Human Rights Violations against People Affected with Leprosy-Related Disability: An Islamic Critique

By

Ahmed Rufai Ahmed*

Abstract

Leprosy, also known as Hansen's disease, remains associated with stigma and discrimination, often leading to serious violations of the rights of persons living with leprosy-related disabilities. These violations may appear in social exclusion, as well as in access to education, employment, and in some cases, legal and institutional marginalisation. This study examines these misconceptions and human rights abuses from an Islamic perspective and considers the extent to which prevailing social practices conform to, or depart from, Islamic ethical and legal principles. Using a simple doctrinal and analytical research method, the paper relies on primary Islamic sources, especially the Qur'an and Hadith, together with relevant human rights materials. It argues that Islam strongly upholds the dignity (karāmah) and equality of all human beings, while rejecting discrimination, injustice, and exclusion. The study further finds that many of the rights violations experienced by persons affected by leprosy-related disabilities are rooted more in cultural misconceptions than in authentic Islamic teachings. It concludes that Islamic principles such as justice (adl), compassion (raḥmah), and human dignity (karāmah) offer a strong basis for addressing these challenges.

Keywords: Leprosy, Stigma, Disability, Human and Islam

1.0 INTRODUCTION

Leprosy is an infectious disease which can be classified into two categories that is, acute and chronic diseases. The term chronic diseases which often result in long-term physical and social effects. Leprosy related disability was described in an Egyptian Papyrus document written around 1550 B.C.[1] Indian writings around 600 B.C. described a disease that resembles leprosy. Leprosy

*PhD, Lecturer at the Department of Business Law, Lagos State University; 08066929760/08058143050 rufai.ahmedassapp@lasu.edu.ng

[1] Husain T, 'Leprosy and tuberculosis: an insight-review' [2007] 33 (1) *critical review in microbiology Journal* 15–66; Silatham S, & Van Brakel W. H, 'Stigma in leprosy: concepts, causes and determinants' [2014] 85(1) *L. R. J.* 36-47; the history of leprosy <https://web.stanford.edu/class/humbio103/ParaSites2005/Leprosy/history.htm> accessed 20 April, 2026.

first appeared in Europe in the ancient Greece after the army of Alexander the Great came back from India and then in Rome in 62 B.C. coinciding with the return of Pompeii's troops from Asia Minor.[2] During those days, neither the biological cause nor treatment of the disease was known. Thus, leprosy patients developed severe skin conditions leading to disabilities that terrified people and the society.[3]

It was believed that disease is caused by a curse or caused by sin against God or gods as believed by most cultures around the continents.[4] This belief has been widespread until the present day as shown in the studies of Alubo in Nigeria, Burathoki in Nepal and Idawani in Indonesia.[5] They showed that communities perceived leprosy as a disease from God, the will of God or as a punishment by God.[6]The mycobacterium leprae was discovered by Gerhard Henrik Armauer Hansen (GHAH) a scientist from Norway in 1873. He took many years to understand that the disease of leprosy is not hereditary or a curse from God or cursed from sin committed.[7] Until the late 1940s, leprosy doctors all over the world treated patients by injecting them with oil from the chaulmoogra nut. This course of treatment was painful, and although some patients appeared to benefit its long-term effectiveness was questionable. The use of multidrug therapy (MDT) which comprises rifampicin, clofazimine and dapsone is the best treatment for preventing nerve damage, deformity, disability and further transmission course by leprosy. However, researchers are working on developing a vaccine and ways to detect leprosy sooner in order to start treatment earlier.[8] The

---

[2] ibid.

[3] ibid.

[4] Alubo O, Patrobas P, Varkevisser C, Lever P, *Gender, leprosy and leprosy control: A case study in Plateau State, Nigeria* (KIT, Amsterdam, 2003), Burathoki K, Varkevisser C, Lever P, *Gender, leprosy and leprosy control: A case study in the far west and eastern development region Nepal.* (KIT, Amsterdam, 2004), Brown W, 'Can social marketing approaches change community attitudes towards leprosy?' [2006] 77(2) *L. R. J.* 89; Try L, 'Gendered experiences: Marriage and the stigma of leprosy' [2006] 17 *A.P.D.R.J* 55.

[5] ibid.

[6] Alubo O, Patrobas P, Varkevisser C, Lever P, *Gender,leprosy and leprosy control: A case study in Plateau State, Nigeria* (KIT, Amsterdam, 2003), Burathoki K., Varkevisser C., Lever P., *Gender,leprosy and leprosy control: A case study in the far west and eastern development region* (Nepal. KIT, Amsterdam, 2004) Idawani C, Yulizar M, Lever P, Varkevisser C, *Gender, leprosy and leprosy control: A case study in Aceh, Indonesia* (KIT, Amsterdam, 2002).

[7]The history of leprosy <https://www.webmd.com/skin-problems-and-treatments/guide/leprosy-symptoms-treatments-history> accessed 20 April, 2026.

[8]Hussain T, 'leprosy and tuberculosis: an insight-review' [2007] 33 *C.R.M.J* 15–66; World Health Organization 'Global leprosy situation 2009' (World Health Organization; 2009 Report No 33).

stigma and discrimination attached to leprosy still persists in most countries especially in Nigeria.[9] Stigma is a serious obstacle, to case finding and to the effectiveness of treatment, which are the major concerns of disease control programmes.[10] Many attempts have been made to reduce the stigma attached to leprosy. For instance, leprosy services have been integrated into the general health care system to reduce the differences between victim of the disease and those suffering from other health conditions. Alternative terms have been used instead of leprosy, such as numbing skin disease or Hansen's disease.[11] A lot of programmes were put in place in the effort to reduce stigma through information dissemination which may help to address fear and consequence of discrimination related to the biological realities of leprosy.[12]

Nigeria has leprosy referral centres across the federation[13] and some of these centres are owned by government and non-governmental organisation while those managed by non-governmental institution are Holley Memorial Hospital in Ochadamu, Kogi State; Qua Iboe Church Hospital in Ekpene Obom, AkwaIbom State while others that are owned by State governments, are Leprosy Referral Hospitals in Kano, Sokoto, Kwara and Ogun State. These hospitals were developed to

[9]Idawani C, Yulizar M, Lever P, Varkevisser C, *leprosy and leprosy control: A case study in Aceh, Indonesia* (KIT, Amsterdam, 2002); Heijnders M.L, 'The dynamics of stigma in leprosy' [2004] 72 (4) *I.J.L* other Mycobacterium Disability 43–44; Weiss M.G., Ramakrishna J., Somma D., 'Health-related stigma: rethinking concepts and interventions' [2006] 11 *P.H.M.J* 277–287; Predaswat P. KhiThut, 'The disease of social loathing, An anthropology of the stigma in rural Northeast Thailand' (PhD thesis, University of California; 1992).

[10]Alubo O, Patrobas P, Varkevisser C, Lever P, *Gender,leprosy and leprosy control: A case study in Plateau State, Nigeria* (KIT, Amsterdam, 2003), Burathoki K., Varkevisser C., Lever P., *Gender,leprosy and leprosy control: A case study in the far west and eastern development region, Nepal* (KIT, Amsterdam, 2004); Idawani C, Yulizar M, Lever P, Varkevisser C, *Gender, leprosy and leprosy control: A case study in Aceh, Indonesia* (KIT, Amsterdam, 2002); Weiss M.G, Ramakrishna J, Somma D, 'Health-related stigma: rethinking concepts and interventions' [2006] 11 *P.H.M.J* 277–287; Van Brakel W.H, 'Measuring health-related stigma - a literature review' (2006) 11 *P.H.M.J* 307–334; Arole S, Premkumar R, Arole R, Maury M, Saunderson P, 'Social stigma: a comparative qualitative study of integrated and vertical care approaches to leprosy' [2002] 73 *L.R.J* 186–196; Rafferty J, 'Curing the stigma of leprosy' [2005] 76 (2) *L.R.J* 119–126; Moreira T, Varkevisser C., *Gender, leprosy and leprosy control: A case study in Rio de Janeiro State, Brazil* (KIT, Amsterdam, 2002).

[11]Hosoda M., 'Hansen's disease recoveries as agents of change: a case study in Japan' [2010] 81 *L.R.J* 5–16; RajPrachaSamasai Institute 'Proceeding of the meeting on guideline for delay in diagnosis, Chiangmai, Thailand' (Raj PrachaSamasai Institute, Nonthaburi, Thailand, 22nd December, 2003).

[12]Cross H., Choudhary R., 'STEP: an intervention to address the issue of stigma related to leprosy in Southern Nepal' [2005] 76 *L.R.J* 316–324; Silatham S, Van Brakel, W.H., 'Stigma in leprosy: concepts, causes and determinants' [2014] 85(1) *L.R.J* 36–47.

[13] Sunday U, Joseph C, & Joshua O, 'Leprosy Situation in Nigeria'<file:///C:/Users/user/AppData/Local/Temp/lr22 9237.pdf> accessed 20 April, 2026.

provide quality services for the management of leprosy complications cases. Overtime, most of the referral centres have developed into providing general health care services for other patients, with increasingly less attention on leprosy services and research.[14] This trend has been encouraged by numerous factors like reducing case load of leprosy; weak referral systems; loss of leprosy expertise; dilapidated houses, declining fund for leprosy services; a policy of reverse integration; and a drive by some of these hospitals to be self-sustaining.[15]

Generally, there is little appreciation that leprosy-related disability is fundamentally an issue that is linked to and rooted in human rights and fundamental freedom. The common perception, held by policy-makers and the general public, is that disabled leprosy patients and disability issues in general are a matter of charity and welfare.[16] However this is not the case with leprosy-related disability, an issue that has generated into human rights discourse and agitation for inclusion and respect for people living with leprosy related disability fundamental freedom has attracted global attention. The perception surrounding the disease of leprosy is continually influenced by the socio-cultural belief of African societies. For instance, in Nigeria, It is believed that the disease is one of the major causes of human disability, and tagged a social stigma associated with the problems of social exclusion, denial of access to public places, education, transportation, cultural participation, freedom of association, expression and health care resulting in discrimination and stigmatisation.[17]

[14] ibid.

[15]Chukwu J, 'How Large is the Knowledge and Attitude Deficit on Leprosy: A Survey of Final Year Medical Students and Doctors in South Eastern Nigeria.' [2013] International *Leprosy Congress, Brussels*.

[16]Adebisi R, Jerry J, Rasaki S, Igwe E, 'Barriers to special needs education in Nigeria.' [2014] 2 (11) *International Journal of Education and Research*; Adoga A, Nimkur T, Silas O, 'Chronic supportive otitis media: socio-economic implications in a tertiary hospital in Northern Nigeria' [2010] 4 (3) *Pan African Medical Journal.*

[17]Bipin A, Nils K, Suja B. M, Kapil G, 'Risk factor of stigma related to leprosy A systematic Review' [2013] 1(2) *Journal Manmohan Memorial Institute of Health Science* 4; Ipingbemi O, 'Mobility Challenges and Transport Safety of People with Disabilities (PWD) In Ibadan, Nigeria.' [2015] 18 (3) *African Journal for the Psychological Study of Social Issues*; Eleweke C, Ebenso J, 'Barriers to Accessing Services by People with Disabilities in Nigeria: Insights from a Qualitative Study.' [2016] 6 (2) *Journal of Educational and Social Research*; Aiyede E, Sha P, Haruna B, Olutayo A, Ogunkola E, Best E, 'The Practice and Promise of Social Protection Policies in Nigeria.' [2017] 15 (1) *Journal of International Politics and Development* and Arimoro A, 'Are they not Nigerians? The obligation of the state to end discriminatory practices against persons with disabilities.' [2019] 19 *International Journal of Discrimination and the Law.*

Within the Islamic tradition, human dignity (*karāmah*) and justice (*ʿadl*) are central moral principles that govern social relations. Foundational sources such as the Qur'an and Hadith emphasize compassion, social responsibility, and the protection of vulnerable members of society, including the sick and persons with disabilities. Islamic teachings do not conceptualize illness as a basis for social exclusion; rather, they promote care, inclusion, and respect for all individuals regardless of physical condition. This ethical framework stands in contrast to many contemporary practices that marginalize those affected by leprosy.

This study, therefore, provides an Islamic critique of human rights violations against persons affected by leprosy-related disabilities. It seeks to examine the disconnect between Islamic ethical ideals and societal realities, highlighting how cultural misconceptions have often overshadowed religious principles. By interrogating these issues, the study aims to contribute to a more informed and value-based approach to human rights protection, one that integrates Islamic teachings with contemporary legal and social frameworks to promote dignity, inclusion, and justice for all.

2.0 CLINICAL MANIFESTATION AND TRANSMISSION OF LEPROSY

Leprosy is a chronic infectious disease caused by bacteria known as mycobacterium leprae and if left untreated, the disease can progress and cause permanent disability to the skin, nerves, limb, and eyes, hands, feet and nose as well as other joints of the body[18]. The early signs include discoloration or light patches on the skin with loss of sensation. When nerves in the arm are affected, part of the hand becomes insensitive and small muscles become paralyzed, leading to curling of the fingers and thumb.[19] When leprosy attacks nerves in the legs, it interrupts communication of sensation to the feet. As a result, the person does not feel pain and can have

[18] Kenneth J, Ryan C, George R, 'Sherris Medical Microbiology'<http://lalashan.mcmaster.ca/theobio/projects/images/c/c0/An_Introduction_to_Infectious_Disease>accessed on 20April, 2026;Gupta M.A, Gupta A.K, 'Psychiatric and psychological co morbidity in patients with dermatological disorders' [2003] 14 *America Journal Clinical Dermatology 833-42;* Job C.K., 'Nerve damage in leprosy' [1989] 57 *I.J.L* 532-539, Van Brakel W.H., 'Peripheral neuropathy in leprosy and its consequences'[2000] 71 *L.R.J* 146-153; Lockwood D.N, 'Leprosy Elimination - a virtual phenomenon or a reality?' [2002] 324 *Bio Medical Journal*, 1516- 1518; Meima A., Richardus, J.H, Habbema, J.D.F, 'Trends in Leprosy Case Detection Worldwide since 1985' [2004] 75 *L.R.J* 19;Ezekpeazu J.I, 'Leprosy: Causative Organism, Mode of Spread, Signs and Symptoms, Diagnosis, Differential Diagnosis, Classification and Treatment' (Paper Presented at World Leprosy Day Conference Held at Madonna University, Okija, 9th –11th February, 2000).

[19] ibid.

injuries to their hands and feet without realising it.[20] The damaged nerves also lead to the skin peeling off, and the tissue under the skin is exposed. The signs and symptoms vary considerably, depending on the patient's resistance to the disease. They can be easily missed or mistaken for some other disease. It is also now known that M. leprae can remain alive in dried nasal secretions up to 7 days[21] and in moist soil at room temperature for 46 days.[22] These findings are of great interest because they bring a different dimension to the understanding of the mode of communication.[23] It is imperative to study further the survival of M. leprae in different environments. M. leprae was thought to be only calmly infectious.[24] The study of Goda in 1976 has indicated that infectivity of M. leprae is very high. About 50% of the subjects with occupational or household exposure to M. leprae for more than 1(one) year gave a positive immune response to M. leprae using lymphoblast transformation test.[25] However, it has been reported that only 5.8 % of close contacts as between spouses develop the disease.[26] It is clear that although the infectivity of M. leprae is high, the pathogenicity is very low.[27] Transmission of leprosy can be both direct and indirect.[28] In a study, the attack rate is 4 times more in contacts than in non-contacts.[29] In another study the attack rate among household contacts is 10 times higher than from the general population. This rate is doubled if there are multiple index patients in the same household.[30]

[20]ibid.
[21] Davey T.F, Rees R.J.W, 'The nasal discharge in leprosy, clinical and bacteriological aspects' [1974] 45 *L.R.J* 21.
[22] Ramu A, 'Central JALMA Institute for Leprosy Annual Report 1979 Leprosy in India' [1981] *L.R.J* 53; Job, C.K.,'Leprosy - the source of infection and its mode of transmission' Symposium on the Epidemiology of Leprosy [1981] 52 *L.R.J*69.
[23] ibid.
[24]ibid.
[25] Godal.T, &Negassi K., 'Subclinical infection in leprosy' [1973] 2 *Brit Medical Journal,* 557.
[26] Mohamed Ali P., 'A study of conjugal leprosy [1965] 33 *I. J.L* 223.
[27]ibid.
[28]ibid.
[29] Worth R.M., Wong K.O, 'Further notes on the incidence of leprosy in Hong Kong children living with lepromatous parents' [1971] 39 *I.J.L* 745.
[30] Rao P.S., Karat A.B.A., Kalieperumal V.A., Karat S. 'Transmission of leprosy with in household' [1975] 43.*I.J.L* 45.

3.0 DIAGNOSIS AND TREATMENT OF LEPROSY-RELATED DISABILITY

The diagnosis of leprosy is currently based on clinical manifestations depending on the individual body reaction. These include the presence of skin lesions, sensory loss, or thickened peripheral nerves. Clinical diagnosis can be complemented by techniques such as evaluation of skin sensitivity. No laboratory test alone is considered *sine qua non* to diagnose leprosy or its clinical form. In inconclusive cases, skin smear reaction and histopathology often make it possible to confirm the diagnosis of leprosy and classify its clinical form. The historical and ongoing implications of stigma associated with leprosy are well documented. Stigma can lead to isolation, poor mental health, and declines in socio-economic status.[31] Leprosy patients may hide their condition and withdraw from their families or communities due to the stigma attached to the bacterial. This factor can delay care seeking.[32] In addition, patients may not detect skin lesions or experience enough discomfort to seek care from a health center.[33] Finally, many leprosy patients face other barriers to accessing care in rural areas including distance to care,

Poverty, and low health literacy.[34] The accurate diagnosis through clinical manifestations relies on the expertise of trained leprologist. Given that the prevalence of leprosy has declined dramatically in recent years, fewer and fewer practitioners have the requisite skills and experience with leprosy patients needed to identify the early signs of the disease. Moreover, leprosy patients often live in rural or remote areas without effective systems for identification and referral and also those living in urban areas also face the same challenges. As the pool of leprosy expertise gets smaller due to the declining prevalence of the disease, so too does the likelihood that suspected patients will have

[31] Heijnders M.L, 'experiencing leprosy: perceiving and coping with leprosy and its treatment. A qualitative study conducted in Nepal' [2004] 75 *L.R.J*327; Rao P.S, Raju M.S, Barkataki A, Nanda N.K, Kumar S, 'Extent and correlates of leprosy stigma in rural India'[2008] 80 *Indian Journal of Leprosy*167.

[32] Sermrittirong S, Van Brakel W.H., Bunbers-Aelen J.F, 'How to reduce stigma in leprosy a systematic literature review' (2014) 85 *L.R.J* 149; PATH. Diagnostic Gaps and Recommendations for Leprosy: Assessment of User Needs, Use Cases, and the Diagnostic Landscape: Seattle: PATH; (2016) <http://sites.path.org/dx/. >accessed on 20April, 2026.

[33] Atre S.R, Rangan S.G, Shetty V.P, Gaikwad N, Mistry N.F, 'Perceptions, health seeking behaviour and access todiagnosis and treatment initiation among previously undetected leprosy cases in rural Maharashtra, India'[2011] 82 *L.R.J* 222.

[34] ibid.

access to skilled leprologist.[35] Lack of leprosy expertise becomes a particularly important issue as more diagnostic and treatment programmes are integrated into primary care systems. A challenge with diagnostic based on host immune responses is its variability over disease course, moving from cell-mediated immunity to human oral immunity.[36] The delayed in diagnosis of leprosy disease is particularly detrimental to leprosy patients due to the permanent nerve damage that occur throughout the disease course. This is because nerve damage is immune mediated, it can occur before, during, and after antibiotic treatment, and it results in the physical deformities of the face and limbs that are typical of late-stage features of leprosy.[37] Although the disease is curable, delay or lack of paying attention could lead to permanent destruction of nerves and disability occurrence. This can further lead to severe social consequences.[38] Leprosy strategies highlight the need to ensure all existing and new cases get and continue appropriate treatment.[39] A reliance on clinical manifestations of the disease precludes any diagnosis or initiation of treatment in a symptomatic individual who may be vulnerable to disease progression.[40] Novartis Foundation in 2015, experts characterized leprosy infection as a tiered structure of patients and potential patients with varying levels of exposure and associated risk of contagion.[41] It is imperative to note that there are potentially large groups of exposed or infected individuals who will not be diagnosed as long as diagnosis relies on the experience of symptoms.[42] There are currently no guidelines that support treatment for these groups, which may represent missed opportunities to intervene and interrupt transmission, prevent new cases of leprosy, or stop the progression of permanent nerve damage

[35] Nelson C.A, Kovarik C.L, Morssink C.B, 'Tele-leprologist: a literature review of applications of telemedicine and education to leprosy' [2014] 85 *L.R.J*250.

[36] ibid.

[37] Lockwood D.N, Sanderson P.R, 'Nerve damage in leprosy: continuing challenges to scientists, clinicians and service providers' [2012] 4 *I.H.J* 77.

[38] Nicholls P.G, Croft R.P, Richardus J.H., Withington S.G., Smith W.C.S., 'Delay in presentation, an indicator for nerve function status at registration and for treatment outcome the experience of the Bangladesh Acute Nerve Damage Study cohort' [2003] 74 *L.R.J* 349; Van Veen N.H, Meima A, Richardus J.H, 'The relationship between detection delay and impairment in leprosy control: a comparison of patient cohorts from Bangladesh and Ethiopia' [2006] 77 *L.R.J*356.

[39] ibid.

[40] ibid.

[41] Roset Bahmanyar E, Smith W.C, Brennan P, Cummings R, Malcolm D, Jan Hendrik R, Paul S,Tin Shwe, Steven R, Annemieke G 'Leprosy diagnostic test development as a prerequisite towards elimination: requirements from the user's perspective' [2016] 10 *PLoS Neglected T.D.J.* 1.

[42] ibid.

and disability in the patience.[43] The bacterial is however, curable and treatment can prevent the progression of deformities and disability. Infected individuals are no longer infectious shortly after initiating treatment as drug therapy also interrupts transmission of the disease.[44] Leprosy is treated with MDT which comprises of rifampicin, clofazimine, and dapsone, due to the possible for the growth of drug resistance.[45] The drugs are made available for free of cost to the patience across the globe.[46] The reactions to leprosy treatment are a function of the immune response and can lead to permanent nerve damage. Steroids and other anti-inflammatory drugs may be necessary to manage reactions.[47] The antibiotics used to treat leprosy are free, the steroids needed to manage leprosy reactions are not available and accessing them may be a barrier to effective treatment. Proper management of reactions and patient education are critical to the effectiveness of treatment and to stop transmission.[48]

3.1 Nature of Leprosy Related Disabilities

World Health Organisation (WHO) estimated that about 15% of the world's total population has various rage of disability due to leprosy.[49] Disability is a restriction in the utility of the part or entire body of a person. Disability can also lead to constraint in social participation of the victim of disease of leprosy.[50] Disability can also be divided into three broad areas that is Neurological Disability these are classic disabilities resulting from sensory impairment e.g. blindness, deafness,

[43] ibid.

[44] Walker SL, Lockwood D.N, 'The clinical and immunological features of leprosy' [2006] 77 *B.M.B Journal*103.

[45]World Health Organization, New memorandum of understanding for MDT: WHO and Novartis extend agreement to provide free medicines to millions of leprosy patients (press release), Geneva: WHO; October 11, 2010, World Health Organization. WHO recommended MDT regimens? <http://who.int/lep/mdt/regimens/en> accessed 20 April 2026.

[46]Note that there are two type of leprosy that is paucibacillary and multibacillary Rifampicin 600 mg, Rifampicin 600 mg, Clofazimine 300 mg, Dapsone 100 mg, Clofazimine 50 mg and Dapsone 100 mg all this drug can be administered either monthly or daily depend on the reaction of the bacterial and the duration of the treatment , either 6 or 12 months.

[47]Kahawita I.P, Walker S.L, Lockwood D.N.J, 'Leprosy type 1 reactions and erythema nodosum leprosum' <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3798356/>accessed 20April, 2026.

[48] ibid.

[49] WHO 'world report on disability Geneva: World Health Organization'<http://www.who.int/disabilities/world_report/2011/report.pdf> accessed 21April 2026.

[50] Leonardi M, Bickenbach J, Ustun T.B., Kostanjsek N, Chatterji S, 'The definition of disability: what is in a name?' [2006] 368 *Lancet Journal* 21; Van Brakel W.H, Benyamin S, Hernani D, Kerstin B, Laksmi K, Rita Y, Indra K, Muhammad K, Kadek I. K and Annelies W.S, 'Disability in people affected by leprosy: the role of impairment, activity, social participation, stigma and discrimination' [2012] 5 *G.H.A.J*

mental retardation, speech defects, epilepsy, and cerebral palsy.[51] Neuromuscular Disability these are disabilities resulting from damage to the muscles e.g. monoplegic, paraplegic, quadriplegic, hemiplegic, polio, leprosy, cerebral palsy, etc. and finally Orthopaedic Disability these are disabilities, which has to do with deformities of the body, e.g. amputation, arthritis, cosmetic surgery, old age etc.[52] Quite a lot of scope of disability is acknowledged in the International Classification of Functioning, Disability and Health (ICF) these include body structure and function, activity restrictions and participation restrictions.[53] In the arrangement it identify the role of physical and social environmental factors in affecting disability outcomes.[54] It also move to center on the cause of disability, therefore, emphasis on the environmental factors such as cultural, social and political rather than focusing on disability as a medical dysfunction.[55] Physical impairment associated with leprosy is usually secondary to nerve damage resulting from the chronic granulomatous inflammation due to *Mycobacterium leprae*.[56] Impairments lead to disabilities, this include restrictions of activities of the part of the body in social activities.[57]

The WHO classifies leprosy-related impairment into three grades: Grade 0-no impairment, Grade 1-loss of sensation in the hand or foot, and Grade 2-visible impairment.[58] MDT can cure leprosy, and, if instituted early, can prevent disability. [59] However, the disease of leprosy is still frequently diagnosed too late, when permanent injury has already taken placed. Despite undergone medical treatment the degree of damage in the body will still took place.[60] There is very little data on the types of problems faced by victim of the leprosy disease.[61] The global trait on how to address the pandemic of the disease is based on prevention of disabilities and rehabilitation of victim of the

[51] ibid.
[52] ibid.
[53] WHO 'International classification of functioning, disability and health' <http://www.who.int/classifications/icf/en/ > accessed 21 April 2026.
[54] ibid.
[55] ibid.
[56]Wilder S, Van Brakel W.H, 'Nerve damage in leprosy and its management' [2008] 4 *NCPNJ* 656.
[57] ibid.
[58] World Health Organisation 'Global Strategy for Further Reducing the Leprosy Burden and Sustaining Leprosy Control Activities Operational Guidelines' <http://www.who.int/lep/resources/SEAGLP20062.pdf> accessed 21 April 2026.
[59] ibid.
[60] Wilder S, & Van Brakel W.H, 'Nerve damage in leprosy and its management' [2008] 4 *NCPNJ* 656.
[61] Ibid

disease.[62] Though much improvement has been achieved in reducing the number of affected individual registered for MDT across the world and relatively little is known about disability after release from treatment. Therefore, there is an urgent need for data on leprosy-related disability to assess the need for prevention of disabilities (POD) and rehabilitation services. Such data are also needed for programmed monitoring, research, evaluation and for advocacy.[63] In addition, to physical impairments and activity restrictions, victim of leprosy disease suffer from social stigma and unfair treatment leading to economic, social and political failure which may constitutes psychosocial challenges in their life.[64] According to the ICF, social stigma and discrimination are considered an important environmental factor that contributes to disability.[65] Stigma is not a single fact, but consists of many components. For instance, it could be conceptualized as self-stigma which includes shame and lowered self-esteem or public stigma which leads to public prejudice and intolerance.[66] There is also challenges face by individual affected by this disease such as health-related stigma which is measured using questionnaires, qualitative methods, indicators and scales.[67]The ICF instruments now exist to consider different characteristic of disability and the factors contributing to them.[68]

[62] ibid.

[63]Van Brakel W.H, Officer A, 'Approaches and tools for measuring disability in low and middle-income countries' [2008] 79 *L.R.J* 50.

[64] Jopling W.H, 'Leprosy stigma' [1991] 62(1) *L.R.J* 1.

[65] WHO 'International classification of functioning, disability and health' <http://www.who.int/classifications/icf/en /.> accessed on 21April 2026; Van Brakel W.H, 'Measuring health-related stigma – a literature review' [2006] 11 *Psychology Health Medical Journal*, 307; Stevelink S.A, Van Brakel, W.H, Augustine V, 'Stigma and social participation in Southern India: differences and commonalities among persons affected by leprosy and persons living with HIV/AIDS' [2011] 16 *Psychology Health Medical Journal*, 695.

[66]Reeder G.D, Pryor J.B, 'Dual psychological processes underlying public stigma and the implications for reducing stigma' [2008] 6 *Mens Sana Monographs Journal* 175; Weiss M.G., 'Stigma and the social burden of neglected tropical diseases' [2008] 2 *PLoS Negligent Tropical Disease Journal* 237.

[67]Van Brakel W.H, Officer A, 'Approaches and tools for measuring disability in low and middle-income countries' [2008] 79 *L.R.J* 50.

[68]Wilder S, & Van Brakel W.H, 'Nerve damage in leprosy and its management' [2008] 4 *NCPNJ* 656; Van Brakel, W.H, Benyamin S, Hernani D, Kerstin B, Laksmi K, Rita Y, Indra K, Muhammad K, Kadek I. K, and Annelies W.S, 'Disability in people affected by leprosy: the role of impairment, activity, social participation, stigma and discrimination' [2012] *G.H.A* 5.

3.2 Nature of Leprosy Related Stigma

The word *stigma* originated from a Greek word which means a kind of tattoo mark that was cut or burned into the skin of criminals, slaves or traitors, to visibly identify them as blemished or morally polluted people.[69] These individuals were to be avoided, particularly in public places. The word was later applied to other personal attributes that are considered shameful or discrediting.[70]There are various words that are commonly used as alternative terms for stigma. These include negative attitude, prejudice, stereotype, discrimination and exclusion. Each word's has its own definition; sometimes linking to each other depending on the circumstance of the applicability. It is important we understand each of these words so that the study will be appreciated. For instance, attitude is defined as feeling or opinion about something or someone.[71] In other words it is a complex system of interaction among three components that is belief evaluation, feelings and behaviour tendency.[72] Prejudice is typically conceptualised as an attitude that, like other attitudes, has a cognitive component for example, belief about a target group or an affective component such as dislike, and or behavioural component for example, a behavioural predisposition to behave negatively towards a particular group.[73] In psychology, prejudice is not merely a statement of opinion or belief, but an attitude that includes feelings such as contempt, dislike or hate.[74] Stubbier, Meyer and Link,[75] based on the definitions of stigma given by Goffman[76] states that 'prejudice' which include exposure to negative attitudes, structural and interpersonal experiences of discrimination or unfair

---

[69] Rebecca J.F, 'Stigma health article: Definition' <http://www.healthline.com/galecontent/stigma?utm_term¼stigmaandutm_medium¼mwandutm_campaign¼article> accessed 21 April, 2026.

[70] ibid.

[71]Cambridge University Press, 'International dictionary of English, Bath: Bath press' <https://www.amazon.com/Cambridge-International-Dictionary-English-Flexicover/dp/0521484693> accessed 21 April, 2026.

[72] Dalal A.K, 'Social interventions to moderate discriminatory attitudes: the case of the physically challenged in India' [2006] 11 (3) *P.H.M Journal* 374.

[73]Dovidio J.F, Hewstone M, Glick P, Esses V.M, 'Prejudice, Stereotyping and Discrimination: Theoretical and Empirical Overview. Handbook of Prejudice, Stereotyping and Discrimination' [2010] *SAGE Publications Ltd* 3-28.

[74] Social Psychology Network, 'the Psychology of Prejudice: An Overview' < http://www.understandingprejudice.org/apa/english/index.htm.>accessed 21 April 2026.

[75] Stubbier J, Meyer I and Link B, 'Stigma, prejudice, discrimination and health' [2008] 67 (3) *S.S M Journal* 251

[76] Goffman E, 'Stigma: Notes on the management of spoiled identity' [1963] Prentice-Hall, Englewood Cliffs; Link B.G, Phelan J.C, 'Conceptualizing stigma' [2001] 27 *A.R.S.J* 363.

treatment, and violence perpetrated against persons who belong to disadvantaged social groups. Goff man defined stigma as an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.[77] Prejudice was define as aggressive feelings in the direction of a person who belongs to a particular group, simply because he belongs to that group, and is therefore alleged to have the unpleasant qualities attributed to the group.[78] Stubbier, Meyer and Link further comment that stigma research has traditionally emphasised studying people with unusual conditions, such as facial disfigurement, while prejudice research tend to focus on the far more ordinary, but clearly powerful implications of gender, age, race and class division. They conclude that dishonour and intolerance are interrelated that are used in different conditions or circumstances.[79] Stereotypes are often the basis of prejudice.[80] They argue that the fact that most people have familiarity of a set of stereotypes does not imply that they agree with them.[81] They give an example that many persons can recall stereotypes about different racial groups but do not agree that the stereotypes are valid. People who are prejudiced are those endorse the negative stereotypes.[82] While discrimination implies exclusion from all components of life and that has the effect of denying the respect or enjoyment by all persons, on an equal basis of all rights.[83] From the definition the word exclusion is a major ground of discrimination. [84]Sigma was view, as personal experience which is characterized by exclusion, rejection, blame, or depression that results from experience of an undesirable social conclusion about the person or individual group identified with a particular problem.[85]

---

[77] ibid.

[78] Gordon All port's 'The Nature of Prejudice' [1991] 12 *Archival Journal & Primary Source Collection* 125.

[79] Stuber J., Meyer I., Link B., 'Stigma, prejudice, discrimination and health' [2008] 67(3) *S.S.M Journal* 351.

[80] Corrigan, P.W., Watson, A.C., 'Understanding the impact of stigma on people with a mental illness' [2002] 1 *World Psychiatry Journal* 6.

[81]ibid.

[82] ibid.

[83] Dalal A.K, 'Social interventions to moderate discriminatory attitudes: the case of the physically challenged in India' [2006] 11(3) *P.H.M Journal* 374; UN Human Rights Committee (HRC). CCPR General Comment No. 18:Non-discrimination. <http://www. refworld.org/docid/453883fa8.html.>accessed on 21April, 2026.

[84] Oxford Dictionaries<http://www.oxforddictionaries.com/definition/english/attitude> accessed on 21April, 2026.

[85] Weiss M.G, Ramakrishna J, Somma D, 'Health-related stigma: rethinking concepts and interventions' [2006] 11(3) *P.H.M Journal*, 277.

4.0 AN ISLAMIC CRITIQUE ON THE RIGHTS OF PEOPLE WITH LEPROSY-RELATED DISABILITY

Islam is a global religion with approximately 1.5 billion adherents. The term Islam derives from the Arabic word meaning submission, and is linguistically related to Aramaic and Hebrew roots, as well as the Arabic word *salam*, meaning peace. Embedded within its name is the idea that peace is attained through submission to Allah (God), the Creator of the universe. Islam is a revealed, scriptural faith founded on the Qur'an, which Muslims believe was communicated by Allah to the holy Prophet Muhammad (peace be upon him) through a series of divine revelations. In Islamic belief, Muhammad is regarded as the final prophet in a continuous line of messengers of almighty Allah.

The Islamic critique aspect of this study actually means assessing these societal practices using Islamic teachings as a standard. Islam, through primary sources like the Qur'an and Hadith, emphasizes core values such as Human dignity (karāmah) that is every person is inherently worthy of respect; Justice (ʿadl) that is fairness and protection of rights and Compassion (raḥmah) which means care for the vulnerable and the sick in this circumstance people affected by leprosy related disability.

From this perspective, the study seeks to answer questions such as are people with leprosy-related disabilities being treated in line with Islamic principles? Do stigma and discrimination have any basis in Islam, or are they cultural misconceptions with respect to people with leprosy? What rights does Islam guarantee to persons with leprosy related disability? And finally, How can Islamic teachings help improve their treatment and inclusion of people with leprosy related disability in society? All these questions were discussed within the context of Islamic principle that centre on the holy book and the teaching of the holy prophet of God.

To examine the Islamic teaching and it principle; Allah (God) does not look at your outward form and your bodies but he looks at your heart and your deeds.[86] This simple statement illustrates two

[86]Hadith compilation of Muslim, vide Laher [2017] at the Summer Institute on Theology and Disability in Azusa, CAcited from Rooshey, H, Jon, Q, Suheil, L, Carrie S 'Islam, Leprosy, and Disability: How Religion, History, Art, and Storytelling Can Yield New Insights and

fundamental and powerful points about Islamic values and the experience of living with a disease that, like leprosy, can be both disfiguring and disabling: disability is neither a divine curse nor punishment, and those more able and privileged have a duty to empathize with and support those who are disabled. The passage also offers an ideal launching point for exploring the role that Islamic values have played in the lives of Muslims with leprosy as seen through the lens of history, misconception, stigmatisation and, perhaps most importantly, society.

In essence, the study argues that many of the violation of human rights and hardships faced by people with leprosy-related disabilities are not supported by Islam. Instead, Islamic teachings promote inclusion, respect, and care. The critique therefore highlights the gap between what Islam teaches and what often happens in practice, and proposes ways to align societal behaviour with Islamic values to better protect the rights of affected individuals.

4.1 The Position of the Holy Quran in Relation to Leprosy-Related Disability

The central teachings of the Qur'an emphasize the principles of monotheism, human accountability, and divine judgment by Allah after death. It also presents a moral framework consisting mainly of general ethical principles and guidance, along with some specific legal rulings. The following two verses reflect these foundational themes, highlighting Islamic perspectives on morality and disability, as well as the concepts of accountability and the corresponding rewards and punishments.

> *"Indeed, Allah orders justice and kindness (to others), and giving (especially) to relatives, and forbids immorality and bad conduct and oppression. He admonishes you that perhaps you will be reminded."*[87]

*a*cceptance.<https://www.researchgate.net/publication/338167480_Islam_Leprosy_and_Disability_How_Religion_History_Art_and_Storytelling_Can_Yield_New_Insights_and_Acceptance> accessed April 21 2026.

[87]Quran, 16:90.

> *"There is no blame upon the blind, nor upon the lame, nor upon the sick. And whoever obeys Allah and His messenger-He will admit him into garden beneath which rivers flow; but whoever turns away-He will punish him with a painful punishment."*[88]

Islam's most holy book contains stories that specifically mention disabilities. Its description of the Israelite Prophet Moses a revered figure in Islam as having lived with a speech impediment[89] conveys a powerful message about acceptance, respect, and integration of disabled persons. The Quran also tells how the infant Moses was set adrift on the Nile by his mother, to protect him from the death sentence pronounced on all Israelite baby boys by Pharaoh, only to be picked out of the river by the household of Pharaoh himself.[90] According to some Quranic commentators, the member of Pharaoh's family who initially found the baby was Pharaoh's daughter, who lived with leprosy (barsa'), and had been advised by physicians to bathe in the Nile for therapeutic purposes. It is said that upon opening the basket and seeing the baby Moses, she was miraculously cured of her leprosy, as a result of which she declared he was a blessed child, and successfully pleaded with her father for his life.[91] Among the miracles the Quran affirms for Jesus another revered prophet of Allah in Islam is healing, by Allah's permission, those who are living with leprosy.[92]

4.2 The Position of the Hadith in Relation to Leprosy-Related Disability

The Hadith literature refers to the recorded sayings, actions, and approvals of the Prophet Muhammad (peace be upon him), preserved in collections known as the Hadith. These narrations serve as the second primary source of Islamic teachings after the Qur'an and play a crucial role in explaining, clarifying, and applying Qur'anic principles in everyday life.

[88]Quran, 48:17.
[89]Quran, 20:25, 26:13, 43:52.
[90]Quran, 28:7–8
[91] Qurtubi and Tabari. 'A similar story is found in the Jewish tradition, in the rabbinical literature Rabbah' [11] 11 196; Tamar Kadari, 'Daughter of Pharaoh: Midrash and Aggadah,' Encyclopedia of Jewish Women, https://jwa.org/encyclopedia/article/daughter-of-pharaoh-midrash-and-aggada> accessed on 22 April, 2026
[92]Quran, 3:49, 5:110.

An analysis of Hadiths involves examining their authenticity, context, and meaning to understand the Prophet's guidance on various aspects of life, including worship, ethics, social relations, law, and human welfare. Scholars classify Hadiths based on their chain of transmission (isnad) and textual content (matn), leading to categories such as *sahih* (authentic), *hasan* (good), and *da'if* (weak). This classification helps ensure that only reliable narrations are used in deriving Islamic rulings and moral guidance.

In terms of content, Hadiths emphasize values such as justice, compassion, honesty, and care for vulnerable groups, including the sick and persons with disabilities. The Prophet's teachings consistently promote dignity, social responsibility, and the avoidance of harm or discrimination. For example, many narrations encourage Muslims to visit the sick, support those in need, and treat all individuals with kindness regardless of their physical condition.

Therefore, the analysis of Hadiths is not only a theological exercise but also a means of understanding how Islamic principles are applied in practical life. It provides a framework for interpreting ethical issues, shaping social behavior, and ensuring that Muslim communities align their actions with the Prophet's model of mercy, justice, and inclusiveness.

Numerous sound hadiths deal with disabilities, including leprosy. Echoing Jesus, Prophet Muhammad both holy prophets of God do encouraged people to help the disadvantaged by saying, "Seek me among your weak" He gave time to the disabled, such as the mentally disabled woman who poured out her concerns to him, and he facilitated the integration of disabled individuals into society for example, by appointing a blind man, Ibn Umm Maktum, to a prominent position of authority.

Numerous sources portray Muslim leaders living with some kind of disability while also enjoying prominent social status and holding important positions. The examples chosen for this study are derived from Quran and the hadiths as well as historical and contemporary perspectives.[93]One prominent example is Ata' ibn AbiRabah (647-732 CE) black, physically disabled, and paralyzed

[93] The narration can be found in the hadith compilation of Abu Nu'aym, but was not considered to be credible by Muslimhadith scholars; vide 'Asqalani [17] (vol. 10, p. 159)

yet acknowledged by history as the greatest Mufti (a legal expert who is empowered to give rulings on religious matters during his time in Mecca, the holiest city in Islam.[94]

Leprosy in the Time of the Prophet Muhammad

One of the first critical questions about Islam and leprosy is simply: did the Prophet Muhammad ever meet people with leprosy and, if so, what were his views about interacting with them? While, as we noted, the Quran briefly mentions Jesus Christ the prophet of God and his interactions with people with leprosy, and extra-Quranic exegetical sources mention the influence of leprosy in the early life of Prophet Moses,[95] there are no specific references in the Quran to the Prophet Muhammad interacting with individuals with leprosy. Nevertheless, several lines of evidence some of it ostensibly contradictory strongly suggest that such interactions did in fact occur.

5.0 MISCONCEPTION OF PEOPLE AFFECTED BY LEPROSY-RELATED DISABILITY

Three well-known hadiths refer to Prophet Muhammad's interactions and advice regarding individuals with leprosy. These hadiths, interpretations of which are central to the theological dimension of the issue at hand, have strongly influenced the social, medical, and legal views of leprosy throughout the Islamic world for centuries. In the first hadith generally regarded as sound, although not unanimously accepted, Prophet Muhammad reportedly said: "Escape from the leper as you escape from the lion."[96]

Second sound hadith relates that an individual with leprosy came to the mosque one day to swear his loyalty to Islam. According to this account, Prophet Muhammad asked him to keep his distance, though he did accept the man's allegiance.[97] Another similar hadith (graded as dubious) seems to

[94]See Rooshey, H, Jon, Q, Suheil, L, Carrie S 'Islam, Leprosy, and Disability: How Religion, History, Art, and Storytelling Can Yield New Insights and *a*cceptance.<https://www.researchgate.net/publication/338167480_Islam_Leprosy_and_Disability_How_Religion_History_Art_and_Storytelling_Can_Yield_New_Insights_and_Acceptance> accessed April 21 2026

[95] Long, M.L. Leprosy in Early Islam. In Disability in Judaism, Christianity, and Islam; Schumm, D., Stoltzfus, M.,Eds.; (Palgrave Macmillan: New York, NY, USA, 2011).

[96]Asqalani, 'A.i.A.i.H. Fath al-Bari bi-Sharh Sahih al-Bukhari; Dar al-Ma'rifa: [1367 H/1947 CE] *Beirut, Lebanon,*

[97]Ibid

be warning healthy people to "keep away the distance of one or two spear-lengths from those with leprosy".[98]In a third hadith (graded as sound), it is said that Prophet Muhammad asked an individual with leprosy to join him for a meal and actually took the man's hand and put it in a dish,[99] telling him, "Eat, in the name of Allah, trusting in Allah and putting your reliance in Him."[100]

Over the centuries, the three hadiths reproduced above have been extensively discussed and debated by Muslim scholars.[101] To resolve the apparent contradictions among them, it is important to understand how Islam and its followers viewed the nature of disease or disability compared to their Jewish cousins in the Middle East and their Christians contemporaries in Europe during medieval times. Christianity inherited from Judaism the belief that the human body and soul are inseparable during earthly life. The Hebrew Bible mentions incidents in which specific sinners are punished bybeing inflicted with leprosy, though the Bible does not state that all cases of leprosy result from sin.

According to Zamparoni,[102] in medieval Europe, the conviction that leprosy was a sign of divine punishment and unequivocal indication of the presence of sin and evil was clearly the dominant Christian belief at the time. In addition to leprosy being attributed to various moral sins from the eleventh through fourteenth centuries, it was also used as a means for social and political control of those living with it.[103]In contrast, the Islamic view is closer to the modern views held by Judaism namely, that all events, including disease, are caused by the Divine Will alone, for reasons not always known, and therefore are not necessarily expressions of punishment.

The Quran explicitly states that the blind, lame, and sick bear no fault or blame for their conditions.[104] Although the exhortations to withhold blame from ill people from Quran while also

[98]Ibid
[99]Tabari, M.i.J. Jami' al-Bayan 'an Ta'wil Ay al-Quran; Mu'assasat al-Risala: [1420 H/2000 CE] *Beirut, Lebanon*
[100]Qari, 'A.i.S. Mirqat al-Mafatih Sharh Mishkat al-Masabih; Dar-Fikr: [1422 H/2002 CE] *Beirut, Lebanon,* 8. 3274
[101]Jahiz. Kitab al-Bursan wal-'Urjan wal-'Umyan wal-Hulan; Dar al-Jil: [1410 H/1990] *Beirut, Lebanon,* 27–170.
[102] Zamparoni, V. 'Leprosy: Disease, Isolation, and Segregation in Colonial Mozambique. In Historia, Ciencias.Saude-Manguinhos'; [2017] 24. *Casa de Oswaldo Cruz, Fundacao Oswaldo Cruz: Rio de Janeiro, Brazil*, 1–27
[103]Watts, S.J. Epidemics and History: Disease, Power, and Imperialism; (Yale University Press: New Haven, CT, USA, 1999).
[104]Dols, M.W. *The Leper in Medieval Islamic Society*. (1983) Speculum 891–916

according to these three hadiths physically avoid contact with them appear to be contradictory, they simply indicate that Muslims believe that all diseases are caused by the will of Allah and also recognize that diseases can be contracted by close contact with those afflicted. Mohamed[105] notes that the first two hadiths reflect Prophet Muhammad's awareness that leprosy can indeed be transmitted by close contact probably based on actual experience and that the third hadith illustrates his belief and confidence in the will of Allah that is, that he would not necessarily contract leprosy through close contact unless Allah willed it, and that contagion is not an autonomous force independent of God. In modern times, a near-consensus has emerged on this view, which blends spiritual and epidemiological data and insights.[106]

6.0 GENERAL ISLAMIC PERSPECTIVE ON PEOPLE AFFECTED BY LEPROSY-RELATED DISABILITY

Although modern medicine has made the disease of leprosy related disability a curable, its historical association with visible deformities and social fear has often resulted in stigma and discrimination. These social perceptions have, in many societies, influenced how individuals affected by leprosy are viewed in relation to leadership, authority, and public responsibility.

In Islamic thought, leadership is not determined by physical appearance or health condition, but by moral character, competence, and justice. The Qur'an emphasizes human dignity (*karāmah*) and equality before Allah, while the teachings found in the Hadith highlight fairness, compassion, and the responsibility of leaders to serve people justly. These principles suggest that disability or illness, including leprosy-related conditions, does not inherently disqualify an individual from leadership roles.

7.0 CONCLUSION AND RECOMMENDATIONS

This study has examined misconception against persons affected by leprosy-related disability through the lens of Islamic teachings. Leprosy, also known as Hansen's disease, despite being

[105] 'Asqalani, A.A..H. *Fath al-Bari bi-Sharh Sahih al-Bukhari* (Dar al-Ma'rifa: Beirut, Lebanon, 1367)

[106] Stearns, J. Contagion in Theology and Law: Ethical Considerations in the Writings of Two 14th Century Scholars of Nasrid Granada [2007] 14, *In Islamic Law and Society; Brill* 109–129.

medically curable, continues to attract significant stigma that results in discrimination, social exclusion, and denial of fundamental rights in many communities. These experiences reflect serious departures from internationally recognized human rights standards, particularly in relation to dignity, equality, and non-discrimination. From an Islamic perspective, such violations are inconsistent with the ethical foundations of the faith. The Qur'an and the Hadith consistently emphasize justice (*ʿadl*), human dignity (*karāmah*), and compassion (*raḥmah*) toward all individuals, including the sick and vulnerable. Islam does not support discrimination based on illness or disability; rather, it encourages care, inclusion, and the protection of the rights of every human being. The study therefore concludes that many of the injustices experienced by persons with leprosy-related disabilities are rooted more in cultural misconceptions and social fear than in Islamic teachings. It further highlights that Islamic ethical principles provide a strong normative framework for addressing stigma and promoting human rights protection. Strengthening awareness of these principles within communities can help bridge the gap between religious ideals and social practice.

The following recommendations are proposed:

i. Counselling and Empowerment Programmes: Government agencies, healthcare institutions, and civil society organisations should develop and implement comprehensive counselling and psychosocial support programmes for persons affected by leprosy-related disability. Such programmes should incorporate empowerment initiatives, including vocational training, economic inclusion, and human rights education, to address internalised stigma and enhance their ability to utilise available human rights mechanisms for the protection of their rights.
ii. Public Awareness and Legal Sensitisation: Relevant stakeholders should design and implement sustained public sensitisation campaigns through mass media, community outreach, and digital communication platforms to raise awareness of leprosy and the legal rights of persons affected by leprosy-related disability. These campaigns should educate the public on national and international legal frameworks protecting their rights and promote respect for their dignity and social inclusion.

iii. Engagement of Traditional and Religious Institutions: Traditional rulers, religious leaders, and other influential community leaders should be actively engaged as strategic partners in anti-stigma interventions. Leprosy control programmes should facilitate regular advocacy visits and awareness campaigns involving healthcare professionals and persons affected by leprosy-related disability to improve community understanding, dispel misconceptions, and encourage these leaders to champion positive attitudes towards affected persons.

iv. Community-Based Contact Interventions: Governments and development partners should institutionalise community-based contact interventions that facilitate meaningful interaction between persons affected by leprosy-related disability and members of the public. This may include direct approaches, such as personal testimonies and interactive dialogue during community meetings, as well as indirect approaches, including documentary films, video testimonies, radio programmes, drama presentations, and illustrated publications that portray the lived experiences of affected persons. Such interventions will contribute significantly to reducing prejudice, correcting misconceptions, and promoting social acceptance.