

SUMMARY
OF OPERATIONAL STUDY FINDINGS
"Exploring the degree of stigma and discrimination in the workplace and in the employment process against people treated/cured of TB"



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The operational study *Exploring the degree of stigma and discrimination in the workplace and in the employment process against people treated/cured of TB* (hereinafter - the study) was conducted in the framework of the *Protecting Labor Rights, Reducing Stigma, and Ensuring Access to Social Services for People with TB in Ukraine* Project (Grant Agreement No. 1541 of 17.11.2023) (STBP/CRG/GSA/2023-210) between ICF Alliance for Public Health and the Stop TB Partnership with funding from UNOPS) and pursuant to Agreement No. StopTB of 21.03.2024 on organizing and conducting the study between ICF Alliance for Public Health and NGO *Ukrainian Center for Social Forecasting* and in cooperation with *CO TB PEOPLE OF UKRAINE*.

INTRODUCTION. Fighting tuberculosis (TB) in Ukraine is one of priority areas of the public policy in the field of healthcare and social development and a subject of international commitments. In 2014 Ukraine was for the first time among the five countries with the highest burden of MDR-TB. Particularly threatening is untimely seeking for medical care, late detection of TB and HIV/TB co-infection, which leads to high TB mortality rates and is a result of the lack of an integrated approach to combining prevention and treatment programs at the national and regional levels as a single effective response system.¹ Therefore, in recent years, lots of important steps have been undertaken at the governmental level to eradicate TB: modern methods of diagnosis and treatment are being introduced, including innovative shortened treatment regimens, outpatient medical support for people undergoing treatment for TB (PWTBs) is provided, best practices of the person-centered approach and targeted social support for PWTBs are being disseminated; the standards of medical care for TB have been updated²; national health care standards for tuberculosis³ are currently in line with WHO recommendations; the 2024-2026 Strategy for Development of the TB Medical Care System was adopted, and an operational action plan for its implementation was adopted⁴. These changes are aimed at improving the quality of life of PWTBs and their inner circle expanding opportunities for PWTBs to develop in the society, find jobs, and be employed.

The general population - including employers and coworkers of PWTBs - are mostly prejudiced against the opportunities for PWTBs to be in the workforce. The known cases of stigma and discrimination against PWTBs are mainly due to lack of understanding or of accurate information about TB, as well as prevalence of myths about its hazard to others.

The right of PWTBs to work is one of important components for protecting human rights and interests. Its violation significantly reduces the level of material well-being of the family with a person who is undergoing treatment/cured of TB (PWTB). This is one of the reasons why people with TB symptoms delay visiting health care facilities or stop their treatment. The urgency of this issue is noted in the Strategy for Comprehensive Response to Human Rights Barriers to access to HIV and TB Prevention and Treatment Services for the period until 2030⁵, which contains the relevant area of work.

In view of the above and in the context of the current humanitarian crisis caused, in particular, by the full-scale invasion by Russia and the hostilities in the territory of Ukraine, conducting an operational study and identifying problems to determine the level and causes of stigma and discrimination against PWTBs at the workplace and in the employment processes - followed by

¹ URL: <https://phc.org.ua/kontrol-zakhvoryuvan/tuberkuloz>

² National Response of HIV, TB, HCV, and OST Programs to Russia's Large-Scale Invasion, Center for Public Health, 2022. – URL: https://phc.org.ua/sites/default/files/users/user92/Report_final.ukr_compressed.pdf (Accessed on 06.04.2024)

³ Order of the MoH of Ukraine of 19.01.2023 No. 102. – URL: https://www.dec.gov.ua/wp-content/uploads/2023/01/43242-dn_102_19012023.pdf

⁴ URL: https://www.kmu.gov.ua/npas/pro-skhvalennia-stratehii-rozvytku-systemy-protytuberkuloznoi-medychnoi-dopomohy-s72620824?fbclid=IwY2xjawEe9c5leHRuA2FlbQIxMQABHTLxTAz4u2P5y89Amo2FYdNW5bZfLO-V8IMoLeh30ThJFj5t6oW3VKxWsg_aem_bdRWrrRXqds7uKKdiPaltq&sfnsn=mo

⁵ URL:

https://phc.org.ua/sites/default/files/users/user90/Strateghija_z_kompleksnoji_vidpovidi_na_barjery_z_prav_ljudyny_dlja_dostupu_do_poslugh_z_profilyaktyky_i_likuvannja_VIL-infekciji_ta_TB_do_2030_roku.pdf

recommendations for remediation - can be a significant contribution to TB response in Ukraine and can be used by national partners for further implementation at the regional and international levels.

METHODOLOGICAL PRINCIPLES. This study is based on standards and recommendations of the State Institution Public Health Center of the MoH of Ukraine (PHC), the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GF), the World Health Organization (WHO) on conducting research, and other approaches. The approaches to the study take into account the regulatory framework and the content of documents developed to respond to the TB epidemic in Ukraine.

Goals of the study:

- To identify the most common manifestations of stigma and discrimination in the field of job seeking and employment against PWTBs and their association with late detection or TB treatment discontinuation.
- To analyze causes of stigma, self-stigmatization, and discrimination in the field of job seeking and employment against PWTBs.
- To identify compliance/inconsistency of current regulatory restrictions with the current understanding of TB pathogen infectivity.

The defined goals were achieved by fulfilling the following **study objectives:**

- Identifying the most common manifestations of stigma and discrimination in the field of job seeking and employment against PWTBs and their association with late detection or TB treatment discontinuation;
- Identifying causes of cases of stigma, self-stigmatization, and discrimination against PWTBs in job seeking and employment;
- Analyzing compliance and inconsistency of current regulatory restrictions with the current understanding of TB pathogen infectivity;
- Developing recommendations for all stakeholders involved to overcome stigma and discrimination against PWTBs in job seeking and employment.

Research methods: *quantitative* (baseline survey (questionnaire) of PWTBs and semi-structured interviews with employers; and *qualitative* (focus group discussions (FGDs) with employers, TAC chairs/representatives, and paralegals, as well as in-depth interviews (IDIs) with PWTBs).

Geographical scope of the study: Volyn, Dnipropetrovsk, Zaporizhzhia, Ivano-Frankivsk, Mykolaiv, Odesa, Poltava, Rivne, and Chernihiv regions.

Target groups of the study:

- *People undergoing treatment/cured of tuberculosis* (PWTB);
- *Employers* (or persons who, in accordance with their functional responsibilities, are directly responsible for search/selection or hiring of employees).

The total number of people involved to participate in the study: 301 respondents from among PWTBs - to participate in the baseline survey, of which 40 were participants of IDIs; 12 employers participated in FGDs and 15 - in semi-structured interviews; 11 leaders/representatives of TB TACs and 10 paralegals participated in 2 additional FGDs⁶.

Collection, storage, and analysis of empirical data of the operational study was based on compliance with **ethical standards and protection of participants' rights** to voluntariness, anonymity, and confidentiality.

⁶ Public society activists and community representatives, who do not necessarily have a degree in law, but all of them have undergone special training on legal issues, acquired the necessary skills and knowledge, and have experience in providing legal aid to PWTBs.

I. Socio-demographic characteristics of respondents of the study

1.1. Socio-demographic characteristics of participants of the baseline survey - PWTBs

The baseline survey involved 301 respondents from the regions of Ukraine defined by the geographical scope of the study: Volynska (n⁷=35), Dnipropetrovska (n=32), Zaporizka (n=32), Ivano-Frankivska (n=26), Mykolaiivska (n=38), Odeska (n=38), Poltavvska (n=32), Rivnenska (n=32), Chernihivska (n=36).

The vast majority of respondents are men (n=219; 72.8% vs. 82 (27.2%) women).

In terms of age, the most numerous categories are "35-44 years old" (n=119; 39.5%), "45-54 years old" - 94 (31.2%) LTBI, and the group of "55 years and older" includes 35 (11.6%) people. The majority of PWTBs (n=248; 82.3%) are middle-aged and senior people. While the groups "25-34 years old" is 49 (16.3%), and "18-24 years old" - 4 (1.3%) people, respectively.

When defining the social category (respondents could provide multiple answers), the most numerous category is "I have or had TB" - 259 (or 42.0% of the answers to this question (n=617)). Here we can observe reluctance of a certain proportion of PWTB participants (n=42) to mention their TB diagnosis, although inclusion of respondents into the study sample was determined by the presence of the TB diagnosis.

125 (20.3%) respondents also identify themselves as "Smokers". The category "Low-income person" includes 116 (18.8%) PWTBs. Other social categories gained less than 5%.

Regarding their marital status, 109 (36.2%) respondents indicated that they have an "official spouse (official marriage)"; 62 (20.6%) - a "civil partnership spouse (partner)"; 89 (29.6%) - "single"; 31 (10.3%) - "divorced". Thus, majority of the respondents are officially married. At the same time, 96 (31.9%) live with their family (with the spouse or with the spouse and a child); 82 (27.2%) live alone; 42 (14.0%) live with their partner, and 43 (14.3%) live with relatives.

The majority of respondents have "secondary or secondary vocational education" (n=212; 70.4%), 40 (13.3%) have "incomplete secondary education", and only 38 (12.6%) have "higher education".

According to the data, more than half of the respondents are currently "undergoing a full course of TB treatment for the first time" (n=164; 54.5%); about a third (n=86; 28.6%) - "have already been completely cured of TB"; 49 (16.3%) - "are undergoing a repeated course of TB treatment"; and 2 (0.7%) interrupted their TB treatment.

The vast majority of respondents do not have official employment (n=206; 68.4%); only one third of the study participants from among PWTBs are officially employed (n=89; 29.6%); and 6 (2.0%) have part-time official employment.

For more details, see Table 1.1.1.

Socio-demographic characteristics of respondents from among PWTBs participating in IDIs (n=40) are not covered in the report, as all of them previously participated in the baseline survey⁸.

⁷ N is an absolute number.

⁸ Data for IDI participants were included in the general data set described above.

1.2. Socio-demographic characteristics of respondents from among employers

The study included semi-structured interviews with 15 employers from 9 regions of the study, including 7 men and 8 women. The respondents were mostly 35 to 54 years old: 8 people were from the 45-54 age group, and 4 people were from the 35-44 age group.

By type of employment, the study participants are employees or managers of limited liability companies (n=5), state-owned or municipally owned facilities/institutions, individual entrepreneurs, representatives of charitable organizations/foundations (3 each), and an NGO (n=1). The survey respondents work in the following sectors: social and humanitarian (n=3), healthcare, trade, agriculture and repair and construction (2 each), commercial, educational, charitable, law enforcement, and services (1 each).

When recruiting FGD participants from among employers, the principle of *regional, sectoral, and activity-based* sampling was also observed.

The additional 2 FGDs were attended by 11 heads/representatives of TACs and 10 paralegals.

II Examination and treatment of PWTB respondents in the study

2.1. Adherence with regular TB examinations

The majority of respondents undergo regular TB examinations (78.1%), 13.9% come whenever they can, and 2.3% (n=7) do not undergo regular TB examinations for various reasons, 5.6% do not undergo TB examinations anymore because "I am already cured".

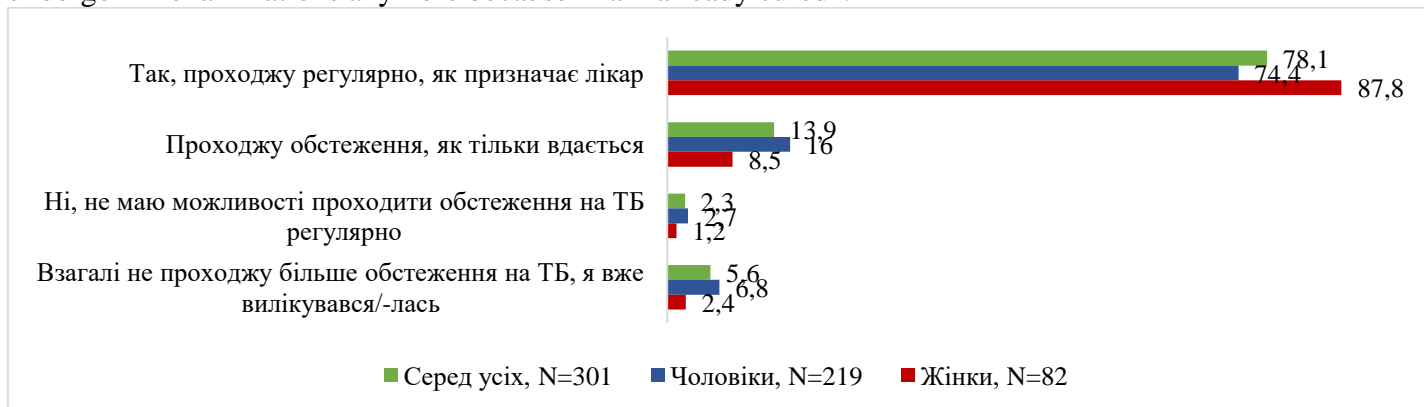


Fig. 2.1.1. Breakdown of answers to the question "Do you regularly undergo TB examinations?", %, by gender

Among the reasons for not undergoing examinations there are the following: fear of going out because they have not updated their drafting data (n=2); difficulties getting to doctors due to lack of money or inability to travel (n=4); alcohol abuse (n=1); martial law; lack of time. More than half of the respondents said that there were no barriers for timely TB examinations (52.2%). Women reported absence of any barriers for timely TB examinations more often than men (63.4% vs. 47.9%).

Among the factors preventing respondents from undergoing timely TB examinations they indicated the following: "did not consider it necessary to undergo TB examinations" (17.3%) and "poor transportation" (9.5%). Less frequently they mentioned the fear of disclosure of examination results, not knowing who to turn to, lack of money for the examinations, unwillingness to undergo TB examination, long lines in the clinics, and lack of time for the examination because they worked a lot.

As for their inability to undergo regular examinations due to the war, 3.3% of respondents (n=10) reported this. And these are mostly men (4.1% vs. 1.2% of women) and respondents aged 25-34 (4.1%) and 35-44 (5.0%), which is likely due to the fact that these are people of conscription age who avoid being drafted. The factors that prevent people from undergoing regular examinations due to the war are the following: drafting, MDCs and checkpoints (n=5), shelling, air raid alerts due to them (n=2), being in a military unit, at the front line (n=1).

Respondents participating in the *IDIs* mentioned the following reasons: "fear that others will find out", "I moved to another safer region", "undue attitude of doctors", etc.

2.2. Delayed examinations and interruption of TB treatment due to the risk of losing a job

Fears of losing their jobs were the reason for 25.2% of respondents to delay TB examinations, while 74.8% did not have such fears. Almost every second respondent was tested for TB late (46.1%);

30.3% tried self-treatment at home for some time. Also, due to fears of losing their jobs, 13.2% of respondents were late in getting tested as prescribed by their doctors, and 9.2% were tested but unable to get their test results in time.

Among those who had personal fears of losing their job as a reason (risk) for untimely TB examination (n=76), 15.8% of respondents said they had also interrupted TB treatment (more among women and among respondents aged 25-34). Almost half of those who interrupted treatment did so because they "felt better as a result of the treatment, so they went back to work."

III. Self-stigmatization and manifestations of stigma and discrimination against PWTBs

3.1. Self-stigmatization of PWTBs

The most common forms (manifestations) of self-stigmatization that respondents have encountered are presented in Table 3.1.1 below.

Table 3.1.1. Forms (manifestations) of self-stigmatization that respondents face most often, by gender and age

Respondents' answers	Among all, N=301		By gender		By age				
	Number of responses	%*	Men, N=219	Women, N=82	18-24 y.o., N=4	25-34 y.o., N=49	35-44 y.o., N=119	45-54 y.o., N=94	55 y.o. and older, N=35
Trying to hide the disease from friends/neighbors/family	178	59.1	56.2	67.1	75.0	61.2	63.0	53.2	57.1
Fear that colleagues at work will find out about the TB diagnosis	112	37.2	35.2	42.7	25.0	38.8	40.3	35.1	31.4
Fear of telling their family that they have TB	100	33.2	32.0	36.6	50.0	38.8	31.9	31.9	31.4
Feelings of loneliness and helplessness	81	26.9	23.3	36.6	25.0	26.5	31.1	23.4	22.9
Denying their disease status when with people	58	19.3	21.0	14.6	25.0	20.4	21.0	18.1	14.3
Friends leave them (PWTBs) when they find out that the person has TB	29	9.6	9.6	9.8	25.0	6.1	10.1	11.7	5.7
Fear of going to the TB clinic for treatment because of the risk to be seen there by others	27	9.0	8.2	11.0	25.0	6.1	11.8	6.4	8.6
Fear of disclosing that they have TB because others may think they are also living with HIV	26	8.6	8.7	8.5	25.0	8.2	8.4	11.7	0.0
Fear of seeking help at health care facilities due to poor attitudes of doctors towards people with TB	16	5.3	4.1	8.5	25.0	2.0	6.7	4.3	5.7
None of the above, nothing at all	25	8.3	9.6	4.9	0.0	6.1	5.9	10.6	14.3
Hard to say, I do not know	2	0.7	0.9	0.0	0.0	2.0	0.8	0.0	0.0

* the sum of the answers does not equal 100% because respondent could choose multiple answers

In their *in-depth interviews* (IDIs), respondents from among the TB population both confirmed presence of self-stigmatization and said that "they did not feel any self-stigmatization, because everyone may get sick", "anyone may encounter that", etc. (in almost every one out of 8 IDIs). 7 respondents confirmed that the most common step among PWTBs is trying to hide the disease from their friends/neighbors/family. It is also noted that in addition to fears of disclosure of the TB diagnosis, additional manifestations of self-stigmatization arise against the background of their fears of infecting the inner circle.

Employers participating in IDIs indicated that self-stigmatization and "fear of stigma" is one of the problems that complicate relationships of PWTBs with others: "TB patients are ashamed to disclose their diagnosis, they feel that their colleagues are prejudiced against them" (n=3); and the key manifestation of self-stigma among PWTBs is the fear of losing their job due to TB.

3.2. Manifestations of stigma and discrimination against PWTBs

More than half of the interviewed PWTBs have never experienced stigma or discrimination against them (57.8%). Men mentioned this more often than women (61.2% vs. 48.8%). Similarly, respondents aged 55 and older (80.0%) were more likely to have experienced stigma and discrimination than those aged 25-34 (51.0%) and 35-44 (49.6%).

One in six respondents has had personal experience of stigma and discrimination from neighbors (16.3%) and at work (14.6%); one in five has experienced stigma and discrimination everywhere because of TB (10.6%) and at health care facilities (7.6%); 5.3% of respondents have experienced it at home (in the family, from relatives). They also reported isolated cases of stigma and discrimination in places of detention, from MDC representatives, and from strangers.

There were no significant differences in the age of the respondents with regard to stigma and discrimination, except that respondents aged 25-34 and 35-44 were somewhat more likely to have personal experience of stigmatization from neighbors and at work (for more details see Table 3.2.1).

Таблица 3.2.1. Personal experience of stigma and discrimination due to TB diagnosis, by age and gender

Respondents' answers	Among all, N=301		By gender		By age				
	Number of responses*	%	Men, N=219	Women, N=82	18-24 y.o., N=4	25-34 y.o., N=49	35-44 y.o., N=119	45-54 y.o., N=94	55 y.o. and older, N=35
I have never experienced stigma or discrimination towards myself	174	57.8	61.2	48.8	0.0	51.0	49.6	66.0	80.0
I had/have personal experience of stigma and discrimination from neighbors	49	16.3	13.7	23.2	0.0	20.4	21.8	12.8	2.9
I had/have personal experience of stigma and discrimination at work	44	14.6	11.9	22.0	50.0	22.4	16.0	9.6	8.6
I feel stigma and discrimination against me everywhere because of TB	32	10.6	9.6	13.4	50.0	12.2	11.8	8.5	5.7
I had/have personal experience of stigma and discrimination at health care facilities	23	7.6	6.8	9.8	25.0	8.2	8.4	8.5	0.0
I had/have personal experience of stigma and discrimination at home (in the family, from relatives)	16	5.3	5.0	6.1	0.0	8.2	6.7	4.3	0.0
I hid the diagnosis due to fear of judgment, self-stigmatization	3	0.9	0.9	1.2	0.0	2.0	0.0	1.1	2.9
I had it in places of detention	1	0.3	0.5	0.0	0.0	0.0	0.8	0.0	0.0
I had personal experience of stigmatization and discrimination by MDC representatives	1	0.3	0.5	0.0	0.0	0.0	0.8	0.0	0.0
I had/have personal experience of stigma and discrimination from strangers	1	0.3	0.5	0.0	0.0	2.0	0.0	0.0	0.0

* the sum of the answers does not equal 100% because respondent could choose multiple answers

IV. Awareness of TB issues among employers

4.1. Awareness regarding TB

Both during semi-structured interviews (n=15) and FGDs, participants from among employers (n=12) were asked to answer a number of questions about their awareness of TB and the conditions for maintaining safe contacts with PWTBs.

Thus, the majority of *participants of semi-structured interviews* (n=11) disagree with the statement "*TB is a disease of homeless and disadvantaged people*" (1 respondent gave the positive answer, 3 - "difficult to answer"). The following explanations supported their attitude to the statement: anyone can get TB (n=9), the statement is not true (n=3), professionals working with people are not immune to TB (n=2), people who are poorly informed about TB can support such statements (n=1). The respondent who gave the positive answer explained this by that there is such an opinion in society and that "*...it is very difficult to convince people otherwise.*"

As for the statement "*tuberculosis is incurable,*" the majority of employers disagree with it (14 out of 15) and are convinced that: TB is treatable (n=6); TB is treatable, but it takes a lot of time and effort (n=4); TB is curable with timely treatment (n=3); TB treatment is not an obstacle to work (n=1). 1 respondent - who personally disagreed with the statement "TB is incurable" - admitted that such an opinion exists in the society. And 1 employer demonstrated ignorance: "*I am not an expert, but I am not aware that tuberculosis is completely curable and that a patient with tuberculosis does not pose a threat to others.*"

The majority of respondents do not believe that "*all TB patients are contagious*" (12 out of 15 people), and the following explanations were provided for this attitude: not all people who are treated for TB are contagious (n=5); not contagious if they undergo the respective treatment (n=4); PWTB that can infect others undergo inpatient treatment (n=2). 1 of the study participants believes that all PWTBs are "contagious" and one can be infected with TB by them; 2 are not sure about this question.

The majority of surveyed employers believe that TB treatment can be outpatient and disagree with the statement that "*TB can only be treated in the inpatient mode*" (10 out of 15); and 4 of them indicated that TB should be treated exclusively in inpatient facilities because: "only in the hospital setting will TB patients receive proper treatment" (n=3), in this case the infection will not spread (n=1); 1 respondent was hesitant to define modalities of TB treatment: "I don't know, maybe it's possible to be treated at home after a period of inpatient treatment."

Employers' opinions regarding the possibility of contracting TB through personal belongings of a sick person are divided: 7 out of 15 people said that it is impossible because they are "aware of this issue" (n=5) and "have not encountered such cases" (n=2); 5 people believe that it is possible to get infected; 4 people found it difficult to decide, and 2 people did not know the answer.

Regarding the level of their own awareness of TB, more than half of the respondents (8 out of 15) believe that they have enough knowledge about the disease and do not need additional information. 4 respondents admitted that they lacked knowledge about TB and needed any kind of information about the disease (n=3) and information about ways of TB transmission, organization of one's life and work after recovery (n=1).

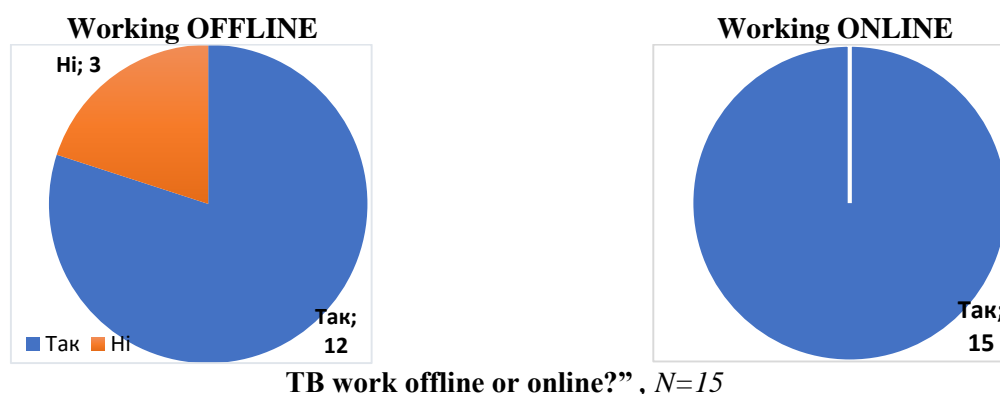
Also, *employers participating in semi-structured interviews and FGDs* provided their understanding of the *risk of TB infection* in different life situations using the following scale: 0 - no risk of infection, 5 - the highest risk of infection (their answers are shown in Table 4.1.1).

Table 4.1.1. Employers' assessment of TB infection situations

Situations	0	1	2	3	4	5	0	1	2	3	4	5
	Assessments by participants of semi-structured interviews (N=15)						Collective assessment of FGD participants (N=12)					
A healthy person lives with a sick person in the same apartment	-	-	-	6	2	7	0	1	2	3	4	5
A colleague at work is undergoing TB treatment	3	9	2	1	-	-	0	1	2	3	4	5
There is a person on transport who is undergoing TB treatment/ has been cured of TB (completed treatment)	2	3	3	3	4	-	0	1	2	3	4	5
There is a person in a waiting line who is undergoing TB treatment/ has been cured of TB (completed treatment)	1	4	3	3	3	1	0	1	2	3	4	5
A person undergoing TB treatment/cured of TB (completed treatment) communicates with a healthy person outside	3	8	1	1	1	1	0	1	2	3	4	5
A teacher (educator) of a childcare facility is cured of TB (completed treatment) and returns to work	1	6	2	-	2	4	0	1	2	3	4	5
Communicating with people who know they have TB but hide it	-	-	-	-	-	1						

Regarding whether a person undergoing treatment/cured (completed treatment) of TB can work, all employers *who participated in semi-structured interviews* confirmed this possibility, provided that work is organized online (n=15), and 12 of them believe that PWTBs can work offline (Fig. 4.1.1).

Fig. 4.1.1. Answer to the question "Can a person who is being treated / cured (completed treatment) of



4.2. Employers' concerns about employment of PWTBs

Participants of semi-structured interviews identified what reservations they have about employing PWTBs (n=7): employees concealing information about their TB status (n=5); an employee with TB can infect other employees (n=4); the need to pay insurance in case a sick employee infects others (n=1). At the same time, 8 respondents indicated that they had no reservations about hiring PWTBs.

At some institutions/enterprises/organizations, a mandatory condition for employment is submitting a medical certificate or medical examination data - this was reported by 8 out of 15

respondents working in such sectors: healthcare, service, trade, law enforcement (police), education, repair and construction.

When discussing situations that arose due to TB among employees of their organizations/institutions, *FGD participants* added that employees who had contracted TB were treated and returned to work (n=7). However, there are cases when employees do not return to work after treatment: "after the diagnosis was made, the employee quit her job on her own initiative" (n=1); "the employee did not complete the course of treatment and died" (n=1).

1 of *FGD participants* admitted that he was aware of cases when employees hide the fact that they are undergoing TB treatment in order to get a job and receive payments while on sick leave.

4.3. Employers' willingness to hire PWTB

The majority of *employers who participated in the survey* answered positively confirming that they were *ready to hire* a person with TB (12 out of 15) - "definitely yes" (n=4) - and already have such experience (n=5); ready to hire, but under certain conditions, "that the person is being treated and does not pose a threat to others, and if there is a need for such a specialist" (n=3). Employers who are not ready to hire PWTBs explain their refusal by peculiarities of work organization (n=3).

If after hiring it turns out that the person is undergoing treatment/ has been cured (completed treatment) of TB, the majority of employers (n=12) will not dismiss the employee due to TB, and the rest will suggest him/her to resign at his/her own initiative (n=3).

Regarding what could personally convince them as employers to have people undergoing treatment/cured (completed treatment) of TB among their employees, half of the respondents (n=7) indicated that they did not need to be convinced, they perceive PWTBs adequately. Some employers mentioned conditions that influence their personal perception of cooperation with PWTBs: diligent performance of professional duties by PWTBs (n=2); due to specifics of work organization at their institution/organization, nothing would convince them to hire a person with TB (n=3).

As for what exactly could convince other employers to hire PWTBs, in addition to the above the respondents mentioned the following: a medical report confirming the possibility of further work and motivation of employers to hire PWTBs.

According to *FGD participants*, to convince employers to hire PWTBs, they should have a medical certificate of completion of treatment and the possibility of working further (n=3).

V. Barriers to employment and in job seeking by PWTBs

5.1. Challenges of PWTB related to job seeking

According to the baseline survey, 102 (33.9%) respondents from among PWTBs had problems finding a job or being employed in the last year because they have/had TB. 199 (66.1%) did not have such problems. The key problems are as follows (Table 5.1.1):

Table 5.1.1. Problems in job seeking/employment related to TB (last 12 months)

	Respondents' answers	Total responses	
		N	%
Problems with job seeking/employment that respondents experienced due to their TB diagnosis (in the past 12 months) (multiple choice)	I was denied employment	37	29.6
	I was denied a job because I needed a lighter job	27	21.6
	I concealed my TB diagnosis when I was hired, and when they found out about it, I was fired	10	8.0
	I was denied a job because I have a disability due to my TB diagnosis	10	8.0
	I was denied employment and they advised me to apply to a private entrepreneur	7	5.6
	I was forced to write a letter of voluntary resignation	6	4.8
	I was denied employment and they advised me to apply to the Employment Center	5	4.0
	I did not look for a job because of my poor health or shame due to the diagnosis	5	4.0
	I was denied employment and they advised me to apply to an NGO that supports PWTBs	4	3.2
	They asked me not to tell anyone about the diagnosis	4	3.2
	Feeling unwell	3	2.4
	I was hired, but the staff objected and I was fired	2	1.6
	They demanded a medical certificate	1	0.8
	It is difficult to find a job	1	0.8
	I was referred for treatment	1	0.8
	Other	2	1.6
	Total	125	100.0

Regarding resolution of the above types of issues, one third of those respondents who offered an answer indicated (n=36; 34.6%) that their problems had been resolved, while the majority (n=49; 47.1%) answered "no", and for 19 (18.3%) the issue was "in the process of resolution."

How the problems with job seeking/employment were resolved: almost half of those who reported solving those problems "found another job on their own" - 18 (46.2% of those who responded); 7 (17.9%) said they were offered another job; 5 (12.8%) "got the job they applied for eventually"; 4 (10.3%) noted assistance of NGOs in their employment; 1 (2.6%) contacted a lawyer. 1 (2.6%) respondent indicated each of the following: "I don't want to work anymore", "I'm on maternity leave", "I started working for myself", "I take care of the household".

For the majority of respondents, the issue of their employment has not yet been resolved because they fell ill - 22 (41.5% of those who responded); 16 (30.2%) were refused employment because of their TB diagnosis; in 5 cases (9.4%) the vacancy was closed; 2 (3.8%) moved to another city; 1 (1.9%) cannot find a suitable job. 7 (13.2%) changed their minds about applying for this job due to "poor health", "need for treatment," and "wish for another job".

Regarding their actions to solve problems when looking for a job, one third of those who responded (n=25; 30.5%) indicated that they took measures to find a job; 21 (25.6%) people indicated that they started looking for employment opportunities with private entrepreneurs, tried to solve the problem at a personal level; 16 (19.5%) contacted an NGO that deals with problems of PWTBs; 15 (18.3%) posted their CV on the Internet; 4 (4.9%) respondents contacted the employment center, 1 (1.2%) - employment agencies. Thus, the respondents are focused on solving their problems on their own, through personal connections, contacts, and assistance from NGOs.

Participants of IDIs confirmed the information about systemic problems with job seeking, including resumption at the previous job after TB treatment. They also noted an increase in cases where PWTBs look for a job on the Internet.

6 employers who participated in semi-structured interviews admitted that they knew about the diagnosis of an employee they hired. The decision to hire PWTBs was made by employers after a personal interview (n=5), 1 employee, in addition to the interview, provided recommendations from the previous employer - in all the cases, the PWTBs were hired (full-time offline (n=4), seasonal work (n=1), part-time (n=1)), regardless of the employer's awareness of the candidate's condition.

In most cases, employers did not have any problems with them when hiring PWTBs (n=5). The only problematic situation arose when the employer who had not been informed by an employee of his diagnosis when he was hired offered him to resign.

Paralegals participating in FGDs acknowledged that in their work they had encountered cases of denial of employment to employees because of their TB diagnosis (n=3).

5.2. Attitudes towards PWTBs at the workplace

According to the survey, 80 (45.7% of those who responded) respondents believe that they are treated "positively" in the team; 66 (37.7%) respondents reported a "neutral" attitude; 4 (2.3%) said they feel badly treated. 1 (0.6%) respondent indicated "I work alone" and "no one knows about the diagnosis" each.

But 5 out of 40 *IDI participants* who concealed their diagnosis said that they still had some fear about the team finding out their TB status.

All employers who participated in semi-structured interviews had experience with their employees being treated/cured (completed treatment) of TB. The majority of respondents admitted that their colleagues and managers took the information about a colleague's TB calmly (n=9); only 3 percent reported negative response. The majority of respondents admitted that the staff of the institution/organization were aware of employees' TB (n=12); only in 2 cases a limited number of people knew about an employee's diagnosis.

According to *employers participating in FGDs*, attitudes toward PWTBs in collectives at work are ambiguous, ranging from support to cessation of contact. The reactions of the collective at work included the following: loyal attitude, contacted them during treatment, provided moral support (n=2); cautious attitude, refusal to communicate with PWTBs because of fear of contracting TB or because they do not know how to support the person (n=4); PWTB themselves reject help, contacts with colleagues (n=3). According to *employers being FGD participants*, the most loyal attitude towards TB colleagues in those work teams who have contacts with PWTBs in the professional context and are well

informed about the disease (n=2) is shown by doctors or NGO representatives who work with socially vulnerable clients, are aware of the possibility of getting TB, and perceive it as one of occupational risks of their work.

The paralegals who participated in the FGDs identified a number of problems that they helped PWTBs to address in cases of violation of labor rights: offered to resign due to TB (n=6); dismissal of employees with TB, especially in the case of unofficial employment, often without the respective benefits (n=5); violation of rights of men in the military and men liable for military service (n=5); problems receiving allowances: during a sick leave to employees undergoing treatment, and payment of financial support to military personnel with TB (n=2).

Representatives of TACs participating in FGDs pointed out the following problems faced by PWTBs: discrimination against PWTBs (n=3); dismissal of employees undergoing TB treatment and prejudice against PWTBs in the workforce, stigmatization of employees (2 people each).

5.3. Stigma and discrimination in the field of employment among PWTBs

In the past 12 months, 17.3% of respondents experienced stigmatizing attitudes or discrimination at work (from coworkers) because they were treated/cured (completed treatment) of TB. The number of such female respondents is almost twice as high as that of male respondents (29.3% vs. 12.8%). Similarly, respondents in the younger age groups of 25-34 and 35-44 years old most often experienced stigmatizing attitudes at work.

By region, respondents from Ivano-Frankivsk region (92.3%) reported the highest number of such cases, followed by Poltava (25.0%), and Volyn (20.0%) regions.

See Fig. 1 for descriptions of how this attitude manifests itself. 5.3.1:



Fig. 5.3.1. Breakdown of answers to the question "How does stigmatizing attitude or discrimination against you at work manifest itself?" % of those who have experienced stigma or discrimination at work (from coworkers) in the last year (12 months) due to TB, N=52 (the sum of the answers does not equal 100% because respondent could choose multiple answers)

Among the "other" respondents indicated: "I'm not working," "I can't explain, because no one tells me directly," "My colleagues are unhappy that they have to work more because I'm on sick leave."

Among the factors that influence stigmatizing attitudes or discrimination against PWTBs, respondents identified the following ones (Table 5.3.1):

Таблиця 5.3.1. Factors that influence stigmatizing attitudes or discrimination by PWTBs' employers or colleagues (among those who have experienced stigma or discrimination at work (from coworkers) due to TB in the last year (12 months), N=52, by gender

Respondents' answers	Among all, N=52		By gender	
	Number of responses	%*	Men, N=28	Women, N=24
People are afraid of getting infected	44	84.6	89.3	79.2
People are not aware of the current situation regarding TB treatment	30	57.7	67.9	45.8
The responsible organizations/institutions do not conduct sufficient awareness-raising activities on counteracting the spread of TB	16	30.8	25.0	37.5

National media do not sufficiently cover the topic of TB	16	30.8	35.7	25.0
Managers of organizations (responsible employees) do not conduct awareness-raising activities among their staff on ways of getting infected and preventing transmission of TB	12	23.1	17.9	29.2
Some PWTBs who do not really take care of themselves, do not receive treatment, can infect others	6	11.5	7.1	16.7

* the sum of the answers does not equal 100% because respondent could choose multiple answers

84.6% of respondents among those who have experienced stigmatizing attitudes or discrimination at work/by coworkers in the last year (12 months) indicated that intensive and competent TB awareness raising among the general public is needed to avoid stigma or discrimination in the workplace against PWTBs. One in two (50.0%) believes that more information about TB at the workplace is needed. Every third respondent believes that such manifestations can be avoided if: NGOs (associations) increase their influence and advocacy to protect rights and interests of PWTBs to employment and work (32.7%); employers are held administratively/legally responsible for violating rights of able-bodied persons to employment (30.8%), and for creating stigmatizing attitudes and discrimination against PWTBs(30.8%).

Friendly attitude and absence of stigmatization or discrimination by employers and/or employees personally towards respondents was influenced by the following (see Table 5.3.2):

Table 5.3.2. Factors that influenced friendly attitude and absence of stigma or discrimination from employers or coworkers towards respondents, by gender and age

Respondents' answers	Among all, N=301		By gender		By age				
	Number of responses	%*	Men, N=219	Women, N=82	18-24 y.o., N=4	25-34 y.o., N=49	35-44 y.o., N=119	45-54 y.o., N=94	55 y.o. and older, N=35
No one knows about my TB diagnosis	138	45.8	48.9	37.8	50.0	40.8	46.2	48.9	42.9
Your proper behavior (adherence to the doctor's recommendations for TB treatment and preventing transmission of TB in the environment)	122	40.5	35.6	53.7	0.0	40.8	38.7	41.5	48.6
Your neat appearance	56	18.6	17.4	22.0	0.0	22.4	20.2	13.8	22.9
Having personal friends in the team	52	17.3	17.4	17.1	0.0	26.5	15.1	12.8	25.7
Awareness/understanding of the topic of TB transmission by management and colleagues	40	13.3	11.9	17.1	0.0	12.2	14.3	12.8	14.3
I am a professional in my field and my TB diagnosis does not affect the way I am treated	31	10.3	11.9	6.1	0.0	8.2	6.7	12.8	20.0
I am/was not employed/on sick leave	13	4.7	4.6	4.9	0.0	4.1	3.4	2.1	2.9
The employer is a relative/acquaintance of mine, so I will not be fired	9	3.0	2.7	3.7	0.0	2.0	2.5	0.0	0.0
Hard to say, I do not know	6	1.3	1.4	1.2	0.0	2.0	5.9	4.3	5.7
I do not have contacts with colleagues (work outdoors, remotely)	3	0.7	0.9	0.0	0.0	2.0	0.0	1.1	0.0
No friendly attitude, I am stigmatized	4	1.3	0.9	2.4	50.0	0.0	0.8	1.1	0.0

* the sum of the answers does not equal 100% because respondent could choose multiple answers

The majority of PWTBs being *participants of IDI* in their interviews expressed quite opposite opinions: first, in order to avoid stigmatization one should "keep silent", "forbid disclosing one's diagnosis", "better lose a job than disclose the diagnosis," etc. and, second, there is a need to review regulatory approaches to protecting rights and interests of PWTBs.

Employers being survey participants and when assessing the degree of stigma and discrimination against people undergoing treatment / cured (completed treatment) of TB in our country on a scale from 0 (no discrimination) to 5 (the highest level) recognized that *the level of discrimination against PWTBs is high*: 6 people each gave a score of 4 and 3 points.

Employers identified the following manifestations of stigma and discrimination against PWTBs: refusal to hire, unfriendly attitude of colleagues (10 respondents each); unfriendly attitude of management, eliminating the position where a PWTBs works (9 respondents each); coercion to resign (n=8); creation of challenging working conditions (n=5).

Among reasons for discrimination against PWTBs in the workplace, *employers participating in the FGDs* named the following: the vast majority of population is unaware of the causes and consequences of TB, conditions for safe contact with PWTBs (n=4); employees and others are afraid to contact a TB patient (n=4); employers are not interested in employees who will be absent from work for a long time due to treatment, the dismiss or transfer PWTBs (n=2). While *paralegals being FGD participants* mentioned the following: lack of awareness of employers, members of the collective about

TB, labor rights of people with/ recovered from TB (n=5); PWTBs are not ready, refuse to protect their rights, even with the support of social workers and lawyers (n=5); negative attitude, stigmatization of PWTBs by others, especially in small settlements, rural areas (n=5); negative attitude towards employees with TB by employers and collective (n=4); self-stigmatization of PWTBs (n=3); low level of awareness of employees with TB about their own diagnosis and their rights (n=3); lack of awareness of TB among medical staff, stigmatization of PWTBs (n=3); employees hide information about their diagnosis when they are employed or become ill with TB (n=1).

VI. Organization of work of PWTBs during TB treatment and after recovery

6.1. Registration of sick leaves

TAC representatives participating in the FGDs noted that sick leaves for PWTBs are documented and monitored by family doctors and health care facilities.

Employers participating in semi-structured interview indicated that issuance of sick leave documents for PWTBs depends on the form of employment. 7 respondents confirmed that sick leave documents were issued for PWTBs who were officially employed in accordance with the law; 8 respondents stated that sick leaves were not issued for employees due to their long-term treatment, because "the employees had been treated before they were employed" (n=2) or "the employees were not officially employed" (n=2).

The period of temporary inability to work for PWTBs is determined by medical professionals in accordance with an addendum to the new treatment protocols on employment and return to work for PWTBs. *TAC representatives participating in the FGDs* added that if there are no complications of the disease, the period of temporary inability to work ranges from 2-3 weeks to 1-2 months.

Extension of the PWTB treatment course and issuance of sick leave documents is performed in accordance with the TOC decision. The period of sick leave extension depends on a number of circumstances: the patient's working conditions (n=4); the course of the disease (n=4); drug tolerance (n=1). If the disease is mild and the working conditions are appropriate, PWTBs can continue to work and undergo treatment without taking a sick leave. The terms and conditions for extension of sick leave documents are controlled by representatives of the Pension Fund.

7 employers who participated in semi-structured interviews indicated that their employees had been treated for TB for more than 1 month; despite their long absence from work, the PWTBs were not offered to resign. 1 employer participating in a FGD acknowledged that there are cases when employees undergoing TB treatment abuse their status and try to extend their sick leave in order to avoid going to work and to still receive payments.

6.2. Admission of PWTBs to work and/or study

According to *TAC representatives participating in the FGDs*, PWTBs who work in hazardous conditions, have contact with people (employees of medical and educational facilities) are on sick leave during treatment and are allowed to work only after completing a full course of treatment (n=5).

If *healthcare workers* in TB facilities contract TB, after treatment it is mandatory that they are transferred to another position that excludes contact with the harmful factor that caused the disease. However, due to the limited number of specialists, there are cases when healthcare workers continue to work in harmful conditions after their TB treatment under certain circumstances: if it is impossible to find a replacement specialist (n=1); healthcare workers return to their workplace with risk factors at their own risk (n=1).

If it is necessary to apply for admission to study for PWTB *students*, the decision is made individually, taking into account the possibility of distance learning. Students undergoing TB treatment are also provided with certificates for individual studies. Recently, there have been no cases of issuing an academic leave for such students, but there have been cases of non-admission of students studying in certain specialties for their internship.

TACs issue medical certificates to PWTB employees who are hired or return to their previous place of work confirming that the person can perform professional duties and does not expose others to TB infection (n=4).

The decision on admission/non-admission of PWTBs to work/studies is made by the TAC chair and members, the chair of the commission is directly responsible for the decisions made by the TAC.

6.3. Transfer to a lighter job for health reasons

More often than not, PWTB workers are not transferred to jobs with lighter working conditions. Only 3 *employers who participated in the survey* have transferred their PWTB employees to lighter work for health reasons⁹ (1 of them was given a position with a lower pay, but it suited him; 1 did not make such a request and continues to work as before the disease).

The *employers participating in the FGDs* recognized that transfer to a job with lighter conditions is carried out in accordance with the decision of the MSEC. A certificate of fitness for work is issued by doctors based on assessment of working conditions and the health status of a person with TB.

6.4. Registration of disability

Disability is registered in accordance with the laws of Ukraine.

According to *the employers who participated in the survey*, employees who were cured felt fine and did not apply for disability (n=6) or are still undergoing treatment (n=4); 2 employers indicated that their employees had a disability status even before they were hired.

6.5. Dismissal of employees

The fact where employees resigned voluntarily after it became known that they had contracted TB was admitted by 2 *respondents to the survey*. In one of the cases, it was due to production conditions - there was no possibility to replace the employee for the duration of treatment. 1 of the respondents admitted that they wanted to fire an employee who did not disclose that he was undergoing treatment when applying for the job. However, due to intervention of lawyers, they were forced to keep him at work.

2 *employers participating in the FGD* acknowledged cases of voluntary dismissal of PWTB employees due to fear of infecting others and the inability of the PWTBs to continue working due to health conditions (weakness); 1 *FGD* participant, a TB doctor, acknowledged that there had been no recent cases of dismissal of employees with TB, while previously such cases were not uncommon.

6.6. Assistance to PWTBs in resolving labor disputes related to their TB status

All *employers participating in the FGDs* admitted that they were not aware of existence of organizations/institutions that provide assistance to PWTBs in employment and labor dispute resolution.

Help and support for PWTBs is provided by *paralegals* and social workers working in charitable and civil society organizations, including: informing employers about TB and explaining legal rights of PWTBs (n=9); assisting PWTBs in obtaining a medical certificate for the employer confirming that the person is not hazardous to others and can work in the workforce (n=4); support and assistance to PWTBs, motivation to protect their rights (n=4); explaining to PWTBs peculiarities of the TB disease, their rights to employment (n=2); convincing employers of the need to conduct medical examination of all employees of their institution/organization (n=2); referring PWTBs to professional lawyers, institutions/organizations that provide assistance, including in employment (n=1); encouraging employers to transfer PWTBs to light-duty work after treatment (n=1); forcing employers to make settlements and pay for work in case of dismissal of PWTBs (n=2); etc.

6.7. Regulatory and legal discrepancies

Only a few *employers participating in the survey* are aware of the regulations governing organization of work or dismissal of PWTBs. 1 of the *employers, a FGD participant*, acknowledged that Ukraine has a regulatory framework governing employment and organization of work for PWTBs.

TAC representatives participating in the FGDs recognized lack of regulation of various aspects within the legal documents: according to the regulation governing operation the MSEC, PWTBs can submit documents to the MSEC after 8 to 10 months of being on sick leave, while according to the new standard, TB treatment lasts 6 months. (n=4). They also emphasized regulatory conflicts: Order of the MoH No. 246 does not clearly define requirements for admission to work and transfer to other positions of health care workers at TB facilities undergoing TB treatment (n=3); Orders 280¹⁰ and 102 are not

⁹ Transferring an employee to a lighter job for health reasons is stipulated in Article 170 of the Labor Code of Ukraine.

¹⁰ Order of the MoH of Ukraine of July 23, 2002. No. 280 *On Organization of Mandatory Preventive Medical Examinations of Employees of Certain Professions, Industries, and Organizations Whose Activities are Related to Public Services and May Lead to Spread of Infectious Diseases*, registered with the Ministry of Justice of Ukraine on August 8, 2002, No. 639/6927. – URL: <https://zakon.rada.gov.ua/laws/show/z0639-02#Text>

coordinated with each other (n=3); Orders 246 and 102 do not coordinate the issue of determining the period of admission to work for people in mandated categories who should be admitted to work provided they have completed a full course of treatment (n=1); the issue of dismissal of military personnel undergoing TB treatment and their disability payments is not regulated by law (n=1); Order No. 905¹¹ has discrepancies in the definition of criteria for isolation of TB mycobacteria (n=1), etc.

Regulatory documents should more specifically define the terms for providing a sick leave to PWTBs, as there are problems with sick pay. Besides, to determine the forms when deciding on admission to work, it is necessary to separate TB forms "with bacterial excretion" and without it (n=5) in the regulatory documents, including the considerations around patient's functional limitations and recommendations from other specialists.

VII. Overcoming regulatory barriers for people with TB in the field of job seeking and employment

In order to overcome a number of barriers PWTBs to ensure their rights to employment and work, the legal framework governing attitudes in the workplace - including at educational institutions - needs to be revised:

Changes in the standard of medical care for people with TB (Annex 6 to Standards of Medical Care "Tuberculosis") entail changes in approaches to work and training of such people. Firstly, a person with pulmonary TB, positive sputum smear at the time of detection, can return to work or studies after 3 weeks of effective treatment if: a) effectiveness of treatment is confirmed with laboratory tests, b) the TOC opinion regarding admission of PWTBs to work or studies is issued. Secondly, people with pulmonary TB, negative sputum smear at the time of detection, and with extrapulmonary TB, if their condition allows, can continue to work or study throughout the course of treatment.

The legislative framework regulating attitudes in the workplace needs to be revised due to: a) failure to take into account provisions of the Standard of Care "Tuberculosis" in the legislative framework, including in orders of the MoH; b) issues and problems of people with TB with bacteriologically confirmed sputum excretion and people with sputum smear-negative TB at the time of detection and with extrapulmonary TB, who do not pose a threat to others, are not separated; c) there is no administrative or criminal liability for violations of rights of PWTBs, including at the workplace; d) there are no obligations of employers employing PWTBs; e) there is no liability of media entities for disseminating illegal or discriminatory statements about PWTBs.

RECOMMENDATIONS

To settle in regulatory documents issues related to protection of labor rights and interests of PWTBs.

To identify and implement measures aimed at preventing stigma and discrimination against people undergoing treatment / cured (completed treatment) of TB, including eliminating biased attitudes towards PWTBs; raising awareness of the general population of Ukraine in the field of TB control; providing comprehensive medical, social, and psychological assistance to people with TB and their families, including families with children; working with PWTBs to ensure that they take a responsible attitude to their disease and do not put others at risk of infection, etc.

To consider accelerating issuance of medical reports on the course of the disease by doctors so that employers can be guided in organizing the further work process of PWTBs.

To prepare medical staff to work with people undergoing treatment for TB, non-disclosure of information about PWTBs' diagnosis. To conduct joint trainings for health care professionals involved in examination of contact persons.

To ensure awareness-raising activities with the general population and employers, including on TB, risks of infection, as well as safe behavior aspects.

¹¹ Order of the MoH of Ukraine of December 28, 2002. No. 905 *On Approval of Criteria for Determining Cases of Infectious and Parasitic Diseases to be Registered* as amended with Order of the MoH of Ukraine of July 15, 2021 No. 1447 *On Approval of Amendments to the Criteria for Determining Cases of Infectious and Parasitic Diseases Subject to Registration*, registered with the Ministry of Justice of Ukraine on September 15, 2021, No. 1214/36836. – URL: <https://zakon.rada.gov.ua/laws/show/z1214-21#n2>

To conduct awareness raising work with employers on employment conditions and organization of work for PWTBs, the need for medical examination of all employees of institutions/organizations.

To enhance work of civil society organizations (associations) working to overcome the TB epidemic at the national and local levels.

CONCLUSIONS

The study data confirm the previously stated hypothesis of the study:

- stigma, self-stigmatization and discrimination in job seeking and employment against PWTBs lead to late detection of TB and treatment discontinuation;
- the actual limitations faced by PWTBs in the field of job seeking and employment do not correspond to modern views on contagiousness of the TB pathogen;
- stigma and discrimination against PWTBs by employers and colleagues are primarily due to their lack of awareness about TB.

The current problem relating to job seeking and employment is a priority problem for PWTBs.

A small proportion of respondents in both the baseline survey and the in-depth interviews have not observed any manifestations of self-stigmatization. The most common manifestations are attempts to hide the disease from friends/neighbors/family and fears that colleagues at work will find out about the TB diagnosis - similar opinions were expressed by respondents from among employers, TAC heads/representatives, and paralegals.

Every second respondent has never experienced stigma towards themselves. And one in five respondents have experienced stigmatization or discrimination at work because they were treated/cured (completed treatment) of TB. Manifestations of stigmatizing attitudes mostly included ignoring and trying not to contact the respondent.

Women were more likely to report manifestations of self-stigmatization, stigmatizing attitudes, or discrimination against themselves, which indicates greater openness of the female audience.

Existence of stigma and discrimination against PWTBs was noted by employers, TAC representatives, and paralegals who had direct experience or knowledge of such cases from their own practice.

The factors that influence stigmatizing attitudes are mainly the fear of getting infected and lack of knowledge about the current situation around TB treatment, as confirmed by all categories of respondents. There is also a rather low level of awareness of TB control aspects among employers and in labor collectives, which leads to additional stigmatizing and discriminatory manifestations in relation to PWTBs.