

# Epidemiological, Social and Legal aspects of Leprosy in India

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## Abstract

Leprosy is a chronic infectious disease with low pathogenicity caused by bacillus *Mycobacterium Lepae*, symptoms of this disease manifest in 20 years and it is not highly infectious as one thought<sup>(1)</sup>. It is transmitted through droplets, from the nose and mouth during close and frequent contacts with untreated cases<sup>(2)</sup>. It is claimed that infectious patient can be rendered non –infectious by treatment with Dapsone for about 90 days or with Rifampicin for 3 weeks, so it is a curable disease and treatment provided in early stage prevents disability<sup>(3)(4)</sup>.

In many states of India leprosy patients continue to be discriminated against and subjected to worst kinds of cruelty by society, even several state's laws have provisions that prohibit them from contesting elections, obtaining driving license, traveling in trains and even allowing the disease a valid ground for divorce.

## Leprosy and Society

Leprosy is often called a "Social Disease" because social factors like poverty, rural ground, overcrowding, poor housing, lack of education, lack of personal hygiene and above all fear, guilt and unfounded prejudiced regarding disease favour the spread of disease in Indian society<sup>(3)</sup>. India's first Leprosy case was detected way back in 600 BC; the disease is mentioned in the Sushruta Samhita and other literary works of the Vedic period, from that time Leprosy was considered as an infectious disease and Leprosy patients faced social boycott. And despite all the government's claims of eradicating Leprosy and spreading awareness about it not being an infectious disease, separate colonies of **leprosy** patients continue to exist in every small and big city in the state, while thousands are forced to live along roadsides.

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Leprosy is less infectious than the common cold and completely curable, yet Indian law stigmatises as much as people do in society. Even today, in spite of scientific information available about Leprosy, this stigma is deeply rooted in the minds of most people at all levels of society, with the results that social ostracism is apparent everywhere.

The deeply rooted psychological factors can not be banished overnight, but can be overcome by strict implementation of legislation. In most Leprosy Control Programme, the social factors, psychological and Fundamental right of patient like other person are overlooked and emphasis is laid only on early detection and Treatment<sup>(12)</sup>. So failure to appreciate the importance of the social and psychological factors has resulted in failure of otherwise well concerned programme<sup>(5)</sup>.

## Leprosy and Epidemiology

In 1981, when the presence of the disease was considered to be at its peak in India, the **Prevalence Rate (PR)** was **57** per ten thousand populations. In March 2008 it had fallen to **0.74**. The number of patients under treatment was about four million then, it is about eighty seven thousand now. In 1991 the World Health Assembly passed a resolution to eliminate Leprosy as a Public Health Problem, defined as reaching a prevalence of less than one per ten thousand populations. India achieved this goal at the end of the year 2005. 29 states and UTs have achieved Leprosy elimination status but Bihar, Chattisgarh, West Bengal, Jarkhand, Chandigarh and D& N Haveli have yet to achieve elimination, even with only 87,206 Leprosy cases on record at the end of March 2008, India accounts for 54 percent new cases detected globally. At the district level, 482 districts out of 614 have achieved the goal<sup>(6)(7)(9)(11)</sup>.

### Epidemiological Situation, India (March 2008) NLEP Indicators as on 31.03.08<sup>(6) (8)</sup>

Prevalence Rate	:	0.74 per ten thousand population
Cases on Record	:	87,228
Female Proportion (As percentage of new cases)	:	34.53%
Child Proportion (As percentage of new cases)	:	9.42%
Visible Deformity (As percentage of new cases)	:	2.53%
Number of states which have achieved elimination	:	29 (Out of 35)
Annual New Case Detection Rate (2005-2006)	:	1.17 per ten thousand population
Number of cases detected during 2005-06	:	137,685

The incidence rate of leprosy are more in 10 - 20 years old age male persons, the youngest case has been reported in south India, was an infant two to 2½ months old.<sup>(13)</sup> So Leprosy is not particularly a disease of children as was previously believed. The incidence and prevalence of leprosy are higher in school going children and working adults of society. Since 1985, multi-drug therapy given free under the NLEP cures leprosy within six months to year but social stigma continues because of the visible physical deformities.<sup>(2.53 %)(7)</sup>

## Leprosy and Indian Law

In India People with Leprosy infection are legally banned from traveling by trains and applying for a driving license, leprosy is listed as a ground for a divorce under almost every marriage and divorce law. Leprosy patient are not allowed to drive a vehicle because the Motor Vehicle Act 1939 considers Leprosy patients ineligible for a driving license.(14) It had come in notice that poor young patient of Delhi without any physical deformity had been refused a driving license more than once and told “Lepers should beg but not drive cars”.(9) Likewise, Section 56 (1) and (2) of the Indian Rail Act 1990 declares a Leprosy patient ineligible for rail travel. (15)

Almost all the marriage and divorce laws of the country make Leprosy grounds for divorce. Even today, the Special Marriage Act of 1954 declares Leprosy “incurable” which is ridiculous

Section 27 (g) of the Special Marriage Act of 1954 states: “Subject to the provisions of this Act, and to the rules made there under, a petition for divorce may be presented to the district court either by the husband or the wife on the ground that the respondent has for a period of not less than three years immediately preceding the presentation of the petition been suffering from Leprosy, the disease not having been contracted from the petitioner.”(16)

Similarly, Section 2 (VI) of the Dissolution of Muslim Marriages Act 1939, states: “A woman married under Muslim law shall be entitled to obtain a decree for the dissolution of her marriage if the husband is suffering from Leprosy.”(17)

Section 13 (1) (IV) of the Hindu Marriage Act 1955 states: “Any marriage solemnized, whether before or after the commencement of this Act, may, on a petition presented by either the husband or the wife, be dissolved by a decree of divorce on the ground that the other party has, for a period of not less than three years immediately preceding the presentation of the petition, been suffering from a virulent and incurable form of Leprosy.”(18)

According to Section 36 (1) (H) of the Chattisgarh and Madhya Pradesh Panchayat Raj Act, any Leprosy patient who spreads infection cannot become a member of the panchayat.(19). Section 16 (A) (5) of Orissa’s Municipal Act 1950 has similar provisions. Section 16 (1) (IV) of the Orissa Municipal Act 1950 states: “No person shall be qualified for election as a councillor of a municipality if such person has been adjudged by a competent court to be of unsound mind or is a Leprosy or a tuberculosis patient.” Further, Section 17 (1) (b) of the said Act says: “Subject to the provisions of the section, a councillor shall cease to hold his office if he becomes of unsound mind, leprosy or a tuberculosis patient.”(20)

Section 25 (1) (e) of the Orissa Gram Panchayat Act states: “A person shall be disqualified for being elected or nominated as a Sarpanch or any other member of the gram panchayat constituted under this Act if he is a deaf-mute or is suffering from tuberculosis or, in the opinion of the district Leprosy officer, is suffering from an infectious type of Leprosy.”(21)

Section 26 (9) of the Rajasthan Municipality Act 1959 and Section 19 (F) of the Rajasthan Panchayati Raj Act 1994 declare **leprosy** patients ineligible to contest elections.(22). Section

19 (2) (B) of the Andhra Pradesh Panchayati Raj Act 1994 prohibits dumb and deaf people, along with **leprosy** patients, from becoming candidates in panchayat elections. The Act states: “A person shall be disqualified for being chosen as a member if on the date fixed for scrutiny of nominations for election, or on the date of nomination under sub-section (2) of Section 16, he is a deaf-mute or suffering from **leprosy**.” The Andhra Pradesh Municipalities Act says that a deaf-mute or a person suffering from **leprosy** shall be disqualified from the post of councillor.(23)

Section 26 (1) (F) of the Karnataka Municipality Act 1976 also declares deaf and dumb people ineligible for municipal elections. (24)

## **Violation of fundamental right**

Saurabh Dangi, an advocate of the Chattisgarh High Court, says: “Even today, Leprosy patients are prohibited from contesting local body and panchayat elections in Chhattisgarh, Karnataka, Madhya Pradesh, Orissa, Rajasthan and Andhra Pradesh, which is completely unconstitutional. In a way it is a violation of fundamental rights. I am surprised as to why no changes have been made in such laws.”

Subash Mohapatra, director of the Forum for Fact Finding Documentation and Advocacy, an NGO, says: “The kind of discrimination that’s taking place with Leprosy patients all over the country clearly shows us that our society is still merciless regarding issues related to Leprosy. The problem is that those entrusted with the job of bringing about these changes do not have the necessary information, rule regarding keeping Leprosy patients away from panchayat elections. **Strategies and Conclusion**

WHO has recognized that Leprosy has as much a social problem as a medical one, WHO India has decided to take up activities in the social aspects of leprosy and said that “Additional professionals should be inducted into the leprosy team and the necessary linkages are being made”. To start with, it is proposed that advocacy; awareness generation and stigma alleviation would be the major areas of activities and it should be overcome by strict legislation and proper medical and psycho- social care.

Union Health Minister Anubumani Ramdas has admitted that many Indian laws discriminate against Leprosy affected people and said that “the government is committed to rolling back policies that discriminate against people with Leprosy.(10) Like the bill to protect the right of people living with HIV, we need one to de-stigmatize leprosy and ensure the human rights of people with the disease are protected” said Health Minister Ramdas at the ninth editor conference on social sectors issues. The economic and social problem of the patient and his family should be identified and met, this may include social assistance and social support like education, job placement, cloths, food grains, abolishing the social evil of beggary, programme such as slum improvement etc and such care should be provided through social Welfare agency and discriminating law against leprosy should be amended in parliament so that leprosy effected persons should adopt a normal and social life, can drive a cars and travel in train but not beg on street.

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