EP006

Explaining Leprosy Stigma and Delayed Detection in Pahang: An Explanatory Mixed-Methods Study



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INTRODUCTION

- **The Clinical Problem:**

Leprosy is curable, yet delayed detection leads to preventable Grade 2 Disability (G2D) and continued transmission.

- **The Risk Context:**

Early detection depends on individuals presenting for care, but case detection remains largely passive—indicating barriers beyond healthcare access.

- **The Behavioural Barrier:**

Socially embedded stigma drives non-disclosure, social avoidance, and delayed care-seeking.

OBJECTIVES

To examine how stigma operates as a behavioural mechanism influencing delayed care-seeking using an explanatory sequential mixed-methods approach.

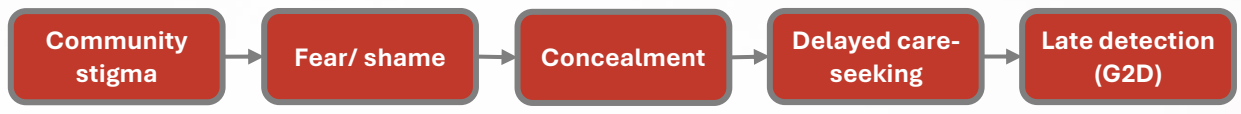


Figure 1. Conceptual pathway linking stigma to delayed care-seeking and late detection (G2D).

METHODOLOGY

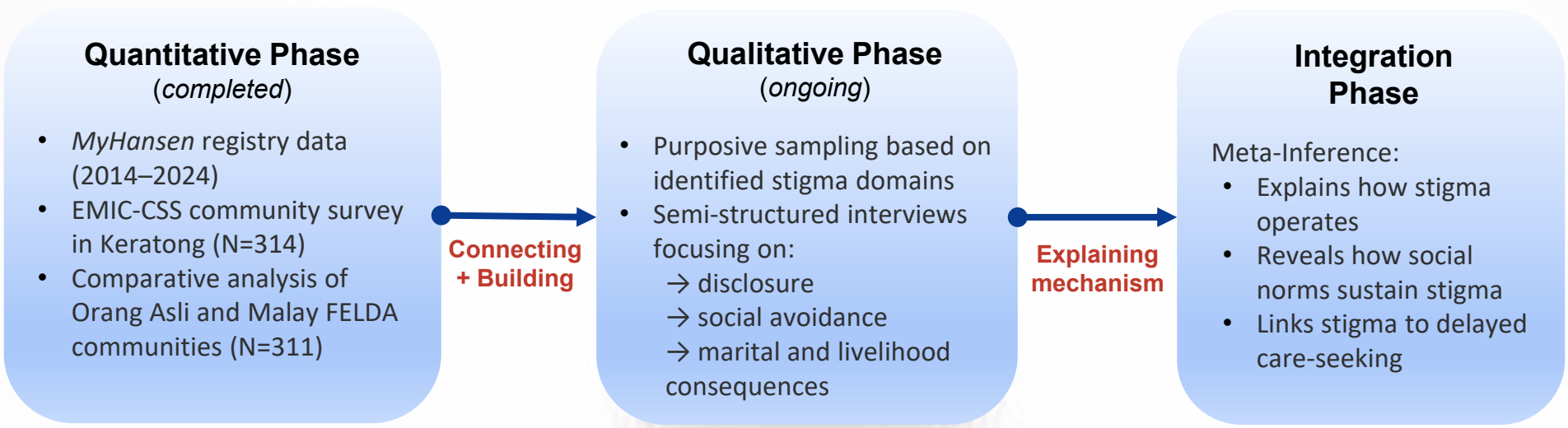


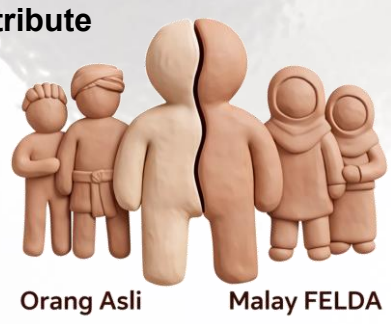
Figure 2. Explanatory sequential mixed-methods design showing integration of quantitative and qualitative phases.

RESULTS

- **High Risk of Delayed Detection**:

Out of 394 cases, **7.1%** presented with G2D at diagnosis. Cases detected passively had three times higher odds of presenting with G2D (aOR 3.19; 95% CI: 1.35–7.55; p=0.008), indicating substantial delays in care-seeking.

- **Stigma Operates at the Social Norm rather than an individual attribute**



No significant difference in stigma levels was observed (p > 0.05).

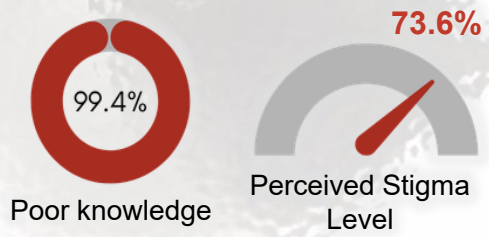
- **Key Behavioural Drivers of Delayed Care-Seeking (EMIC-Community Stigma Scale)**



(Naem et. al., 2025)

- **The Knowledge-Stigma Gap**

Despite widespread poor knowledge (99.4%), perceived stigma remained high (73.6%), suggesting that knowledge alone is insufficient to drive timely care-seeking.



(Naem et. al., 2025)

Together, these findings indicate that delayed detection is driven by socially embedded stigma rather than knowledge deficits alone.

DISCUSSION AND CONCLUSION

Delayed detection in Pahang is strongly shaped by **stigma-related behavioural constraints**, particularly around disclosure and anticipated social consequences.

The absence of differences between Orang Asli and Malay FELDA communities indicates that stigma operates as a **shared social norm**, rather than an individual attribute.

Despite widespread poor knowledge, high stigma persists—indicating that **knowledge alone is insufficient to drive timely care-seeking**.

> "Stigma operates at the social level—shaping behaviour and driving delayed detection."

Way Forward:

- Qualitative phase will examine how these norms are **produced**, **reinforced**, and **sustained** within the community
- Findings will inform **stigma-sensitive, behaviourally informed interventions**, including approaches that support safe disclosure within families and reduce socially driven avoidance.

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