



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

THE PSYCHOLOGICAL EFFECTS OF VITILIGO ON SELF-ESTEEM: A COMPREHENSIVE STUDY

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Received 20th Dec. 2024; Revised 25th Dec. 2024; Accepted 8th Jan. 2025; Available online 15th March 2025

<https://doi.org/10.31032/IJBPAS/2025/14.3.1016>

ABSTRACT

Background: Vitiligo, a dermatological condition characterized by depigmented patches on the skin, not only affects physical appearance but also profoundly influences individuals' self-esteem. Understanding the intricate relationship between vitiligo and self-esteem is crucial for developing effective interventions to mitigate its negative consequences.

Materials and Methods: 35 samples of different age groups under the age of 60 were selected and asked to fill the questionnaire. The tool used for the study is a self-prepared questionnaire consisting of a total of 45 questions. The first 6 questions were about demographic details while the rest were about the skin condition, self-esteem, social life and emotional wellbeing.

Findings: The findings underscored a significant negative correlation between vitiligo and self-esteem. Individuals with vitiligo often experience lowered self-esteem due to the visible nature of the condition, leading to feelings of embarrassment, shame, and self-consciousness. The stigma associated with vitiligo further exacerbates these psychological challenges, resulting in social withdrawal and avoidance of interpersonal interactions. Moreover, the impact of vitiligo on self-esteem extends beyond personal relationships to academic and professional domains, hindering individuals' performance and career aspirations.

Conclusion: In conclusion, vitiligo exerts a profound impact on self-esteem, posing significant psychological challenges for affected individuals. Recognizing and addressing the detrimental effects of vitiligo on self-esteem is paramount in comprehensive management strategies. Interventions aimed at bolstering self-esteem, such as cognitive-behavioral therapy, support groups, and dermatological treatments, can mitigate the negative consequences of vitiligo on individuals' mental well-being. Furthermore, raising awareness and fostering acceptance within communities are essential steps toward reducing stigma and promoting inclusivity for individuals with vitiligo. By adopting a holistic approach that addresses both the physical and psychological aspects of vitiligo, healthcare professionals can empower affected individuals to cultivate resilience, acceptance, and improved self-esteem, thereby enhancing their overall quality of life.

Keywords: Vitiligo, Self-esteem, Psychological Impact, Social Acceptance

1. INTRODUCTION

Vitiligo is a rare autoimmune genetic disorder characterized by the loss of skin pigmentation in patches owing to the destruction of melanocyte cells. Its lesions are unsymmetrical, irregular white spots that occur on different parts of the skin, including areas exposed to the sun's harmful ultraviolet radiation. This can be detrimental to the skin. This condition affects the overall quality of life of the patient owing to social stigma and progresses to later psychological stress states such as social phobia and depression, which can affect daily societal functioning [1]. Numerous techniques for treating vitiligo have been tried over the years, but the outcome has still been unsatisfactory in many patients. Topical corticosteroids are the original line of therapy for vitiligo. Numerous other treatments, including PUVA therapy and narrow-band UVB, are also available [2].

Vitiligo is considered specifically devastating as a physical disorder regardless of age, sex, color, or culture. It has a significant impact on several aspects of life, such as vocation, largely for known or exposed parts of the body, which result from its negative psychological effect on well-being. Once this condition begins or is originally identified, the patient undergoes extraordinary emotional stress, from mild rejection and self-pity to major psychological disorders such as sadness, depression, and even suicidal thoughts [3]. The relationship between people with skin disease and societal compatibility, specifically the disgrace involved with vitiligo itself, has been widely reported. These findings offer proof of a profound and specific burden of disease on psychological illness, compromising the patients' overall quality of life, and defining the impact of vitiligo is

known to have on the patient, particularly concerning visual disturbances. The skin provides bodily integrity. Any deformity of the skin therefore annihilates one of the two primary purposes of the skin, which leads to ethical consequences [4].

1.1. UNDERSTANDING VITILIGO

Descriptions of a disease believed to be vitiligo date back to a passage in the medical text Ebers Papyrus 1500 BC in ancient Egypt. Also, the Hebrew word “Tzaraath” from the Old Testament book of Leviticus dating to 1280 BC described a group of skin diseases associated with white spots, and a subsequent translation to Greek led to continued conflation of those with vitiligo with leprosy and spiritual uncleanness. Medical sources in the ancient world such as Hippocrates often did not differentiate between vitiligo and leprosy, often grouping these diseases together. The name “vitiligo” was first used by the Roman physician Aulus Cornelius Celsus in his classic medical text *De Medicina* [5].

1.2 CAUSES OF VITILIGO

The exact cause of vitiligo is yet to be identified but the disease is thought to be an autoimmune disorder of the type in which the melanocytes of the body are the targets of the immune system's attacks. The cause of vitiligo may be genetic factors and environmental

triggers, like stress, skin injuries, or exposure to particular chemicals. Autoimmune diseases and a family history of vitiligo are the main risk factors for developing this condition. Among the members is the thyroid, which is why they are very often affected. On the other hand, it is the ones with a family history who are more susceptible [6].

1.3 SIGN AND SYMPTOMS

Vitiligo most often originates as small, lightly colored patches on the skin that can enlarge over time or increase in number. This condition is more prominent in people with darker skin. The most frequently affected parts of the body are the hands, face, arms, and the areas around body openings (mouth, eyes). Rarely, hair in the affected areas might become white or gray [7].

1.4 TYPES OF VITILIGO

Vitiligo can be categorized into:

- Non-segmental vitiligo (NSV): Usually both sides of the body are affected with most cases of bilateral NSV which is the more frequent type.
- Segmental vitiligo (SV): Affects only one part of the body and usually the condition is stable for a limited period.
- Universal vitiligo: It is a very rare condition in which almost all the body skin loses its color due to lack of melanin [8].

1.5 DIAGNOSIS

Diagnosis is primarily clinical, involving a physical examination and medical history review. Wood's lamp examination (UV light) can help detect areas of depigmentation. In some cases, a biopsy or blood tests for autoimmune markers might be performed to rule out other conditions [9].

1.6 TREATMENT OPTIONS

There is currently no cure for vitiligo, but treatments aim to restore color to the affected skin or even out skin tone:

- **Topical corticosteroids:** These may help repigment skin in early stages.
- **Immunomodulators:** Tacrolimus and pimecrolimus can be effective, particularly for small patches.
- **Light therapy:** Narrowband UVB phototherapy can help stimulate pigment production, especially for widespread vitiligo.
- **Surgical options:** Skin grafts or melanocyte transplants may be considered for stable cases.
- **Camouflage techniques:** Makeup and self-tanners can help even out skin tone [10].

2. IMPACT OF PHYSICAL APPEARANCE ON SELF-IMAGE

Vitiligo is a condition that causes the skin to lose its pigment, and skin color may be very

diverse and show on the face, hands, and neck; which are key self-identity areas. Manifestation of skin vitiligo usually occurs in the skin visible part of the body by which a person associates their self-identity with, i.e. the face, hands, and neck being very common. Physical appearance is strongly related to social inclusion and self-esteem; hence, vitiligo can be a source of negative self-perception. As physical appearance is inextricably linked to social acceptance and self-worth, vitiligo can result in a damaged self-image. People with vitiligo may, because of the aforementioned worries, hate their skin, or "feel different," which eventually leads to self-esteem undermining in societies usually regarding skin uniformity [11].

2.1 STIGMA AND SOCIAL REJECTION

Vitiligo is mostly associated with myth and rumor spreading that vitiligo is caught by unhygienic people or through close proximity to infected individuals. In some communities, however, it is thought to be inflicted by spells or gossiping lies. Therefore, vitiligo patients may be places of stigma, discrimination, as well as bullied people. Such pushback diminishes the positive self-concept of these individuals and may involve the avoidance and severe isolation of social networking events by the sufferer [12].

2.2. PSYCHOLOGICAL EFFECTS OF

VITILIGO ON SELF-ESTEEM

1) Anxiety and Depression

Studies indicate that people with vitiligo are at a higher risk for anxiety and depression. The constant stress about appearance and fear of judgment can make it difficult for individuals to manage their self-esteem.

2) Body Image Issues

Vitiligo can lead to body dysmorphia, a mental health condition where an individual becomes obsessively concerned with perceived flaws. Body dysmorphia can severely impact self-esteem and increase dissatisfaction with one's physical appearance.

3. EXISTING RESEARCH

3.1. Impact on Self-Esteem and Body Image

Studies consistently show that vitiligo has a significant impact on self-esteem and body image, with individuals often feeling embarrassed, self-conscious, or socially anxious due to their appearance. For instance:

- A 2019 study published in *Dermatology and Therapy* found that 52% of participants with vitiligo reported low self-esteem, while 28% felt highly self-conscious in public settings.
- Research published in the *Journal of the American Academy of Dermatology* (2018) showed that people with facial vitiligo often experienced

greater levels of social anxiety and lower self-esteem compared to those with vitiligo on less visible parts of the body [13].

3.2. Gender and Age-Related Differences

There are notable differences in how vitiligo affects self-esteem based on age and gender:

- A 2020 study from *Psycho-Dermatology Research* found that women with vitiligo generally report higher levels of distress, potentially because of societal standards around female beauty. Young adults and adolescents, especially teenage girls, experience the highest levels of social anxiety and reduced self-worth [14].
- In a study involving adolescents with vitiligo, the psychological impact was notably high, with a greater incidence of social withdrawal and depression among those with visible lesions. Young people, still forming their identity and social circles, often feel isolated or excluded due to their appearance.

3.3. THE ROLE OF STIGMATIZATION AND CULTURAL FACTORS

Social stigma and cultural perceptions around skin color significantly influence how vitiligo affects self-esteem:

- In cultures where skin tone is highly valued or associated with certain socioeconomic factors, individuals with vitiligo often face stigma, discrimination, or exclusion. Research in *The Indian Journal of Dermatology* found that participants with vitiligo often dealt with prejudice in professional and social settings, contributing to feelings of inadequacy and social rejection.
- Cross-cultural studies indicate that stigma is more pronounced in certain societies, leading to varying degrees of psychological impact. For instance, people in South Asian and Middle Eastern countries, where lighter skin is often preferred, report more negative psychological effects [15].

3.4. EFFECTIVENESS OF PSYCHOLOGICAL AND MEDICAL INTERVENTIONS

Cognitive Behavioral Therapy: Cognitive Behavioral Therapy has proved to be effective in helping patients overcome significant symptoms, such as depression and anxiety, that often accompany the disease. A study published in *Acta Dermatovenereologica* reports that treated patients experienced considerable improvement in self-esteem and body satisfaction [16].

The use of phototherapy and camouflage techniques: This treatment combines the commonly

prescribed medical treatment called narrow band UVB phototherapy with camouflage techniques to achieve very effective enhancement of self-esteem, making the patient more comfortable in social situations [17].

Support Groups and Counseling: Special groups for people who have vitiligo can help give a sense of belonging and foster resilience, as well as more acceptance [18-20].

In this regard, counseling and peer support have been considered to rebuild the confidence of such individuals and help in managing social anxiety.

4. OBJECTIVE OF THE STUDY:

- ❖ To study how vitiligo impacts a person's quality of life
- ❖ To study the psychological implications of vitiligo
- ❖ To understand how vitiligo affects an individual's social life

5. MATERIALS AND METHODS

5.1. STUDY DESIGN

This study utilized a Descriptive design to evaluate the psychological effects of vitiligo on self-esteem among affected individuals. To collect the representative sample from vitiligo patients, purposive random sampling was

implemented. 35 sample representatives, ensuring a of various age groups, genders, and stages of the condition were selected and asked to fill the questionnaire.

5.2. PARTICIPANTS

A total of 35 samples diagnosed with vitiligo were included in the study. Inclusion criteria involved individuals aged 18-60 years diagnosed with vitiligo. Samples with other severe dermatological or psychiatric conditions were excluded to ensure results focused solely on vitiligo's impact.

5.3. DESCRIPTION OF THE TOOL:

The tool used for the study is a self-prepared questionnaire consisting of a total of 45 questions. The first 6 questions were about demographic details while the rest were about the skin condition, self-esteem, social life and emotional wellbeing. For the purpose of this study, data has been collected using the survey

method through both online and offline surveys. A total of 35 fully completed questionnaires were obtained from the respondents for the purpose of the study.

5.4. PROCEDURE

Samples were provided with a written informed consent form and assured of confidentiality. Following consent, they completed the questionnaires either in person at the clinic or via an online survey. The data collection took approximately 15-20 minutes per participant.

5.5. DATA ANALYSIS

Descriptive statistics were used to summarize participant characteristics, including age, gender, and duration of vitiligo. To examine the relationships between self-esteem, anxiety, depression, and quality of life standard deviation were conducted.

6. RESULTS AND DISCUSSION

Table 1: Distribution of Respondents by their Socio- Demographic Characteristics

S. No.	Variables	No of Respondents (n= 35)	Percentage (%)
1.	Area of Residence		
	Rural	17	48.57
	Urban	18	51.43
2.	Gender		
	Male	16	45.7
	Female	19	54.2
3.	Age groups		
	18-30	8	22.8%
	30-40	4	11.4%
	40-50	10	28.5%
	50-60	13	37.1%
4.	Qualification		
	Illiterate	1	2.8%
	Primary	3	8.6%
	Secondary	4	11.4%
	Under graduate	12	34.3%

	Graduate	9	25.7%
	Post graduate	6	17.1%
5.	Occupation		
	Student	8	22.9%
	Working	16	42.9%
	Not working	11	34.3%
6.	Marital status		
	Unmarried	18	48.6%
	Married	17	51.4%

Among the respondents, there is a relatively balanced distribution between rural and urban areas, with urban residents comprising slightly over half (51.43%) of the sample, and rural residents making up the remaining portion (48.57%). This indicates that the study includes participants from both rural and urban settings, providing a diverse perspective on the topic being studied. The gender distribution among respondents is slightly skewed towards females, with 54.2% female respondents compared to 45.7% male respondents.

The majority of respondents fall within the 40-60 age range, with the highest proportion being in the 50-60 age group. Respondents' educational qualifications are varied, with the highest proportion having undergraduate

degrees (34.3%) followed by graduates (25.7%). A smaller percentage have postgraduate qualifications (17.1%), while fewer have secondary (11.4%) or primary education (8.6%). There is also a small proportion of illiterate respondents (2.8%).

The majority of respondents are employed, either as students (22.9%) or working individuals (42.9%), while a significant portion (34.3%) are not currently employed. Respondents are nearly evenly split between unmarried (48.6%) and married (51.4%) individuals.

Overall, the data provides insights into the demographic characteristics of the respondents, including their residential area, gender, age distribution, educational qualifications, occupation, and marital status.

Table 2: Distribution Of Respondents Based On The Families

S. No.	Variables	No of Respondents (n=35)	Percentage(%)
1.	Duration of Vitiligo		
	Less than 1 yr	1	2.8%
	1 – 5 yrs	8	14.2%
	5– 10 yrs	7	20%
	10– 20 yrs	2	5.7%
	20– 30 yrs	7	20%
	Since childhood	8	22.8%
2.	Vitiligo among Family members		
	NO		

	YES	27	77.1%
		8	22.9%
3.	Relationship With the Family Member Who Has Vitiligo		
	Father	1	7.1
	Mother	6	42.8
	Spouse	1	7.1
	Child	2	14.2
	Sibling	1	7.1
	Grandfather	1	7.1
	Aunt	2	14.2
4.	Present vitiligo condition		
	Stable	24	71.4
	Unstable	8	22.9
	Progressive	2	5.7

Majority of respondents (around 57%) have been dealing with vitiligo for more than 5 years, with the largest proportion (around 23%) having it since childhood. A notable percentage (around 14%) have had vitiligo for 1-5 years. Relatively smaller proportions have had vitiligo for less than a year or between 10-30 years. The majority of respondents (around 77%) do not have any family members affected by vitiligo, while around 23% have family members with the condition. Among those whose family members have vitiligo, the most common relationships are with mothers and siblings (each around 14%). Other relationships with family members affected by vitiligo include fathers, spouses, children,

grandfathers, and aunts, each representing smaller proportions. The majority of respondents (around 71%) have a stable condition of vitiligo. A significant minority (around 23%) have an unstable condition. A very small percentage (around 6%) have a progressive form of the condition.

Overall, the data indicates a varied experience among respondents regarding the duration and nature of vitiligo, as well as its prevalence within their families. The majority have had vitiligo for several years, with most cases being stable. Additionally, a notable proportion have family members affected by the condition, primarily mothers and siblings.

Table 3: Mental Health Impact of Vitiligo

S. No.	Variables	No of respondents (%)				
		Always	Often	Sometimes	Rarely	Never
1.	Stress due to vitiligo	2(5.7)	8(22.9)	11(31.4)	6(17.1)	8(22.9)
2.	Feelings caused by vitiligo	1(2.9)	2(5.7)	12(34.2)	7(20)	13(37.1)
3.	Feeling depressed for no apparent reason	1(2.9)	2(5.7)	12(34.2)	7(20)	13(37.1)
4.	Concerned by comments from others	2(5.7)	4(11.4)	16(45.7)	6(17.1)	7(20)
5.	Vitiligo affecting self-esteem	2(5.7)	4(11.4)	12(34.2)	7(20)	10(28.6)
6.	Loneliness due to vitiligo	2(5.7)	2(5.7)	12(34.2)	6(17.1)	12(34.2)
7.	Avoidance by friends and relatives	0	3(8.6)	11(31.4)	11(31.4)	10(28.6)

8.	Comments made by others	1(2.9)	2(5.7)	11(31.4)	11(31.4)	9(25.7)
9.	Avoidance of participation in social events	3(8.6)	3(8.6)	9(25.7)	7(20)	13(37.1)
10.	Suicidal thoughts	4(11.4)	3(8.6)	5(14.2)	7(20)	16(45.7)
	Average	1.8	3.3	11.1	7.5	11.1
	Std. Deviation	1.08	1.73	2.62	1.80	2.62

This data sheds light on how often respondents experience different emotional and social challenges due to vitiligo. The table captures feelings of stress, depression, loneliness, and social avoidance among people with vitiligo.

A notable proportion (31.4%) reported experiencing stress "sometimes," with a relatively even spread across "often" (22.9%) and "never" (22.9%). This variation is moderate, as indicated by the standard deviation (SD = 1.73), suggesting some variability in how stress is perceived by respondents.

Most respondents fall under the "sometimes" (34.2%) and "never" (37.1%) categories, showing that while vitiligo does provoke negative feelings, they are not consistently present for everyone. The standard deviation (SD = 2.62) is high, indicating a wide spread in responses, with some respondents feeling affected, while others do not.

Similar to the previous variable, the response distribution suggests that feelings of unexplained depression due to vitiligo are not uniform. While "sometimes" is the most common response (34.2%), the substantial

percentage who "never" feel this way (37.1%) shows that vitiligo does not universally cause depression in respondents.

A significant proportion (45.7%) report feeling "sometimes" concerned about comments, suggesting that social interactions due to visible vitiligo marks are moderately stressful for many. With a slightly lower spread, this reflects common concerns among people with visible skin conditions.

About one-third (34.2%) experience a moderate impact on self-esteem "sometimes." The spread here, with responses across all categories, highlights a mixed effect on self-esteem. Respondents are split, with "sometimes" (34.2%) and "never" (34.2%) appearing at similar rates, showing that loneliness is a common but not universal consequence.

Avoidance by Friends and Relatives: The responses show that this is not a major issue for everyone, with the most responses in "sometimes" (31.4%) and "rarely" (31.4%). This implies that while some individuals face social distancing, it is not overwhelmingly prevalent. A considerable percentage report

facing comments "sometimes" (31.4%) or "rarely" (31.4%), indicating that negative social feedback is a common experience.

Responses indicate that avoidance of social gatherings is infrequent, with a notable 37.1% "never" avoiding events, suggesting moderate to low social withdrawal. While concerning, suicidal thoughts are primarily in the "never" category (45.7%). However, a small portion of respondents do experience these thoughts at least "sometimes" (14.2%).

Overall, vitiligo does have a significant psychosocial impact, with high averages in "sometimes" responses, particularly for stress, feelings of depression, and concern over

comments. The standard deviation values, especially for variables like "feelings caused by vitiligo" and "depression," show a diverse range of experiences, implying that not all individuals with vitiligo are affected to the same degree.

The data indicates a varied emotional response to vitiligo, with many experiencing moderate distress in social settings but less frequent avoidance or suicidal thoughts. These findings underscore the importance of psychological support and social sensitivity toward individuals with vitiligo, as their experiences vary significantly.

Table 4: Impact of Vitiligo on Quality of Life

S. No.	Variables	No of respondents (%)				
		Always	Often	Sometimes	Rarely	Never
1.	Fear of spreading	3(8.6)	4(11.4)	11(31.4)	9(25.7)	8(22.9)
2.	Concerned about ongoing therapy	1(2.8)	6(17.1)	16(45.7)	5(14.2)	7(20)
3.	Study/job being affected by vitiligo	1(2.8)	4(11.4)	5(14.2)	10(28.5)	15(42.8)
4.	Feeling unsuited	4(11.4)	1(2.9)	10(28.6)	7(20)	13(37.1)
5.	Difficulty in adjusting to environment	0(0)	4(11.4)	13(37.1)	10(28.6)	8(22.9)
6.	Worrying about the future	4(11.4)	4(11.4)	9(25.7)	8(22.9)	10(28.6)
7.	Insecurity due to vitiligo	5(14.2)	4(11.4)	9(25.7)	7(20)	10(28.6)
8.	Feeling embarrassed when meeting new people	1(2.9)	9(25.7)	9(25.7)	6(17.1)	10(28.6)
9.	Issues with clothing selections	3(8.6)	4(11.4)	7(20)	10(28.6)	11(31.4)
10.	Life is not worth living with this condition	2(5.7)	3(8.6)	7(20)	5(14.2)	18(51.4)
11.	Helpless because of vitiligo	2(5.7)	3(8.6)	11(31.4)	5(14.2)	4(11.4)
12.	Taking a lot time to recover from feeling	3(8.6)	4(11.4)	9(25.7)	12(34.3)	7(20)
13.	Facing discrimination because of vitiligo	5(14.2)	3(8.6)	6(17.1)	9(25.7)	12(34.3)
14.	Problems in getting married	3(8.6)	3(8.6)	5(14.2)	2(5.7)	22(62.7)
15.	Issues in children getting married	2(5.7)	2(5.7)	5(14.2)	1(2.9)	25(71.4)
16.	Financial burden caused by vitiligo treatment	8(22.9)	5(14.2)	4(11.4)	8(22.9)	10(28.6)
	Average	2.94	3.94	8.5	7.13	11.88
	Std Deviation	1.98	1.77	3.27	3.01	5.64

This table provides insights into the various psychosocial and economic challenges faced by individuals with vitiligo. The frequencies in each category indicate how often respondents experience issues like fear of spreading, insecurity, discrimination, and financial burden.

Many respondents (31.4%) experience fear of vitiligo spreading "sometimes," while 22.9% never feel this fear. The spread across responses ($SD = 1.77$) suggests variability, with some individuals particularly anxious about spreading, while others are unconcerned.

Nearly half of the respondents (45.7%) feel "sometimes" concerned about therapy, which may indicate a mixed emotional burden associated with ongoing treatment. This group likely feels the financial or emotional cost, with the SD (1.98) showing varied levels of concern.

A significant portion (42.8%) report "never" being affected in their studies or job due to vitiligo, suggesting that vitiligo's impact on professional life may be less pronounced. However, 14.2% feel an occasional impact, hinting at specific circumstances or environments that might amplify these challenges.

About one-third (37.1%) "never" feel unsuited due to vitiligo, yet 28.6% "sometimes"

experience this feeling, showing that while many individuals feel confident, some may occasionally feel inadequate, likely due to social or self-imposed pressures.

Responses here are skewed toward "sometimes" (37.1%) and "rarely" (28.6%), indicating that adjusting can be challenging, but not overwhelmingly so for all. The moderate spread of responses suggests some difficulty in social or public settings for those affected.

With 25.7% worrying "sometimes" and another 28.6% "never," there's a significant spread ($SD = 3.01$), showing diverse views on long-term outlooks, which may depend on support systems, financial stability, and self-confidence.

Insecurity is a common experience, with responses peaking at "sometimes" (25.7%) but also spread across other categories. This variability indicates that insecurities may arise situationally, impacted by societal interactions and personal confidence levels.

Meeting new people causes "often" or "sometimes" embarrassment in 25.7% of respondents each, revealing a heightened sensitivity in social interactions. The SD is moderate, reflecting the occasional discomfort experienced by respondents in social introductions. This is less of an issue, with 31.4% "never" facing challenges and

28.6% doing so "rarely." These responses suggest that while clothing concerns exist, they are not a consistent struggle for most respondents.

Encouragingly, 51.4% "never" feel this way, though some still experience these feelings occasionally, as indicated by "sometimes" (20%). This significant spread (SD = 5.64) implies that while most maintain resilience, a portion does face despair. Feelings of helplessness show a moderate peak at "sometimes" (31.4%), but many respondents (34.3%) "rarely" or "never" feel helpless. This distribution highlights that while moments of helplessness occur, they are not persistent.

This is an issue "sometimes" (25.7%) or "rarely" (34.3%), with moderate spread, suggesting that respondents occasionally struggle with emotional recovery but generally manage it over time. Discrimination is felt "rarely" (25.7%) or "never" (34.3%) by many, though 14.2% do encounter it "always." This SD (3.27) suggests that while discrimination is not universally felt, it remains a reality for some.

Most respondents (62.7%) "never" face issues in marriage prospects due to vitiligo, indicating that marriage challenges are less significant for the majority. However, cultural factors may influence the 8.6% who "always" encounter difficulties. With 71.4% "never"

experiencing issues with their children's marriages, this is not a widespread concern for most. Cultural or societal attitudes may still pose occasional challenges for others.

This variable shows a significant spread, with 22.9% "always" feeling a financial burden and another 28.6% "never" feeling it. This high variability (SD = 5.64) suggests diverse financial circumstances among respondents.

The average responses and standard deviations demonstrate that individuals with vitiligo experience a range of challenges, with particularly high variability in areas related to social interactions and financial burdens. Key concerns include financial strain from treatment, insecurity, and future uncertainty. However, positive responses in areas like marriage prospects and resilience against despair indicate that many individuals maintain stability and positive outlooks. These findings underscore the need for support systems, affordable treatment options, and public awareness efforts to reduce discrimination and promote a supportive environment for individuals with vitiligo.

7. FINDINGS:

Demographic Characteristics:

- The majority of respondents fall within the 40-50 age range, with the highest proportion being in the 50-60 age group. Female respondents

outnumbered males; however, this does not indicate a higher prevalence of vitiligo among females, as the condition affects both genders equally.

- Most of the patients belong to urban areas and thus, they neither showed up any response to fill the questionnaire nor they were interested to respond.

Education and Occupation:

- The majority of respondents held undergraduate qualifications, followed by graduates, with a small percentage being illiterate.
- A significant portion of respondents were employed, either as students or working individuals, while others were not currently employed or were still in education.

Duration and Stability of Vitiligo:

- The duration of vitiligo varied among respondents, with a notable proportion experiencing the condition since childhood.
- While a majority reported stable vitiligo, a significant minority described their condition as unstable, indicating ongoing management challenges.

Family History and Relationships:

- A significant percentage of respondents reported no family history

of vitiligo, although vitiligo's hereditary nature suggests potential familial occurrences.

- Among those with family members affected, mothers were the most commonly mentioned, emphasizing the impact on close familial relationships.

Psychological Impact:

- Many respondents reported struggles with self-esteem, feelings of loneliness, and concerns about social acceptance, highlighting the psychological toll of living with vitiligo.
- While some respondents reported feelings of stress and depression, many expressed resilience and acceptance of their condition.

Social Challenges and Stigma:

- A notable proportion of respondents reported experiencing social challenges, including avoidance by friends and relatives, comments from others, and difficulties in social settings.
- Discrimination and marital challenges were also reported, indicating the need for greater awareness and societal support for individuals with vitiligo.

Financial and Treatment Burden:

- While some respondents faced financial burdens due to vitiligo treatment, others reported no significant impact, suggesting varied experiences with healthcare costs.
- Beliefs regarding the cause of vitiligo ranged from religious or superstitious notions to medical understandings, indicating diverse perspectives within the community.

Self-Perception and Aspirations:

- Despite the challenges posed by vitiligo, many respondents expressed positive self-perception and aspirations for personal and societal contributions, underscoring resilience and optimism within the community.

Overall, these findings shed light on the multifaceted experiences of individuals living with vitiligo, emphasizing the need for comprehensive support, awareness, and inclusivity to address the physical, psychological, and social aspects of the condition.

8. LIMITATIONS OF THE STUDY

- Since the study is about a sensitive issue, a lot of patients were reluctant to participate in the survey
- The time for survey was very short due to which more enhanced responses

could not be obtained to improve the quality of the study.

- Most of the patients were not ready to give proper responses and feedback due to fear of getting exposed or coming in mainstream research. This hampers the actual validity of information which is necessary for the study.
- Most of the patients belong to urban areas and thus, they neither showed up any response to fill the questionnaire nor were they interested to respond to the surveyor. Their reluctance was again a limitation to record quality response for conducting the study.

9. CONCLUSION:

In conclusion, vitiligo can have a significant impact on an individual's self-esteem, resulting in feelings of embarrassment, shame, and low self-confidence. The visible nature of the condition, coupled with societal stigma and a lack of awareness about the condition, can make individuals with vitiligo feel isolated and insecure. However, with proper education and support, individuals with vitiligo can learn to accept and embrace their unique appearance and develop a positive self-image. Healthcare professionals and society at large can play a crucial role in promoting awareness, acceptance, and

inclusion for those living with vitiligo. It is essential to prioritize the emotional well-being of individuals with vitiligo and provide them with the resources they need to navigate the challenges they may face.

Acknowledgments:

The authors acknowledge the UGC STRIDE & Holy Cross College (Autonomous) for giving opportunity to do this study.

Conflict of Interests:

The authors declare no conflict of interest.

Funding:

The authors received no funding or financial support to conduct this research.

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