

# Beyond the shadows: Understanding and addressing social stigma in tuberculosis care

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## Abstract

Tuberculosis is one of many diseases that have existed since ancient times. Most people who are affected by the disease are those with limited financial resources and are living below the poverty line. The study explored the struggles of TB patients on the issue of social stigma and its effect on their well-being. 5 participants were contacted and interviewed to gain insight on their accounts using Colaizzi's method, a Qualitative-Phenomenological research design that actively sought patients' experiences and made significant interpretation that came up with a theme that generated a strong concept of what their experiences were. By delving into the lived experiences of a particular group, the researcher can uncover the deeply personal and subjective ways in which individuals navigate and make meaning of their world. Results showed the need for comprehensive support systems, education, and awareness initiatives to address the multifaceted challenges faced by individuals diagnosed with TB. The proactive and resilient attitudes of the respondents in managing their condition, advocating for accurate information dissemination, and promoting open communication underscore the importance of combatting stigma and fostering a supportive environment for those affected by tuberculosis. This study calls for continued efforts in education, advocacy, and creating supportive environments to improve patient outcomes and promote inclusivity in TB care. Recommendations were provided for the further progress in the diagnosis and management of patient with tuberculosis.

**Keywords:** stigma, tuberculosis, struggles

## **Beyond the shadows: Understanding and addressing social stigma in tuberculosis care**

### **1. Introduction**

Tuberculosis remains a critical global health issue, especially in developing countries, despite being preventable and curable. According to a 2021 report by the World Health Organization (WHO), approximately 10.6 million people worldwide were afflicted with tuberculosis, impacting all countries and age groups. In the Philippines, the Department of Health (DOH) reported 447,696 tuberculosis cases in 2022, a figure influenced by the COVID-19 pandemic, which restricted access to TB programs and services. The situation worsened in 2023, with the DOH recording a rate of 549 tuberculosis cases per 100,000 population, an increase from 439 cases per 100,000 in 2022. By December 31, 2023, new cases had risen to 612,534, and approximately 10,426 tuberculosis-related deaths were reported, according to data from the Integrated Tuberculosis Information System (ITIS) of the DOH. This underscores tuberculosis as not only a significant health challenge but also a socioeconomic issue, particularly impacting marginalized populations who struggle to afford medical expenses, especially in impoverished urban areas.

Despite being preventable and curable, tuberculosis (TB) significantly impacts those afflicted by the disease, with social stigma being one of the major challenges. According to the World Health Organization (WHO), stigma refers to the negative associations that people or groups face due to certain characteristics linked to a specific disease. In the case of TB, this stigma manifests in various forms such as labeling, stereotyping, discrimination, social exclusion, and a loss of status. Such negative treatment not only affects the individuals with TB but also extends to their caregivers, family, friends, and communities. Stigma can create a harmful environment where those with TB are marginalized and treated as "different" from the so-called "normal" individuals. This social process can lead to feelings of shame and diminished self-worth among TB patients, increasing their psychological and social distress. The repercussions of such stigma can exacerbate the challenges of managing the disease, hinder individuals from seeking timely care, and negatively impact their overall quality of life.

Stigma surrounding tuberculosis (TB) can profoundly undermine social cohesion and contribute to the spread of the disease. The negative impacts of TB-related stigma are well-documented and include: (1) Social Isolation: Stigma can lead to the social isolation of individuals with TB, separating them from their community and support networks. This isolation not only affects their mental well-being but also reduces their social support, which is critical for managing a chronic illness. (2) Delays in Healthcare Seeking: The fear of stigma can discourage individuals from seeking timely medical care. People may avoid medical facilities to escape potential discrimination or judgment, leading to delays in diagnosis and treatment. These delays can exacerbate the disease, making it more difficult to treat and increasing the risk of transmission to others. (3) Poor Treatment Adherence: Stigma can affect patients' willingness to adhere to treatment regimens. The embarrassment or shame associated with their condition might lead them to skip medications or discontinue treatment altogether, which can result in drug resistance and prolong the infection. (4) Hiding the Illness: To avoid stigma, individuals may choose to conceal their illness, which prevents them from accessing necessary healthcare services. This secrecy not only hampers effective treatment but also increases the risk of spreading TB within the community. (5) Discouragement from Healthy Behaviors: Stigma may discourage individuals from adopting and practicing healthy behaviors. The fear of judgment can lead to non-disclosure of symptoms and avoidance of preventive measures, further contributing to the spread of the disease.

Overall, TB-related stigma creates barriers to effective disease management and control, exacerbating health problems and complicating efforts to control outbreaks. Addressing stigma through education, supportive interventions, and policy changes is essential for improving TB outcomes and public health. Most people who are affected by the disease are those with limited financial resources and are living below the poverty line.

Educational background and limited knowledge about the disease are also one of the factors. Indigenous people who are living in geographically isolated and depressed areas in provinces wherein access to medical care is limited and their behavioral, traditional and cultural beliefs pertaining to the disease and its treatment are also one of the challenges in detecting and treating tuberculosis. The national and local government agencies are working hand in hand in achieving the goal to end TB. This study will serve as a reference for nurses and other health care professionals who are working in the TB program of the Department of Health to determine what plans of actions can be effective in achieving a high treatment success rate and avoid defaulters. Providing a patient-centered approach to address different needs in varying situations can provide a new way for nurses to further improve treatment outcomes.

The study has a high relevance to nursing profession because it enables nurses to be more aware of the current needs of patients undergoing TB treatment. Nowadays, stigma about the disease is still present. As a health educator, nurses can help the public understand the facts and myths about the disease, hence, minimizing stigma. This will also provide an in-depth analysis of the effects of stigma in every aspect of life of patients with tuberculosis and digging deeper into what the general public knows. Social stigma is more than just hiding in the shadows, it can have a huge impact on the mental well-being of an individual. Addressing and understanding the issues on the effects of stigma in patients with tuberculosis are one of the significance and possible contributions of conducting this study in the field of research.

**Objectives of the Study** - The study aims to understand and explore the struggles of TB patients on the issue of social stigma and its effect on their well-being.

**Theoretical Framework** - The theoretical framework for understanding the effect of stigma among patients with tuberculosis can be based on Albert Bandura's "Social Cognitive Theory". The social cognitive theory posits that people's behavior is shaped by their personal and environmental factors, as well as their cognition and emotions. In the case of TB, patients' behavior may be influenced by their perception of stigma, which affect their motivation, self-efficacy, and coping strategies. Patients who perceive high levels of stigma may have lower motivation to seek treatment, as they may fear discrimination or rejection from their social networks. They may also have lower self-efficacy, as they may believe that their illness is a personal failing and that they have little control over the outcome. Finally, patients who experience stigma may have maladaptive coping strategies, such as denial or avoidance, which can hinder their recovery. This theoretical framework suggest that stigma can have a significant impact on patients with TB, affecting their motivation, self-efficacy, coping strategies, beliefs, emotions, and behavior. Addressing stigma is therefore crucial in improving TB control and patients' outcomes. Interventions aimed at reducing stigma should focus on raising awareness, promoting social support and inclusion, and empowering patients to take an active role in their treatment and recovery.

Ervin Goffman's "Stigma Theory" will also provide an excellent framework for the study as it focuses specifically on the social dynamics of stigma, exploring how individuals are labeled, stereotyped, and marginalized based on perceived differences. A discredited attribute might be immediately visible, like skin color or body size, or it could be concealed but still damaging if exposed, such as a criminal record or mental health issues like tuberculosis. This stigma affects daily social interactions by complicating them: those with a stigma may be cautious around people who don't share their experience, while those without the stigma might either belittle, overcompensate for, or try to overlook those who are stigmatized. Incorporating Goffman's Stigma Theory and Bandura's Social Cognitive Theory will provide a more comprehensive understanding of TB stigma, integrating insights from both cognitive processes and social interactions. The combine approach can result into a more holistic approach aimed at reducing stigma and improving health-seeking behavior and treatment outcome for TB patients.

## 2. Methods

**Research Design** - This study used a Qualitative - Phenomenological Research design. This approach involved more interpretation and analysis of the underlying meanings and structures inherent in their experiences. It seeks to uncover the deeper meanings and essences of the phenomenon as perceived by the participants. It aims to explore the significance of a specific experience for a group of people and to understand how they perceive and undergo that experience.

**Respondents of the Study** - The study involved 5 patients undergoing tuberculosis (TB) treatment at a TB DOTS facility in Mamburao, Occidental Mindoro. Informed consent was obtained from local barangay communities where the respondents reside. Additionally, each participant received an informed consent form outlining the study's purpose.

**Data Gathering Instrument** - The researcher used interview guide questions in the study. A survey interview was utilized to gather qualitative information on the respondents. The survey interview utilized the following as its guide questions; (1) how are you? How do you feel? (2) Coming from your own understanding/realization, what exactly is tuberculosis for you? (3) From the time before you were diagnosed with tuberculosis, how did you interpret the symptoms that manifested in your current situation? (4) During the time that you were diagnosed, can you tell how the disease would affect your personal well-being as well as your relationship with other people? (5) How did you feel about people staying away from you because of your condition? These were utilized during the actual survey interview. The research instrument in the study was designed to: gather data from the research informants and review all available context, identify and extract significant content from the participants' statements; develop meanings based on the extracted content; group these meanings into thematic categories; integrate these themes into coherent clusters within a rational and systematic framework; provide a fundamental explanation of the phenomena under study; and return to the interviewees to gather additional information and validate the findings in relation to their experiences.

**Data Gathering Procedure** - The researcher received approval from Lyceum of the Philippines University – Batangas and the selected TB DOTS facilities in Mamburao, Occidental Mindoro. A letter of request and a copy of the proposed study were sent to these agencies. After obtaining approval, the researcher prepared an informed consent form for participants before initiating the study. Data collection was carried out through face-to-face interviews, adhering to minimum standard healthcare protocols throughout the process.

**Data Analysis** - The study employed Colaizzi's Phenomenological Method, which involves a seven-step process for data collection, sorting, analysis, and validation. The method begins with recording the lived experiences of the study informants. These meanings are organized into themes, which are integrated into a comprehensive description that forms the framework of the phenomenon under study. In the final validation stage, the results of the analysis are presented to the informants, allowing them to verify whether the findings accurately reflect their actual experiences.

**Ethical Consideration** - The study was reviewed and approved by the Research Ethics Committee of Lyceum of the Philippines University – Batangas and the TB DOTS facility in Mamburao, Occidental Mindoro, to ensure ethical conduct. The study adhered to the policies and procedures of these agencies. Following approval, the researcher obtained informed consent from the participants and ensured the confidentiality of the data provided.

## 3. Results and discussions

### Theme 1: Understanding Tuberculosis: A Deep Dive Journey

This theme discusses the general sense of patient's perspective on what tuberculosis is based from what they know, what they've experienced and the effects that it has caused them. This may vary from patient to patient

based on their own insights and personal experiences.

### **Sub-theme 1.1: A disease that can be cured**

Most of the patient's perspective and insight about the disease is their understanding that tuberculosis can be cured. Almost all of the respondents have responded with this kind of statement, with which one, respondent A, a 38-year-old sales lady living in Barangay Tayamaan, Mamburao said: *"For me tuberculosis is a disease that can be prevented and cured. We just have to be true to ourselves and accept that we have this kind of disease. Some people are hiding this disease"*. Her perception of TB is that it is a treatable and preventable disease that requires honesty and acceptance. Notes the tendency of some individuals to keep their TB diagnosis a secret. Another participant, respondent D, a 45-year-old guest relation officer from Mamburao said: *"Tuberculosis is a disease of the lungs that can be transmitted to others. I know that this disease is now curable"*. The perception of TB to her views TB as a lung disease that can be contagious and now has a cure.

The statements from the respondents are strongly supported by the World Health Organization (WHO), which emphasizes that tuberculosis (TB) is both curable and preventable, according to their key fact article published on November 7, 2023. The WHO notes that approximately a quarter of the global population is estimated to be infected with TB bacteria. Of those infected, about 5–10% will eventually develop symptoms and TB disease. However, individuals who are infected but asymptomatic cannot transmit the disease. TB disease is typically treated with antibiotics, and it can be fatal if left untreated (WHO, 2022).

### **Sub-theme 1.2: Communicable disease that can be easily transmitted**

The second most notable insight of respondents on how they perceive tuberculosis is the notion that it is a communicable disease that can be easily transmitted. As stated by respondent B, a 29-year-old call center agent living in Sablayan, Occidental Mindoro. She said: *"Tuberculosis is a bacterial infection caused by mycobacterium tuberculosis and it primarily affect the lungs. It is a communicable disease that can be transmitted airborne from an infected individual through coughing or sneezing and that one with low immune system will be vulnerable to the disease. It is not transmitted by sharing utensils used by a person with TB disease"*. The same can be said with respondent E, a 37-year-old government employee living in Barangay 7, Mamburao, Occidental Mindoro. He said: *"Tuberculosis is a disease that can be contracted by simple interactions with people and it can be cured by direct observed treatment after 6 months"*. These insights from the respondents revealed their profound understanding about the nature of the disease and how it spreads.

According to the WHO Global Tuberculosis Report 2022, an estimated 10.6 million people fell ill with tuberculosis (TB) in 2021, up from 10.1 million in 2020. Additionally, 1.6 million people died from TB in 2021, including 187,000 individuals living with HIV, compared to 1.5 million deaths in 2020, with 214,000 being HIV-positive. The incidence rate of TB increased by 3.6% in 2021 compared to 2020, reversing the previous trend of nearly 2% annual decreases over the past two decades. The COVID-19 pandemic disrupted crucial TB services, leading to a decline in newly diagnosed TB cases from 7.1 million in 2019 to 5.8 million in 2020—a level not seen since 2012. Although the number of new diagnoses rose to 6.4 million in 2021, it remained below pre-pandemic levels. This decline suggests a rise in undiagnosed and untreated TB cases, which initially contributed to increased community transmission and TB-related deaths, and subsequently to a higher number of new TB cases.

## **Theme 2: Manifestation and Interpretation of Tuberculosis**

This theme is about how the respondents reacted to the disease from the time they were diagnosed and how did they interpret the symptoms manifested on them.

### **Sub-theme 2.1: Disturbance in body image**

This is one of the most significant accounts from the respondents since most of them experienced

significant changes in their physical well-being. As stated by respondent A, a 38-year-old sales lady living in Barangay Tayamaan, Mamburao. She said: *“I have experienced weight loss, easy fatigability, and loss of appetite”*. Similar response can be noted with respondent D, a 45-year-old guest relation officer from Mamburao said: *“At first, I was afraid because I’ve been thinking of my loved ones of contracting the disease. I don’t want them to experience like I did like prolonged cough, difficulty of breathing, loss of appetite and weight loss”*. The symptoms interpretation initially felt fear and worried about infecting loved ones due to symptoms like prolonged cough, difficulty breathing, and weight loss. This result from both respondent A and D to have a low self-esteem due to changes in their body image which became more significant as the disease progresses.

Malnutrition can exacerbate TB and multidrug-resistant (MDR) or rifampicin-resistant (RR) TB, leading to poorer treatment outcomes and increased drug resistance. Addressing malnutrition is crucial for controlling TB spread and improving treatment effectiveness. The relationship between TB and malnutrition is bi-directional: malnutrition increases the risk of acquiring TB, while TB-related malnutrition can impair treatment efficacy and worsen outcomes. Therefore, routine screening for malnutrition using validated tools is essential for all TB patients. Nutritional interventions, including increased calorie and protein intake, are necessary for patients at risk of or suffering from malnutrition to improve their nutritional status and support TB treatment. Nutrition is a vital component of public health strategies for TB and non-communicable diseases (NCDs) and should be widely integrated into health systems.

### **Theme 3: Personal Well-being and Relationship with Others**

This theme focuses on stigma and social isolation which is a critical part in managing TB patients’ condition not only on the physical aspect but more importantly on emotional and mental aspect.

#### **Sub-theme 3.1: Social anxiety and isolation**

One of the main challenges in managing tuberculosis is addressing patients mental and emotional needs. According to the World Health Organization (WHO), mental health is defined as a state of well-being in which individuals can effectively handle life’s stresses, recognize their own abilities, learn and work productively, and contribute to their community. It holds both intrinsic and instrumental value and is essential to overall well-being. Various individual, familial, community, and structural factors can either support or jeopardize mental health. While many people demonstrate resilience, those exposed to adverse conditions such as poverty, violence, disability, and inequality are at an increased risk of developing mental health issues. As stated by respondent B, a 29-year-old call center agent living in Sablayan, Occidental Mindoro. She said: *“It is very difficult to have TB because people tend to judge you due to weight loss that even if you don’t speak you were already stigmatized. Social interactions were limited by the presence of the disease”*. This impact on well-being of respondent B was very evident due to lack of awareness of the public. Respondent A has same sentiments with respondent B as she stated: *“At first, I was ashamed and avoided by others”*. A more positive response was provided by respondent C, a 32-year-old office job order employee living in Balansay, Mamburao, Occidental Mindoro. He said: *“initially, I was ashamed and tend to isolate from others but after I started my medications 2 weeks after, it was okay with my co-workers.”* This statement from respondent C has shown that his co-workers are more aware of the nature of tuberculosis and have sufficient knowledge about the disease, thus decreasing stigma and social isolation.

Chen et. al.,(2021) on tuberculosis-related stigma and its determinants found that anxiety was positively correlated with TB-related stigma. Patients who perceived stigma associated with TB exhibited significantly higher levels of anxiety. Additionally, stigma notably contributed to anxiety levels in individuals living with HIV. Experiencing TB-related stigma often leads to a negative self-image and increased isolation, which can heighten susceptibility to anxiety disorders. Stigma also diminishes self-esteem and quality of life, impedes the disclosure of symptoms, and undermines TB screening efforts both at home and in the workplace. It prompts patients to avoid social interactions and isolate themselves due to negative social attitudes and behaviors, affecting their mental and physical health. Studies indicate that patients with stigma are 11 times more likely to experience depression, with those facing high levels of stigma more likely to suffer from severe depression compared to

those without stigma. Therefore, it is crucial to develop effective interventions to reduce stigma through research into the factors associated with stigma in TB patients.

### **Sub-theme 3.2: Fear of spreading the disease**

Respondents classified under this category tends to not look after their condition and instead, worry about spreading the disease to their loved one and/or co-workers and friends. A statement from respondent B, a 29-year-old female, who said: *“It is very difficult to have TB because people tend to judge you due to weight loss that even if you don’t speak you were already stigmatized. At first, you will think that you may have spread the disease to others. Social interactions were limited by the presence of the disease”*. Another statement from respondent D, a 45-year-old female, who said: *“I was worried for my loved ones and household contacts because they might contract the disease from me and I don’t want them to suffer the way I did. My activities of daily living were greatly affected because I needed enough rest and doubled my precautionary measures for me and my household contacts”*. These impact on well-being worried about family members contracting TB and the impact on daily activities due to the need for rest and extra caution. In her stigma experience, she understands people distancing themselves for safety reasons and adjusts by separating eating utensils and wearing a mask.

Stigma and discrimination have a dual impact on tuberculosis (TB) control efforts. Self-discrimination among TB patients often stems from fears of transmitting the disease, as well as the desire to avoid gossip and potential discrimination. Public discrimination is driven by fears of infection, perceived associations between TB and factors like poverty or low caste, beliefs that TB is linked to disreputable behavior, and views that TB might be a form of divine punishment. These concerns about stigma and discrimination complicate patients' ability to adhere to care, as their fear of being identified as having or having had TB discourages them from accessing services regularly. This reluctance can lead to worsening symptoms and increased disease transmission.

## **Theme 4: Frustration, Depression and Discrimination**

This theme discusses how tuberculosis significantly affect their mental and social relationship with others. Most people neglect their mental health needs due to societal norms thus not addressing one of the important aspects in treatment and support on patients with tuberculosis.

### **Sub-theme 4.1: Gloomy Skies: Sadness and Frustration**

All of the respondents experienced frustration and sadness about their condition. Some underwent on a state of fear and denial while others were in shame. A statement from respondent A, a 38-year-old female, said: *“I was feeling sad when people tend to avoid me because of my condition especially my loved ones due to my fear that they might contract the disease”*. Another statement from respondent B, a 29-year-old female, said: *“It really hurts when people avoid you because of tuberculosis even though this can be prevented by using face mask. If one should cough or sneeze while covering their mouth and nose, the disease cannot be transferred to others”*. The impact on well-being expresses the challenges of being judged and limited in social interactions due to the visible symptoms of TB. She feels hurt and isolated by people avoiding her because of her condition.

To manage these challenges, TB patients use various cognitive and behavioral coping strategies. Coping involves psychological adaptation to stress and significant life events. The study suggests that psychological disorders such as stress, depression, and anxiety among TB patients often result from maladaptive coping mechanisms, adversely affecting their physical health. The chronic nature of TB and its prolonged treatment can disrupt mental health at any stage—whether during diagnosis, treatment, or after recovery. Screening for mental health issues in patients with chronic infectious diseases like TB is crucial for identifying those in need of further psychosocial evaluation, support, and treatment. This, in turn, can enhance clinical responses to anti-TB treatment. Effective management of psychiatric conditions should be incorporated into the education of primary healthcare doctors and Directly Observed Treatment Short-course (DOTS) providers. This approach can directly or indirectly improve treatment adherence, illness perception, and patient coping skills. Healthcare providers

should be vigilant for mental health problems in TB patients and ensure that patients are informed about potential mental health challenges and non-pharmacological management strategies, which are often overlooked.

#### **Sub-theme 4.2: Unfair societal treatment**

Majority of the respondents experienced unfair treatment and discrimination due to their condition despite of all the information campaign by the government regarding TB program. Respondent A, a 38-year-old female, said: *“I was feeling sad when people tend to avoid me because of my condition especially my loved ones due to my fear that they might contract the disease”*. Same response was observed from respondent D, a 45-year-old female, said: *“I understand them because if I were in their situation I might avoid them thinking for my own safety. But the doctor explained to me that after 2 weeks of continuous treatment, my capacity to spread the disease will be lessened. But still, I can't help but feel discriminated despite of the doctor's advice”*. Both respondents exhibited same feeling when it comes to stigma and discrimination about their condition.

#### **Theme 5: Silver Lining**

This theme discusses about resilience and hope in overcoming fear, discrimination and stigma about tuberculosis. Various advocacy campaigns were launched by the government to combat social stigma about tuberculosis. This is notable since most information provided by the respondents shows a silver lining in addressing stigma on the disease.

##### **Sub-theme 5.1: Self-care**

Most of the respondents agreed that self-care is one of the important factors in contracting tuberculosis thus avoiding social isolation and stigma. Respondent A, a 38-year-old female, said: *“For me, absolute self-care is important. Refrain from coughing directly to others and spit in proper places”*. Another insight from respondent C, a 32-year-old male, said: *“For me, if one is feeling any symptoms of TB, it is better to consult a health care provider immediately to avoid worrying”*. This emphasizes that self-care is an important aspect in addressing any health issues like tuberculosis in order to avoid excessive worrying and overthinking of the unknown.

##### **Sub-theme 5.2: Health education and awareness**

Most of the respondents mentioned that health education and awareness are one of the key factors in reducing and eliminating stigma among patients with tuberculosis. A notable insight from respondent B, a 29-year-old female, said: *“Education and awareness is what the public needs. With proper information dissemination, people will be more aware about the nature of the disease and know the ways on how to prevent and seek early consultation, thus eliminating discrimination and stigma”*. Same insight from respondent D, a 45-year-old female, said: *“Proper and correct information dissemination on how to prevent TB, early symptoms and proper medication should be implemented so that people's awareness will be enhanced and eliminate discrimination”*. These insights from the respondents have shown great findings in eliminating stigma and increasing health-seeking behavior of the public about tuberculosis.

This is strongly supported by the WHO Global Tuberculosis Report 2022, which emphasizes that global leadership in ending TB involves developing strategies, engaging politically and multi-sectorally, and enhancing review and accountability through advocacy and partnerships. Implementing these strategies at the local level is crucial for not only combating TB stigma but also eliminating the disease itself. Increased awareness and health education are key components in this fight, as they play a critical role in both reducing stigma and improving overall TB control efforts.

#### 4. Conclusion and recommendations

The detailed research findings and discussions shed light on the complex and multifaceted challenges faced by individuals affected by tuberculosis (TB) in the Philippines. The responses from the respondents underscore the emotional toll of TB diagnosis, the impact on personal relationships, and the pervasive stigma and discrimination associated with the disease. Key themes that emerged from the responses include the perception of TB as a treatable and preventable disease, the fear and shame experienced upon diagnosis, concerns about infecting loved ones, and the challenges of managing daily activities while dealing with the physical and emotional effects of TB. Stigma and discrimination were prevalent, leading to feelings of isolation and frustration among the respondents. The coping mechanisms and recommendations provided by the respondents highlight the importance of self-care practices, health education initiatives, and early consultation with healthcare providers to combat stigma and promote understanding within communities. Family support and government-led advocacy campaigns were identified as crucial factors in addressing the social stigma associated with TB and improving outcomes for individuals living with the disease. The research emphasizes the need for comprehensive support systems, education, and awareness initiatives to address the multifaceted challenges faced by individuals diagnosed with TB. The proactive and resilient attitudes of the respondents in managing their condition, advocating for accurate information dissemination, and promoting open communication underscore the importance of combatting stigma and fostering a supportive environment for those affected by tuberculosis. This study calls for continued efforts in education, advocacy, and creating supportive environments to improve patient outcomes and promote inclusivity in TB care.

By implementing these recommendations, stakeholders can foster a more supportive, inclusive, and stigma-free environment for individuals affected by TB in Occidental Mindoro. Collaborative efforts from various sectors, including healthcare, community organizations, and policymakers, are essential in addressing TB-related stigma and improving the overall well-being and treatment outcomes of individuals living with the disease. (1) Enhanced Education and Awareness Programs: Develop and implement comprehensive educational campaigns to increase awareness about TB, its symptoms, treatment options, and the impact of stigma. These initiatives should focus on dispelling myths, reducing misconceptions, and promoting empathy and understanding towards individuals affected by TB. (2) Community Support and Empowerment: Establish support systems and community networks that provide emotional support, guidance, and resources for individuals facing TB-related stigma. Encourage the establishment of safe spaces where individuals can openly share their experiences, seek assistance, and receive support and encouragement. (3) Mental Health and Well-being Services: Ensure access to mental health services and resources for individuals affected by TB stigma. Provide counseling, therapy, and support groups to address the emotional toll of stigma, promote self-care, and enhance mental well-being. (4) Policy Advocacy and Implementation: Advocate for policies that safeguard the rights and dignity of individuals with TB, including anti-discrimination laws and regulations. Collaborate with policymakers, healthcare providers, and community leaders to ensure the effective implementation of stigma-reducing measures and support systems. (5) Training for Healthcare Professionals: Provide comprehensive training for healthcare professionals to enhance their understanding of TB-related stigma, improve patient communication, and foster a more compassionate and effective approach to care. This training should cover stigma reduction, empathetic patient interactions, and culturally sensitive practices to ensure that healthcare providers can offer the best support and treatment for individuals affected by TB. (6) Peer Support Networks: Establish peer support networks where individuals with lived experiences of TB stigma can connect, share their knowledge, and provide mutual support. These networks can empower individuals, alleviate feelings of isolation, and cultivate a sense of community among those affected by stigma. (7) Research and Evaluation: Conduct further research to continually assess the impact of stigma on individuals with TB and evaluate the effectiveness of interventions. Use research findings to inform evidence-based practices, policy recommendations, and program improvements in addressing TB-related stigma.

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