

TB: Why You Should Not Discriminate*

Impact of stigma and discrimination

Tuberculosis is an infectious disease caused by bacteria. Any person can get TB – it is not a hereditary disease or a – curse of God?. TB, however, can be completely cured through treatment. With appropriate treatment and care, even HIV can be changed from a fatal illness to a chronic disease. TB patients, as well as people living with HIV, can live healthy, normal and productive lives, yet many are stigmatized and discriminated against. This leads to obstacles to accessing testing and treatment and adherence to treatment.

Stigma and discrimination against people with TB can occur throughout the workplace, healthcare facilities or within the community, leading to avoidance and sometimes physical violence. Forms of stigma and discrimination in the workplace can include:

- Retrenchment due to repeated sick leave
- Unfair dismissal on the basis of frequent absenteeism
- Lack of access to advanced training and promotion opportunities
- Avoidance by management and co-workers for fear of contamination
- Inappropriate and unfair rumour about employees who have or may have TB and/or HIV/AIDS

Beyond economic consequences, stigma and discrimination against people with TB can 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 receive treatment, social disapproval from family or community members decreases compliance with treatment. Proper adherence, however, is critical to avoid the development of multi-drug resistant tuberculosis (MDR-TB). Social isolation, experienced rejection, shame and blame due to TB diagnosis can lead to psychosomatic stress, loneliness and feelings of hopelessness.

However, the stigma is totally unnecessary and primarily based on fear, misunderstanding and myths. Some of the causes of stigma and discrimination include:

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

The Myths	The Truth
TB is a life-threatening disease	TB can be cured by getting medical treatment
You can become infected by TB by touching someone who has it or being with someone for a few minutes who has it	TB is transmitted only by prolonged close contact with coughing infectious patients
If someone has TB they are infectious	TB patients who have taken their treatment for two weeks and continue their treatment are usually not infectious
Only the poor and malnourished get TB	Anyone can get TB, rich or poor, and become an unwilling host to bacteria
Once you have TB you are doomed and cannot get treated	TB treatment is freely available at government clinics – correct treatment cures the vast majority of cases

*Adapted from a fact sheet on TB from the International Council of Nurse's Global TB/MDR-TB Resource Centre at: <http://www.icn.ch/tb/stigma.htm>.

TB-related stigma and discrimination can be minimized

It is important that employees, employers and healthcare professionals understand the determinants and dynamics of the stigma to ensure that human rights violations are prevented. This will enable patients to seek timely advice and diagnosis, and to achieve good treatment adherence, and thus good outcomes. The following strategies can be implemented by employers, healthcare workers and employees to minimize TB -related stigma and discrimination at the workplace:

- Provide a supportive work environment where people can disclose their TB status without the threat of being stigmatized and risk of losing their jobs, even if they are HIV infected
- Have in place a workplace policy that addresses disclosure so workers feel they will not lose their jobs after being diagnosed with TB, and make strong reference to the South African Constitution and its protection of the rights of people to equal opportunities, privacy and fair labour practices; such TB patients should be provided proper care and access to directly observed therapy (DOT) services
- Influence people's attitudes through TB awareness to provide up-to-date information on TB epidemiology, its link with HIV, diagnosis, transmission, treatment, and address related stigma and discrimination. Management should take an active lead in combating stigma and discrimination, such as through poster and other media campaigns with explicit messages that management will protect workers' rights
- Complement factual knowledge with experiential learning, which helps employees reflect their own attitudes about TB and understand individuals affected by TB stigma and discrimination (i.e. through participatory training or experiential learning in groups through role play)
- Ensure that worker representatives and other key stakeholders are involved in TB/HIV workplace programmes from the planning stage through to execution and maintenance of activities
- Involve people with TB and HIV in designing anti-stigma programmes and training; involve those with personal experience with TB, and set up support groups, which can encourage the exchange of experiences related to TB and address issues concerning social and workplace support
- Develop sustainable TB anti-stigma campaigns through partnerships with private and public national and international companies (with management taking an active lead in combating stigma and discrimination)
- Respect confidentiality – risks of disclosure might include negative responses, such as rejection, isolation and loss of employment, which can result in poor treatment adherence and/or the spread of TB to other employees
- Link with existing HIV/AIDS anti-stigma workplace initiatives, and integrate HIV and TB programmes into a larger wellness programmes
- Ensure occupational safety for healthcare staff and appropriate working conditions for all (e.g. ensuring good ventilation of premises and/or applying air filtration and universal infection control procedures)
- Put in place TB anti-stigma interventions in every company

References

“Addressing HIV/AIDS Stigma and Discrimination in a Workplace Program: Emerging Findings”. Horizons, <http://www.popcouncil.org/pdfs/horizons/eskombsum.pdf>. Accessed 22 November 2007.

“HIV - Related Stigma, Discrimination and Human Rights Violations: case studies of successful programmes”. UNAIDS, http://data.unaids.org/publications/irc-pub06/jc999-humrightsviol_en.pdf. Accessed 22 November 2007.

“Tackling HIV/AIDS stigma: guidelines for the workplace”. Simyam’kel, http://www.policyproject.com/pubs/countryreports/S_A_Siyam_workplaceguide.pdf. Accessed 22 November 2007.

“Chapter 2 – Bill of Rights”. South Africa Constitution, <http://www.info.gov.za/documents/constitution/1996/96cons2.htm#7>. Accessed 13 December 2007.

“AIDS and the workplace”. International Labour Organization (ILO), <http://www.oit.org/public/english/protection/trav/aids>. Accessed 22 November 2007.

“The ILO Code of Practice on HIV/AIDS”. International Labour Organization (ILO), <http://www.oit.org/public/english/protection/trav/aids/publ/code.htm>. Accessed 22 November 2007.

“Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual”. International Labour Organization (ILO), <http://www.oit.org/public/english/protection/trav/aids/publ/manual.htm>. Accessed 22 November 2007.

“HIV/AIDS behaviour change communication: a toolkit for the workplace”. International Labour Organization (ILO), <http://www.oit.org/public/english/protection/trav/aids/publ/bcctoolkit.htm>. Accessed 22 November 2007.

Useful websites

<http://www.labour.gov.za>
<http://www.doh.gov.za>
<http://www.dpsa.gov.za>
<http://www.icn.ch>
<http://www.ilo.org>