

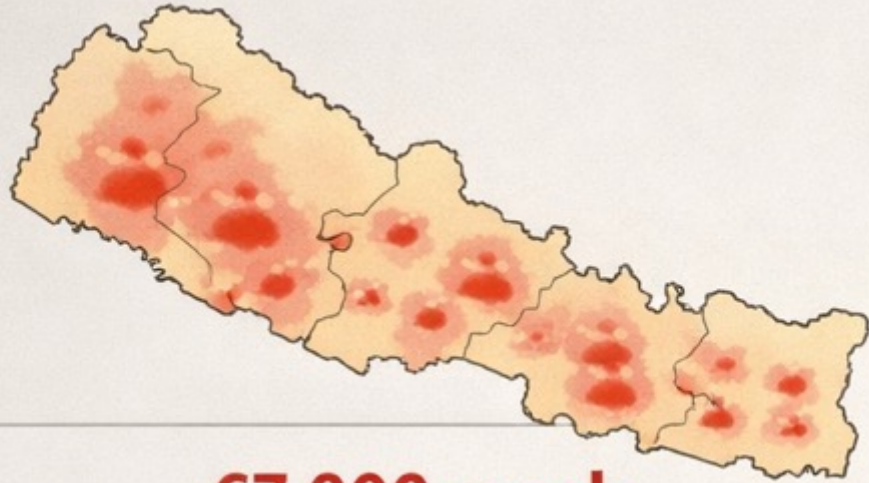
Healthcare providers' perception of tuberculosis-related stigma: Drivers and manifestations within Nepal's cultural context

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Background: Nepal's TB burden and stigma



Every year, **67,000 people** are diagnosed with TB in Nepal.

Only **1 in 2** estimated people with TB access TB care.



- TB stigma remains a **key barrier** to diagnosis and treatment.



- Nepal's unique cultural context complicates stigma.

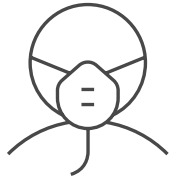


- Fear of community labeling and social exclusion delays care-seeking.



“Understanding stigma is essential to improving TB diagnosis and care access in Nepal.”

Objective



**TB Stigma in
Healthcare**



**Provider Perceptions
of TB Stigma**

Healthcare providers' perceptions
on TB stigma manifestations



**Provider Experiences
of TB Stigma**

Healthcare providers'
personal experiences with
TB stigma



Methodology



Qualitative study using key informant interviews



Six districts



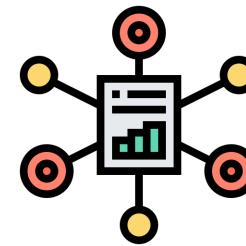
20 TB care providers



Semi-structured interviews;
Written informed consent;
Audio-recorded



Transcribed, translated,
and thematically analysed

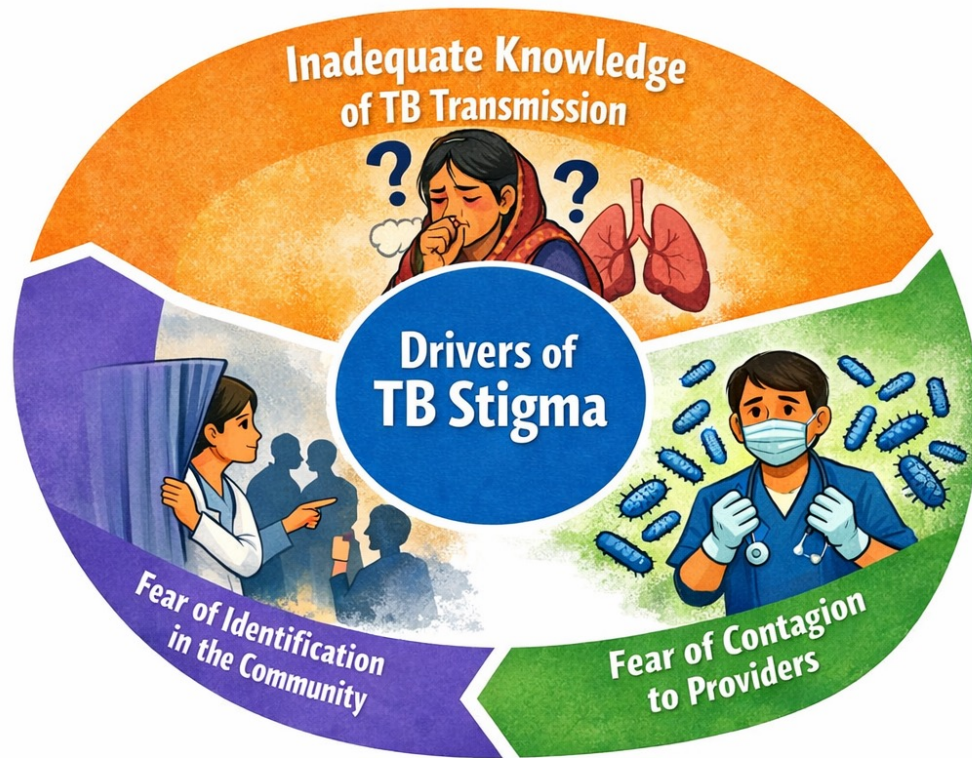


Results mapped using the
Health Stigma and
Discrimination Framework



Results

Theme 1: Inadequate information about TB and the fear of identification are perceived to drive TB stigma



- Transmission through casual contact (handshake or touch)
- Always fatal
- Sins of past life
- Fear of identification in the community
- Fear of TB contagion among providers

“ Because I work closely with TB patients, I feel at high risk of developing TB. Sometimes I question whether I should continue with this job.”

DR DOTS provider, Morang

Theme 2: Perceived and experienced stigma deters TB care-seeking behaviour among people with TB

Labeling



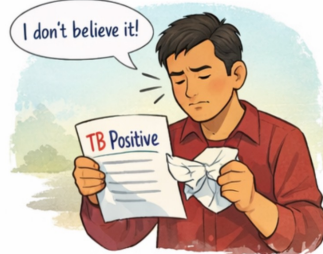
Distancing from person with TB



Non-disclosure of TB status



Lack of acceptance of TB diagnostic results



Refusal for TB tests



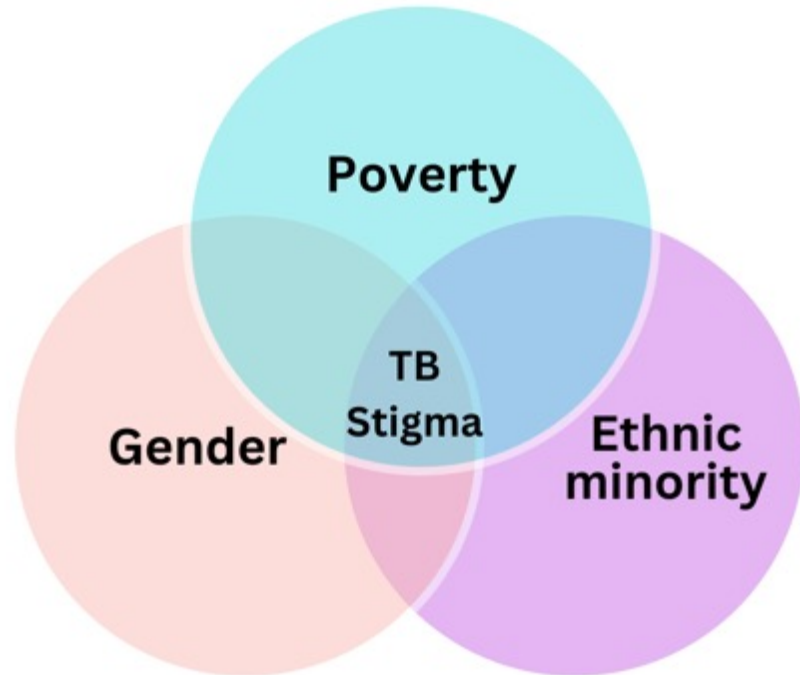
Denial of taking medication



“Even people don’t want to receive the government nutrition incentive of NPR 500 for TB patients from their centers due to fear of identification and discrimination.”

Theme 3: TB stigma intersects with poverty and social identity and influences care-seeking behavior

Intersecting stigma



“I witnessed a female patient being taken to her parents’ home while undergoing treatment. She then changed her identity and sought care under a new name. When I went to her house for TB screening, she did not give me her samples. She got weaker by the time she was diagnosed, and later she passed away.”

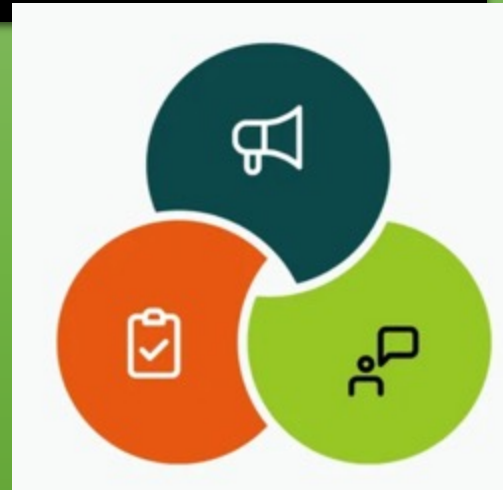
Social Mobilizer, Female, Bardiya

Theme 4: Supportive eco-systems from TB programs and care from families across the care continuum is perceived to facilitate reducing TB stigma

Confidentiality and counseling



Awareness of TB



Family and the community support

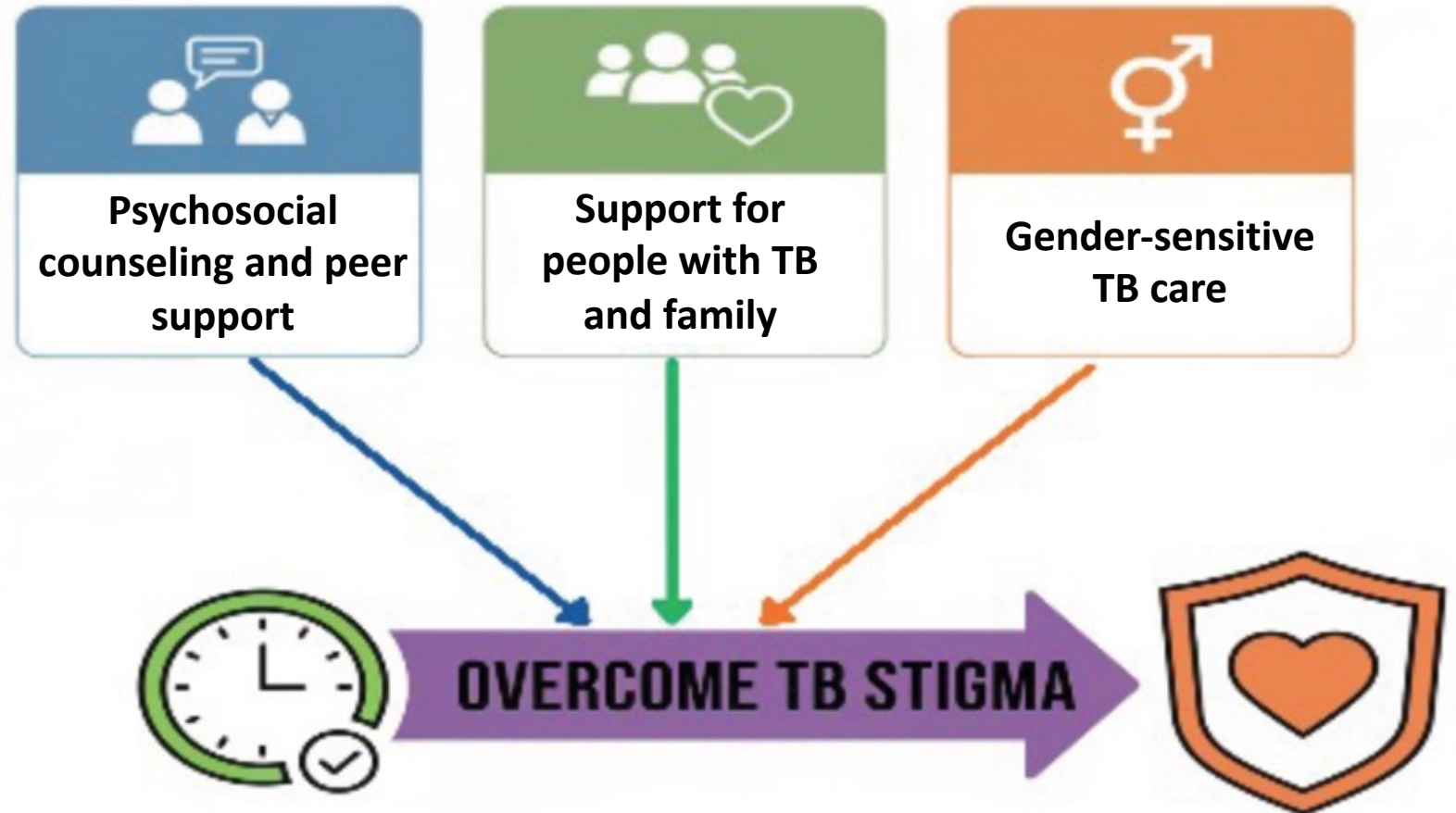


“If health workers’ behavior is good, more than 50% of their disease problems get cured, and patients become satisfied with the treatment they receive.”

Conclusion



TB stigma is driven by and intersected with sociocultural factors among people with TB in Nepal





THANK YOU

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Dr Kritika Dixit is a public health researcher with PhD in public health (TB; Karolinska Institutet). She has over 14 years of experience working with infectious diseases in rural communities in Nepal. She is passionate about developing healthcare models that aim to improve equitable access to healthcare services in rural communities.