Education International Toolkit

2026

TEACHING INCLUSION, BUILDING BELONGING

A Toolkit for Educators and Education Unions to Promote Inclusion and End Stigma Related to Leprosy (Hansen's Disease)

Education International
Internationale de l'Education
Internacional de la Educación
Bildungsinternationale

SASAKAWA LEPROSY HANSEN'S DISEASE INITIATIVE

笹川保健財団 SASAKAWA Health Foundation

日本財団 THE NIPPON FOUNDATION

About the authors:

Dr Peter Grimes

Dr. Peter Grimes is an international education expert with 40 years' experience advancing equity in Education, Inclusive Education, Child Protection, and Early Childhood Development across the globe, working with organisations including the UN and all major donors. He has supported government reforms and sector planning at every level of the education system, from schools and communities to national and global policy. He is a widely published author whose research has been cited in major international publications.

Dian Soliman

Dian Soliman is an inclusion specialist with expertise in disability inclusive education. She has worked with international organisations and education stakeholders to develop and strengthen policies, strategies, and programmes that advance inclusive and equitable education systems. She has led and contributed to the development of practical tools and resources, as well as capacity-building initiatives, to support stakeholders in advancing inclusion, equity, and non-discrimination.

About the artist (cover art and illustrations):

Arianne Gaille Perez

" I am an illustrator and visual artist based in the Philippines. I work across digital illustration, sketching, and traditional art, and I enjoy exploring different ways of turning ideas and observations into images.

I am drawn to expressive forms, movement, and thoughtful compositions, often creating artwork that leaves room for interpretation.

Art for me is a way of observing the world, making sense of what I see, and sharing it with others. I am still finding and developing my voice as an artist, but I enjoy the process of experimenting, learning, and discovering where each artwork takes me."

About Education International:

Education International represents organisations of teachers and other education employees across the globe. It is the world's largest federation of unions and associations, representing thirty million education employees in about four hundred organisations in one hundred and seventy countries and territories, across the globe. Education International unites teachers and education employees.

Education International Toolkit

2026

TEACHING INCLUSION, BUILDING BELONGING

A Toolkit for Educators and Education Unions to Promote Inclusion and End Stigma Related to Leprosy (Hansen's Disease)

Dr Peter Grimes & Dian Soliman

September 2026

Published by Education International - September 2026
ISBN 978-92-9276-042-7 (PDF)

Cover art and illustrations: Arianne Gaille Perez (2026)

Acknowledgements:

Education International extends its sincere thanks to the member organisations, research consultants, and experts whose knowledge and experience contributed to the development of this toolkit. Their contributions have helped ensure that this toolkit reflects the realities of education workers and supports their efforts to advance quality, inclusive, and equitable public education. Developed as a follow up to the 2026 Global Appeal to End Stigma and Discrimination against Persons Affected by Leprosy, this toolkit reflects our shared commitment to harnessing the power of education to challenge stigma, advance inclusion, and uphold the dignity and rights of all.

Education International also gratefully acknowledges the technical and financial support of the Sasakawa Health Foundation, which made this work possible. This toolkit is the result of a collective effort and international solidarity. We hope it serves as a practical resource for education unions and educators seeking to create more inclusive learning and working environments, strengthen understanding of leprosy (Hansen's disease), and other health-related disabilities, and contribute to ending stigma and discrimination in education and society.

Contents

Acronyms and Abbreviations

CRPD	Convention on the Rights of Persons with Disabilities
MDT	Multi-Drug Therapy
NTD	Neglected Tropical Disease
UN	United Nations
WHO	World Health Organization

Introduction

What is this toolkit for?

Education has a vital role in challenging stigma and discrimination, promoting inclusion, and ensuring that every learner can participate fully and equally. This toolkit approaches leprosy (Hansen's disease)[a] not as an isolated health topic but as part of a broader effort to strengthen inclusive education, challenge discrimination, and promote dignity through education. It recognises that stigma, discrimination, and exclusion—not leprosy (Hansen's disease) itself—are often the greatest barriers to education.

The toolkit equips teachers, education support personnel, school leaders, and education unions with practical, user-friendly guidance to create inclusive learning environments, prevent and respond to stigma and discrimination, and advocate for policies and practices that uphold the rights, dignity, and participation of persons affected by leprosy (Hansen's disease).

While the examples throughout the toolkit focus on learners affected by leprosy (Hansen's disease) and learners with disabilities, the inclusive education strategies presented are relevant to all learners, particularly those who experience exclusion because of poverty, gender, race, ethnicity, language, health conditions, or other forms of disadvantage.

Who is this toolkit for?

- Teachers
- Education support personnel
- School leaders
- Education unions and union representatives

It may also be useful for teacher educators, education officials, school counsellors, and others working to promote inclusive education.

[a] In this toolkit, the term "Leprosy (Hansen's disease)" is used as the internationally recognised terminology. This formulation acknowledges both the globally established term "leprosy" and the preferred term "Hansen's disease" used in some countries, including Brazil, where the word "leprosy" may be associated with historical stigma and discrimination. At the same time, some have raised concerns about naming the disease after Dr. Hansen, as this can shift attention away from the people directly affected by it. The term "Leprosy (Hansen's disease)" reflects current international practice while recognising ongoing discussions about person-centred language and the experiences of people affected by the disease.

What does the toolkit include?

The toolkit is organised into the following modules:

- **Module 1:** Understanding Leprosy (Hansen's Disease), Disability, and Inclusion
- **Module 2:** Classroom Guidance for Educators
- **Module 3:** Advocacy Tools for Education Unions
- **Module 4:** Gendered Stigma and Discrimination in Education
- **Module 5:** Inclusion of Education Support Personnel
- **Annexes:** The toolkit also includes Annexes containing additional reference materials, practical tools, guidance for adapting the toolkit to non-endemic contexts, and optional learning activities that facilitators may use to reinforce learning.

How to use this toolkit

The modules are designed to build on one another. **Module 1** provides the foundation for understanding leprosy (Hansen's disease), disability, inclusion, and stigma, and should be completed first. **Module 2** focuses on practical strategies for educators, while **Module 3** focuses on advocacy and the role of education unions. Although Modules 2 and 3 each have a primary audience, both contain concepts and strategies that are relevant to all education stakeholders. **Module 4** and **Module 5** are supplementary modules that provide additional guidance on specific topics.

How the modules are structured

To make the toolkit easy to navigate and highly practical, each module follows a consistent, user-friendly structure:

- **Module Overview and Learning Objectives:** A brief introduction to the module's focus and a clear list of the key skills and knowledge that users are expected to acquire.
- **Units in the Module:** Each module is divided into focused Units. Every unit begins with its own Unit Overview, Learning Objectives, and Outline (subtopics) so users know exactly what each unit covers.
- **"Try This!"** Boxes: Found throughout the content, these highlighted boxes offer immediate, ready-to-use strategies, actionable tools, and templates for school, classroom, or union application.
- **Practice and Application:** Located at the end of key topics and at the end of every unit. These activities allow teachers and education unions to check their understanding and apply newly learned concepts directly to their daily practice.
- **Unit Summaries and Annex References:** At the end of each unit is a quick wrap-up of key takeaways, alongside signposts pointing to the Annex for deeper learning and adapted guides.
- **Additional Resources:** Suggested additional resources are placed at the end of each unit

providing further reading and tools for those who want to explore topics in greater depth

- **Endnotes:** A comprehensive list of citations and source documents located at the very end of each module.

Note on contextualisation

This toolkit is designed to be adapted to different countries, education systems, and learning contexts. Facilitators are encouraged to use local examples, policies, terminology, and support services to make the content more relevant and meaningful for participants. While the core concepts and human rights principles should remain unchanged, activities, case studies, and discussions may be modified to reflect local realities, cultures, and available resources.

For example, facilitators may:

- refer to national laws, school policies, and child protection or safeguarding procedures;
- include information on local health, social, and referral services for persons affected by leprosy (Hansen's disease) and persons with disabilities;
- adapt classroom examples, case studies, and scenarios to reflect local teaching practices, social norms, and common forms of stigma, discrimination, or exclusion; and
- draw on participants' own experiences and existing good practices to encourage peer learning and practical application.

MODULE 1

Understanding Leprosy (Hansen's Disease), Disability, and Inclusion

Module Overview

Module 1 builds a shared foundation of knowledge and understanding. It introduces key facts about leprosy (Hansen's disease) and examines how stigma and discrimination affect learners and education systems. The module also highlights why these issues are relevant across all contexts. It prepares educators and union representatives to engage with the topic confidently and with a common language.

Module Learning Objectives

- Understand key facts about leprosy (Hansen's disease) and address common misconceptions.
- Describe how stigma affects learners and school participation.

Units in this Module

Unit 1.1 Leprosy (Hansen's disease): Facts and Misconceptions

Unit Overview

Unit 1 provides simple and accurate information about leprosy (Hansen's disease), how it is transmitted, and how it is treated. It will also discuss common myths, fears, and misconceptions about leprosy (Hansen's disease).

Unit Learning Objectives

1. Define leprosy (Hansen's disease) and describe its causes, symptoms, and modes of transmission accurately.
2. Identify common misconceptions about leprosy (Hansen's disease) and explain why they are false.

Unit Outline

1. What is leprosy or Hansen's Disease?
2. How is leprosy (Hansen's disease) transmitted?
3. What are the signs and symptoms of leprosy (Hansen's disease)?
4. How is leprosy (Hansen's disease) diagnosed and treated?
5. What are common myths and misconceptions about leprosy (Hansen's disease?)

1.1.1 What is Leprosy or Hansen's Disease?

Leprosy, or Hansen's disease, is a chronic infectious disease caused primarily by the slow-multiplying bacteria Mycobacterium leprae. The World Health Organisation (WHO) considers leprosy (Hansen's disease) as a neglected tropical disease (NTD), present in over 120 countries. Leprosy (Hansen's disease) mostly affects the skin, nerves, eyes, and the lining of the nose and upper respiratory tract.[1]

Because the nerves are affected, there are cases where persons with leprosy (Hansen's disease) lose their sense of touch or ability to feel pain in some parts of their body, making them more susceptible to injuries like cuts and burns.[2]

Can leprosy (Hansen's disease) cause impairments?[a]

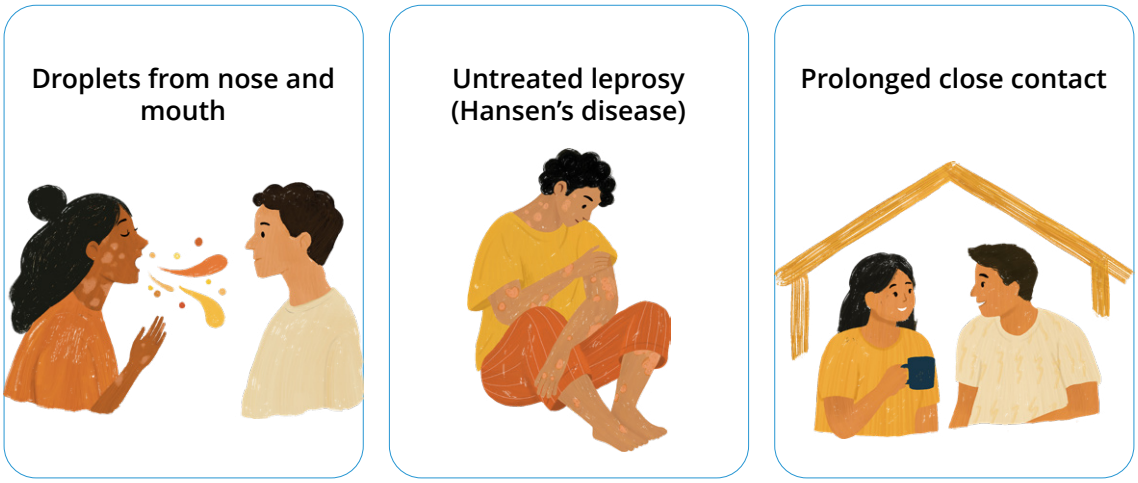
Yes, leprosy (Hansen's disease) can cause impairments, but only if it is not treated early. An impairment refers to the loss of functioning or effects on a person's health. In leprosy (Hansen's disease), impairments may result from nerve damage or other complications of the disease.

Without timely treatment, nerve damage can develop over time, which may lead to deformity in the hands, feet, and face. These physical changes can result in impairments.[3] **Early diagnosis and treatment stop the disease before it causes lasting damage.** Impairments from leprosy (Hansen's disease) are a consequence of delayed or absent treatment, and not of the disease itself. Many people with leprosy (Hansen's disease), when treated early, live full lives with no lasting physical effects.

Leprosy (Hansen's disease) is not highly contagious and is curable. Despite this, persons affected by it still face stigma, discrimination, and social exclusion, even after they have been treated and cured.[4] The bigger challenge now is stigma, and this is where education becomes critical.

[a] This toolkit follows the social model of disability, which recognises that while leprosy (Hansen's disease) may cause impairments, disability arises when social, environmental, and institutional barriers prevent persons affected by leprosy (Hansen's disease) from participating fully and equally in society.

1.1.2 How is Leprosy (Hansen's Disease) Transmitted?



Leprosy (Hansen's disease) is hard to catch; you do not easily get it. Evidence tells us that leprosy (Hansen's disease) is more likely to spread when three factors occur together: (1) exposure to droplets from the nose and mouth, such as sneezing and coughing, of a person with (2) untreated leprosy (Hansen's disease) and (3) repeated exposure over many months, such as within households.[5]

Leprosy (Hansen's disease) is NOT spread by...

✗ **Casual contact**

Talking, shaking hands, hugging, sharing a table, playing together, riding the same bus, being in the same room, sharing pencils or books cannot spread leprosy (Hansen's disease).[6]

✗ **Touch or skin contact**

Direct touch does not transmit leprosy (Hansen's disease).[7]

✗ **Sexual contact**

Leprosy (Hansen's disease) is not spread through sex.[8]

✗ **Heredity or pregnancy**

Leprosy (Hansen's disease) is not genetic and cannot be passed from a pregnant mother to her baby.[9]

✓ **Treatment stops transmission**

A person who starts treatment is no longer contagious. They cannot spread leprosy (Hansen's disease) to others. Early treatment protects both the person and the community.[10]

About 95% of people have a natural immunity to leprosy (Hansen's disease).[11] Their immune system can fight off the bacteria before the disease develops. This means that even if they are exposed, most people will not get sick. However, people with weakened immunity, poor nutrition, or those living in unhealthy or unsanitary conditions may have a higher risk of developing the disease after repeated close contact with someone who has untreated leprosy (Hansen's disease).[12]

You cannot get leprosy (Hansen's disease) from a classmate, colleague, or community member who has already been treated. They have the same right as everyone else to attend school, participate in learning, and take part in social and community life without discrimination, exclusion, or unnecessary restriction.

1.1.3 What are the Signs and Symptoms of Leprosy (Hansen's Disease)?

Leprosy (Hansen's disease) can affect the skin, nerves, eyes, and nose. It has a long incubation period, and symptoms may not appear for some time, even up to 20 years exposure.[13] The signs usually appear slowly, so it is important to notice symptoms that do not go away.

Common signs and symptoms include:[14]

- Skin and face: lighter or discoloured skin patches, raised or rounded bumps under the skin, thick or dry skin, painless sores on the soles of the feet, painless swelling or lumps on the face or earlobes, and loss of eyebrows or eyelashes
- Nose: a stuffy nose or frequent nosebleeds
- Nerves and eyes: numbness or loss of feeling in affected areas, muscle weakness in the hands or feet, enlarged nerves, and eye problems that may lead to dryness or blindness

If leprosy (Hansen's disease) is not treated early, it can lead to serious complications, including:[15]

- Permanent damage to the hands, feet, skin, eyes, and nerves
- Weakness, paralysis, or impairment in the hands and feet
- Chronic wounds on the feet that do not heal
- Eye damage that may lead to blindness
- Changes in the face, nose, or earlobes
- Pain, redness, or burning caused by affected nerves

A possible warning sign is a skin patch or lesion that does not heal after several weeks, especially if it is lighter than the surrounding skin, raised, hairless, or numb. If the facial nerves or eyes are affected, a person may stop blinking properly, which can lead to dryness and eye damage. If the inside of the nose is affected, it may cause damage over time. Early diagnosis and treatment can prevent permanent impairment.[16]

1.1.4 How is Leprosy (Hansen's Disease) Diagnosed and Treated?

Leprosy (Hansen's disease) should be assessed and diagnosed by a health professional. Diagnosis is usually based on key signs mentioned earlier, or bacteria found in a skin sample.

Leprosy (Hansen's disease) is curable. It is treated with multi-drug therapy (MDT), a combination of antibiotics that kills the bacteria and stops the disease from progressing. Treatment should be started as early as possible and taken exactly as advised by a health worker. Preventive treatment is also available for close contacts of such as carers of family members. Free diagnosis and treatment are available through WHO clinics. Early diagnosis and treatment help prevent permanent nerve damage, impairment, and complications.

Once treatment starts, a person is no longer contagious and should not be excluded from school, work, or community activities. However, some people may continue to experience nerve damage, impairment, leprosy (Hansen's disease) reactions, or psychosocial impacts even after bacteriological cure, and may need ongoing support. Inclusive education systems should respond to these long-term support needs so learners can continue to participate, learn, and belong.

For further information on diagnosis and treatment of leprosy (Hansen's disease), see Annex 1: Leprosy (Hansen's disease) Diagnosis and Treatment.

> ***"I am so happy that the people in my village now know more about leprosy.*** *As a result, they are no longer afraid of being infected by me and I can go back to school and meet up with my friends"*
>
> - Rafael, a teenager diagnosed with leprosy and has since been healed after receiving medication. https://nlrinternational.org/stories-of-patients/the-story-of-rafael/

TRY THIS!

Simple things teachers can do if they are concerned that a student may have leprosy (Hansen's disease)

(See also Annex 2: Tips for Teachers in Non-endemic Contexts)

1. **Teachers are not expected to diagnose leprosy (Hansen's disease).** However, because they work closely with learners each day, they may notice signs that raise concern. In these situations, teachers can play an important supportive role by encouraging referral to a health professional for proper assessment and treatment.
2. **Stay calm and continue regular interaction with the student.** Leprosy (Hansen's disease) is not spread through casual contact, so there is no risk to teachers or classmates. Treat student normally, do not segregate or exclude them from class activities.
3. **Document symptoms privately.** Note any observed signs such as persistent skin patches, numbness complaints, weakness in hands or feet. Do not share these with other staff or students.
4. **Talk to the parents or carers and the student discreetly.** Express your concern for the student's health in a caring and gentle way so as not to alarm or cause panic. Avoid mentioning leprosy (Hansen's disease) as you are not there to diagnose.
5. **Refer the family to the school nurse.** The school should be able to provide them with a referral to a doctor or local health facility that could provide proper testing and diagnosis.
6. **Coordinate with the school head and guidance counsellor.** Inform the principal so they could provide formal referral documents to the local health authorities if needed. Loop in the guidance counsellor so they can provide psychosocial support to the student and their family/carer.
7. **Continue to include the student fully.** Even when a diagnosis is confirmed, the student should participate in all activities without restriction. Once the student has started their medication, they are no longer contagious.
8. **Provide reasonable accommodations to the student.** This can be as simple as being flexible with class attendance to ensure the learner can attend medical appointments, providing short breaks so the learner can take their medications, or providing notes and handouts to help them catch up with missed lessons. (Module 2 Unit 2.4 Learner-Centred Strategies provides a more in-depth discussion on reasonable accommodations)
9. **Consult with your local education and health authorities**. There may be area-specific guidelines and protocols on leprosy (Hansen's disease), especially in endemic areas.

1.1.5 What are Common Myths and Misconceptions about Leprosy (Hansen's Disease)?

Myths and misconceptions about leprosy (Hansen's disease)[17]

Stigma and discrimination against persons with leprosy (Hansen's disease) are often rooted in myths and misinformation. Through years of research, we now have clear and evidence-based answers to these myths and reduce stigma. For a summary of key information on leprosy (Hansen's disease), see Annex 3: Leprosy (Hansen's disease): Fast Facts for Educators and Advocates.

Myths	Facts
Leprosy (Hansen's disease) has been wiped out.	Leprosy (Hansen's disease) has been eliminated as a public health problem in many countries, meaning case numbers are very low, but it has not been eradicated. Around 200,000 new cases are still diagnosed every year, with the highest numbers in Asia, Africa, and South America. Millions more continue to live with its effects.
Leprosy (Hansen's disease) is just a skin disease.	Leprosy (Hansen's disease) primarily attacks the peripheral nerves. The nerves outside the brain and spinal cord. Without treatment, this can lead to numbness, muscle weakness, and problems with vision. Skin patches or lesions are one visible sign, but the deeper impact is on the nervous system.
Leprosy (Hansen's disease) is a punishment, a curse, or the result of sin.	Leprosy (Hansen's disease) is a bacterial infection. Nothing more, nothing less. It is caused by a specific bacterium and can affect anyone, regardless of their character, beliefs, or behaviour. There is no moral or spiritual explanation for who gets leprosy (Hansen's disease).
Leprosy (Hansen's disease) makes parts of the body fall off.	Leprosy (Hansen's disease) does not cause body parts to fall off. However, because the disease can cause loss of sensation, injuries may go unnoticed and become infected. In severe, untreated cases, this can sometimes lead to amputation. This is a complication of neglect and delayed treatment, not a direct effect of the disease itself.
You can always tell if someone has leprosy (Hansen's disease) by looking at them.	In its early stages, leprosy (Hansen's disease) often causes only mild, easy-to-miss signs such as a numb patch of skin or slight discolouration. Many people show no visible signs at all, particularly when the disease is caught and treated early.
Children do not get leprosy (Hansen's disease).	Leprosy (Hansen's disease) affects people of all ages. In areas where the disease is more common, a significant number of new cases each year are children under 15. This makes early education and diagnosis especially important.
Only poor people get leprosy (Hansen's disease).	While leprosy (Hansen's disease) is more common in areas with limited access to healthcare, clean water, and nutrition, it can affect anyone whose immune system is vulnerable. Wealth does not make a person immune, and poverty alone does not cause the disease.
Leprosy (Hansen's disease) cannot be cured.	Leprosy (Hansen's disease) is completely curable. It is treated with a combination of antibiotics called MDT, which is provided for free by the World Health Organization. Within 72 hours of starting MDT, a person is no longer able to pass the disease to others.
You should never touch a person with leprosy (Hansen's disease).	Leprosy (Hansen's disease) is one of the least contagious infectious diseases. Around 95% of people are naturally immune to it. Casual contact like touching or sitting next to each other does not spread leprosy (Hansen's disease). A person who has started treatment poses no risk to others whatsoever.
People with leprosy (Hansen's disease) must be kept away from others.	Separating people with leprosy (Hansen's disease) from their communities is not medically necessary. Treatment works quickly. Within days of starting treatment, a person is no longer infectious. The practice of placing people in leprosy (Hansen's disease) colonies caused enormous harm and stigma and has no place in modern healthcare.

Practice and Application

Myth or Fact Worksheet

Read each statement below. Write **Myth** or **Fact** in the answer box and give a short explanation for your answer. You can check your answers using this unit.

Statement	Answer (Myth/Fact)	Short explanation
1. Leprosy (Hansen's disease) is only a skin disease.		
2. You should not touch a person with leprosy (Hansen's disease).		
3. Leprosy (Hansen's disease) can be cured.		
4. Only poor people get leprosy (Hansen's disease).		
5. Children can get leprosy (Hansen's disease).		
6. People with leprosy should not be excluded.		
7. Leprosy (Hansen's disease) is gone everywhere.		
8. Leprosy (Hansen's disease) is a curse or punishment.		
9. You can always see if someone has leprosy (Hansen's disease).		
10. Leprosy (Hansen's disease) makes body parts fall off.		

Reflection

Reflect on your own school, workplace, or community.

1. What beliefs or misconceptions about leprosy (Hansen's disease) or other health-related conditions exist in your context?
2. What do you think is needed to address these misconceptions?
3. Why do you think it is important to address these misconceptions?

Unit Summary

- Leprosy (Hansen's disease) is a curable bacterial infection caused by Mycobacterium leprae.
- It affects the skin, nerves, eyes, and nose.
- It is classified as an NTD, present in over 120 countries.
- Around 200,000 new cases are reported globally each year.
- Spreads only through prolonged, close contact with an untreated person over many months.
- Does not spread through casual contact like touching, hugging, sharing meals, or being in the same room.
- Not sexually transmitted; not passed from mother to baby.
- 95% of people are naturally immune.
- A person on treatment is no longer contagious.
- Signs and symptoms are pale or discoloured skin patches with numbness, thickened or enlarged nerves, muscle weakness, stuffy nose, eye problems, loss of eyebrows or eyelashes.
- Symptoms can take years to appear; early signs are easy to miss.
- Leprosy (Hansen's disease) is diagnosed through clinical signs, skin or nerve biopsy, and lab tests.
- It is treated with MDT, free through WHO.
- Impairment only occurs when leprosy (Hansen's disease) is left untreated. Early diagnosis and treatment prevent permanent damage.
- Close contacts of a person with leprosy (Hansen's disease) may be offered preventive treatment.

Additional Resources

1. Video on signs and symptoms of leprosy, by the Leprosy Mission Trust India: https://youtu.be/-BIuAFZGHf4?si=LOdezj4IJEfdcVyx
2. Dr Helen Roberts unpacks myths about leprosy, by the Leprosy Mission International: https://youtu.be/U137wJlrtKc?si=iVl4wLV_IfqC0gh5
3. Current challenges in fighting Leprosy (Hansen's disease):https://sasakawaleprosyinitiative.org/about-hansens-disease/current-challenges/
4. ILEP Rehabilitation and prevention of disability:https://ilepfederation.org/about-leprosy/#rehabilitation

Unit 1.2. Global Relevance Across Endemic and Non-Endemic Contexts

Unit Overview

Unit 2 highlights the global relevance of stigma and inclusion, including in contexts where leprosy (Hansen's disease) is less visible. It explores why stigma continues even in countries with low number of cases, and why educators and unions everywhere have a role in promoting inclusion and creating safe learning environments.

Unit Learning Objectives

- Explain why addressing stigma and promoting inclusion is relevant across contexts.
- Describe why stigma related to leprosy (Hansen's disease) can persist even in places with few reported cases.
- Explain how inclusion and stigma reduction connect to broader education priorities such as equity, participation, and safe learning environments.
- Recognise the role of educators and unions in promoting inclusive schools and communities.

Unit Outline

1.2.1 Leprosy (Hansen's Disease) in the Global Context

Leprosy (Hansen's disease) is one of the oldest diseases known to humans. Research has uncovered archaeological evidence in India that indicates the presence of leprosy (Hansen's disease) since 2000 BC. Studies have also found that it spread from East Africa to Asia, Europe, and the Mediterranean around 4,000 years ago and the Americas about 500 years ago, following human migration patterns.[18] Despite being an ancient disease, it persists in the modern age in more than 120 countries, with an estimated 200,000 new cases reported globally every year.[19] New cases are mostly reported from Asia, Africa, and South America where leprosy (Hansen's disease) is considered more endemic.[20] However, cases are also reported in non-endemic countries because of migration or delayed diagnosis.

This means that educators and education systems in both endemic and non-endemic settings may encounter learners, families, or community members affected by leprosy (Hansen's disease). In many cases, persons affected by leprosy (Hansen's disease) may already be part of communities but remain invisible or excluded because of stigma and discrimination.

1.2.2 Stigma Beyond Prevalence

Stigma related to leprosy (Hansen's disease) can continue even when very few cases are reported. Sometimes, even after treatment and without visible symptoms, persons affected by leprosy (Hansen's disease) still experience stigma and discrimination. We have learned in the previous unit that fear, myths, and negative beliefs about leprosy (Hansen's disease) persist today, even in contexts where treatment and cure are widely available, despite evidence that it is not easily transmitted, and even where there are fewer reported cases.[21] In many communities, leprosy (Hansen's disease) is still wrongly associated with shame, punishment, isolation, or danger.[22]

Because of fear of stigma, some people affected by leprosy (Hansen's disease) may avoid seeking treatment, or be forced to hide their condition, withdraw from school, work, or community life. Family members or carers may also experience discrimination.[23]

Stigma can affect educational participation in different ways. Learners affected by leprosy (Hansen's disease) may experience bullying, exclusion, or lowered expectations. Learners without leprosy (Hansen's disease), whose parent or other family member are affected by leprosy (Hansen's disease), may also experience stigma and discrimination. Teachers and school leaders may also feel uncertain about how to respond because of a lack of knowledge or fear of doing the wrong thing. Reducing stigma therefore remains important in all contexts, not only where case numbers are high.

1.2.3 Links to Broader Education Priorities

Addressing stigma related to leprosy (Hansen's disease) is part of promoting inclusive and equitable education for all learners. Inclusive education aims to ensure that every learner feels safe, respected, valued, and able to participate fully in school life.[24]

Schools that address stigma and discrimination help create safer learning environments and strengthen empathy, respect, and cooperation among learners. These efforts also support broader education priorities such as participation, well-being, equity, and child protection.[25]

The approaches used to reduce stigma related to leprosy (Hansen's disease) can also help address discrimination related to disability, leprosy (Hansen's disease), other health conditions, race, age, poverty, gender, sexual orientation, ethnicity, and other forms of exclusion. Strategies such as inclusive language, respectful communication, anti-bullying strategies, and collaborative learning will be discussed further in the succeeding units.

1.2.4 Why Educators and Unions Have a Role

Educators and education unions play an important role in shaping inclusive school cultures and promoting respect for diversity. Teachers influence how learners understand diversity, inclusion, and fairness through everyday classroom practices and interactions.

Education unions can also help promote inclusive policies, challenge discriminatory practices, support professional learning, and encourage dialogue on stigma and inclusion within education systems.[26]

Even in contexts where leprosy (Hansen's disease) is rarely discussed, educators and unions can help ensure that schools remain safe and welcoming spaces for all learners. Addressing stigma is part of a broader commitment to human dignity, equity, and inclusive education. The role of educators and unions in challenging stigma and creating more inclusive schools will be further discussed in Modules 2 and 3.

Practice and Application

Context Comparison and Inclusion Planning

Think of these two contexts: one where leprosy (Hansen's disease) is more commonly reported (endemic) and one where it is less reported (non-endemic). These may be real places you know or settings you imagine based on your experience. Write your answers to the questions below in the table provided.

1. What kinds of stigma, fear, or misunderstanding might appear in each context?
2. How might these affect a learner, teacher, or family member differently in each setting?
3. What strengths or opportunities for inclusion might already exist in each context?
4. Write one practical action for each context that an educator or union representative could take to reduce stigma and promote inclusion.

	Endemic	Non-endemic
Stigma		
Impact		
Opportunities for inclusion		
Action		

Unit Summary

- Leprosy (Hansen's disease) remains present globally, including in both endemic and non-endemic settings.
- Stigma and discrimination can persist even where case numbers are low.
- Fear and misinformation continue to affect learners, families, and communities.
- Addressing stigma supports broader goals of inclusive and equitable education.
- Educators and unions play an important role in promoting safe, respectful, and inclusive learning environments.

Additional Resources

1. WHO Interactive dashboard on leprosy: https://apps.who.int/neglected_diseases/ntddata/leprosy/leprosy.html
2. WHO: Towards zero leprosy. Global Leprosy (Hansen's Disease) Strategy 2021–2030: https://www.who.int/publications/i/item/9789290228509
3. Leprosy.jp: Leprosy around the World: https://leprosy.jp/world/
4. Article by The Leprosy Mission: What do you think about a world without leprosy?: https://www.leprosymission.org/blog/what-do-you-think-about-a-world-without-leprosy/
5. Sasakawa Health Foundation Global Appeal 2026 for the Elimination of Stigma and Discrimination against People with Leprosy and Those Who Have Recovered from Leprosy: https://gasasakawa.org/ja/globalappeal2026/

Unit 1.3. Impact of Stigma and Discrimination on Participation in Education

Unit Overview

Unit 1.3 explores how stigma and discrimination related to leprosy (Hansen's disease) operate in education settings. It examines how overlapping factors such as disability, gender, poverty, or other social identities can shape experiences of exclusion. The unit also looks at how stigma affects not only learners, but also educators, teaching practices, classroom relationships, and participation in school life. It highlights how stigma and discrimination become barriers to inclusive and equitable education.

Unit Learning Objectives

1. Explain different forms of stigma and discrimination through an intersectional lens.
2. Identify how stigma and discrimination affect learners, educators, and school participation.

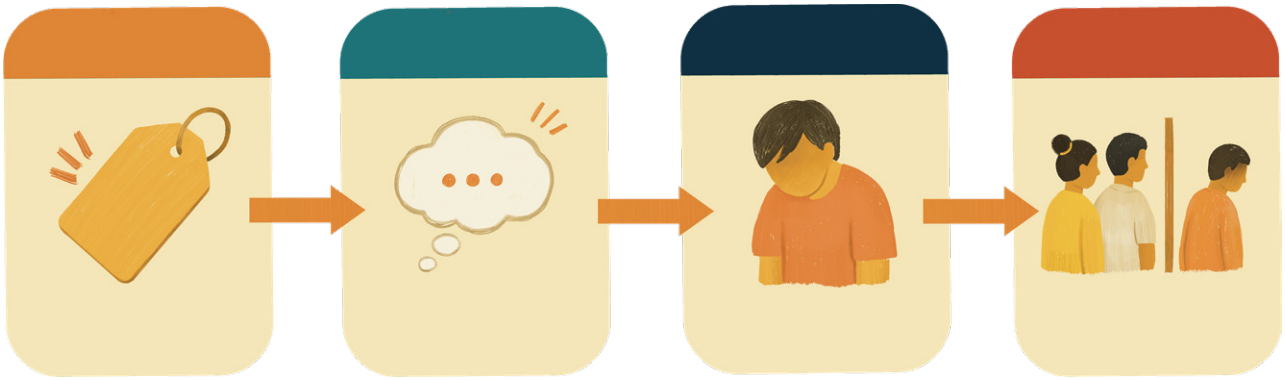
Unit Outline

1.3.1 Understanding Stigma and Discrimination[27]

What is stigma?

Stigma is a negative response to perceived differences in a person, whether visible, behavioural, or health-related. When stigma is linked to a health condition like leprosy (Hansen's disease), it is called health-related stigma.[28]

How Stigma Develops



LABELING
A person is labelled based on their condition.

STEREOTYPING
The label is linked to a fixed, often false ideas.

DEHUMANISING
The person is reduced to the stereotype.

DISTANCING, LOSS OF STATUS, AND DISCRIMINATION
This leads to exclusion and unfair treatment.

Stigma is shaped by attitudes and systems --- and can be changed.

Forms of stigma[29]

Experienced Stigma (Discrimination)

When unfair treatment happens

A person is treated unfairly because of a health condition.

Example: A learner is excluded from school because others wrongly fear infection.

Anticipated Stigma

When fear shapes behaviour

A person expects discrimination and changes their behaviour because of that fear.

Example: A teacher avoids seeking treatment because of fear that others will find out and will treat them differently.

Internalised Stigma

When stigma is turned inward

A person holds negative beliefs and stereotypes about their condition and starts to withdraw from others without any direct discrimination

Example: A student with leprosy (Hansen's disease) believes their condition is a curse and feels ashamed and unworthy of friendship. They start to withdraw and stop participating in class activities.

Stigma by Association

When stigma spreads to others

A person holds negative beliefs and stereotypes about their condition and starts to withdraw from others without any direct discrimination

Example: A student with leprosy (Hansen's disease) believes their condition is a curse and feels ashamed and unworthy of friendship. They start to withdraw and stop participating in class activities.

Structural Stigma

When systems create exclusion

Negative attitudes or treatment extend to people closely linked to a person with leprosy (Hansen's disease), such as family members or health professionals.

Example: A nurse at the community health center, providing free diagnosis and treatment for leprosy, was not invited to a neighbor's party fearing they might catch the disease.

Causes of health-related stigma[30]

Stigma arises from various societal and individual factors.

- Fear of infection, physical consequences, or dangerousness.
- Perceived unattractiveness due to visible impairments.
- Unease or discomfort in interacting with affected individuals.
- Association with undesirable conditions like drug use or poverty.
- Cultural values, beliefs, and stereotypes about morality, heredity, or divine punishment.
- Discriminatory policies, segregation, or laws.
- Use of inappropriate media portrayals, language, or images.
- Careless communication by health professionals and mishandling of diagnostic information.
- Unconscious biases and attitudes among family, community, and health workers.

Impact of stigma on individuals[31]

- Stigma deeply affects affected persons' emotional and social wellbeing, including those of their family members or carers.
- Feelings include shame, rejection, depression, anxiety, and suicidal thoughts.
- Can lead to social withdrawal, loss of self-esteem, and dignity.
- Causes emotional distress and long-lasting psychological effects.
- May result in concealment of health conditions, delaying treatment.
- Hinders access to health services and participation in social activities.
- Contributes to increased disease transmission due to delayed diagnosis and treatment.
- Can cause economic hardship and exacerbate poverty.

Effects of stigma on mental wellbeing[32]

- Stigma negatively influences mental health, increasing risks of depression, anxiety, and psychosocial disabilities.
- Affects participation in community, education, and employment.
- One in two persons affected by NTDs may experience mental health issues.
- Mental health problems not adequately treated can lead to disability, early death, or suicide.
- The burden is compounded by physical impairments and social exclusion.
- Recovery is possible with support, counseling, and community interventions.
- Basic mental health care can be provided by non-specialists, especially in low-income settings.
- Culturally sensitive approaches are essential for effective mental health support.

Stigma is not fixed or inevitable. A person who is stigmatised in one setting may be accepted in another, which shows that stigma is shaped by social attitudes, beliefs, and systems rather than by the person themselves. This also means it can be challenged through awareness, inclusive practice, and education.

What is discrimination?

Discrimination is the unfair treatment of a person based on personal characteristics such as disability, health condition, gender, race, ethnicity, or age. It violates the fundamental principles of equality and human dignity recognised across international human rights law.[33]

Several international instruments define and prohibit discrimination:

The **UN Convention on the Rights of Persons with Disabilities (CRPD)** defines disability-based discrimination as any action that prevents a person with a disability from fully and equally enjoying their rights and freedoms. This includes the denial of reasonable accommodation or the failure to make adjustments that would allow equal participation.[34]

The **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** defines discrimination against women as any distinction, exclusion, or restriction based on sex that impairs a woman's ability to enjoy her rights on an equal basis with men, in education, employment, health, and public life.[35]

The **UN Committee on Economic, Social and Cultural Rights** recognises that discrimination on the basis of health status, including conditions such as leprosy (Hansen's disease), is prohibited under international human rights law.[36]

United Nations Educational, Scientific and Cultural Organization (UNESCO) **Convention Against Discrimination in Education** declares that any form of discrimination in education is a violation of human rights.[37]

Together, these instruments make clear that no one should be treated unequally because of who they are, what they look like, or what condition they have.

Unlike stigma which can be subtle and difficult to identify, discrimination involves concrete actions that can often be documented and challenged, including through legal or institutional processes.

What can discrimination look like?

- Dismissing an employee because of leprosy (Hansen's disease) or disability
- Refusing to enrol a student because of a visible skin condition or physical impairment
- Denying a person access to healthcare, housing, or public services because of their health status
- Failing to provide accessible facilities, materials, or workplace adjustments
- Treating women with leprosy (Hansen's disease) or disability differently from men in the same situation

Discrimination is a violation of human rights. Labour and education laws in most countries require equal treatment and reasonable accommodation[b] for persons with disabilities and health conditions. Educators and union representatives are in a strong position to recognise discrimination, support those affected, and advocate for schools and workplaces where everyone's rights are upheld.

Stigma on the other hand does not always appear in obvious ways. It can be visible in exclusion, bullying, or direct discrimination, but it can also be subtle, such as lowered expectations, avoidance, insensitive language, or decisions that limit a person's participation. These experiences rarely happen in isolation. They are often shaped by other factors in a person's life or identity, such as disability, gender, race, poverty, age, or social status.

For this reason, understanding stigma and discrimination means looking not only at what happens to a person because of leprosy (Hansen's disease), but also at how different identities and circumstances can intensify exclusion. The next section explores this more closely through the lens of intersectionality, which helps explain how stigma can combine with other forms of discrimination to create compounded barriers in education and everyday life.

[b] Reasonable accommodation is defined as making small, targeted changes to the environment or approach so a person affected by leprosy or has an impairment can overcome a specific barrier. Reasonable accommodation is discussed in detail in Module 2, Unit 4: Learner-Centred Strategies.

Practice and Application

Word Web: Stigma and Discrimination[38]

1. On two separate sheets of paper, draw a large circle in the centre of each page.
   - Write Stigma in the centre of one circle.
   - Write Discrimination in the centre of the other circle.
2. Around each circle, write all the words, phrases, behaviours, feelings, beliefs, or examples that come to mind when you think about the concept. Draw lines connecting related ideas if helpful. There are no right or wrong answers. The goal is to explore your current understanding.
3. **Think about:**
   - What you have learned in this unit
   - What you have seen or experienced
   - What you have observed in your school, workplace, or community
4. Reflection. After completing both word webs, take a few moments to compare them.
   - What words or ideas appeared in both webs?
   - What differences do you notice between stigma and discrimination?
   - How are stigma and discrimination connected?
   - Can you think of examples where stigma led to discrimination?

Stigma Weeds[39]

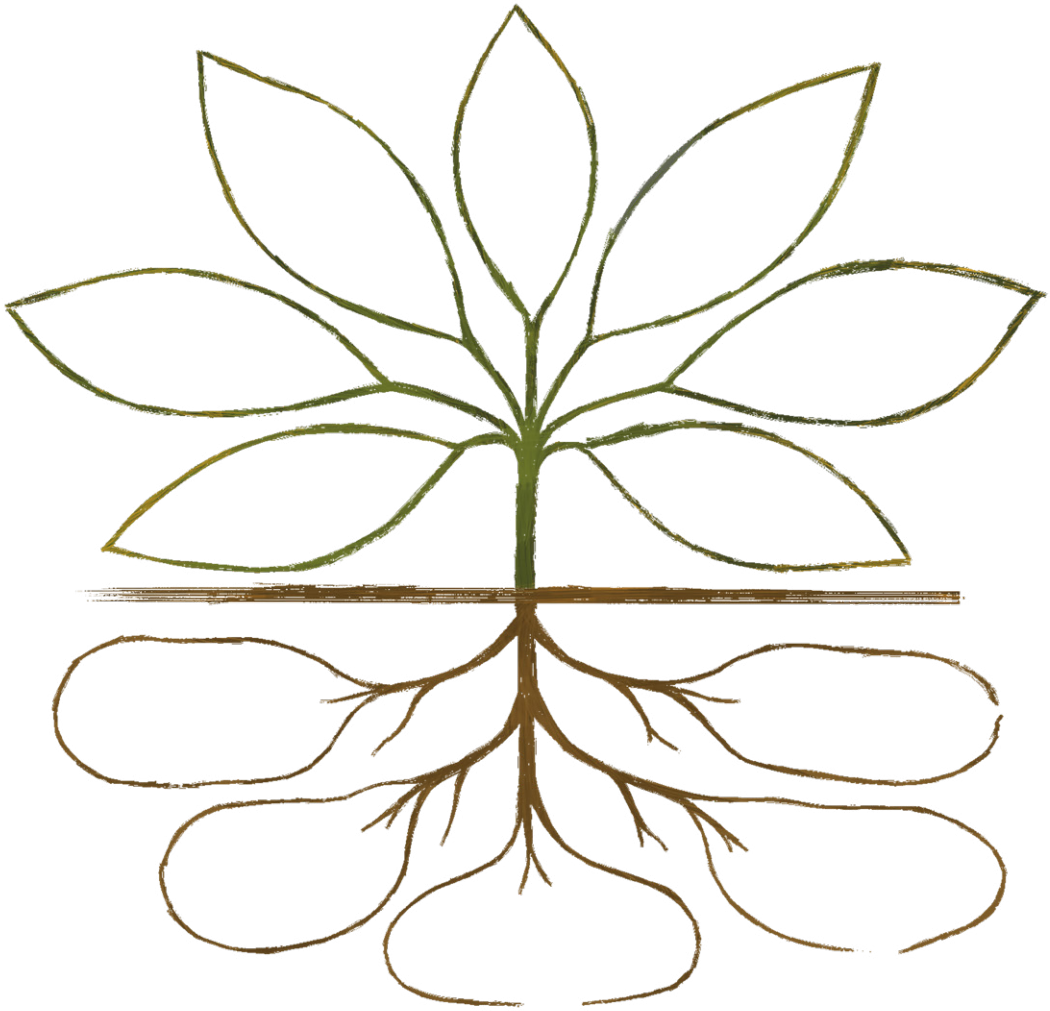
Imagine stigma as a weed that takes root, grows, and spreads.

1. Using the stigma weeds diagram:
   - On the leaves, write examples of what stigma looks like. These can be attitudes, beliefs, policies, or actions you have seen, heard, or experienced.
   - On the roots, write the factors that allow stigma to grow and persist. These may include myths, fears, stereotypes, lack of information, social norms, or unequal power relationships.

Reflection:

- Which roots seem to be the strongest causes of stigma in your context?
- Which leaves (behaviours or actions) cause the greatest harm?
- What actions could help remove the roots of stigma rather than only addressing the visible behaviours?
- What role can educators, union representatives, schools, or communities play in reducing

What does stigma look like?



What feeds stigma?

1.3.2 Intersectionality and Compounded Discrimination

What is intersectionality?[40]

Intersectionality is a way of understanding how different parts of a person's identity and circumstances overlap to shape their experience. These may include gender, race, age, sexual orientation and identity, disability, ethnicity, political or religious beliefs, economic and social conditions, or where a person lives. Together, these factors can increase advantage for some people and disadvantage for others.

For a person affected by leprosy (Hansen's disease), stigma is rarely shaped by leprosy (Hansen's disease) alone. It often overlaps with other factors, creating compounded discrimination. These factors can be individual or environmental/social.

Idividudal factors	Environmental/Social factors
Disability status Gender Age Sexual orientation or identity Race Nationality Language Household location Household composition Marital status Migrant or immigration status Socio-economic status Ethnic origin Religion Political opinion	Physical accessibility Accessibility of transportation Social norms Legislation Capacity of service providers

These factors do not operate separately. They overlap and interact, often creating barriers that are harder to address than any single form of discrimination on its own.

Consider a teenage girl with visible impairment related to leprosy (Hansen's disease) who also belongs to an ethnic minority community. She may face:

- **Disability-related barriers**: inaccessible school spaces or limited support for learners with disabilities
- **Gender discrimination:** lower expectations or reduced opportunities for girls
- **Ethnic prejudice:** negative assumptions or exclusion based on her background
- **Leprosy (Hansen's disease)-related stigma:** fear, avoidance, or exclusion from peers, teachers, or the wider community

Each of these barriers can reinforce the others. Together, they create a more complex experience of exclusion than any one factor would create on its own. This is what is meant by compounded discrimination.

Why an intersectional lens matters for educators and union representatives[41]

An intersectional lens helps educators and union representatives understand how leprosy (Hansen's disease)-related stigma can overlap with other forms of exclusion. This supports responses that are more fair, practical, and inclusive.

- See the whole person, not just a diagnosis, disability, or label
- Recognise that the same condition does not affect everyone in the same way
- Identify hidden barriers linked to factors such as age, gender, disability, sexual orientation or identity, socio-economic status, race and ethnicity, political or religious beliefs, location, migration or immigration status
- Plan more targeted support, inclusive practices, and advocacy
- Strengthen school culture, policies, and everyday behaviour by responding to different experiences of exclusion

Leprosy-related stigma does not exist in isolation. Inclusive schools and workplaces pay attention to the overlapping identities and circumstances that shape a person's experience, and work to remove barriers at every level.

TRY THIS!

How can you apply an intersectional approach?[55]

An intersectional approach requires looking beyond a single label, such as "person with disability" or "persons affected by leprosy", to understand the full range of factors shaping a person's experience. Practitioners often carry unconscious biases about who is "at risk" and why. Examining these biases is an important first step toward more effective and inclusive work.

1. **Examine your own views** - Reflect honestly on your own prejudices and blind spots. Discuss your perspectives with colleagues and seek honest feedback from a trusted outside voice. This could be a community member, a person affected by leprosy (Hansen's disease), or someone from the sector you work in. We all carry biases we may not be aware of.
2. **Work with your community** - Persons with disabilities and persons affected by leprosy (Hansen's disease) understand their own context better than anyone else. Involve them, alongside women, men, young people, the elderly, and religious and ethnic groups, in identifying barriers and finding solutions. They are your most valuable resource.
3. **Apply an individual approach** - No two people experience stigma, disability, or exclusion in exactly the same way. Avoid one-size-fits-all solutions. Work with individuals and their communities to understand the specific barriers they face and identify responses that are relevant to their situation.
4. **Challenge harmful social norms** - Stigma is sustained by deeply rooted beliefs and social norms. Challenging these takes time, patience, and genuine dialogue with the community, not lectures or confrontation. Identify trusted local voices who are committed to change and can help shift attitudes from within. These can be religious or community leaders, advocates, and people affected by leprosy (Hansen's disease).

An intersectional approach is not about adding complexity. It is about seeing people more clearly. When we understand the full picture of someone's life, we are far better placed to support them and to remove the barriers that stand in their way.

1.3.3 How Stigma and Discrimination Appear in Schools

All children have the right to learn in safe and welcoming spaces. This is supported by various legal frameworks such as the CRPD and Convention Against Discrimination in Education that we have mentioned earlier. However, children and young people affected by leprosy (Hansen's disease), including children of persons affected by leprosy (Hansen's disease), often encounter stigma and discrimination within education settings, from peers, teachers, school systems, and education policies alike. For many persons affected by leprosy (Hansen's disease), the stigma causes more damage than the disease itself, with exclusion from education being one of the most serious consequences. Understanding how stigma and discrimination show up in schools is the first step toward building truly inclusive learning environments.

1. Exclusion in and from School[42]

One of the most direct and damaging forms of discrimination is denying a child the right to attend school with their peers. Children affected by leprosy (Hansen's disease) may be:

- refused admission to school
- asked to leave school
- separated from other learners
- discouraged from participating in school activities

This exclusion is rarely based on medical evidence. It is driven by fear and misinformation. A child who has started treatment poses no risk to classmates. A child whose parent or other family member is affected by leprosy (Hansen's disease), also does not pose any risk to their classmates and teachers.

The scale of the problem extends beyond leprosy (Hansen's disease) alone. Children with disabilities and with leprosy (Hansen's disease)-related impairments are among the most likely to be out of school worldwide. They face persistent barriers to education stemming from discrimination, stigma, and the routine failure of decision makers to incorporate disability-inclusion in school services.[43] For children affected by leprosy (Hansen's disease), especially those who have developed visible impairments, these barriers can be severe and compounding.

Impact: Exclusion disrupts learning, limits future opportunities, reinforces social isolation, and perpetuates poverty.

2. Stigma from Peers: Bullying and Social Rejection[44]

Stigma can also come from peers. Learners affected by leprosy (Hansen's disease) may experience:

- teasing and name-calling
- social rejection
- isolation from group activities

- bullying related to appearance, disability, or family background

Stigma-based bullying can affect confidence, mental health, attendance, and academic performance. Some learners may withdraw from school life even when they remain enrolled. [45]

Impact: Learners may feel unsafe or unwelcome and develop chronic anxiety, or reluctant to participate in learning.

3. Stigma from Teachers and Education Support Personnel

Teachers and education support personnel have a significant influence on school culture. When educators lack accurate information about leprosy (Hansen's disease), they may unintentionally reinforce stigma. This may look like:

- treating a learner differently from classmates
- seating a learner separately
- making insensitive comments
- lowering expectations about what a learner can achieve
- sharing private information without consent

Many of these actions are not intentional but can still have harmful effects. Teachers are instrumental in challenging harmful stereotypes, promoting accurate understanding, and creating the inclusive learning environments essential to combating stigma but only when they are equipped with the knowledge and tools to do so.[46] Yet around 40% of countries do not provide teacher training on inclusion, leaving many educators underprepared to support students affected leprosy (Hansen's disease) or with disability.[47]

Impact: Learners may feel excluded, lose confidence, or be denied opportunities to succeed.

> *"Since I started attending school, I was never the head girl, because there was discrimination. They were saying that I can't see, I can't control them. It's really not easy for me because there was series of provocation."*
>
> *- Josephine from Sierra Leone. (Sightsavers, Reducing Stigma in Inclusive Program-ming, 2025)*

4. Institutional and Structural Discrimination[48]

Discrimination is not always the result of individual behaviour. It can also be built into policies, systems, and practices. Examples include:lack of inclusive education policies

- limited teacher training on inclusion and stigma
- policies or laws that discriminate against persons affected by leprosy (Hansen's disease) such as rejecting admission or expelling learners affected by leprosy or with disability

A failure to address inequalities, stigmatisation, and discrimination linked to economic status, gender, ethnicity, language, location, and disability is holding back progress toward quality education for all. Inclusive education works to identify all barriers to education and remove them. Having an institutional framework to support changes in negative attitudes and harmful behaviours is critical. When schools have no policy framework to protect students affected by leprosy (Hansen's disease) or with disabilities and address attitudinal barriers, stigma and exclusion go unchallenged.[49]

Impact: Learners face unequal opportunities to access, participate in, and benefit from education.

5. Intersectionality of Barriers

Some learners face multiple forms of discrimination at the same time. A learner affected by leprosy (Hansen's disease) may also experience exclusion related to:

- disability
- gender
- sexual orientation and identity
- race
- age
- social and economic status
- ethnicity
- language
- geographic location
- migration or immigration status

These overlapping factors can make participation in education even more difficult.

Impact: The more barriers a learner faces, the greater the risk of exclusion and unequal educational outcomes.

TRY THIS!

Think About Stigma and Discrimination in Your School or Union

Take a few minutes to think about how stigma and discrimination appear in your own school or union. They can be observed in everyday interactions, routines, and decisions that we may have stopped noticing.

Use the prompts below to help you observe and identify stigma and discrimination where you are. Mark what you have seen or experienced and add your own examples in the spaces provided.

Attitudes and language

- ☐ A learner or colleague being labelled or spoken about in a negative way because of leprosy (Hansen's disease) or other health condition, disability, or appearance
- ☐ Low expectations placed on a learner or colleague because of who they are or where they come from
- ☐ Jokes, comments, or expressions that mock or belittle a person's condition or difference
- ☐ Stigmatising or disrespectful language in conversations
- ☐ Exclusionary language in policies, websites, publications, or teaching materials

Other: _____

Behaviour toward affected persons

- ☐ Learners or members being avoided and excluded from group activities
- ☐ A learner is seated separately from others
- ☐ A colleague or learner hiding leprosy (Hansen's disease) or other health condition out of fear of how others will react
- ☐ A person being treated differently in meetings, classes, or social gatherings
- ☐ A family keeping a child out of school because of stigma or shame

Other: _____

School or workplace systems and practices

- ☐ No clear policy protecting students or staff affected by leprosy (Hansen's disease), with disability, or with other health condition
- ☐ Lack of policies addressing discrimination or bullying
- ☐ Physical or communication barriers that limit participation
- ☐ Lack of training for teachers or staff on inclusive education or health-related stigma
- ☐ A student being discouraged or turned away from enrolling because of leprosy (Hansen's disease), disability, or other health condition
- ☐ Health or personal information being shared without a person's knowledge or consent

Other: _____

Points to think about:

1. What is one thing you noticed that you had not paid attention to before?

_____

_____

2. What do you think is the most common form of stigma or discrimination in your school or union?

_____

_____

3. Who are the most affected by stigma and discrimination in your school or union?

_____

_____

Keep your observations in mind as you work through the rest of this toolkit. You will have the opportunity to explore how to respond to what you have identified. Module 2 will discuss strategies on how to respond to stigma and discrimination.

Practice and Application

Case Study Analysis

Read the following case study and answer the reflection questions below.

Maria is a 14-year-old girl living in a rural area. She was recently diagnosed with leprosy (Hansen's disease) and has begun treatment. She belongs to an indigenous community and is the eldest of five children. Her family depends on her to help at home and care for her younger siblings. The nearest school is far from her home and there is no accessible transport. Because of these, she is frequently absent in class. Her teacher is aware of her diagnosis and has, without meaning to cause harm, been seating her separately from her classmates.

Reflection questions:

1. What factors, beyond her leprosy (Hansen's disease) diagnosis, are affecting Maria's ability to attend and participate in school?
2. Which of these factors are within the school's power to address? Which require broader action?
3. How might Maria's experience be different if she were a boy? Or if she lived in an urban area?
4. What assumptions might a teacher or school administrator make about Maria without knowing her full situation?
5. What would an intersectional approach look like in practice for Maria's school and community?

Unit Summary

- Stigma is a negative response to perceived differences in a person, whether visible, behavioural, or health-related.
- Stigma operates on several levels that impact learners, including experienced stigma (discrimination and negative attitudes from peers and community), anticipated stigma, internalised stigma (internalised shame and low self-worth), stigma by association, and structural stigma (discriminatory laws and policies or practices).

- Intersectionality: Stigma does not act alone; it is heavily compounded by other inequalities. Learners experiencing leprosy (Hansen's disease)-related stigma alongside poverty, gender inequality (especially girls), race or ethnic minority status experience the most severe barriers to staying in school.
- Direct Educational Exclusion: Misinformation and fear frequently lead to children affected by leprosy (Hansen's disease) being denied school enrolment, expelled, or forced into segregated learning environments, despite posing no medical risk once treatment has started.
- Social Isolation and Bullying: Beyond formal exclusion, affected students often face severe informal barriers, including bullying and social rejection by classmates and sometimes unequipped educators.
- Psychological and Academic Harm: The emotional toll of stigma, such as chronic anxiety, depression, and loss of confidence, causes students to disengage from learning. This severely impacts academic performance and frequently leads to school dropout.
- Dangerous Delays in Treatment: The fear of being stigmatised and excluded from school often drives families to hide a child's leprosy (Hansen's disease) diagnosis. This secrecy delays crucial medical treatment, directly increasing the risk of permanent physical disability.
- Long-term Consequences: If left unaddressed, the exclusion and lack of education caused by stigma trap young people in a lifelong cycle of poverty, social marginalisation, and limited opportunities.

Additional Resources

1. What is Intersectionality, by Prof. Peter Hopkins of Newcastle University: https://youtu.be/O1islM0ytkE?si=h8aWrS7Phu583NoX
2. Video on how stigma and discrimination affect learners (French), by Damien Foundation: https://youtu.be/5IAzz8ficgw
3. Video on gender and stigma - challenges faced by women with leprosy, by Leprosy Mission International: https://www.youtube.com/watch?v=XJMag2HO4so

Annexes

Annex 1: Leprosy Diagnosis and Treatment

How is leprosy diagnosed?

Leprosy is diagnosed by a health professional looking for one or more of these signs:[50]

- A pale or reddish skin patch with loss of sensation (numbness)
- A thickened or enlarged nerve, with numbness or muscle weakness
- Bacteria detected under a microscope from a skin sample

Once diagnosed, leprosy is classified into one of two types, which determines the course of treatment: [51]

- Paucibacillary (PB) - 1–5 skin lesions, with no bacteria detected in skin samples
- Multibacillary (MB) - More than 5 skin lesions, or nerve involvement, or bacteria detected in skin samples

Depending on the patient's symptoms, a doctor may collect samples from the skin or nerves for testing. Common tests include:[52]

- Skin or nerve biopsy - A small tissue sample is examined to confirm and classify the disease
- Acid-fast staining - A lab test that identifies the leprosy-causing bacteria in a skin sample
- PCR testing - Detects the bacteria's genetic material; useful in early or mild cases where other tests are unclear. Only available in specialised laboratories

How is leprosy treated?

Leprosy is curable. It is treated with multi-drug therapy (MDT), a combination of three medicines: dapsone, rifampicin, and clofazimine. WHO recommends 6 months of treatment for paucibacillary (PB) leprosy and 12 months for multibacillary (MB) leprosy. MDT kills the bacteria and cures the disease, and WHO provides it free of charge in endemic countries.[53]

Early diagnosis and treatment are important. The longer leprosy goes untreated, the more damage it can cause to the body. If prescribed with MDT, every dose should be taken exactly as advised by the health worker to help the treatment work well and reduce the risk of drug resistance. Persons being treated may also need follow-up care to monitor nerve damage, healing, and any complications. Some may be given medicines to manage pain, inflammation, or leprosy reactions. [54]

How to help prevent leprosy?

- Seek diagnosis and start treatment early

- Follow good hygiene and cough etiquette
- Support close contacts of a person with leprosy to get checked if advised by a health worker

SDR-PEP or post-exposure prophylaxis is a preventive treatment for close contacts of a person with leprosy. It involves giving a single dose of rifampicin to eligible contacts after screening, to help lower their risk of developing the disease. It is one of the approaches now used to support leprosy prevention.

Preventing leprosy starts with early diagnosis and treatment. Leprosy spreads mainly through repeated, close contact over many months with someone who has untreated leprosy. Once treatment starts, a person is no longer contagious.

Annex 2: Tips for Teachers in Non-Endemic Contexts

TRY THIS!

Simple things teachers can do if they are concerned that a student may have leprosy (Non-Endemic Contexts)

In non-endemic areas, leprosy is extremely rare and is often linked to migration or travel. This rarity brings unique challenges: local doctors may misdiagnose it, and stigma is often driven by historical myths rather than everyday reality. Furthermore, affected students may already belong to marginalised groups (such as migrants or refugees), making privacy and cultural sensitivity even more critical.

Teachers are not expected to diagnose medical conditions. However, because they work closely with learners every day, they may notice persistent physical signs (such as unexplained skin patches or complaints of numbness). While leprosy is extremely rare in non-endemic countries, it can still appear. In these situations, the teacher's role is to provide a safe, stigma-free environment and encourage the family to seek general medical advice.

- **Stay calm and maintain normal interaction.** Unfamiliarity with leprosy often causes unnecessary panic. Remember that leprosy is very hard to catch and is not spread through casual school contact. Treat the student normally; there is zero risk to teachers or classmates, and no reason to separate the student from activities.
- **Document observations strictly privately.** Note any physical signs (e.g., a skin patch that doesn't heal) or behavioral changes (e.g., a student struggling to hold a pencil due to numbness). Because rare conditions can easily spark school rumors, never share these observations with other students or unauthorised staff.
- **Approach parents or carers with extreme cultural sensitivity.** Speak to the family discreetly. Express general concern for the student's health in a gentle way. Do not suggest a diagnosis of leprosy. Keep in mind that migrant or refugee families might be hesitant to engage with health systems due to language barriers, fear of costs, or fear of deportation. Reassure them that your primary goal is the child's well-being and ability to learn.
- **Guide them to school health resources.** Refer the family to the school nurse or local health services. Because leprosy is rare in your country, general practitioners might not immediately recognise it. The teacher's role is simply to encourage them to get a proper assessment, which may eventually involve a referral to a dermatologist or specialised clinic.
- **Coordinate for psychosocial support.** Inform the school principal to arrange formal referrals if required by school policy. Crucially, involve the guidance counselor. A student facing an undiagnosed, stigmatised, or rare health condition—especially if they are new to the country—is at high risk for anxiety and social isolation.

- **Champion full inclusion.** Even if a diagnosis of leprosy (or any other condition) is confirmed, the student must be allowed to participate fully. Once a person with leprosy begins standard medication, they are no longer contagious. You may need to act as an advocate to ensure other staff understand this fact and do not exclude the learner out of misplaced fear.
- **Provide flexible, reasonable accommodations.** In non-endemic countries, students might need to travel long distances to reach specialised doctors or clinics. Be flexible with attendance, provide notes for missed lessons, and allow discreet breaks if the student needs to take medication during the school day. (Module 2 provides a more in-depth discussion on reasonable accommodations).
- **Refer to national or international guidance.** Local area guidelines for leprosy may not be available in your region. If your school needs policy guidance after a diagnosis, consult your national public health authority or seek resources from global organisations (such as the WHO or international organisations of persons affected by leprosy) to ensure the school's response is based on science, not stigma.

Annex 3: Leprosy: Fast Facts for Educators and Advocates

FAST FACTS FOR EDUCATORS AND ADVOCATES

A quick reference for classroom use and community advocacy

Key message:

Leprosy is a curable disease. It is hard to catch and is not transmitted through casual contact. No one should be discriminated because of it.

What is leprosy or Hanses's Disease?

- Leprosy is a bacterial infection caused by Mycobacterium leprae.
- It is a neglected tropical disease (NTD) found in over 120 countries.
- Around 200,000 new cases are reported every year.
- Higher numbers of cases are found in Asia, Africa, and South America.

Is leprosy contagious?

- Leprosy is very hard to catch.
- It spreads only through prolonged, close contact with an untreated person over many months, likely through droplets from coughing or sneezing.
- It does not spread through:
- Touching, hugging, or shaking hands
- Sharing food or drink
- Sitting next to someone
- Sexual contact
- Pregnancy
- 95% of people are naturally immune, their bodies fight off the bacteria on their own.

Who can get leprosy?

- Anyone can get leprosy, regardless of age, gender, or economic status.
- It is more common in areas with limited access to healthcare and nutrition.
- Children under 15 are also affected, particularly in areas where the disease is more prevalent.

FAST FACTS FOR EDUCATORS AND ADVOCATES

Signs and symptoms

- Pale or discoloured skin patches with loss of sensation (numbness)
- Raised rounded bumps under the skin
- Painless swelling or lumps on face and earlobes
- Numbness or muscle weakness in hands or feet
- Problems with vision in untreated cases
- Stuffy nose or frequent nose bleeds
- In early stages, signs can be mild and easy to miss.
- Many people show no visible signs when diagnosed and treated early.
- Leprosy is treated with Multi-Drug Therapy (MDT), a combination of antibiotics.
- MDT is provided free of charge through the World Health Organization.

Can leprosy be cured?

Yes, leprosy can be completely cured.

- Leprosy is treated with Multi-Drug Therapy (MDT), a combination of antibiotics.
- MDT is provided free of charge through the World Health Organization
- Within 72 hours of starting treatment, a person is no longer infectious.
- When caught early, treatment prevents any lasting damage or disability.

Note to Facilitators: Contextualisation Option

Add local information on where leprosy services are available, including government facilities and trusted non-government organisations. Where possible, indicate how people can access diagnosis, treatment, follow-up care, and referrals, and whether services are free.

Can leprosy cause disability?

- Leprosy does not always cause disability.
- Disability occurs when the disease is left untreated for a long time.
- Early diagnosis and treatment fully prevent nerve damage and deformity.
- Many people treated early live full, healthy lives with no lasting effects.

FAST FACTS FOR EDUCATORS AND ADVOCATES

Demystifying Leprosy (Hansen's Disease)

Myth	Fact
Leprosy is highly contagious.	It is one of the least contagious infectious diseases.
You can catch it by touching someone.	Casual contact does not spread leprosy.
It is a curse or punishment.	It is simply a bacterial infection.
People with leprosy must be isolated.	Isolation is unnecessary and harmful.
It only affects the skin.	It primarily affects the nerves.
It has been eradicated.	It still affects around 200,000 people per year.
Only poor people get leprosy.	It can affect anyone.
There is no cure.	It is completely curable with MDT.

Annex 4: Practice and Application - Facilitated Activities

These are suggested activities to process learning and check for understanding and are meant to be conducted by a facilitator.

Unit 1. Leprosy: Facts and Misconceptions

Community Interview and Group Discussion

Purpose: To surface common beliefs and misconceptions about leprosy in the community and practise respectful, evidence-based conversations that reduce stigma.

In a small group of 2-4, interview at least three people from your community. These could be neighbours, colleagues, family members, or community leaders. Ask them what they know about leprosy and listen without judgment. Gently correct any misconceptions using what you have learned in this unit. Remember that changing deeply held beliefs takes time and trust. The goal of this activity is not to win an argument but to open a conversation. Every respectful exchange is a step toward reducing stigma.

Suggested interview questions:

1. What do you know about leprosy?
2. Have you ever met or heard of someone with leprosy in your community?
3. How do you think leprosy spreads?
4. Would you feel comfortable sitting next to, working with, or being in the same class as someone with leprosy? Why or why not?

After completing your interviews, think about the following and discuss within your group:

1. What myths or misconceptions came up most often? Were any of them surprising to you?
2. How did the people you interviewed react when you shared accurate information? Were they open to it or resistant?
3. What was the most difficult misconception to address? What made it challenging?
4. Did any of their beliefs seem connected to cultural, religious, or historical ideas about leprosy? How might you approach those sensitively?
5. How might these misconceptions affect a child with leprosy, or a child of a parent with leprosy, in a school setting?

Share your group's findings and reflections during the whole-group discussions.

Unit 2. Global Relevance Across Endemic and Non-Endemic Contexts

Scenario Sorting and Inclusive Response Design

Purpose: To compare how stigma and exclusion may appear in endemic and non-endemic contexts and design inclusive responses that support learner participation.

Work in small groups. Think of your experiences and write 2 short scenarios showing how stigma or exclusion might appear in different settings. For example: a school in an endemic area, a migrant family in a non-endemic country, a teacher unsure how to respond to a rumour, or a learner facing exclusion because of fear and misinformation.

Write a short comparison note in a two-column table showing the key differences, shared issues, and your proposed actions for both contexts.

- Sort each scenario as mainly reflecting an endemic or non-endemic context, or note if it could happen in both.
- Identify the main issue in each scenario, such as misinformation, bullying, exclusion, policy gaps, or lack of capacity among educators.
- Agree on one inclusive response for each scenario that a teacher, school leader, or union representative could take.
- Prepare a short report back to the larger group explaining why your response would help reduce stigma and support participation.

Scenario description	Scenario 1	Scenario 2
a. Can the scenario happen in endemic or non-endemic contexts or both?		
b. Main issue		
c. Action (inclusive intervention)		

Group reflection questions:

- Which issues appeared across both contexts?
- Which responses were context-specific?
- What does this tell you about the global relevance of stigma reduction and inclusive education?

Unit 3. Impact of Stigma on Participation in Education

Voices from the Community: Peer Panel Discussion

Purpose: To deepen understanding of stigma by listening to lived experiences and identifying practical ways schools and communities can respond with dignity and inclusion.
Work in a group of 5 to 8. Invite two or three community members, colleagues, or guest speakers, ideally including a person with lived experience of leprosy or disability, to take part in a short panel discussion with your group.

Before the session, prepare two or three questions to ask the panel. Suggested questions include:

- Have you ever witnessed or experienced stigma or discrimination? What did it look like?
- How did it affect your daily life, work, or access to education or healthcare?
- What helped or what do you wish people had done differently?

After the panel, the group reflects together:

- What was most surprising or moving about what you heard?
- How does hearing a personal story change the way you think about stigma?
- What is one thing you could do differently in your school or workplace as a result?

Mapping Barriers: Community Action Planning

Purpose: To identify overlapping barriers faced by people experiencing compounding discrimination and plan practical actions to reduce exclusion.

Work in small groups. Choose a real or fictional group from your school, workplace, or community who may be experiencing compounding discrimination. For example, a learner with disability, colleague or education support personnel affected by leprosy, or a community member from an indigenous group.

Using a large sheet of paper, create a simple map with drawing of a person (or any icon) at the centre that would represent the group you chose. Around it, identify:

- Personal factors - age, gender, sexual orientation, health condition, race, ethnicity, language, economic situation, migrant status
- Community factors - social norms, attitudes, cultural or religious beliefs
- Institutional factors - school or workplace policies, accessibility, availability of services, laws

Then, as a group, discuss:

- Which barriers are most urgent to address?
- Who in your school, union, or community has the power or influence to help remove these barriers?

- What is one concrete step your group could take, this week, this term, or this year, to make a difference?

Present your map and action step to the wider group. This activity can also be done using sticky notes on a wall, with each layer represented by a different colour.

Endnotes

1 World Health Organization, "Leprosy," https://www.who.int/news-room/fact-sheets/detail/leprosy.

2 Centers for Disease Control and Prevention, "About Leprosy (Hansen's Disease)," U.S. Department of Health and Human Services, last modified December 5, 2025, https://www.cdc.gov/leprosy/about/index.html.

3 The Leprosy Mission Trust India, "Leprosy: Modern Challenges of an Ancient Disease," https://www.leprosymission.in/leprosy-modern-challenges-of-an-ancient-disease/.

4 World Health Organization, "Leprosy," last modified January 23, 2026, https://www.who.int/news-room/fact-sheets/detail/leprosy.

5 Ibid.

6 Ibid.

7 The Leprosy Mission Trust India, "Leprosy - ClinicalAspects," https://www.leprosymission.in/leprosy-modern-challenges-of-an-ancient-disease/leprosy-clinical-aspects/.

8 Centers for Disease Control and Prevention, "About Leprosy (Hansen's Disease)."

9 Ibid.

10 World Health Organization, "Leprosy."

11 Centers for Disease Control and Prevention, "About Leprosy (Hansen's Disease)."

12 A. Joy, C. Elisha, E. Bassey, G. Shrubsole, H. Gudasalamani, M. S. Raju, M. David, M. Das, N. Sarah, T. Mendis, and V. Parisipohula, "Toolkit for Understanding and Challenging Leprosy-Related Stigma for Civil Society Organisations in India" (The Leprosy Mission Trust India, 2017), https://www.infontd.org/resource/toolkit-understanding-and-challenging-leprosy-related-stigma-civil-society-organisations.

13 Centers for Disease Control and Prevention, "About Leprosy (Hansen's Disease)."

14 Ibid.

15 Ibid.

16 Joy et al., "Toolkit for Understanding and Challenging Leprosy-Related Stigma."

17 NLR – Until No Leprosy Remains, "10 Common Myths and Misconceptions About Leprosy – Debunked," https://nlrinternational.org/10-common-myths-and-misconceptions-about-leprosy-debunked/; The Leprosy Mission International, "Exposing the Myths Around Leprosy," https://www.leprosymission.org/leprosy-champions/exposing-the-myths-around-leprosy/.

18 Luigi Santacroce, Raffaele Del Prete, Ioannis Alexandros Charitos, and Lucrezia Bottalico, "Mycobacterium leprae: A Historical Study on the Origins of Leprosy and Its Social Stigma," Le Infezioni in Medicina 29, no. 4 (2021): 623–632, https://doi.org/10.53854/liim-2904-18.

19 World Health Organization, "Leprosy."

20 Ibid.

21 NLR – until No Leprosy Remains, "10 Common Myths and Misconceptions About Leprosy – Debunked."

22 The Leprosy Mission International, "Exposing the Myths Around Leprosy," https://www.leprosymission.org/leprosy-champions/exposing-the-myths-around-leprosy/.

23 NLR – Until No Leprosy Remains, "What Is Leprosy? Key Facts," https://nlrinternational.org/what-is-leprosy/.

24 UN Committee on the Rights of Persons with Disabilities, General Comment No. 4 (2016), Article 24: Right to Inclusive Education, CRPD/C/GC/4.

25 UNESCO, "Inclusion in Education," https://www.unesco.org/en/inclusion-education.

26 Education International, "Search: Inclusive Education" [search results], https://www.ei-ie.org/en/search?item_contents%5Bquery%5D=inclusive%20education.

27 International Federation of Anti-Leprosy Associations (ILEP) and NNN, Guides on Stigma and Mental Wellbeing – Guide 1: What Are Health-Related Stigma and Mental Wellbeing? (ILEP, 2020).

28 Ibid.

29 ILEP and NNN, Guides on Stigma and Mental Wellbeing – Guide 1; Sightsavers, "Reducing Stigma in Inclusive Programming," 2025, https://stigma-guide.sightsavers.org/2-what-is-stigma/types-of-stigma/.

30 Ibid.

31 Ibid.

32 Ibid.

33 Sightsavers, "Reducing Stigma in Inclusive Programming," **https://stigma-guide.sightsavers.org/2-what-is-stigma/.**

34 United Nations, Convention on the Rights of Persons with Disabilities and Optional Protocol (2006).

35 UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women (1979), **https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women.**

36 Committee on Economic, Social and Cultural Rights, General Comment 20, Non-Discrimination in Economic, Social and Cultural Rights (2009), **https://www.globalhealthrights.org/instrument/cescr-general-comment-no-20-non-discrimination-in-economic-social-and-cultural-rights/.**

37 UNESCO, Convention against Discrimination in Education (1960), **https://www.unesco.org/en/legal-affairs/convention-against-discrimination-education.**

38 Adapted from ILEP and NNN, "Guides on Stigma and Mental Wellbeing."

39 Ibid.

40 UN Women, Intersectionality Resource Guide and Toolkit: An Intersectional Approach to Leave No One Behind (UN Women, 2021), **https://www.unwomen.org/en/digital-library/publications/2022/01/intersectionality-resource-guide-and-toolkit;** Education International, "Resolution from the 8th World Congress," **https://www.ei-ie.org/en/item/23033:multiple-and-intersecting-forms-of-discrimination.**

41 Adapted from CBM International, Disability and Gender Analysis Toolkit (2019), **https://www.cbm.org/fileadmin/user_upload/CBM_disability_and_gender_analysis_toolkit_accessible.pdf.**

42 W. H. van Brakel, R. M. Peters, and Z. B. da S. Pereira, "Stigma Related to Leprosy – A Scientific View," in The International Textbook of Leprosy (2019), **https://internationaltextbookofleprosy.com/clinical-sciences/rehabilitation--social-aspects/stigma-related-to-leprosy--a-scientific-view;** Japan Teachers' Union, Human Rights Education Guideline Booklet (JTU, 2007).

43 UNESCO, Right to Education Handbook (2019).

44 ILEP, Triple Jeopardy: Tackling the Discrimination Facing Girls and Women with Leprosy (2015), **https://ilepfederation.org/wp-content/uploads/2020/02/Triple-Jeopardy-IWD-2015.pdf.**

45 Gabriella Kulcsár, "Stigma Based Bullying in School," American Psychological Association, **https://www.apa.org/international/networks/global-psychology-alliance/lesson-8-stigma-based-bullying.pdf.**

46 Kulcsár, "Stigma Based Bullying in School"; UNESCO, Right to Education Handbook.

47 UNESCO, "Inclusive Teaching: Preparing All Teachers to Teach All Students," 2020, **https://unesdoc.unesco.org/ark:/48223/pf0000374447.**

48 UN News, "End Discrimination Against Women and Children Affected by Leprosy," United Nations, January 26, 2020, **https://news.un.org/en/story/2020/01/1056011.**

49 UNESCO, Global Education Monitoring Report 2020: Inclusion and Education: All Means All (2020).

50 World Health Organization, "Leprosy," last modified January 23, 2026, **https://www.who.int/news-room/fact-sheets/detail/leprosy.**

51 World Health Organization, "Leprosy."

52 Centers for Disease Control and Prevention, "Clinical Testing and Diagnosis for Leprosy (Hansen's Disease)."

53 World Health Organization, "Leprosy."

54 NLR – until No Leprosy Remains, "Treatment for Leprosy."

55 Sarah Brigden and Kanwal Ahluwalia, Towards More Inclusive Practices: A Disability, Gender and Age Intersectional Resource (Humanity & Inclusion/F3E, 2020).

Education International Toolkit

2026

TEACHING INCLUSION, BUILDING BELONGING

A Toolkit for Educators and Education Unions to Promote Inclusion and End Stigma Related to Leprosy (Hansen's Disease)

Education International
Internationale de l'Education
Internacional de la Educación
Bildungsinternationale

Head office

15 Boulevard Bischoffsheim
1000 Brussels, Belgium
Tel +32-2 224 0611
headoffice@ei-ie.org

www.ei-ie.org

#unite4ed

Education International represents organisations of teachers and other education employees across the globe. It is the world's largest federation of unions and associations, representing thirty million education employees in about four hundred organisations in one hundred and seventy countries and territories, across the globe. Education International unites teachers and education employees.

Published by Education International - September 2026
ISBN 978-92-9276-042-7 (PDF)