

TB/MDR TB

Why you should not discriminate...¹

The global burden of TB and the impact of stigma and discrimination

Tuberculosis is an infectious disease caused by bacteria that any person can get. It is not a hereditary disease or a curse of God. It can be completely cured by taking regular and complete treatment.

Stigma is as old as history. Stigma and discrimination against people infected with TB can occur in many settings at the workplace, healthcare facilities, or within the community. Its manifestation can be as dramatic as physical violence or as subtle as avoidance. However, it is totally unnecessary and primarily based on myths.

Beyond the economic consequences, stigma and discrimination against people with TB have a devastating **social and psychological impact**. Such attitudes obstruct healthcare providers in delivering effective treatment. Stigma often prevents people from seeking healthcare attention, which constitutes a direct public health threat to the community. Even when patients attend treatment, social disapproval of their family or community members decreases adequate compliance with treatment. Proper compliance, however, is critical to avoid the development of multi-drug resistance, MDR TB. Social isolation, experienced rejection, shame and blame due to TB diagnosis can lead to psychosomatic stress, loneliness and feelings of hopelessness.

The Myths	The Truth
<ul style="list-style-type: none"> • TB is a life-threatening disease 	<ul style="list-style-type: none"> • TB can be cured by taking a course of medicine
<ul style="list-style-type: none"> • You can become infected with TB by touching someone who has it or by being with someone for a few minutes who has it 	<ul style="list-style-type: none"> • TB is transmitted only by prolonged close contact with coughing infectious patients
<ul style="list-style-type: none"> • If someone has TB they are infectious 	<ul style="list-style-type: none"> • TB patients who have taken their treatment for three weeks and are still taking treatment are usually not infectious
<ul style="list-style-type: none"> • Only the poor and malnourished get TB 	<ul style="list-style-type: none"> • Anyone can get TB, rich or poor, and become an unwilling host to the bacilli
<ul style="list-style-type: none"> • Once you have TB you are doomed and cannot get treatment 	<ul style="list-style-type: none"> • TB treatment is freely available at government clinics

¹ Adapted from ICN Document: *TB/MDR TB Related Stigma and Discrimination*

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Some of the **causes of stigma and discrimination** include:

- Lack of knowledge about TB transmission, diagnosis, treatment
- Association with conditions already stigmatized, particularly HIV/AIDS, poverty, malnutrition, migration and poor hygienic living conditions
- People with TB are often seen as being responsible for becoming infected
- People living with TB are seen as guilty of infecting others
- Lack of protective equipment for healthcare workers
- Lack of access to treatment.

TB related stigma and discrimination can be minimized!

It is important that employees and healthcare professionals understand the determinants and dynamics of stigma to ensure that they prevent the violation of human rights, that patients seek timely advice and achieve good treatment adherence. It is suggested that company management implement the following strategies to minimize TB related stigma and discrimination at the workplace:

- Influence people's attitudes through training about TB, based on a set of institutional policies and guidelines. Regular training can provide up-to-date information on TB epidemiology, diagnosis, transmission and treatment and can address causes, forms and consequences of TB related stigma and discrimination. Increasing factual knowledge should be followed by experiential learning, which helps employees reflect their own attitudes about TB and understand individuals affected by TB stigma and discrimination.
- Involve those with personal experiences with TB and set up "Support Groups". Such groups can encourage the exchange of experiences related to TB and address issues concerning social and workplace support.
- Initiate workplace campaigns to change attitudes. The aim of these campaigns is to provide accurate, up-to-date information on TB ("TB is curable").
- Develop the sustainability of TB anti-stigma campaigns through partnerships with private and public national and international companies.
- Provide a supportive legislative work environment, where people can disclose their TB status without the threat of being stigmatized. TB infected people might be uncertain whether to disclose their TB status and to whom.
- Respect confidentiality. Risks of disclosure might include negative responses, such as rejection, isolation and loss of employment. This can result in poor treatment adherence and/or the spread of TB to other employees.
- Link with existing HIV/AIDS anti-stigma workplace initiatives.
- Ensure occupational safety for healthcare staff and appropriate working conditions for all, e.g., applying air filtration.

TB anti-stigma interventions can be put in place in every company.