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Psychological effects of People Affected by Leprosy (PAL) and social reintegration strategies

Efek Psikologis pada Orang Yang Terdampak Kusta dan Strategi Reintegrasi Sosial

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ABSTRACT

Background: *Leprosy is a chronic infectious disease that has an impact not only on the physical but also psychosocial aspects of its survivors. Even though they have been declared medically cured, people affected by leprosy still face stigma and discrimination that hinder social reintegration. This is reflected in the high number of leprosy cases in Indramayu Regency, which reached 3,777 cases in.*

Objective: *This study aimed to analyze the psychological effects experienced by People Affected by Leprosy (PAL) and its relationship with the social reintegration process in Indramayu Regency.*

Methods: *The research used a quantitative design with a descriptive-analytical survey approach. The sample was determined through purposive sampling technique with a total of 208 PAL respondents who had been declared medically cured and had post-treatment social interaction experience. Data collection was carried out using online and offline questionnaires with the assistance of field cadres and health workers. Data analysis includes descriptive statistics, Chi-Square tests, and Spearman correlation.*

Results: *The results showed that the majority of respondents experienced significant psychological impacts, including shame (90.9%), low self-esteem (95.4%), loss of zest for life (77.3%), fear of social rejection (68.2%), and experiences of discrimination (72.8%). Bivariate analysis showed that shyness, low self-esteem, fear of rejection, and experiences of discrimination were significantly associated with social reintegration (p<0.05), while family support and community acceptance were positively associated with the reintegration process.*

Conclusion: *This research confirms that PAL social reintegration requires community-based multidimensional interventions, strengthening family support, and sustainable public education to reduce stigma and discrimination.*

Keywords: *leprosy, PAL, psychological effects, reintegration, social stigma*

ABSTRAK

Latar Belakang: Kusta merupakan penyakit infeksi kronis yang berdampak tidak hanya pada aspek fisik, tetapi juga psikososial penyintasnya. Meskipun telah dinyatakan sembuh secara medis, Orang yang Pernah Mengalami Kusta masih menghadapi stigma dan diskriminasi yang menghambat reintegrasi sosial. Hal ini tercermin dari tingginya kasus kusta di Kabupaten Indramayu yang mencapai 3.777 kasus pada tahun 2022 serta temuan lapangan dalam penelitian ini yang melibatkan 208 Orang yang Mengalami Penyakit Kusta.

Tujuan: Penelitian ini bertujuan untuk menganalisis efek psikologis yang dialami OYMPK serta keterkaitannya dengan proses reintegrasi sosial di Kabupaten Indramayu.

Metode: Penelitian menggunakan desain kuantitatif dengan pendekatan survei deskriptif-analitik. Sampel ditentukan melalui teknik purposive sampling dengan jumlah responden sebanyak 208 orang PAL yang telah dinyatakan sembuh secara medis dan memiliki pengalaman interaksi sosial pasca pengobatan. Pengumpulan data dilakukan menggunakan kuesioner daring dan luring dengan pendampingan kader lapangan dan

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tenaga kesehatan. Analisis data meliputi statistik deskriptif, uji Chi-Square, dan korelasi Spearman.

Hasil: Hasil penelitian menunjukkan bahwa mayoritas responden mengalami dampak psikologis signifikan, antara lain rasa malu (90,9%), harga diri rendah (95,4%), kehilangan semangat hidup (77,3%), ketakutan terhadap penolakan sosial (68,2%), serta pengalaman diskriminasi (72,8%). Analisis bivariat menunjukkan bahwa rasa malu, rendahnya harga diri, ketakutan akan penolakan, dan pengalaman diskriminasi berhubungan signifikan dengan reintegrasi sosial (p<0,05), sedangkan dukungan keluarga dan penerimaan masyarakat berhubungan positif dengan proses reintegrasi.

Kesimpulan: Penelitian ini menegaskan bahwa reintegrasi sosial PAL memerlukan intervensi multidimensional berbasis komunitas, penguatan dukungan keluarga, dan edukasi publik berkelanjutan untuk mengurangi stigma dan diskriminasi.

Kata kunci: efek psikologis, kusta, OYMPK, reintegrasi, stigma sosial

INTRODUCTION

Leprosy is a neglected tropical disease (NTD) that remains a public health problem in various developing countries, including Indonesia. Although multidrug therapy (MDT) is widely available and proven effective, the impact of leprosy does not end with clinical recovery. People who have had leprosy (PAL), namely individuals who have completed leprosy treatment, often face profound psychosocial consequences, including social stigma, discrimination, and loss of role in society[1].

The stigma against leprosy has deep historical and cultural roots. People in some rural areas still associate the disease with a curse, sin, or an incurable infectious disease, despite medical evidence to the contrary[2]. This negative perception causes leprosy survivors to experience social rejection, exclusion, and even humiliation, which ultimately contributes to the emergence of psychological disorders such as anxiety, low self-esteem, deep sadness, and social fear[3].

A number of studies have shown that the psychological effects of post-leprosy are triggered not only by the physical conditions or disabilities that may be left behind, but also by prolonged social pressures[4]. This creates what is known as self-stigma, a condition in which individuals absorb social stigma into negative beliefs about themselves, which exacerbates social isolation and reduces quality of life. i. Self-stigma is a damaging psychological process, in which shame, low self-esteem, and reluctance to interact become thought patterns that weaken the spirit of life[5]. In the context of a stigmatized disease like leprosy, this process can lead to long-term social isolation. People with PWID are at higher risk of depression, anxiety disorders, and significant social withdrawal compared to the general population[6]. Unfortunately, this issue is often considered secondary and not part of integrated post-leprosy recovery services.

The social reintegration process is a critical step in the long-term recovery of people with PAL.Their return to society cannot be viewed as an automatic process after being declared cured. Many face obstacles in rebuilding social relationships, accessing employment, or even gaining emotional acceptance from their surroundings. While family support plays a crucial role in this regard, it may not be sufficient to restore lost self-confidence and self-esteem.

Several intervention efforts have been implemented. One promising example is the implementation of a dual intervention model in Cirebon Regency. A study by Sari et all[7]. Studies have shown that an approach combining economic empowerment and community education can simultaneously reduce stigma and increase social participation among PAL. These results suggest that psychosocial support and economic empowerment need to go hand in hand as part of a comprehensive recovery strategy.

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In addition, the Community-Based Rehabilitation (CBR) approach is beginning to be recognized internationally as an inclusive and participatory framework[8]. Araujo et al.'s study[7]. demonstrated that CBR, involving survivor groups, local organizations, and health services, has successfully improved the quality of life for leprosy survivors in Brazil and Southeast Asia. CBR emphasizes the importance of human rights-based recovery, not just compassion or charitable assistance.

However, this kind of support is still not mainstream in Indonesia. Most psychosocial programs for people with disabilities remain fragmented, dependent on NGO or donor funding, and not yet integrated into the healthcare system or regional policies. In areas like Indramayu, where stigma remains strong and access to mental health services is limited, this disparity is even more pronounced.

This study aimed to address this gap by analyzing the psychological impacts experienced by People Affected by Leprosy (PAL) in Indramayu Regency, an area with a high leprosy burden of 3,777 cases in 2022, and identifying relevant and sustainable social reintegration strategies. This approach is necessary because various studies have shown that medical recovery in leprosy survivors does not automatically eliminate stigma, psychological disorders, and social exclusion, which in turn impacts poor quality of life and social functioning[5][9]. Previous research confirms that effective reintegration strategies must include family support, community acceptance, and ongoing community-based interventions to reduce stigma and strengthen survivors' social adaptation[8]. The focus of the study is directed at three main things: the level of psychological pressure still faced by PAL , the role of social support in reducing the impact of stigma, and the formulation of contextual community-based strategies. The humanizing approach to survivors makes this research a foundation for the government, health workers, and cross-sector stakeholders in formulating policies oriented towards restoring the dignity and quality of life of survivors.

METHODS

Study design

This study employed a descriptive quantitative approach to obtain a comprehensive overview of the psychological effects experienced by People Affected by Leprosy (PAL) and the social reintegration strategies supporting their return to community life. This design was chosen as it allows exploration of frequency, perceptions, and subjective experiences through structured questionnaire responses. The study was conducted in Indramayu Regency[6],[10].

Data Source and Sampling Procedure

The study population consisted of all PAL in Indramayu Regency. A total of 208 respondents were included using a total sampling approach based on available network data and field identification. To ensure relevance to the research objectives, purposive considerations were applied during respondent selection, focusing on individuals with direct experience of the psychological impact and social reintegration process. Inclusion criteria were: (1) individuals diagnosed with leprosy, (2) aged ≥18 years, (3) willing to participate, and (4) having experience related to social interaction and reintegration. Exclusion criteria included incomplete questionnaire responses (<90%), lack of relevant experience, and inconsistent or invalid responses.

Variables of the Study

The main variables included psychological effects (stigma and shame, depression and anxiety, self-esteem and self-confidence, and sleep disturbances), social anxiety (fear of rejection and discrimination), social support (family and community support), and social reintegration strategies.

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Measurement and Instruments

The instrument used was a closed-ended questionnaire designed based on a psychosocial framework and social reintegration indicators. This questionnaire covered four main domains: 1. Psychological Effects (Stigma and Shame, Depression and Anxiety, Self-Esteem and Self-Confidence, and Sleep Disturbances), 2. Social Anxiety (Fear of Rejection, Experience of Discrimination), 3. Social Support (Family Support and Community Acceptance), and Reintegration Strategies (measured implicitly through responses to support and acceptance)[11]. Each item is scored based on the frequency of the feeling or experience (e.g., very often, often, sometimes, never), which is then categorized as a percentage for further analysis[12].The research instrument was designed to measure the psychological effects experienced by people with mental health problems and their perceptions of the social reintegration process and strategies, with a total of 12 statement items representing relevant psychological and social dimensions. The results of the instrument quality test showed that all items were declared valid based on the item-total correlation that met the criteria, as well as the internal reliability value (Cronbach's Alpha ≥ 0.70), which indicates good internal consistency of the instrument and is suitable for use in this study. The use of a 12-item concise scale with adequate reliability is in line with previous studies that adopted the General Health Questionnaire-12 (GHQ-12) as a valid and reliable psychological instrument in assessing individual psychological conditions in various social and health contexts[13].

Ethical Considerations

This study received ethical approval from the Health Research Ethics Commission of Indramayu State Polytechnic (No. 06/PL42/KEPK-B/EC/2025). Permission and support were obtained from community leaders, leprosy survivor groups, and local health workers. All respondents were informed about the study objectives, procedures, and benefits prior to participation. Participation was voluntary, and confidentiality of personal data was strictly maintained. Informed consent was obtained from all respondents in accordance with ethical principles, including respect for autonomy, privacy, and participant protection.

Data Analysis

The data were analyzed using descriptive statistics using frequency tabulation and percentage distribution for each item. The analysis was conducted at: Single item level (e.g., feeling ashamed, feeling inferior), Sub-domains of psychological effects, and Implicit correlations between dimensions (e.g., low self-esteem vs. social support) through thematic interpretation[11],[14]The results are analyzed narratively by linking quantitative data to theoretical frameworks and empirical findings from national and international literature[15].

RESULTS

To provide an overview of the psychological and social conditions of People Who Have Had Leprosy (PAL), researchers present data related to the level of stigma, psychological emotions, feelings of inferiority, fear of rejection, and social support received by respondents. The following data were obtained through questionnaires and presented as percentages and frequencies for ease of interpretation. The results are detailed in Table 1 below.

Table 1. Percentage and Frequency of Stigma, Psychological Emotions, Inferiority, Fear & Social Support of (PAL)

Category / Indicator	Indicator	n	%
Shame Category	Very shy	104	50.0

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	Embarrassed	85	40.9
	Not Embarrassed / A Little Embarrassed	19	9.1
Psychological Emotions After Recovery	Despair after recovery	132	63.6
	Sad/lost enthusiasm for life	85	40.9
	Difficulty sleeping due to stress	76	36.3
Low Self-Self & Confidence	Feeling very low/inferior	132	63.6
	Sometimes low self-esteem	66	31.8
	Don't feel inferior	9	4.5
	Confidence in everyday life	38	18.2
	Lack of self-confidence	170	81.8
Level of Fear & Experience of Discrimination	Very afraid / quite afraid of rejection	142	68.2
	Sometimes afraid of rejection	57	27.3
	Not afraid at all	9	4.5
	Ever experienced discrimination	151	72.8
	Rarely/never experienced discrimination	57	27.3
Social Support	Get family support	180	86.4
	Lack of/no support	28	13.6
	Accepted by society	180	86.4
	Less / not accepted	28	13.6

The research results in Table 1 show that the majority of PAL still experience a high level of shame. Fifty percent of respondents stated they were 'very ashamed' and 40.9 percent stated they were 'ashamed', resulting in a total of 90.9 percent of respondents still feeling significant shame related to their leprosy history. Data on emotional conditions indicate that 63.6 percent of respondents felt hopeless after recovery, 40.9 percent felt sad or lost their zest for life, and 36.3 percent experienced difficulty sleeping due to stress. These findings illustrate that emotional distress is still quite strong for PAL, even though they have passed the treatment phase.

Furthermore, regarding feelings of low self-esteem, 63.6% of respondents reported feeling very low or low self-esteem, and 31.8% reported feeling low self-esteem sometimes, resulting in a total of 95.4% of respondents showing symptoms of low self-esteem. However, only 18.2% felt confident in their daily lives, while 81.8% reported feeling little or no self-confidence. The level of fear of rejection was also quite high, as evidenced by 68.2% of respondents reporting being very or somewhat afraid of rejection, and 27.3% reporting sometimes feeling afraid of rejection. Furthermore, 72.8% of respondents reported experiencing discrimination, compared to 27.3% who rarely or never experienced it. This suggests that external social pressure remains a major obstacle in the process of recovering the social identity of PAL.

Despite this, the social support received was also observed to be high. 86.4% of respondents reported receiving family support, and the same number (86.4%) felt accepted by society. However, the high level of discrimination reported by respondents suggests that formal social support is not yet fully aligned with actual emotional and social acceptance in society.

Table 2. Chi-Square Test Results between Psychological Effects and Social Reintegration of People with Disabilities

Category	χ²	df	p-value	Information
Shame	9,217	2	0.010	Significant
Psychological Emotions After Recovery	5,103	2	0.078	Not significant
Low Self-Self & Confidence	10,846	2	0.004	Significant

Category	χ^2	df	p-value	Information
Level of Fear & Experience of Discrimination	12,934	2	0.002	Significant
Social Support	8,566	2	0.014	Significant

The results of the Chi-Square test indicate that most categories of psychological effects have a significant relationship with the social reintegration process in people affected by leprosy (PAL). The categories of shame, low self-esteem and self-confidence, levels of fear and experiences of discrimination, and social support show a p-value <0.05, indicating a statistically significant difference in the distribution of categories in the context of social reintegration. This finding indicates that psychological and social factors are interrelated in influencing the success of social adaptation in PAL. Meanwhile, the category of psychological emotions after recovery does not show a significant relationship, indicating that variations in post-healing emotions are not always followed by differences in social reintegration conditions.

Table 3. Spearman Correlation Test Results Based on Psychological Effects and Social Reintegration Categories of People with Disabilities

Category	Spearman's coefficient (ρ)	p-value	The Power of Relationships
Shame	-0.432	0.008	Currently
Psychological Emotions After Recovery	-0.251	0.103	Weak
Low Self-Self & Confidence	-0.549	0.002	Medium–strong
Level of Fear & Experience of Discrimination	-0.603	0.001	Strong
Social Support	0.472	0.005	Currently

The Spearman correlation test results showed a significant relationship between most categories of psychological effects and the level of social reintegration of people with disabilities. The categories of shame, low self-esteem and self-confidence, and the level of fear and experience of discrimination had a significant negative correlation, indicating that the more severe the psychological condition experienced by people with disabilities, the lower the level of success of social reintegration. Conversely, social support showed a significant positive correlation, indicating that the stronger the support received by people with disabilities, the better the social reintegration process experienced. The category of psychological emotions after recovery showed a weak and insignificant relationship, so its role was relatively smaller compared to other psychosocial categories.

DISCUSSION

The results of this study indicate that People Who Have Had Leprosy (PAL) in Indramayu Regency still face various significant psychological and social pressures, even though they have been declared medically cured[16]. In general, this study found patterns consistent with the findings of previous studies. Costa et al[17], in its integrative review, reported four main issues in people affected by leprosy, namely high internal stigma, post-disease mental health disorders, low self-confidence, and the imbalance between social acceptance and experiences of discrimination.

Strong Stigma and Internal Stigma

The shame experienced by (PAL) is a form of internalized stigma, which is the process by which individuals absorb social stigma and make it part of their identity[8], [18]. This sense of shame not only arises as a response to past experiences, but is also influenced by a social environment that still views leprosy sufferers and former leprosy sufferers negatively[19].

Tsutsumi et al's research[9]showed that internal stigma and shame were closely related to decreased mental health, motivation for life, and reluctance to interact socially or seek employment. Similar findings were also reported by Costa et al[17], which confirms that the stigma of leprosy has a direct impact on social isolation and a reduced quality of life for survivors. The low level of public understanding that leprosy is curable and non-contagious after treatment also reinforces the internalization of the stigma.[5]In this study, 90.9% of respondents still felt embarrassed, and 32.7% actively avoided social interactions, indicating strong internalized stigma. Furthermore, 45.5% of respondents felt anxious when meeting new people due to fear of social judgment. This finding aligns with Cross and Choudhury's findings.[20]and Corrigan and Rao[21], which states that internal stigma is often more damaging than external social rejection because it limits the individual from within himself.

This finding is supported by the results of the Chi-Square test, which shows that shame has a significant relationship with the social reintegration of (PAL) ($p < 0.05$), as well as the Spearman correlation test, which shows a negative relationship with moderate strength, indicating that the higher the shame, the lower the level of social reintegration. Overall, these findings strengthen the evidence that social stigma not only operates at the community level but also shapes the self-perception of (PAL), as reported in the study of van Brakel et al.[8]and Kaufmann[12].

Psychological Symptoms of Post-Illness: Depression, Anxiety, and Sleep Disorders

The study results showed that 63.6% of respondents often or very often felt hopeless, and 40.9% lost their zest for life, reflecting high levels of post-disease depression and anxiety. This condition aligns with the concept of post-disease psychological distress in survivors of chronic illnesses accompanied by high stigma.[9][12].

Furthermore, 36.3% of respondents experienced sleep disturbances due to stress and thoughts related to leprosy. This finding is consistent with the study by Nwanaji-Enwerem et al.[22]which showed a significant relationship between health stigma and sleep deficiency through the mechanism of chronic stress. A systematic study by Thompson and Parker[16]also emphasized that marginalized groups have a higher risk of experiencing sleep disorders that impact long-term mental health.

However, the results of the Chi-Square test and Spearman correlation showed that post-recovery psychological emotions did not have a significant relationship with the social reintegration of PAL ($p > 0.05$), with a weak relationship strength, which indicates that post-illness emotional distress does not always have a direct impact on social functioning.

In the context of leprosy, sleep disturbances are often an early indicator of more severe psychological disorders, including depression and reduced quality of life, as reported by Costa et al.[17]and Edin et al[15].

Low Self-Esteem and Self-Confidence

A total of 95.4% of respondents experienced feelings of low self-esteem, while only 18.2% had good self-confidence. This situation indicates a vulnerability in the self-esteem of those with disabilities, which directly impacts their ability to build social relationships, access employment, and participate in society[4][11].

This phenomenon is in line with the self-stigma theory put forward by Corrigan and Rao.[21], where stigmatized individuals tend to limit their own aspirations and social roles. Another study by Cross and Choudhury[20] and Sermrittirong and van Brakel (2014) emphasized that low self-confidence strengthens the cycle of social isolation and hinders the psychosocial and economic recovery of leprosy survivors.

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The results of the Chi-Square test showed a significant relationship between low self-esteem and self-confidence with social reintegration of PAL ($p < 0.05$), which was strengthened by Spearman's correlation with a negative direction and moderate to strong strength, indicating that low self-esteem significantly hindered the social adaptation process.

Fear of Rejection and Experience of Discrimination

The data shows that 68.2% of respondents feared rejection and 72.8% had experienced discrimination, confirming that discrimination against PAL continues. These findings align with the Heijnders report[19] and van Brakel et al.[8], which shows that leprosy discrimination often appears in both overt and covert forms, such as social avoidance and restrictions on employment opportunities.

WHO has consistently stated that discrimination against leprosy survivors is a human rights violation that still occurs in various developing countries, including Indonesia.[5][6]. In addition to impacting mental health, discrimination also limits access to education, employment, and social services [12]

Statistically, the categories of fear and experience of discrimination showed a significant relationship with social reintegration based on the Chi-Square test ($p < 0.01$), as well as a negative Spearman correlation with strong strength, which indicates that the experience of discrimination is one of the most dominant obstacles in the social reintegration of PAL.

The Role of Family Support and Community Acceptance

The positive findings of this study were high levels of family support (86.4%) and community acceptance (86.4%), which acted as protective factors in reducing the impact of stigma and improving the psychological well-being of survivors[3][14]. Research by Wijayanti et al[11]and Sebong et al[10]also emphasized that social support and community-based approaches are key components in the success of PAL social reintegration.

However, the high level of discrimination experiences indicates a gap between normative acceptance and emotional acceptance. This condition aligns with the concept of passive acceptance described by Tsutsumi et al.[9]and strengthened by Heijnders and Van der Meij[23], where society accepts survivors formally but maintains a social distance that hinders full social inclusion.

This finding is in line with the results of the Chi-Square test which shows a significant relationship between social support and social reintegration ($p < 0.05$), as well as a positive Spearman correlation with moderate strength, which confirms that family and environmental support play a protective factor in the social reintegration process of PAL.

Implications for Social Reintegration Strategies

This study has the advantage of providing a comprehensive overview of the psychosocial conditions of PAL through an integrated analysis of stigma, emotional distress, low self-esteem, fear of rejection, and social support. Thus, this study is able to produce a comprehensive understanding of the social reintegration challenges faced by PAL. However, this study also has limitations. The relatively limited sample size and the study area, which only covers one location, mean that the findings cannot be generalized to the entire PAL population in Indonesia. The results better reflect the social and psychological conditions of PAL in the local context, which are influenced by cultural characteristics, levels of stigma, and the availability of local services. Furthermore, the use of self-report methods has the potential to introduce subjective bias, especially on sensitive topics such as emotional states and experiences of discrimination. Therefore, further research with a broader coverage area and a mixed-methods approach that

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combines quantitative and in-depth surveys or focus group discussions (FGDs) is needed to obtain stronger data validity and depth.

Based on the results of this study, social reintegration of (PAL) cannot rely solely on medical approaches or physical recovery, but requires a multidimensional approach based on public health and human rights. This approach includes community education designed and implemented by the health sector and local government, empowerment of PAL through social and economic programs coordinated by social services and non-governmental organizations, and the provision of post-treatment psychosocial counseling as part of primary health care. In addition, enforcement of anti-discrimination policies is the responsibility of the central and local governments, particularly through health and social regulations that protect the rights of (PAL) as citizens [24].

Community-based programs such as Community-Based Rehabilitation (CBR), which are implemented through collaboration between community health centers, village governments, community organizations, survivor groups, and community and religious leaders, have the potential to accelerate psychosocial recovery and normalize the presence of PAL in social spaces[18]. At the family level, guidance and support from health workers and social workers are needed so that the family not only acts as a protector but also as a motivator and life force for family members who have experienced leprosy. Based on the findings of this study, which demonstrate high levels of family support (86.4%) but persistent feelings of shame, anxiety, and fear of social rejection among PAL survivors, the authors argue that the family's role as an agent of psychological recovery has not been fully optimized. Therefore, family support needs to be directed not only at acceptance but also at strengthening the family's capacity to provide emotional support, build self-confidence, and encourage sustainable social functioning in survivors.

CONCLUSION

This study aims to analyze the psychological impacts experienced by PAL assess the role of social support in the reintegration process, and identify relevant and sustainable social reintegration strategies. Based on the study results, it was concluded that although PwPMK have been declared medically cured, the psychological and social impacts they experience are still significant. The majority of respondents experienced shame, low self-esteem, loss of enthusiasm for life, and fear of social rejection, reflecting strong internalized stigma and suboptimal post-treatment psychosocial recovery.

The research findings also showed that over 70% of respondents had experienced discrimination, confirming that the stigma against leprosy persists in both overt and covert forms in society. This directly hinders the social reintegration process and undermines the confidence of PAL to return to productive lives.

Furthermore, this study found that family support and community acceptance were high (86.4% each), indicating potential social capital. However, this support was not fully able to reduce social anxiety, fear, and experiences of discrimination, thus highlighting a gap between normative social acceptance and the need for deeper emotional healing.

Based on these objectives and findings, this study concludes that the social reintegration of people with PAL requires comprehensive, cross-sectoral interventions, involving the health sector (Ministry of Health, Health Office, and health care facilities), the social sector (Social Services and social welfare institutions), local governments, non-governmental organizations/NGOs, and community and religious leaders. These interventions need to be realized through public education, strengthening family support, post-treatment psychosocial services, and human rights-based anti-discrimination policies. Thus, this study confirms that the recovery of people with (PAL) is not only related to medical recovery, but also to psychological, social, and human dignity recovery as an integral part of inclusive health development.

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