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A decision to take embark on a new field of knowledge needs deep consideration and sometimes poses difficulties greater than one can reckon. As a person who has been involved in public health for more than 20 years it was difficult to turn to another new perspective. However, there were people who convinced me and strengthened the notion there are many determinant factors to health status that need attention and exploration. My previous background in public administration and public health had equipped me with the knowledge of how the public system works and how it is to be dealt with. However, my experience fell short when it came to the perspective and the real life of people affected by a chronic disease. A chronic disease is not just a public health problem; it also has grave socio-economic impacts. As a health economist I knew it could be catastrophic for a family’s economic condition, and go as far as being an economic burden to the nation. On this note, I am grateful to all the wonderful people who gave me opportunity to learn about it, who helped tide over the difficulties of this new knowledge and bring about real and material change. I am proud to be a member of the team that has so keenly been helping people affected by leprosy. The road to complete my PhD was not easy. It was a long process and raised difficulties in sharing time of work, study and family. However with amazing support from a multitude of people this thesis finally could be finished. So I would like to thank all the people who supported me in this journey.

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Dadun was born in January 1967 in Jakarta, Indonesia. He obtained a BA in Public Administration from the Faculty of Social and Political Science, Universitas Indonesia, where he later obtained a Master in Health Economics from the Faculty of Public Health. He has been working in public health research since 1996 and has conducted various studies on maternal and child health, high-risk behaviour and HIV/AIDS, users of illicit drugs and health economics. Studies in which he has been involved showed that poverty is one of the main determinants of health status.

He was for the first time exposed to disability issues when he joined the SARI project in 2010, at which time he was a PhD candidate at the Vrije Universiteit Amsterdam together with Ruth MH Peters and Mimi Lusli. Since then he has actively participated in disability courses, seminars and international conferences. The project enhanced his understanding of stigma and how people affected by leprosy are often avoided, ignored or excluded. In the course of preparing his PhD he learned about the Interactive Learning and Action approach from Professor Joske Bunders, about the disability situation in Indonesia from Professor Irwanto and about health-related stigma from Dr Wim van Brakel. This stimulated his curiosity regarding health-related stigma and how this relates to public health. Now Dadun is a senior researcher at the Center for Health Research Universitas Indonesia, research associate at the of the Centre for Disability Studies and the Centre for Child Protection at the Faculty of Social and Politic Sciences, where he works alongside Professor Irwanto and Dr Rita Damayanti on developing research on disability and a disability education programme in Indonesia.
Leprosy-related stigma has received wide attention among scholars and practitioners. Various studies have been conducted to explore the causes and consequences of leprosy-related stigma. There has, however, been little focus on how to reduce stigma and evidence of interventions’ effectiveness interventions is very scarce.

This thesis describes the complexities of leprosy-related stigma and studies how a socio-economic development (SED) intervention can reduce stigma in an appropriate, effective and sustainable manner among people affected by leprosy in Cirebon District, Indonesia. The thesis was part of the Stigma Assessment Reduction and impact (SARI) project, which applied a transdisciplinary and interactive Learning and Action (ILA) approach to develop interventions and to address the complex and persistent negative social experiences of those affected by leprosy. The study design can be described as a cluster randomized controlled trial. Three stigma-reduction interventions were designed, implemented in pairs and evaluated using quantitative and qualitative research methods.

All three pairs of stigma-reduction interventions are able to address stigma at multiple levels and address different types of stigma among people affected by leprosy and members of the community in which they live. In addition, a numbers of lesson on how to reduce the impact and consequences of stigma can be drawn from this thesis, which also resulted in a new validated scale to measure leprosy-related stigma in Cirebon District and advanced understanding of such stigma.