



ANNUAL NATIONAL COMMUNICABLE AND NON-COMMUNICABLE DISEASES (NACNDC) AND 19TH JOINT SCIENTIFIC HEALTH (JASH)

CONFERENCE 2025



Stigma's dual shadow: TB-HIV misconceptions affect patients and health workers in West Nile, Uganda.

Authors: [Louis Ocen¹](#), [Solome Najjingo¹](#), [Henry Suubi¹](#)

Affiliation: ¹Uganda Catholic Medical Bureau

Email: locen@ucmb.co.ug/louisocen@gmail.com

LinkedIn: <http://linkedin.com/in/louis-ocen68813612a>

Introduction

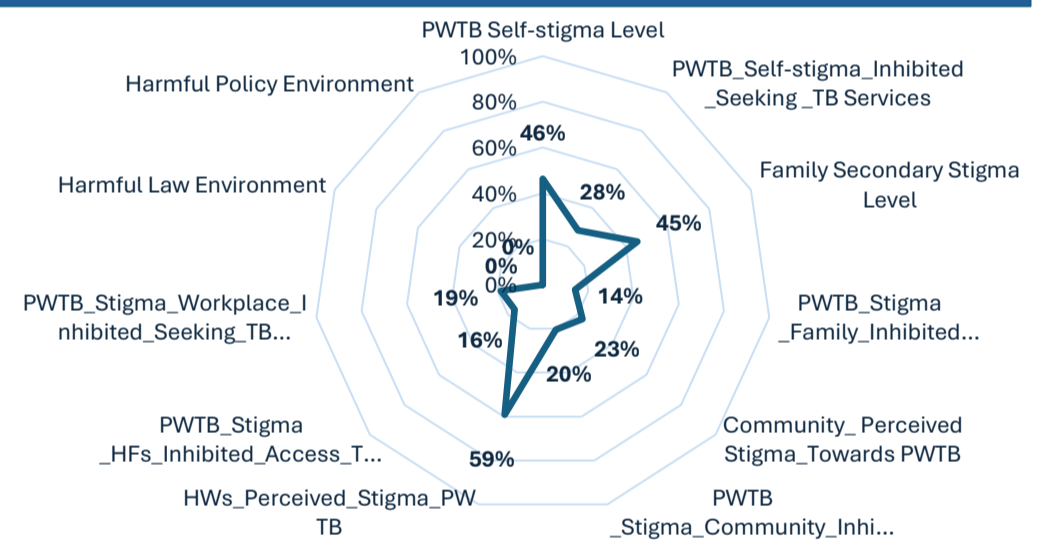
- West Nile, Uganda, bears a high TB burden compared to the national average.
- To compound this, TB-HIV stigma persists, affecting both patients and health workers (HCWs).
- We explored the magnitude and effects of TB stigma in Zombo district to guide interventions.

Methods

- We conducted a cross-sectional survey of 275 people with or who had TB (PWTB) (177 pulmonary TB, 89 unknown type) and 47 HCWs in Zombo district.
- Using STP TB stigma tool with scale (0–4: strongly disagree to strongly agree). PWTB item A7 ("I am afraid to tell others I have TB because they may think I also have HIV/AIDS") and HCW items (e.g., A1: "nervous about treating TB patients") were analyzed for prevalence, mean and scores using Stata v14.2.

Results

- Among PWTB, **42.5%** (117/275) feared disclosing TB due to perceived HIV/AIDS stigma (mean 0.34, SD 0.81), exceeding clinic avoidance (16.7%) and family disclosure fears (25.5%). Only 7.6% were HIV-positive, indicating TB stigma's independence.
- Self-stigma averaged **25.1**; 36.4% scored high. Men (45.3%) and ages 25–44 (44.7%) showed the highest agreement (p=0.14) with low care inhibition (9.1%) as a result of stigma.



- Among HCWs, **76.6%** (36/47) felt nervous treating TB patients (mean 0.77), with 48.9% facing stigma, especially in clinics (36.2%). Nurses (52.9%) reported higher stigma than doctors (35.7%).

Conclusion

- Stigma linking tuberculosis to HIV/AIDS drives patient fears, prioritizing secrecy over openness, yet not deterring care.
- Healthcare workers, especially nurses, who are a critical cadre in TB management, face stigma that erodes confidence in TB care.
- Tailored educational initiatives and specialized training must address misconceptions to promote stigma-free, confident care in high-burden settings.

