DF, Brazil.

³ Graduating Student in Collective Health, Universidade de Brasília, Brasília, DF, Brazil.

⁴ Ph.D in Collective Health, Universidade de Brasília, DF, Brazil. Researcher in Public Health and Coordinator of the Health Law Program, Fundação Oswaldo Cruz, Brasília, DF, Brazil.

⁵ Ph.D in Public Health, Universidade de Brasília, DF, Brazil. Associate Professor II, Universidade de Brasília, Brasília, DF, Brazil.

diagnosed with or undergoing treatment for leprosy, and to consider public policies, management, and administration of the disease from primary care.

Keywords: Leprosy; Women's health; Vulnerability.

Resumo

Objetivo: compreender as vulnerabilidades a que as mulheres com hanseníase estão expostas e quais as implicações tanto para sua saúde como para sua vida social, religiosa, política e familiar.

Metodologia: Trata-se de uma revisão integrativa da literatura. A coleta de dados foi realizada no mês de abril de 2024, na base de dados do *Scientific Electronic Library Online* (SciELO). O descritor utilizado foi: mulheres *and* hanseníase.

Resultados: Ao todo, 19 artigos foram selecionados. A partir da análise realizada, optou-se por produzir três categorias temáticas (vulnerabilidade, corpo e estigma) para classificar o ponto central dos artigos escolhidos. **Conclusão:** Necessita-se de pesquisas que possam cada vez mais elucidar quais são as necessidades de mulheres com o diagnóstico ou em tratamento da hanseníase e pensar em políticas públicas, no gerenciamento e administração da enfermidade a partir da atenção primária.

Palavras-chave: Hanseníase; Saúde das mulheres; Vulnerabilidade.

Resumen

Objetivo: comprender las vulnerabilidades a las que están expuestas las mujeres con lepra y las implicaciones tanto para su salud como para su vida social, religiosa, política y familiar.

Metodología: Se trata de una revisión integradora de la literatura. La recolección de datos se realizó en abril de 2024 en la base de datos de la *Scientific Electronic Library Online* (SciELO). El descriptor utilizado fue: mujeres y lepra.

Resultados: En total, se seleccionaron diecinueve artículos. A partir del análisis realizado, se optó por producir tres categorías temáticas (vulnerabilidad, cuerpo y estigma) para clasificar el punto central de los artículos elegidos. **Conclusión:** Se necesitan investigaciones que puedan elucidar cada vez más cuáles son las necesidades de las mujeres con diagnóstico o en tratamiento de la lepra y considerar políticas públicas, así como la gestión y administración de la enfermedad desde la atención primaria.

Palabras-Claves: Lepra; Salud de las mujeres; Vulnerabilidad.

Introduction

Brazil ranks second in the world in terms of leprosy cases and is among the three countries that have reported the newest cases of the disease. In the period from 2017 to 2021, of the 119,698 new cases reported, there was a predominance of the disease in males (55.7%)^(1,2). In 2022, the country recorded 19,635 new cases, representing 92% of the cases recorded in the Americas⁽²⁾.

The disease is caused by the bacterium *Mycobacterium leprae*. This infectious and contagious disease, has a chronic evolution, affecting nerves and skin and, if not treated properly, can cause irreversible disabilities and deformities⁽¹⁾. The disease is curable and diagnosis is eminently clinical and Primary Health Care (PHC) is the main level of care responsible for identifying cases^(1,2).

People with leprosy who are being treated or who have been discharged from hospital no longer transmit the disease, while those who have not been treated “eliminate the bacilli through the upper respiratory tract (nasal secretions, droplets from speech, coughing, sneezing)”⁽³⁾. Not everyone who has had contact with the bacillus gets sick, only 5% of people will develop the disease and “the incubation period of the disease is quite long, ranging from three to five years”⁽³⁾.

With regard to treatment, the Ministry of Health's recommendation is to use a combination of two or more drugs (polychemotherapy), administered orally. There is still no vaccine for prevention,

but in the case of people who have had contact, the use of the BCG vaccine against tuberculosis is recommended, as the causative agents of both diseases are similar⁽³⁾.

Leprosy, which is compulsorily notifiable, persists as an important public health problem, mainly affecting people in vulnerable situations^(1,2). In addition, people with leprosy face situations of stigma and discrimination which, as well as having a psychological impact on the patient, interfere with the effectiveness of leprosy control programs and adherence to treatment^(1,2).

According to Montagner and Montagner⁽⁴⁾, vulnerability, understood as structural or genetic, is part of the social group, so it can affect more or less of its members, although everyone suffers some kind of devaluation and prejudice. Despite belonging to a vulnerable group, each individual will be immersed in a particular context of life, with possibilities of circumventing this structural determination, using strategies and their abilities in the face of society and its relations of inequality.

In an attempt to re-signify the disease and mitigate its stigma and discrimination, Law N.º 9.010/95⁽⁵⁾ determined that official terminology should use the term leprosy instead of “leprosy” and its derivatives, which can no longer be used in the language used in official documents.

Subsequently, the publication of Law N.º 12.135/2009⁽⁶⁾ established the National Day to Combat and Prevent Leprosy, with the central aim of raising social awareness of this issue.

More recently, the Clinical Protocol and Therapeutic Guidelines for Leprosy (PCDT) were published through SCTIE/MS Ordinance N.º 67, of July 7, 2022⁽⁷⁾. The PCDT aims to define the criteria for diagnosis and treatment of the disease, as well as presenting strategies for dealing with the stigma and discrimination that extends from diagnosis to rehabilitation. It also addresses special cases, such as leprosy in pregnant and/or breastfeeding women; in people under 15 years of age, immunosuppressed people, people with comorbidities, among others.

The Ministry of Health, through the National Strategy to Combat Leprosy 2024-2030⁽²⁾, has set targets for reducing cases in Brazil, which include epidemiological and social actions:

- Target 1 - Transmission interruption in 99% of municipalities by 2030.
- Target 2 - Elimination of the disease in 75% of municipalities by 2030.
- Target 3 - Reduction, by 2030, of the absolute number of new cases with Physical Disability Level 2 (severe injuries to the eyes, hands and feet) by 20%.
- Target 4 - Take action on 100% of the complaints registered with the SUS Ombudsman's Office that refer to discriminatory practices in leprosy.⁽²⁾

In this context, it is necessary to reflect on whether the measures adopted are, in fact, promoting more effective care in the diagnosis and treatment of the disease, given that for public policies to be effective, the vulnerabilities of people affected by leprosy must be taken into account.

With this concern and latent desire for change, this research aims to understand, in the literature review, the vulnerabilities which women with leprosy are exposed and what the implications are both for their health and for their social, religious, political and family lives.

Methodology

This is an integrative review of the literature on the impact of leprosy on women's lives and the vulnerabilities and stigmas they experience, using a descriptive method and a qualitative approach, based on the six stages proposed by Souza, Silva and Carvalho⁽⁸⁾: formulation of the guiding question;

definition of the search descriptors; definition of the inclusion and exclusion criteria; database search; critical analysis of the articles; presentation and discussion of the results obtained.

The integrative literature review is the method that manages to demonstrate the state of the art of a given subject, by synthesizing knowledge, and provides an opportunity for new propositions based on what is already in the literature. Theses and dissertations, which require an in-depth review of specific topics, have been based on this type of review because it promotes validated steps to support the process of creating and organizing the body of literature⁽⁹⁾.

The basic question of this study was: What vulnerabilities are women with leprosy exposed to?

Data was collected in April 2024 on the Scientific Electronic Library Online (SciELO) platform. The descriptor used was: women and leprosy. The inclusion criteria were research carried out in Brazil and complete articles available in full. Duplicate articles and those dealing only with biophysical aspects of the disease were excluded.

Since it is a bibliographic study, it was not necessary to submit it to the Research Ethics Committee.

Results and Discussion

Nineteen articles were selected, as shown in Table 1. Of the total, three articles (79%) were published in 2018; two articles were published in each of the years 2007, 2012, 2014, and 2019, and only one article was published in each of the remaining years.

The journal with the highest number of publications (n=3) was *Physis: Revista de Saúde Coletiva*. With regard to the authors who published the most on the subject, each of the following researchers had two articles: Ana Beatriz Azevedo Queiroz; Cinira Magali Fortuna; Iací Proença Palmeira; Karen da Silva Santos; Marcela Gonçalves; Márcia de Assunção Ferreira; Maria Helena Pessini de Oliveira; Simone Santana da Silva. The states of the Federation with the highest percentage of publications on the subject were: São Paulo (25%), Minas Gerais (20%) and Bahia (15%).

Based on the analysis of the content of each article, it was decided to produce three thematic categories (vulnerability, body and stigma) to classify the central discussion of each one.

Box 1. Articles according to title, authors, year, place of study and thematic categories.

Title	Authors	Year	Place of Study	Categories Themes
Leprosy among female prisoners in Brazil ⁽¹⁰⁾	Parente EO; Leal M; Kendall C; Mota RMS; Neto RJP; Macena RHM; Kerr L.	2022	Pará and Rondônia	Vulnerability
Women and leprosy interferences and experiences ⁽¹¹⁾	Gonçalves M; Santos KS; Silva SS; Marcussi TCC; Carvalho KV; Fortuna CM.	2021	São Paulo	Body and Vulnerability
Leprosy transmission in Bahia, 2001-2015: modeling based on inflection point regression and static spatial scanning ⁽¹²⁾	Souza CDF; Luna CF, Magalhães MAFM.	2019	Bahia	Stigma and Vulnerability

Representations of leprosy stigma among women in the Jequitinhonha Valley - MG ⁽¹³⁾	Neiva RJ; Grisotti M.	2019	Minas Gerais	Stigma
Leprosy and gender in Brazil: trends in an endemic area of the Northeast region, 2001-2014 ⁽¹⁴⁾	Souza EA, Ferreira AF, Boigny RN, Alencar CH, Heukelbach J, Martins-Melo FR.	2018	Bahia	Body and Stigma
Work and Leprosy: women in their pains, struggles and toils ⁽¹⁵⁾	Gonçalves M; Prado MAR; Silva SS; Santos KS; Araujo PN; Fortuna CM.	2017	São Paulo	Vulnerability and Stigma
Programmatic vulnerability in leprosy control: patterns from a gender perspective in the state of Bahia, Brazil ⁽¹⁶⁾	Souza EA; Boigny RN; Ferreira AF; Alencar CH; Oliveira. MLW; Ramos Jr NA.	2018	Bahia	Vulnerability
The reaction is the hardest thing, it's worse than leprosy": contradictions and ambiguities in the experience of women with leprosy reactions ⁽¹⁷⁾	Silva LMÁ; Barsaglini RA.	2018	Mato Grosso	Body
Educational action on leprosy among users of basic health units in Uberaba-MG ⁽¹⁸⁾	Moreira AJ; Naves JM; Fernandes LFRM; Castro SS; Walsh IAP.	2014	Minas Gerais	Vulnerability
Body image in self-care education for people who have had leprosy ⁽¹⁹⁾	Batista TVG; Vieira CSCA; Paula MAB	2014	São Paulo	Body
Marks on you: experiencing the pain of (self) prejudice ⁽²⁰⁾	Palmeira IP; Queiroz ABA; Ferreira MA.	2013	Pará	Stigma and the Body
Motherhood and leprosy: the experiences of separation due to compulsory isolation ⁽²¹⁾	Almeida SSL; Savassi LCM; Schall VT; Moderna CM.	2012	Minas Gerais	Stigma
Epidemiological, clinical, and operational aspects of leprosy patients assisted at a referral service in the state of Maranhão, Brazil ⁽²²⁾	Lastória JC; Abreu MAMM.	2012	Maranhão	Body
Profile of patients affected by leprosy seen at the Dermatology Outpatient Clinic of Curitiba's Evangelical Hospital ⁽²³⁾	Budel AR; Raymundo AR; Costa CF; Gerhardt C; Pedri LE	2011	Paraná	Body
Leprosy, exclusion and prejudice: life stories of women in Santa Catarina ⁽²⁴⁾	Martins PV; Caponi S	2010	Santa Catarina	Stigma
Marriage, motherhood and widowhood: memories of women with leprosy ⁽²⁵⁾	Borges VT.	2007	Rio Grande do Sul	Stigma and the Body

Spatial distribution of leprosy in the school population in Paracatu - Minas Gerais, through active search (2004 to 2006) ⁽²⁶⁾	Ferreira IN; Evangelista MSNA; Alvarez RRA.	2007	Minas Gerais	Vulnerability and Stigma
The effects of leprosy on men and women: a gender study ⁽²⁷⁾	Oliveira MHP; Romanelli G	1998	São Paulo	Vulnerability and Stigma
Leprosy and sexuality: living with the difference ⁽²⁸⁾	Oliveira MHP; Gomes R; Oliveira CM	1999	São Paulo	Stigma and the Body

Source: Prepared by the authors.

A serious condition of vulnerability faced by women with leprosy is their incarceration. The study carried out by Parente et al.⁽¹⁰⁾ in 15 women's prisons, with 1,327 women, found that the prevalence of leprosy and the potential for transmission among women deprived of their liberty was higher than that found in women from the general population. Based on medical examinations, suspected leprosy was identified in 5.1% of the women surveyed and those who declared themselves white were 1.4 times more likely to have leprosy. Although the study does not find scientific evidence of a causal association between prisons and leprosy, it certainly discusses a possible reality for transmission to occur. Prisons do not have an effective health system that can take care of them, especially with regard to chronic diseases.

A group of nine women was studied by Gonçalves⁽¹¹⁾, looking at their lives from the perspective of changes to their bodies, financial maintenance and guaranteed rights. The changes in skin color and other alterations are reported as something that affects the female condition, the relationship with the body and the loss of the sexually "desirable condition"; the work limitations imposed by the disease, especially with regard to informal domestic work, are too as a concern for long-term financial maintenance, associated with the lack of knowledge of how to apply for labor rights and/or retirement. There are also violations of citizens' rights and insecurity about maintaining these rights, according to one interviewee: "Then I didn't even go to court, I didn't even go to court, you know...". Thus, the researchers say that these women are going through a process of reformulating and reinventing their daily lives in order to cope with leprosy.

Leprosy does not occur randomly and there is a need to understand the dynamics of transmission of the disease in endemic areas. Are the two premises raised by Souza, Luna and Magalhães⁽¹²⁾, using a time series analysis and a geographic information system to identify areas at risk of transmission of the disease in the state of Bahia -, Brazil, between 2001 and 2015. Regarding women with leprosy, the study showed little variation over the time series, the proportions observed were 51.57% (2001) and 49.72% (2015), and the trend analysis showed a statistically significant decline over the period (AAPC = -0.6%; p<0.001).

According to Souza et al.⁽¹⁴⁾, in their time series study of secondary data on leprosy detection coefficients, obtained from the Ministry of Health's Information System for Notifiable Diseases - Sinan MS, the state of Bahia (2001 to 2014) maintains high endemicity, active transmission, late diagnosis and probable hidden leprosy endemicity. The analysis stratified by gender showed a downward trend in the detection coefficients among women and a more marked upward trend in the proportion of multibacillary cases and the detection coefficient for grade 2 disability. The authors' suggestion is to

include the gender category in the studies, since the disease, and in this case, leprosy, affects men and women differently.

Stigma is more than a concept or a definition, it is the materialization of the interpretation of the other person's view of you and your limitations. Neiva and Grisotti⁽¹³⁾, using the life stories of three women living in the Jequitinhonha Valley, showed that poverty, social vulnerability and the silenced disease are the main problems that health education actions should prioritize. Some accounts in these interviews expressed stigmatization:

O estigma é mais que um conceito ou uma definição, ele é a materialização da interpretação do olhar e das limitações do outro sobre si. Neiva e Grisotti⁽¹³⁾, utilizando-se da história de vida de três mulheres moradoras no Vale do Jequitinhonha, evidenciaram que a pobreza, a vulnerabilidade social e a doença silenciada são os principais problemas que as ações em educação em saúde deveriam priorizar. Alguns relatos nestas entrevistas expressaram a estigmatização:

What marked me most in life wasn't the disease, it was the prejudice.
A colleague told me that if she knew one day that someone had leprosy, she wouldn't sit near them. And sitting next to me!
She told the others that I had the disease. [...] From that day on, going to the polyclinic to take my medication got too bad. I used to sit outside before they called me.⁽¹³⁾

Gonçalves and collaborators⁽¹⁵⁾ analyzed the relationship between women with leprosy, work and daily life, reported by ten women in semi-structured interviews and a field diary. The dimensions presented were: "The pain of leprosy", "Changes with the disease and adaptations in work and activities" and "Being a woman with leprosy". Regarding these dimensions, the statements about physical pain (causing a decrease in work capacity), the social world, suffering and fear with diagnosis and treatment, including the uncertainty of maintaining the conditions of existence, were significant. The disease makes them rethink their standards of beauty and aesthetics, and the role of "mother", socially defined, was an important factor in coping with the disease. Regarding the performance of work activities in relation to prejudice, they do not perceive differences between men and women affected by the disease. Domestic tasks were carried out with greater difficulty and formal work could be interrupted by dismissal.

Souza et al.⁽¹⁶⁾ Eusing the concept of programmatic vulnerability, carried out a time series study from 2001 to 2014 of residents in the state of Bahia. To compose the time series, the proportions of contacts, cures among new cases, treatment abandonment and "relapse" were analyzed. In the proportion of contacts examined, the records increased more sharply when it was a woman; the reduction in the proportion of cured (new cases) decreased more sharply among men than among women; and for relapse, women showed a reduction and men a significant increase. In conclusion, the authors point to weaknesses in the surveillance of household contacts, timely diagnosis and treatment, as well as the follow-up of people affected by leprosy to monitor cure and relapse.

The study carried out by Silva and Barsaglini⁽¹⁷⁾ analyzes the experience of seven women who were being monitored by a referral service in Cuiabá-MT. These women already lived with other comorbidities, so they were used to biomedical healing processes and their own ways of interpreting what they felt and how to self-medicate. Furthermore, the search for a clinical diagnosis was not resolute; and when treatment was started, the reactions, due to the medication and its dosage, were

considered "worse" than having leprosy, adding to the stigmatizing situation. This shows the urgent need to understand the cultural dimension when working with health.

With the aim of getting to know the body image of people who have had leprosy and developed physical disabilities, the study by Batista, Vieira and Paula⁽¹⁹⁾, applied the Human Figure Drawing (HFD) psychological test in 2009 to five women who were being monitored in the Leprosy Self-Care Program at a Regional Specialty Outpatient Clinic in a municipality in the Paraíba Valley of São Paulo. These women presented the fear of social exclusion; that sores, pellets and darkened skin are synonymous with unhappiness and, in both presentations, they pointed out the stigma. As a recommendation, the authors suggest self-care educational actions that can contribute to the adherence of people with leprosy to caring for their own bodies.

When assessing 88 women, users of the basic units of health of Uberaba-MG, with a questionnaire applied before and after the educational intervention that covered signs and symptoms, means of transmission, complications and treatment of leprosy, Moreira et al.⁽¹⁸⁾ observed that misinformation is still a problem to be solved and the educational action carried out proved to be effective, with a significant increase in correct answers on knowledge about leprosy for most of the items assessed.

With the aim of understanding the social representations of the body in forty-three women with alterations caused by the disease, using semi-structured interviews, Palmeira et al.⁽²⁰⁾ presented the words associated with prejudice based on the negative perception of leprosy. The site of the research was a Specialized Reference Unit in Sanitary Dermatology located in the municipality of Marituba/Pará-Brazil, a former leprosy colony (Marituba Colony). As it is a deactivated colony, the social memory of the disease has a great influence on feelings such as fear, anxiety and loneliness, and on quality of life, treatment and self-care.

For a large part of the 20th century, women with leprosy were forbidden from having children; their children were taken to clinics due to the policy of compulsory isolation to control the disease. In order to understand the experience of motherhood in the Santa Izabel colony hospital, Almeida et al.

⁽²¹⁾ carried out a narrative study with three mothers who had lived through the period of compulsory hospitalization. The interviewees' speeches expressed their feelings:

But I don't believe that a father can raise a daughter with leprosy, living inside a colony, living the way we do, my husband and I, isolated from everything, and have a child.

Then they took off the chains and handed the children over to us. But the children weren't used to us, it was a pain. I wasn't used to them and they weren't used to me and my husband. They were used to their own rhythm, that of their sisters.⁽²¹⁾

A cross-sectional study was carried out in the municipality of São Luís do Maranhão, with 85 cases of leprosy, 54.8% of which were women. Leprosy is traditionally associated with poverty and precarious housing conditions, but in this study, the majority had their own homes (86.3%), in conditions considered to be adequate. This led the authors Corrêa et al. to conclude that the profile of people with leprosy is changing and that more studies are needed to analyze this new profile. Training professionals is an important strategy for early diagnosis and prevention of disabilities⁽²²⁾.

With the aim of creating a profile of the people affected, Budel et al.⁽²²⁾ carried out a survey at the Dermatology Outpatient Clinic of the Hospital Evangélico de Curitiba. The Dermatology Life

Quality Index questionnaire was applied to 22 patients, ten female. In the study, it was found that the severe or very severe quality of life impairment score was predominant in the sample, having a greater impact on women and showing no difference in relation to the leprosy of five paucibacillary women or the five multibacillary women. Skin lesions and neural involvement caused by leprosy reduced the possibility of a healthy quality of life, due to physical disabilities and low self-esteem.

The research carried out by Martins and Caponi⁽²⁴⁾, at Santa Teresa Hospital, with three women, former leprosy patients, addresses stigma, prejudice and exclusion from social and family contact, as well as the relationship they had with public health services, using oral history methodology. The authors tell the story of the hospital, which still houses all or part of 43 leprosy exporters with physical, psychological and social sequelae. The study shows that people's discourse is often confused with the history of the hospital, especially as some of them have returned to live there. The stories show that misinformation about leprosy persists, as a result of the latent traces of stigma.

Borges⁽²⁵⁾ analyzes the speeches of four women at the Hospital Colônia Itapuã, in Viamão (RS), which still had 180 patients and residents. The author uses oral history methodology and observes the way in which women with leprosy construct their life trajectories, in three specific moments: marriage, motherhood and widowhood. The three phases are marked by ruptures in the right to exercise one's will in order to comply with normative determinations of the time; and the four women interviewed discussed how, after the death of their partners, they were given new meanings, with feelings and details, in an attempt to recompose the past and reiterate their social role as mother, woman and wife.

The detection of leprosy in the municipality of Paracatu was a central point in the study by Ferreira et al.⁽²⁶⁾ which aimed to distribute, territorially, cases of leprosy in school children and adolescents under 20 years of age, using the strategy of active search for cases. The methodology used was a prospective and ecological cohort study. 68 cases of the disease were diagnosed, 55.8% were women and the disease predominated in the 10 to 14 year old group. During the research in schools, health education actions were also carried out, focusing on leprosy, encouraged by self-examination and spontaneous attendance at the health unit. The authors' considerations were that active search and health education should be part of prevention and protection actions for schoolchildren.

Oliveira and Romaneli⁽²⁷⁾, using the framework of social representations, analyzed the experiences of 202 people with leprosy, 70 of whom were women enrolled in the control and treatment program of the Ribeirão Preto health services. In the first part of the study, a questionnaire with structured questions was applied. In the second part, interviews were conducted with ten men and ten women. The results were categorized as: impact of the disease, appearance of the patient, marital relationship/support and work. The authors emphasize that women are discriminated against because they are women, representing an imbalance between the genders, accentuating the inequalities that already exist in the socio-cultural field.

Through semi-structured interviews with ten women and ten men, the study by Oliveira et al.⁽²⁸⁾ analyzed the effects of sexuality on the daily family life of people with leprosy. The analysis initially assessed the need to consider gender-related issues in order to work on prevention and intervention in the field of health. Two meanings were identified in the research: the first as a reason for separating families and the second as something that harms the sexual relationship between couples. For both men and women, sexuality is not a topic that is valued by health professionals, and regardless of the reason for this devaluation, this is one of the reasons for family breakdown.

Final Considerations

Brazil ranks second in leprosy cases in the world, a very worrying position. Leprosy is a historical disease that has a much greater emotional burden than the disease itself, as it involves stigma, prejudice and lack of information, factors that permeate it. Women with the disease suffer inequalities and injustices, having to create strategies to manage the disease. Furthermore, there is also the impact of the disease on a woman's self-esteem and the way she sees her body. Reports of insecurity in their jobs, risks of dismissal; of repulsion from spouses, friends and family, are examples of how women's lifestyles are affected. This awareness that carrying the disease can put their jobs and citizenship rights at risk raises the question of the lack of legal support and public policies that support the demands of these women.

From the analysis of the articles, we verified that the intersection between gender, stigma, prejudices, family, social and religious relationships, corroborates the need to carry out more studies with the concepts of illness and vulnerability of women with leprosy. We need research that can increasingly elucidate the pressing needs of women, so that we can optimize forms of care, especially when thinking about the management and administration of the disease from primary care.

Conflict of interest

The authors declare that there is no conflict of interest.

Author's contribution

Mendes DSGJ, Soares FDS, Silva MV da and Montagner MI contributed to the conception/design of the article, data analysis and interpretation and the writing of the article. Alves SMC contributed to the critical review of its content and approval of the final version.

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