

Tuberculosis research in countries in the WHO Eastern Mediterranean Region

Qualitative study on tuberculosis stigma in Sudan



In 2020, **Sudan** had an estimated tuberculosis (TB) incidence rate of **63 per 100 000** population.

One quantitative survey conducted in 2015 indicated that

around **58%**

of TB patients in the country suffered from TB stigma and discrimination.

Such stigma has been linked to under-achievement in many programmatic TB indicators.

A qualitative study was therefore conducted in late 2019 to explore the drivers, manifestations and consequences of TB stigma in Khartoum and Sennar states. The study involved a total of 54 guided focus group discussions and interviews, and included the use of case stories. Data were collected from community members, health care providers and TB patients, and a thematic analysis carried out.



Study results indicated that

the drivers of TB stigma included: (a) stereotyping (for example, linking TB to poverty and hunger); (b) perceiving TB as a dangerous, highly infectious, fatal and incurable disease (“worse than cancer”); (c) misconceptions concerning the mode of TB transmission (for example, that it was genetic); and (d) a lack of TB-related knowledge among community and health care workers.

TB stigma manifested most commonly as social isolation, in addition to physical isolation, workplace discrimination and health care worker stigma. Community members also used terms such as “the bad disease” when referring to TB, implying that it is one of the worst of all diseases.

The consequences of TB stigma for patients and communities can be:

social
(for example, isolation and loss of social support opportunities)

economic
(for example, through loss of job or paid leave)

medical
(for example, adverse health outcomes, including death, and the hampering of health care worker recruitment in the community)



The main recommendation of the study was to develop an action plan to address TB stigma in Sudan.

In February 2022, the national TB programme developed its first TB stigma reduction plan which includes the following goals and activities:



Goals

1 To reduce TB stigma among TB patients and health care workers.

2 To enable patients to attain the highest possible level of psychosocial well-being.

3 To improve the uptake of TB services.



Strategic interventions and activities

1 Community-driven action to address TB stigma by and within communities.

2 People-centred interventions directed at reducing stigma at the level of the individual with TB.

3 Policy development.

4 Development and implementation of a monitoring and evaluation framework for TB stigma reduction interventions.