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LEPROSY: EDUCATE TO CONTROL

Health education is an area of intersection and convergence of different conceptions on both areas, education and health.¹ It was established in Brazil in the scope of public health to guide new practices, learning about diseases, and how to avoid them, its effects on health and therapy. However there is a tendency that includes social, cultural and environmental factors which also affect the health of individuals, reflecting on the ways in which different states of health and welfare are socially constructed. This line of thought includes the participation of all people in the context of their everyday lives and not only those at risk of being sick.²

Thus, the individuals with leprosy can be inserted into a broader concept of education and health. It is an infectious disease, contagious, chronic, caused by *M. leprae*, which affects mainly the skin and peripheral nerves. It attacks people of both genders in all ages, mainly those in the economically active age. It has a very long period of incubation, about five years, but it can vary from months to more than 10 years. It has a highly disabling power, stigmatizing and impairing the quality of life of the individual, family environment, and it has a great impact on public health.

However it is important to emphasize that the Ministry of Health, medical specialty societies, and various national and international NGOs have spent great efforts and financial resources in research, improvement of knowledge on leprosy, the improvement of health professionals to perform the clinical and laboratorial diagnosis, physical therapy, and rehabilitation in reference centers and primary care units. There are also actions to promote greater awareness of patients, their families and the society about the disease and to self-care to the participation in the treatment to prevent

Nascimento DC. Leprosy: Educate to control. *Hansen Int* 2009; 34(1): 7-8.

disability or complications of the disease. These actions have involved health authorities in three levels of power, and other segments of society to control leprosy. The complexity of the disease still requires greater socialization of knowledge in continued training, support and integration of professionals in the Family Health Program for the control of leprosy to be inserted in the context of primary health.^{4,5}

Furthermore, it is essential that leprosy, like other neglected diseases that are considered by health authorities, to be discussed with emphasis in the school environment. Accordingly, an approach with elementary school students to assess their views on leprosy was conducted, showing that these students do not have scientific knowledge about the disease, although they don't have any prejudice against persons with leprosy.⁶ Another study showed that students in their final year of undergraduate physiotherapy weren't aware of the disease, or their concepts were incomplete.⁷ So why not to talk about this issue systematically in high schools? It should also restore the relevance of the study of leprosy in undergraduate courses in health, as one of the serious public health

* Executive Editor.

problems. After all, these graduates need to have skills and abilities to contribute in their respective areas, for the control of leprosy.

In this manner the education is a good method to transform the health care professionals to develop

effective actions with regard to therapeutic, diagnostic, early diagnosis, prevention and treatment of disabilities, stigma reduction, social inclusion and disease control, significantly improving quality of life of leprosy patients in Brazil, to reach the levels of developed countries.

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