DESCRIPTION OF SELF CONCEPT AND STIGMA IN LEPROSY PATIENT AT GENERAL PUBLIC HOSPITAL OF DAHA HUSADA KEDIRI

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ABSTRACT

Leprosy is a chronic infectious disease caused by Mycobacterium leprosy can cause disability poses no physical changes. Internalized Stigma of leprosy patients suffered because of physical changes or disability suffered. Stigma is the individual's perception of a feeling of a negative attitude and a sense of inferiority felt by the individual who can affect the overall situation. This study aims to study the self concept and stigma of leprosy patients in the Outpatient Installation General Public Hospital Kediri. The study design used was descriptive. The study population was patients with leprosy at Outpatient Installation in General Public Hospital Kediri with subject 38 respondents were selected using purposive sampling technique. The research result showed that leprosy patients had enough stigma (50.0%) and heavy stigma (36.8%). Stigma indicators that supported were on heavy alienation indicator (68.4%), enough stereotypes Support (52.6%), and heavy discrimination (52.6%). From 35 respondents obtained that self-identity was not disturbed, namely 98.3% respondents. Positive body image of leprosy patients is 88.1% respondents. There are 58 respondents (98.3%) who have high self-esteem. There are 88.1% respondents who have not changed the role of leprosy patients. There are good self-ideals 89.8% respondents. The conclusion of this study showed that patients with leprosy got enough stigma primarily on indicators of alienation, stereotypes support and stigma resistant to the level of disability 2.

Keywords: Self Concept, Stigma of Leprosy, Leprosy Patient

Introduction

Leprosy is one of the infectious diseases which is still the most complex problem. Leprosy is caused by the bacteria Mycobacterium Leprae which is rod-shaped, lives in cells, and is acid-resistant (BTA). Mycobacterium leprae infection in humans comes from the ability of these pathogenic bacteria to induce severe injury to peripheral nerves (Schwann cells) and skin (Keratonicits and histiocytes) which results in disability (Dheya, 2018). Late treatment of leprosy will result in disabilities. The disability in leprosy patients causes several physical changes in the sufferer. The changes that occur in people with leprosy can become stressors that affect self-concept. Physical changes in the body cause changes in body image, where identity and self-esteem can also be affected. Changes in body structure, body shape, limitation of movement cause the individual to lose his role in life, this situation also has an impact on the ideal self of leprosy patients (Wiwiek, 2013).

Disabilities that leprosy patients experience, such as physical wounds and disabilities, will have an impact on the patient's psychological condition. Disability conditions cause internalized stigma disorders, resulting in feelings of inferiority and will feel hopeless because of the physical conditions experienced. This feeling of shame will cause leprosy patients to withdraw from participating in social activities because leprosy patients feel that their current condition is bad, such as a wound on the skin which is horrible and very dirty. (Susanto Tantut et al, 2013).

Methods

The research design used is descriptive. Data were collected at the Outpatient Installation at the General Public Hospital Kediri. Jalan Veteran no 48 Kediri on May 2020. The population in this study were leprosy patients. Measurement of Stigma in the Outpatient Installation of the General Public Hospital Kediri was in accordance with the inclusion criteria. Stigma uses a structured ISMI (Internalized Stigma of mental Illness Scale) interview sheet and self-concept measurement is done using a questionnaire that has been tested for reliability. The subjects of this study were leprosy patients in the outpatient installation at the General Public Hospital Kediri. The sampling technique used was purposive sampling of 35 respondents. The research variable was the stigma of leprosy patients. Retrieval of data using a structured interview sheet. Prior to data collection, the ethical clearance test was also carried out. Data processing using Frequency Distribution.

Research Results

Table 1. Frequency Distribution of Respondents Based on Stigma in Leprosy Patients in the Outpatient Installation of the General Public Hospital Kediri (May 2020)

Stigma Category	f	%
Mild	0	0
Medium	4	11,43
Moderate	18	51,43
Heaviness	13	37,14
Jumlah	**35**	**100**

Table 2. Description of the Self-Concept of Leprosy Patients in the Outpatient Installation of the General Public Hospital Kediri (May, 2020)

Self Concept Components	f	%
Personal Identity		
Disturbance	1	2,86
Not Disturbance	34	97,14
Body Image		
Positive	31	88,6
Negative	4	11,4
Self Esteem		
High	34	97,14
Low	1	2,86
Self Role		
Changing	5	14,28
Not Changing	30	85,71
Ideal Self		
Good	53	89,8
Bad	6	10,2

Discussion

Self-Concept Description of Leprosy Patients in the Outpatient Installation of the General Public Hospital, Kediri

Individuals who realize that their existence is a complete synthesis and unity of all components of the self-concept is the meaning of a healthy self-identity. (Suhron, 2017). Identity also reflects on the other (the other), which cannot be separated from the recognition / affirmation of others. According to Yusuf (2015) there are 6 characteristics of individuals with positive self-identities, namely knowing themselves as a whole individual apart from others, acknowledging gender, seeing various aspects of themselves as harmony, evaluating themselves according to society's assessment, being aware of past, present and past relationships who will come, and have an underlying purpose and value. Leprosy patients who can self-identify make self-identity undisturbed and have healthy personality traits with clear identities. Recognizing yourself is the ability to assess your own strengths and weaknesses and is able to recognize your own limitations.

This is evidenced by 18 respondents (51,43%) said they agreed and 17 (48,57%) respondents said they strongly agreed on the statement about "I recognize myself as a whole person". Self-identity is also influenced by gender. Leprosy patients have a good self-identity with the characteristics of being able to admit gender. One of the characteristics of positive self-identity is being able to acknowledge one's own gender, in the sense of being fully aware of himself and accepting and being grateful for his nature as a man or woman. The leprosy patient's awareness of past, present and future interrelatedness is interrelated and affects self-identity. Leprosy patients realize that their current illness has something to do with their past behaviour. This awareness prevents leprosy patients from experiencing self-identity disorder, and is able to realize that their current behaviour and routine treatment can affect their lives in the future. This is evidenced by the fact that 49.1% respondents said they disagreed and 40.6% respondents said they agreed with the statement "I feel that the illness I experienced was due to my past behaviour so that it has an impact on current conditions". Leprosy patients also have goals and values that are realized according to their abilities. This goal makes leprosy patients more aware of their identity. With these goals and values that are believed, leprosy patients have a life purpose and a goal for themselves to be better. This is proven by the fact that 49.1% respondents agreed and 33.9% respondents disagreed with the statement "I hold my life goals and what I believe". Another result of this study found that only 1 respondent 1.7% respondents experienced a change in self-identity. In theory, the patient should not experience self-identity disorder or experience a change in identity, but there are still leprosy patients who experience a change in identity. This is influenced by psychological conditions or acceptance of new conditions. The results showed that leprosy sufferers had leprosy for 1-4 years, this could affect the adaptation process to leprosy.

Based on the results of the study, body image of 35 research respondents, most of the leprosy patients, namely 88.1% respondents experienced positive body image and 11.9% respondents experienced negative body image. Patients with positive body image experienced a level of disability 1 as much as 59.6% respondents and 40.4% respondents experienced a level of disability 2. Body image according to Yusuf (2015) is the ability of an individual's attitude, whether consciously or not, towards his body, including past or present perceptions regarding the size of functions, limitations, meanings and objects continuously, both past and present. Body image is the main thing in self concept. Body image must be realistic because the more a person can accept and like his body, the freer and more secure he will be from anxiety so that his self-esteem will increase. The individual's attitude towards his body reflects important aspects in him, such as feeling attractive or not, fat or not, and so on. Suhron (2017) states that Body Image is a view or perception of oneself, not a person's judgment of himself. A person's attitude towards his body consciously and unconsciously. Attitudes include perceptions and feelings about the size and shape, function, appearance and potential of the body at this time and in the past, any changes will affect the individual's life. Based on the research results, the body image of leprosy patients is positive. This is because respondents are able to see themselves as important in their psychological aspects, able to have a realistic view of themselves. In addition, leprosy respondents already have a good perception of themselves and their body changes so that they have positive thoughts about themselves and will be able to accept themselves well. Conscious or unconscious attitudes of individuals towards their bodies. This was evidenced by the leprosy patients who disagreed, namely 45.8% respondents and 30.5% respondents said they agreed with the statement "I accept the changes in my body after the illness I suffered". The perception of the past or present about body size makes leprosy patients able to accept body changes after suffering from leprosy. The discomfort with changing body shape creates negative perceptions of oneself. This is evidenced by 50.8% respondents who disagreed with the statement "I feel uncomfortable with the change in my body" while 17 respondents (28.8%) said they agreed. Leprosy patients who experience perceptions of the function of limbs that experience changes or deformities make the patient feel useless. The disabilities that arise make leprosy patients unable to carry out activities as members of the community and carry out activities in the community. This is evidenced in the statement "I feel useless as a member of society because of my illness", there were 42.4% respondents who disagreed and 28.8% respondents said they agreed. Leprosy patients do not experience limitations in carrying out their daily activities even though leprosy patients experience weakness and numbness. Leprosy patients can still carry out activities and carry out their work. Some of the respondents continued to carry out their work even though it was not the same as the work before they got leprosy. This is evidenced by the fact that 42.4% respondents said they disagreed and 30.5% respondents said they agreed with the statement "Since I was sick I could not do routine work". In addition to perceptions of size, function, and limitations, past or present perceptions of meaning can also influence body image. An understanding of the meaning of life and of the illnesses suffered and the consequences of illness makes the patient affect his body image. This is evidenced in the statement "As a result of my illness, I feel that I am a meaningless person" as many as 42.4% respondents said they disagreed, while 33.7% respondents said they agreed. This is also related to the perception of the object. This is evidenced by 42.4% respondents who agreed with the statement "I am afraid of changes in my body that are no longer attractive" while 33.7% respondents said they disagreed. In addition, patients from the research results found 11.9% respondents experienced a negative body image. This is because patients with leprosy have not been able to realize changes in the body and still have negative perceptions of size, function, limitations, meanings, and objects.

Based on the results of the study, the self-esteem of 35 research respondents, there were 98.3% respondents who experienced high self-esteem, and 2,86% respondents experienced low self-esteem. Patients with high self-esteem experienced a disability level 1 as many as 59.3% respondents and 39.7% respondents experienced a disability level 2. According to Yusuf (2015) Self-esteem is a personal assessment of the results achieved by analyzing how far the behavior fulfills ideal self. Self-esteem comes from oneself and others. Individuals will feel high self-esteem if they often experience success. Conversely, individuals will feel low self-esteem if they experience failure, are not loved, or are not accepted in their environment. One of the main factors affecting a person's self-esteem is the factor of a person's age or level of maturity. But family support and the surrounding environment also play an important role in influencing one's self-esteem. A person's maturity will increase that person's self-confidence. Self-esteem comes from oneself and others. Individuals will feel high self-esteem if they often experience success. Conversely, individuals will feel low self-esteem if they experience failure, are not loved, or are not accepted in their environment. Self-esteem is formed from childhood from acceptance and attention. Self-esteem increases with age and is especially threatened at puberty

Based on the results of research, leprosy patients are able to provide an assessment or self-evaluation of the results obtained both internally and externally. Leprosy patients who are able to assess the results obtained tend to have high self-esteem. However, family support and the surrounding environment also have an important role in influencing one's self-esteem. This is evidenced by the leprosy patient who agreed, namely 62.7% respondents and 16.9% respondents said they strongly agreed with the statement "I am valuable when I can undergo regular treatment". There were 52.5% respondents said they agreed on the statement "I feel valuable if I get praise / appreciation from others" while 25.4% respondents said they were less likely to agree. In the statement "I am valuable if I succeed in fulfilling my obligations as a member of society", 50.8% respondents agreed and 18.6% respondents strongly agreed. Leprosy patients who feel successful while doing work and are able to become part of the community. The success achieved can increase self-esteem, routine treatment also makes leprosy patients have high self-esteem. This is evidenced by 57.6% respondents who agreed and 32.2% respondents said that they strongly agreed with the statement "I feel valuable if others can respect me". Family support for the leprosy treatment process is one of the factors that makes leprosy patients have high self-esteem. The experience of failing to feel unloved or unacceptable makes leprosy patients feel they do not have the trust of the environment. This is evidenced by the statement "I feel worthless if I am not accepted in my environment" as many as 47.5% respondents said they agreed, while 39.0% respondents said they did not agree. There were 45.8% respondents said they agreed with the statement "I felt worthless when I was avoided" while 32.2% respondents said they did not agree. Leprosy, which is an infectious disease, makes it difficult for leprosy patients to interact with the surrounding community or with their families. Feelings of fear of transmitting leprosy and the public's view of leprosy creates a stigma for leprosy patients. It makes there are still leprosy patients who experience low self-esteem, from the results of self-esteem research, there was still 2,86% respondents experiencing low self-esteem.

Based on the results of the self-role research from 35 respondents, there were 93.2% respondents who experienced the role of themselves not changing and the remaining 6.8% respondents experienced the role of themselves changing. In the results of the cross tabulation between self-roles and disability levels, 61.5% respondents experienced a level of disability 1 experienced that their role did not change. Meanwhile, 38.5% respondents experienced a self-role that did not change with the level of disability 2. Self-role according to Suhon (2017) is a pattern of attitudes, behavior in society or his function in the community, family, or community. Roles are the patterns, behaviors, values and goals expected of a person based on their position in society. A role in life is lived with its level and consequences, a good role is a role that does not violate the correct rules, meets needs and suitable with one's ideal. Roles provide a means for participating in social life and are a way to test identity by validating it on a significant person. Things that affect the individual's adjustment to self-role are clarity of behavior in accordance with the role and knowledge of the expected role, consistent responses or responses from the person who means to his role, conformity of norms and culture and expectations with his role, and differences in situations that can causing the appearance of an inappropriate role (Yusuf, 2015). Matters that affect the individual's adjustment of roles include the following clarity of behavior in accordance with the role and knowledge of the expected role consistent responses from people who are meaningful to their roles, conformity of norms and culture and expectations with their roles, differences in situations that can cause the appearance of an inappropriate role.

Based on the research, several things that can influence patients to be able to adapt to their roles include clarity of behavior in accordance with their roles and knowledge of the expected role, consistent responses or responses from meaningful people such as family or society, conformity of expectations with the role they are playing. Leprosy patients who experience a change in self-role interfere with the role they live in and social roles between individuals and other individuals. This is proven by 55.9% respondents who agreed and 30.5% respondents said they did not agree with the statement about "Since I was sick I felt that I was not useful in the family". Meanwhile, 50.8% respondents agreed and disagreed, there were 10.6% respondents on the statement "I personally want to follow the doctor / medical team's recommendation for health". Meanwhile, in the statement "I hold the value that being treated is better" 44.1% respondents agreed, and 35.6% respondents said they disagreed. And in the statement "I think that now it can be useful for others", there were 44.1% respondents who agreed and 37.3% respondents said they did not agree. There were 52.5% respondents who agreed and 23.7% respondents said they did not agree with the statement "I am getting healthier if I comply with my treatment goals". And 44.1% respondents agreed and 27.1% respondents disagreed with the statement "I feel that every role I play is useful for my healing goals". Based on the results of the study, there were 6.8% respondents who experienced changing self-roles. This is obtained from the acceptance of family and community. Family support is an important element in increasing the role of oneself in accordance with the giving of one's role to be more accepted and feel appreciated.

Based on the results of ideal self research, there were 89.8% respondents who experienced good ideal self and 10.2% respondents experienced bad ideal self. A total of 58.5% respondents with a disability level 1 and 41.5% respondents experiencing a disability level 2. According to Yusuf (2015) Ideal self is an individual's perception of how he should behave based on standards, aspirations, goals, or values that he believes. Self-determination is influenced by culture, family, ambition, desire, and individual ability to adapt to the norms and achievements of the local community. Individual perceptions of how they behave according to Stuart and Sundeen's personal standards in Suhron's (2017) book, namely that the standard relates to the type of person, what is desired, a number of aspirations, future goals, values to be achieved, Ideal self affects the realization and future goals, personal expectations based on social norms (family, culture) and to whom he wants to do, events that happen in him, and can choose and adapt. The factors that influence the ideal self are the tendency of individuals to set their ideals at the limit of their abilities, culture, this standard compared to the standards of the peer group, ambition and desire to be more and successful, realistic needs, desire to avoid failure, feelings of anxiety and inferiority complex. The factors that influence the ideal self are the tendency of individuals to set their ideal self at the limit of their ability, culture, this standard is compared to the standards of the group of friends, ambition and desire to be more and successful, realistic needs, desire to avoid failure, feelings of anxiety and inferiority. Ideal self should be set not too high but still higher than the ability so that it remains a driving force and achievable and not frustrated. The individual's perception of how he should behave in accordance with Stuart and Sundeen's personal standards in Suhron's (2017) book, namely that the Standard relates to the type of person, what is desired, a number of aspirations, future goals, values to be achieved, Ideal self affects the realization and ideals, personal expectations based on social norms (family, culture) and to whom he wants to do, events that happen in him, and can choose and adapt.

Description of Stigma in Leprosy Patients in the Outpatient Installation of the General Public Hospital Kediri

Based on the results of research on the stigma of leprosy sufferers from the number of respondents as many as 35 respondents, it was found that most of them experienced sufficient stigma, namely 51.43% respondents, and 36.8% respondents who experienced severe stigma.

Stigma in health services can be defined as a social process related to a person's experience of a disease (Susanto Tantut, 2013). The social impact of leprosy causes the problem of social isolation and social discrimination for people affected by leprosy in the community, this is because leprosy is a contagious, incurable disease, a hereditary disease, a curse and causes disability. Stigma is one of the internal factors that can affect the self-esteem of leprosy patients (Nsagha et al, 2011).

Leprosy patients in the General Public Hospital Installation in Kediri City get a fairly severe stigma in terms of negativity, giving leprosy stigma to patients with leprosy will go through several processes of stigma formation, namely the process of interpretation, violations of norms that occur in society do not all get stigma from society, as a behavioral deviations that can lead to stigma, the process of defining, leprosy patients who are considered to have deviant behavior after the first stage is carried out where the interpretation of deviant behavior occurs, discriminatory behavior, the next stage after the second process is carried out, the community provides discriminatory treatment (discrimination). The stigma felt by leprosy patients will go through the stages and process of stigmatizing until there is a negative treatment associated with a person's experience in dealing with a disease.

Leprosy patients get the impact of the community, namely that it is difficult for people to accept leprosy patients so that one of the problems with leprosy patients is social isolation. The community will find it difficult to accept leprosy patients because the community assumes that the leprosy will be contagious and people are afraid that they will experience the same thing and get the impact. The community also assumes that leprosy is a curse disease given by God because of mistakes or violations committed and can cause an impact, namely physical disability. Sufferers will feel ashamed as a result of culture and perceptions from society. This causes leprosy patients to keep the results of the diagnosis of leprosy a secret. This feeling of shame and guilt will cause leprosy patients to withdraw from participating in social activities. This is very clear and can be seen in the answers during interviews that leprosy patients cannot participate in society because they suffer from leprosy. Leprosy patients who live with their families will also feel afraid because they generally think that their presence will have a negative impact on their family life, why is that, because this results in the family being also isolated in a society. Shame and wrong, this leprosy patient experiences the psychological impact of leprosy such as embarrassment, withdrawal by hiding in the house, and some family and community members perceive the patient's condition as uncomfortable. The condition of physical disabilities in leprosy patients results in shame and low self-esteem as a result of labeling and stigma made by the community around the leprosy patient. This will lead to a sense of uselessness, fear, shame, and inferiority to leprosy patients psychologically. This can be proven by the results of interviews that leprosy patients answered agree with the question about feeling unable to get along with other people who do not suffer from leprosy, leprosy patients answered agree. Regarding the question of not being able to participate in the community because of leprosy, leprosy patients answered agreeably to the question about not socializing much with the community because leprosy made people look strange, and leprosy patients answered agreeing to the question about staying away from the environment so as not to make it uncomfortable and insecure, leprosy patients answered agreeably to the question of avoiding society to avoid rejection (Susanto Tantut et al, 2013).

From the four indicators used in this structured interview, they were alienation (68.4%), stereotype support (52.6%), discrimination (52.6%) and stigma resistance (71.1%). Based on the results of cross tabulation in the statistical test, sex with a stigma that experienced sufficient stigma was male, namely more than (50.0%) as many as 16 respondents (55.2%), who experienced sufficient stigma were respondents aged 20-40 years or (50.0%), the characteristics of education that experience sufficient stigma are those in primary school education of more than (50.0%), namely (72.7%), and those who have more than self-employed jobs (55.0%) as many as 55.0% respondents.

On the indicator of alienation, there were 68.4% respondents who experienced severe stigma. Alienation comes from the English word "alienation" and the Latin word "alienato" which means to make something or situation become alienated and separate from experience. Isolation describes a situation in which a person feels alien or isolated from himself and turns away from his surroundings so as to encourage that person to be hostile towards other people or society (ILEP, 2011).

Alienation of leprosy patients is a condition that makes leprosy patients feel strange, isolated and abandoned, leprosy patients are ignored through less attention from the community. Leprosy patients who are not paid attention to make self-esteem decrease and decrease so that leprosy patients turn away from the environment and away from society. This is evidenced by the behavior of leprosy patients at the Outpatient Installation of General Public Hospital Kediri who agreed to the question of feeling isolated from the environment because of leprosy, suffering from leprosy makes life worse, people who do not suffer from leprosy will not understand what they feel, the patient Leprosy is ashamed and humiliated because of suffering from leprosy, leprosy patients are disappointed because they have leprosy, leprosy patients feel inferior to other people who do not suffer from leprosy. The impact that occurs in leprosy patients who experience severe stigma in the indicator of isolation, namely leprosy patients, can lead to problems of social isolation and social discrimination for lepers in the community. Acceptance of leprosy in the community is still difficult, this is because leprosy is a contagious, incurable disease, a hereditary disease, a curse, and a cause of disability.

In the stereotype support indicator, there were 52.6% respondents who experienced sufficient stigma. Stereotypes are beliefs about certain characteristics of certain group members (Susanto Tantut et al, 2013). Stereotypes are expressions of guilt, fear, and punishment for feelings of guilt (Rahman, 2013).

The perception of leprosy patients has certain characteristics which are the beliefs or thinking abilities possessed by leprosy patients, while the community perceives that suffering from leprosy is a result of wrong actions and violates a rule or prohibition so that they are then punished by God as a result of their own mistakes. This is evidenced by leprosy patients answering agree with pre-pair questions / assessments about leprosy changing people's treatment of leprosy patients, leprosy patients answering agree with the community's questions, knowing that leprosy patients have leprosy from the appearance or the disease that appears on their body, leprosy patients answered agree with the question because they are suffering from leprosy, the leprosy patient needs other people to make decisions, and the patient answers agree with the question that leprosy patients cannot participate in the community because they suffer from leprosy. The impact of sufficient stigma on the indicators of stereotype support is that the stigma will result in social discrimination, thus causing an impact of fear on leprosy patients and their families to seek help for what they need.

In the discrimination Indicator, there were 52.2%) respondents who experienced stigma. According to Taylor, A., Peplau, T., and Sears, W. (2009) discrimination is a behavioral component which is negative behavior towards individuals because the individual is a member of a certain group. Stigma and discrimination are interrelated in the psychological life of leprosy patients. Stigma reflects an attitude and discrimination is an act and behavior. This feeling of shame causes leprosy patients to withdraw from the environment (Susanto Tantut, 2013).

Public acceptance of leprosy depends on the perception of the community around the leprosy patient. Discrimination and negative reactions from family, friends and society make leprosy patients experience psychological disorders and withdraw from the environment. Withdrawal itself means an action that will be taken when they physically or psychologically choose to be released or limit their interactions with the surrounding community. This is evidenced by the patient's response to agreeing with the community's question that they isolate because they suffer from leprosy, the community thinks that leprosy patients do not succeed in living because of leprosy, leprosy patients refuse and are not considered in the community because they suffer from leprosy, the community often pity or humiliate like a child because they have leprosy, no one is interested in getting closer because of suffering from leprosy, leprosy patients do not socialize much because leprosy will make it look strange to others, prejudice / negative judgments about leprosy make isolated from the environment, stay away from the environment so as not to embarrass friends and family, gather with people who do not have leprosy making them uncomfortable and unable to get along, leprosy patients avoid society to avoid rejection. The impact for patients who experience severe stigma on the indicators of discrimination is that it causes leprosy patients to experience a grieving reaction where a leper must accept the realities of life from the environment, experience pain due to loss, adjust the environment, and re-empower emotionally into new relationships.

In the Stigma-Resistant Indicator, 71.1% respondents experienced minimal stigma. Stigma-resistant is the development of belief that defies stigma that can help individuals with the hope that they can find a satisfying life and in their recovery from mental illness (ILEP, 2011).

There are also leprosy patients who do not respond to the stigma, they assume that a disease if it has been handled and treated will be cured and leprosy patients are sure to live like other people, this is evidenced by interviews conducted that leprosy patients answered agree with the question, basically they can undergo living normally as desired, leprosy patients have a pleasant life despite suffering from leprosy. The impact for patients who experience minimal stigma on stigma-resistant indicators is that patients have started to accept the realities of life that have occurred, leprosy patients have made plans to overcome the problem. This patient's condition began to calm down in the face of the problems being faced related to the condition of the disease that began to lead to social problems in the community.

The results showed that most of the respondents who experienced sufficient stigma, namely the respondents with primary education as many as 72.7% respondents.

Leprosy patients in the Outpatient Installation of the General Public Hospital Kediri, have a low level of education. This is not in line with research (Mega Arianti, 2016) because the higher the level of education the higher the pattern of knowledge and understanding how to deal with a problem because generally people with higher education will have wider knowledge. Leprosy patients who have low education will have less experience and less knowledge, so that this situation creates a lack of knowledge.

The results showed that the majority of respondents experienced sufficient stigma, namely respondents aged 40-60 years, namely 61.5% respondents and those experiencing severe stigma were 57.1% respondents.

Leprosy patients in the outpatient installation of the General Public Hospital Kediri, aged 40-60 years have low knowledge. This affects the stigma or bad behavior of leprosy patients. Because older age will result in a higher social function role in society.

Based on the results of the data research, it was found that the majority of respondents experienced sufficient stigma, that is, most civil servants experienced severe stigma, namely 3 respondents or (75.0%). The results of this study are inversely proportional to research (Soedarjatmi et al., 2009) Most of the patients do not work, apart from finding it difficult to find work for leprosy patients, they are afraid if their leaders and friends know that the respondent has leprosy and the respondent is very aware that fatigue will result in a recurrence of the disease. By not working, the respondent stated that they had no income.

Leprosy has a wide impact on the lives of sufferers, from marriage, work, personal relationships, business activities to their attendance at events in the community. Most of the respondents have suffered from leprosy between 1 year and 5 years, in this long period of time the respondent must always seek medication and take medication as regularly as possible, if it is late for treatment, the respondent states that the disease will reappear. Stigma causes discrimination so that it is difficult to find accommodation and work because of the clinical manifestations that arise and the complications that occur. People also feel reluctant to live side by side with leprosy patients.

Most of the leprosy patients are civil servants because civil servants can elevate a person's social status to the highest level, giving more respect from society, so if leprosy patients get stigma then their social status will decrease.

One of the impacts caused by stigma is the occurrence of physical disability. Based on the results of the study, it was found that the level of disability 2 was more than 50.0% namely 60.5% respondents.

Stigmatization because physical disabilities are part of the group with physical deformities so that there are visible deformities in leprosy patients.

The level of disability of leprosy patients in the Outpatient Installation of the General Public Hospital Kediri is an impact that occurs because leprosy patients are embarrassed and hopeless so that leprosy patients do not persistently seek treatment and do not carry out routine care at the hospital, this is in line with the results of observations made by researchers showed that the level of disability of leprosy patients reached level 2 which was indicated by the defects seen in leprosy patients, including defects in the eyes, hands and feet.

Conclussion

The conclusion of this study showed that patients with leprosy got enough stigma primarily on indicators of alienation, stereotypes support and stigma resistant to the level of disability 2

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