and fourteen on what they thought attributed to the illness was elicited. Based on the mean stigma score, the entire sample was divided into two groups—those with high and low stigma. Consent were taken. Results: Marriage, fear of rejection by neighbor, and the need to hide the fact from others were some of the more stigmatizing aspects. Many care givers reported feelings of depression and sorrow. Discriminant function analysis showed that female sex of the patient and a younger age of both patient and caregiver were related to higher stigma. Among attribution items, having no explanation to offer, and attributions to faulty biological functioning, character of life style, substance abuse and intimate interpersonal relationship discriminated between the two groups. Conclusions: The relevance of stigma in the cultural context is increasing due to illiteracy, poverty, superstition and lack of awareness in developing countries like Nepal and India.