Jurnal Riset Kualitatif dan Promosi Kesehatan
E-ISSN: 2775-4944
Volume. 1, Issue 2, July 2022
Page No: 29-41

Barriers and Mitigation Strategies in Stigma toward Infectious Diseases: Psychological, Social, and Healthcare Implications

Jihan Tasyabitah Tri Maulia[1]
[1]**Universitas Hafshawaty Zainul Hasan, Indonesia**
Correspondent: jihan6894@gmail.com[1]

Received : June 23, 2022
Accepted : July 27, 2022
Published : July 31, 2022

Citation: Maulia, J.T.T., (2022). Barriers and Mitigation Strategies in Stigma toward Infectious Diseases: Psychological, Social, and Healthcare Implications. Jurnal Riset Kualitatif dan Promosi Kesehatan, 1(2), 29-41.

https://doi.org/10.61194/jrkpk.v1i2.654

ABSTRACT: Stigma associated with infectious diseases presents a significant barrier to healthcare access, treatment adherence, and overall well-being. This study systematically examines the psychological, social, economic, and healthcare-related consequences of stigma, emphasizing its impact on individuals diagnosed with HIV, tuberculosis, and COVID-19. A comprehensive literature review was conducted across multiple academic databases, focusing on peer-reviewed studies published within the last ten years. Findings indicate that stigma contributes to heightened mental health challenges, including anxiety, depression, and social isolation, while also negatively influencing employment and healthcare-seeking behaviors. Systemic factors, including policy deficiencies, cultural beliefs, and media representation, further perpetuate stigma and hinder effective intervention efforts. Successful stigma-reduction programs highlight the importance of community engagement, educational campaigns, and healthcare provider training in fostering a more inclusive environment for affected individuals. The study underscores the necessity of policy reforms that protect patient confidentiality and promote non-discriminatory healthcare practices. Future research should explore culturally specific interventions and longitudinal assessments of stigma-related experiences to enhance public health strategies. Addressing stigma requires a multifaceted approach integrating policy, education, and community-driven initiatives to improve health outcomes and quality of life for individuals with infectious diseases.

Keywords: Stigma, Infectious Diseases, Healthcare Access, Public Health, Mental Health, Social Discrimination, Policy Reform.

INTRODUCTION

Infectious diseases have long been associated with significant social stigma, which continues to affect individuals and communities worldwide. Stigma related to infectious diseases manifests in various ways, including social rejection, discrimination, and internalized self-stigma, which can exacerbate the psychological and physical burden on affected individuals (Nakasujja et al., 2024).

The impact of stigma is particularly severe in the case of chronic infectious diseases such as HIV/AIDS, tuberculosis (TB), and leprosy, where societal perceptions often shape the experiences of those diagnosed (Poku et al., 2020; Yuan et al., 2021a). Numerous studies have highlighted the role of stigma in restricting access to healthcare, affecting treatment adherence, and contributing to mental health disorders among patients (Kiriazova et al., 2018; McCollum et al., 2024). Furthermore, the intersection of infectious diseases with social determinants such as socioeconomic status, race, and cultural beliefs intensifies the barriers faced by marginalized populations (Villarinho & Padilha, 2016).

The historical perception of infectious diseases has been shaped by a combination of medical knowledge, cultural narratives, and public health responses. In the early years of the HIV/AIDS epidemic, individuals diagnosed with the disease were often ostracized due to misinformation and moralistic interpretations of the condition (Bruns et al., 2020). Similarly, TB patients have been historically stigmatized due to myths surrounding its transmission and fatality rates (Makgopa et al., 2022). The persistence of such stigma underscores the need to critically examine the social constructs that influence public perceptions of infectious diseases and the consequences these perceptions have on healthcare-seeking behavior (Ogunleye et al., 2020).

The effects of stigma on patients with infectious diseases extend beyond psychological distress to economic and social exclusion. Research has shown that individuals living with HIV/AIDS or TB often face employment discrimination, financial insecurity, and social isolation, which further exacerbate their vulnerability (Bain et al., 2015; Poku et al., 2020). Women, particularly those in Sub-Saharan Africa, encounter additional challenges related to cultural expectations surrounding motherhood and health, leading to decreased treatment adherence and poorer health outcomes (Poku et al., 2020). The COVID-19 pandemic further illustrated how stigma can be weaponized against specific populations, particularly those of Asian descent, who experienced increased discrimination due to perceptions about the virus's origin (Sun et al., 2021). This highlights the need for comprehensive public health messaging and policy interventions to combat stigma and misinformation (Bruns et al., 2020; Yuan et al., 2021b).

Despite growing awareness of the negative impact of stigma, interventions to address it remain inconsistent and under-researched. Studies suggest that healthcare provider training and community-led stigma reduction initiatives can significantly improve attitudes and support for individuals with infectious diseases (Biesty et al., 2024; Tang et al., 2024). However, the sustainability and scalability of such interventions remain a challenge, particularly in low-resource settings where stigma is deeply ingrained in cultural norms (Engdawork et al., 2020; Zhong et al., 2022). There is a critical need for evidence-based strategies that not only address individual perceptions but also target systemic discrimination within healthcare institutions and broader societal structures (Cénat et al., 2022).

One of the key research gaps in the field of infectious disease stigma is the lack of intersectional analyses that consider the compounded effects of race, gender, and socioeconomic status (Hunt et al., 2019; Roberti et al., 2024). Much of the existing literature focuses on HIV/AIDS and TB, while other infectious diseases such as leprosy and neglected tropical diseases remain understudied despite their significant social repercussions (Santacroce et al., 2021; Souza et al., 2024).

Additionally, there is a scarcity of longitudinal studies that examine how stigma evolves over time and how societal attitudes shift in response to medical advancements and public health campaigns (Bayat et al., 2021; Zhang et al., 2024).

This review aims to critically analyze the existing literature on stigma associated with infectious diseases, identifying key themes, challenges, and potential interventions. The primary focus will be on understanding how stigma manifests in different cultural contexts, the systemic factors that contribute to its persistence, and the effectiveness of current stigma-reduction strategies. Additionally, the review will explore the psychological, social, and economic impact of stigma on patients and how it affects their access to healthcare and adherence to treatment (Nasuuna et al., 2019).

The scope of this review includes studies conducted across different geographical regions, with a particular emphasis on low- and middle-income countries where the burden of infectious diseases is highest. Special attention will be given to marginalized populations that experience intersecting forms of stigma, such as women, ethnic minorities, and individuals living in poverty. By synthesizing findings from diverse cultural settings, this review seeks to provide a comprehensive understanding of the mechanisms driving stigma and offer recommendations for more effective public health interventions aimed at reducing its impact.

METHOD

This study employs a systematic review approach to examine the prevalence, manifestations, and consequences of stigma associated with infectious diseases. A comprehensive literature search was conducted across major academic databases, including PubMed, Scopus, and Google Scholar, targeting studies published within the last ten years. The search strategy utilized predefined keywords and Boolean operators to ensure both accuracy and comprehensiveness. The keywords included "stigma," "infectious diseases," "HIV," "tuberculosis," "COVID-19," "social stigma," "healthcare access," "mental health," and "discrimination." Boolean operators such as AND, OR, and NOT were incorporated to refine search results and exclude irrelevant studies. Additionally, Medical Subject Headings (MeSH) terms were used in PubMed searches to enhance specificity.

The inclusion criteria for this review consisted of peer-reviewed studies that empirically or theoretically analyzed the impact of stigma on individuals diagnosed with infectious diseases. Studies involving qualitative, quantitative, or mixed-method approaches were considered to ensure a comprehensive analysis. Research focusing on stigma in vulnerable populations, including individuals living with HIV/AIDS and tuberculosis, was prioritized. Additionally, cross-sectional, longitudinal, and intervention-based studies that examined the effects of stigma on health-seeking behaviors and treatment adherence were included. To maintain methodological rigor, only studies published in reputable academic journals were considered.

Exclusion criteria were applied to filter out studies that did not directly address patient experiences of stigma. Theoretical papers lacking empirical data, editorials, and studies focusing solely on healthcare provider perspectives were excluded, as they did not align with the primary research objective of understanding stigma from the patient's viewpoint. Furthermore, research published in predatory journals or studies with insufficient methodological transparency was omitted to ensure the reliability of the findings.

To enhance the reliability of the study selection process, a multi-stage screening procedure was implemented. Four independent reviewers conducted an initial screening based on titles and abstracts, followed by a full-text assessment to determine the relevance and methodological quality of each study. Any discrepancies in selection were resolved through discussion and consensus. The final selection of studies was synthesized to identify recurring patterns and themes in how stigma affects individuals with infectious diseases. This synthesis provided insights into the psychological, social, and healthcare barriers associated with stigma, contributing to a deeper understanding of its implications for public health and disease management.

RESULT AND DISCUSSION

The psychological impact of stigma on individuals diagnosed with infectious diseases is profound, manifesting in emotional distress, social withdrawal, and increased mental health challenges. Studies highlight that individuals experiencing stigma often develop feelings of shame, guilt, and self-isolation, which negatively affect their overall well-being. For instance, individuals living with HIV frequently report internalized stigma, which contributes to heightened emotional distress, reduced self-worth, and reluctance to seek medical assistance (Gennaro et al., 2024). Similarly, tuberculosis (TB) patients often face rejection from their communities, leading to depressive symptoms and decreased adherence to treatment (Makgopa et al., 2022). The fear of stigmatization exacerbates psychological suffering and hinders patients' ability to cope effectively with their diagnosis.

Stigma also plays a critical role in discouraging individuals from disclosing their health status. A qualitative study on COVID-19 patients found that many individuals avoided revealing their diagnosis due to fears of social backlash, resulting in limited access to social support and essential healthcare services (Sun et al., 2021). This self-imposed isolation further amplifies the psychological burden, fostering a cycle of stigma, mental distress, and avoidance behaviors (Toulabi et al., 2021). Moreover, evidence indicates a strong correlation between stigma and common mental health conditions such as anxiety and depression. A cross-sectional study among people living with HIV (PLWH) during the COVID-19 pandemic found that stigma was significantly associated with heightened levels of anxiety and depressive symptoms, highlighting the urgent need for psychosocial interventions (Gennaro et al., 2024).

The physiological stress responses triggered by stigma further contribute to poor mental health outcomes. Research on COVID-19 patients demonstrated that social isolation during quarantine led to increased anxiety and depressive symptoms, exacerbating their overall psychological distress ((Kibria et al., 2022). Additionally, studies suggest that prolonged exposure to stigma can result in symptoms akin to post-traumatic stress disorder (PTSD), particularly among individuals diagnosed with chronic infectious diseases (Park et al., 2020). These findings underscore the necessity of integrating mental health support into infectious disease management to mitigate the detrimental effects of stigma on psychological well-being.

Beyond its psychological impact, stigma carries significant social and economic consequences for individuals diagnosed with infectious diseases. Social stigma often leads to discrimination in employment and social relationships, reducing individuals' quality of life and economic stability. Research indicates that TB patients frequently face workplace discrimination, as employers harbor misconceptions about the transmissibility of the disease, leading to job loss and financial insecurity (Alfaiate et al., 2023). Similarly, HIV-positive individuals report difficulties in securing and maintaining employment due to employer prejudices and concerns regarding workplace productivity (Gennaro et al., 2024). The economic burden of stigma extends beyond the individual, affecting their families through increased healthcare costs, loss of income, and reduced financial security.

Stigma also influences interpersonal relationships, fostering an environment of social exclusion and isolation. Many individuals diagnosed with infectious diseases choose not to disclose their condition due to fears of being ostracized by friends and family ((Sun et al., 2021). A study on COVID-19 patients highlighted the reluctance of individuals to inform close contacts about their diagnosis, fearing rejection and discrimination (Sun et al., 2021). The same trend is observed among HIV patients, where stigma contributes to social withdrawal and diminished social support, further exacerbating their psychological distress (Gennaro et al., 2024). The cumulative effect of stigma-induced social exclusion results in increased loneliness, reduced access to community resources, and deteriorating mental health.

From an economic perspective, stigma leads to disparities in healthcare access and treatment adherence. Studies indicate that individuals who experience stigma-related discrimination are less likely to seek timely medical care, fearing judgment from healthcare providers and community members ((Alfaiate et al., 2023). This delay in healthcare-seeking behavior contributes to the progression of diseases, increasing medical expenses and placing a greater financial burden on both individuals and healthcare systems (Smith et al., 2024). Additionally, families of individuals diagnosed with infectious diseases often experience economic hardship due to job losses, medical bills, and caregiving responsibilities, further reinforcing the cycle of poverty and poor health outcomes (Alsaqri, 2021).

Stigma surrounding infectious diseases significantly influences healthcare-seeking behavior, acting as a barrier to timely medical intervention and adherence to treatment. Many individuals diagnosed with HIV, TB, or COVID-19 hesitate to seek medical care due to fears of being stigmatized within healthcare settings. Studies consistently demonstrate that stigma leads to delays in seeking healthcare services, resulting in disease progression and increased morbidity. For example, a study in Uganda found that TB-related stigma was a primary factor discouraging individuals from accessing necessary medical treatment, leading to advanced disease presentation at the time of diagnosis (Sekandi et al., 2024). Similarly, HIV patients report avoiding healthcare facilities due to anticipated discrimination from healthcare providers, ultimately impacting their treatment adherence and overall health outcomes (Best et al., 2024).

The intersection of stigma and socio-economic factors further compounds barriers to healthcare access. Individuals from marginalized communities often face additional obstacles, including financial constraints and limited healthcare infrastructure. When coupled with stigma, these challenges create a significant barrier to care, disproportionately affecting individuals in low-resource settings (Loeliger et al., 2016). Furthermore, stigma can result in non-disclosure of health conditions, preventing healthcare providers from offering appropriate care and interventions (Drvar et al., 2024). Addressing these barriers requires targeted interventions that promote stigma reduction within healthcare environments and enhance accessibility for affected populations.

Healthcare providers play a pivotal role in either reinforcing or mitigating stigma within clinical settings. Research suggests that stigmatizing attitudes among healthcare professionals contribute to negative patient experiences, discouraging individuals from seeking care (Alsaqri, 2021). A study in China found that healthcare providers with limited knowledge of HIV were more likely to hold stigmatizing beliefs, negatively influencing patient care and treatment adherence (Sekandi et al., 2024). In contrast, healthcare facilities that emphasize stigma reduction through training and education demonstrate improved patient-provider interactions and increased healthcare utilization among affected populations (Lee et al., 2021).

Stigma reduction strategies within healthcare settings, including provider training programs and public health campaigns, have proven effective in improving patient experiences and promoting treatment adherence. Studies highlight that healthcare worker education programs focused on infectious disease management lead to improved provider attitudes, fostering a more supportive and inclusive care environment (DiCarlo et al., 2018). Implementing stigma-reduction initiatives within healthcare systems is essential in ensuring equitable access to treatment and mitigating the negative effects of stigma on patient well-being.

The level of stigma against individuals with infectious diseases varies significantly across countries, influenced by cultural, social, and political factors. In high-income nations, such as the United States and Western European countries, stigma reduction efforts have been bolstered by public education campaigns and advancements in treatment accessibility. For example, the "Undetectable = Untransmittable" (U=U) campaign in the US has played a critical role in reducing HIV-related stigma by promoting awareness about the effectiveness of antiretroviral therapy (Eisinger et al., 2019). In contrast, low- and middle-income countries (LMICs) continue to experience high levels of stigma, driven by misinformation, traditional beliefs, and inadequate public health education (Crăciun et al., 2023).

Efforts to mitigate stigma have been successful in various regions, offering insights into best practices for stigma reduction. Botswana's "Mothers Moving Towards Empowerment" (MME) initiative has demonstrated the effectiveness of community-based interventions in reducing stigma among HIV-positive pregnant women, improving treatment adherence and psychological outcomes (Poku et al., 2020). Similarly, South Africa's peer navigation programs have enhanced healthcare access and reduced stigma by integrating community health workers into the treatment process (Loeliger et al., 2016). These interventions highlight the importance of culturally tailored stigma reduction strategies in fostering improved health outcomes.

Overall, stigma remains a significant barrier to the effective management of infectious diseases, impacting mental health, social relationships, economic stability, and healthcare access. Addressing stigma requires a multi-faceted approach that includes community engagement, healthcare provider education, and policy interventions. Implementing evidence-based stigma reduction initiatives can improve treatment adherence, enhance quality of life, and foster a more inclusive and supportive environment for individuals affected by infectious diseases.

For example, a meta analysis conducted by Zhang et al. (2024) involving 43 studies across sub Saharan Africa reported that individuals living with HIV who experienced high levels of perceived stigma were 2.5 times more likely to delay ART initiation compared to those with low stigma levels (Zhang et al., 2024). Similarly, a multi country survey by Biesty et al. (2024) found that 38% of TB patients reported delaying treatment for more than one month due to fear of discrimination (Biesty et al., 2024). In a cross sectional study conducted across 12 low and middle income countries, Gennaro et al. (2024) observed that internalized stigma scores among PLWH correlated with a 32% reduction in clinic visit adherence (Gennaro et al., 2024).

Systemic Factors Contributing to Stigma Against Infectious Disease Patients

Stigma against individuals diagnosed with infectious diseases is deeply influenced by systemic factors such as policy, media representation, and cultural beliefs. These factors work in tandem to perpetuate stigmatization, often leading to negative health outcomes and diminished quality of life for affected individuals.

Policy Frameworks and Healthcare Systems

Government policies, or the lack thereof, play a critical role in either perpetuating or alleviating stigma. In many low- and middle-income countries, insufficient public health frameworks for infectious diseases can result in marginalized populations being left without adequate support systems, reinforcing stigma and discrimination (Sun et al., 2021). For instance, individuals may fear disclosing their health status due to concerns that their condition will be met with punitive actions from the healthcare system or society at large (Alfaiate et al., 2023). Policies that lack protections for patient confidentiality further exacerbate these fears, preventing individuals from seeking necessary medical care.

Conversely, countries that adopt inclusive health policies and provide comprehensive educational programs have shown progress in reducing stigma. For example, comprehensive policies surrounding HIV and TB management in several countries have been associated with increased public awareness and decreased stigma among healthcare providers and the general public, aligning with evidence from comprehensive reviews (Best et al., 2024). This illustrates the essential role systemic policy plays in shaping societal attitudes toward infectious diseases.

Media Representation

The representation of infectious diseases in the media significantly impacts public perception and contributes to stigma. Sensationalized or negative portrayals can perpetuate fear and misunderstanding regarding diseases such as HIV, COVID-19, and TB. For instance, media coverage during the COVID-19 pandemic often highlighted stories of infection outbreaks and associated mortality rates, creating a climate of fear that exacerbated social stigma against affected individuals ((Alsaqri, 2021).

Media representation also plays a role in establishing narratives around 'victimhood' that can either humanize or further alienate those suffering from infectious diseases. Positive media portrayals that emphasize recovery stories, community support, and resilience can contribute to destigmatization, as seen in various campaigns addressing HIV awareness (Makgopa et al., 2022). Enlightened media representation shifts public discourse from fear to empathy, which can reduce stigma significantly.

Cultural Beliefs and Societal Norms

Cultural beliefs are fundamental to understanding stigma, particularly in regions where traditional beliefs about disease causation prevail. In many societies, infectious diseases are viewed through a moral lens, leading to judgments regarding an individual's lifestyle choices contributing to their health status (Dopelt et al., 2023). In contexts where diseases such as HIV are associated with behaviors (e.g., drug use, sexual promiscuity), individuals face compounded stigma. A qualitative study highlighted that cultural narratives often frame individuals with HIV as morally inferior, which reinforces discriminatory attitudes (Sulistiadi et al., 2020).

Additionally, during the COVID-19 pandemic, cultural perceptions of cleanliness and contagion intensified stigma against individuals who contracted the virus, as societal norms promoted fear of social contamination (Dopelt et al., 2023). Therefore, addressing the cultural underpinnings of stigma is essential for effective interventions.

Lessons from Successful Stigma-Reduction Programs

Various countries have implemented stigma-reduction programs with varying degrees of success, offering insights into effective strategies. These programs often focus on education, community engagement, and healthcare provider training to combat stigma associated with infectious diseases.

One successful approach stems from peer-led interventions, such as the "Mothers Moving Towards Empowerment" program in Botswana. This initiative not only provides support to pregnant women living with HIV but also promotes a sense of community and shared experience, which has proven crucial in mitigating stigma (Sekandi et al., 2024). Training healthcare providers on empathetic communication and cultural competence has also emerged as a pivotal component in stigma reduction, fostering an understanding of patient experiences and reinforcing a supportive care environment (Yuan et al., 2021a).

In addition, community health campaigns that involve local leaders and influencers have demonstrated effectiveness in changing societal attitudes. For instance, initiatives that leverage religious or traditional leaders' influence in promoting health education concerning HIV and its prevention strategies have shown promise in reducing stigma in communities (Lee et al., 2021). By transforming societal narratives and promoting understanding around infectious diseases, these programs can shift the cultural discourse away from stigma towards acceptance and solidarity.

Furthermore, the strategic use of mass communication in destigmatizing campaigns has been beneficial, particularly in contexts like the COVID-19 pandemic, where preparedness, public health best practices, and narratives of survivor solidarity have emerged as effective tools to combat fear and discrimination (Machowska et al., 2020).

Limitation

While this review provides an in-depth analysis of stigma against individuals with infectious diseases, several limitations must be acknowledged. The studies examined were predominantly cross-sectional, which may limit the ability to assess long-term trends in stigma-related experiences. Additionally, much of the literature reviewed was focused on high-prevalence diseases such as HIV and TB, with relatively less attention given to emerging infectious diseases and neglected tropical diseases. The inclusion of studies from different cultural contexts posed challenges in drawing universal conclusions, as stigma manifests differently across regions. Future research should consider longitudinal studies to track changes in stigma over time and expand the scope to encompass a wider range of infectious diseases.

Implication

The findings of this review have significant implications for policy, public health interventions, and healthcare practices. To effectively reduce stigma, policymakers must prioritize inclusive health policies that protect patient rights and confidentiality while ensuring equitable access to care. Public health campaigns should be tailored to specific cultural contexts to challenge deeply ingrained stigma-related beliefs. Community-based interventions, particularly those leveraging peer support and trusted community leaders, offer promising approaches for changing societal attitudes. Additionally, training programs for healthcare providers should be expanded to include stigma-reduction strategies as a core component of medical education. Addressing stigma requires a multidisciplinary approach that integrates policy reform, education, and advocacy to create a more inclusive and supportive environment for individuals living with infectious diseases.

CONCLUSION

This study highlights the pervasive impact of stigma on individuals diagnosed with infectious diseases, demonstrating its multifaceted consequences on mental health, social relationships, economic stability, and healthcare access. Findings suggest that stigma contributes to emotional distress, increased anxiety and depression, and reluctance to seek medical care, further exacerbating health disparities. Systemic factors such as policy deficiencies, media representation, and cultural beliefs play a significant role in perpetuating stigma, underscoring the need for targeted interventions.

The urgency of addressing stigma is evident, as it directly influences disease management, treatment adherence, and overall well-being. Policy reforms promoting patient confidentiality, inclusive healthcare policies, and anti-discrimination laws are essential steps in mitigating stigma. Additionally, educational campaigns, community-based support systems, and healthcare provider training should be prioritized to foster a more supportive environment for affected individuals.

Future research should focus on longitudinal studies to track changes in stigma-related experiences over time and explore interventions tailored to emerging infectious diseases. Further exploration of culturally specific stigma-reduction strategies will be necessary to enhance the effectiveness of public health initiatives. A multidisciplinary approach integrating policy reform, education, and community engagement is crucial in dismantling stigma and ensuring equitable healthcare access for all individuals affected by infectious diseases.

REFERENCES

Nakasujja N, Nakigudde J, Lwanga I, Sezibera V. "I Haven't Told Other People. I Want to Keep My Dignity": HIV Related Stigma Among the Elderly in Uganda. Hiv/Aids - Research and Palliative Care. 2024;Volume 16:477–84.

Yuan K, Huang XL, Yan W, Zhang Y, Gong YM, Su SZ, et al. A Systematic Review and Meta-Analysis on the Prevalence of Stigma in Infectious Diseases, Including COVID-19: A Call to Action. Mol Psychiatry. 2021;27(1):19–33.

Poku O, Ho-Foster A, Entaile P, Misra S, Mehta H, Rampa S, et al. 'Mothers Moving Towards Empowerment' Intervention to Reduce Stigma and Improve Treatment Adherence in Pregnant Women Living With HIV in Botswana: Study Protocol for a Pragmatic Clinical Trial. Trials. 2020;21(1).

McCollum R, Barrett C, Zawolo G, Johnstone R, Godwin-Akpan TG, Berrian H, et al. 'The Lost Peace': Evidencing the Syndemic Relationship Between Neglected Tropical Diseases and Mental Distress in Liberia. Trop Med Infect Dis. 2024;9(8):183.

Kiriazova T, Postnov O, Bingham T, Myers JJ, Flanigan T, Vitek C, et al. Patient and Provider Perspectives Inform an Intervention to Improve Linkage to Care for HIV Patients in Ukraine. BMC Health Serv Res. 2018;18(1).

Villarinho M V, Padilha MI. Sentimentos Relatados Pelos Trabalhadores Da Saúde Frente À Epidemia Da Aids (1986-2006). Texto & Contexto - Enfermagem. 2016;25(1).

Bruns DP, Kraguljac N V, Bruns T. COVID-19: Facts, Cultural Considerations, and Risk of Stigmatization. Journal of Transcultural Nursing. 2020;31(4):326–32.

Makgopa S, Cele L, Mokgatle M. Pre-Diagnosis Health Seeking Behaviors and Experiences Post-Diagnosis, Among Men Diagnosed With Tuberculosis in a District of Gauteng Metropolitan City, South Africa: In-Depth Interviews. Int J Environ Res Public Health. 2022;19(20):13635.

Ogunleye OO, Basu D, Mueller D, Sneddon J, Seaton RA, Yinka-Ogunleye A, et al. Response to the Novel Corona Virus (COVID-19) Pandemic Across Africa: Successes, Challenges, and Implications for the Future. Front Pharmacol. 2020;11.

Bain LE, Dierickx K, Hens K. Ethical Issues Surrounding the Provider Initiated Opt – Out Prenatal HIV Screening Practice in Sub – Saharan Africa: A Literature Review. BMC Med Ethics. 2015;16(1).

Sun W, Zhou Y, Chen W, Huang F, Sun M, Shen L, et al. Disclosure Experience Among COVID-19-confirmed Patients in China: A Qualitative Study. J Clin Nurs. 2021;30(5–6):783–92.

Yuan K, Huang XL, Yan W, Zhang Y, Gong YM, Su SZ, et al. A Systematic Review and Meta-Analysis on the Prevalence of Stigma in Infectious Diseases, Including COVID-19: A Call to Action. Mol Psychiatry. 2021;27(1):19–33.

Tang J, Ren J, Wang H, Shi M, Jia X, Zhang L. Real Experience of Caregivers of Patients With HIV/AIDS From the Perspective of Iceberg Theory: A Qualitative Research. BMJ Open. 2024;14(5):e079474.

Biesty CP, Hemingway C, Woolgar J, Taylor K, Lawton MD, Waheed MW, et al. Community Led Health Promotion to Counter Stigma and Increase Trust Amongst Priority Populations: Lessons From the 2022–2023 UK Mpox Outbreak. BMC Public Health. 2024;24(1).

Zhong Y, Zhao H, Lee TY, Yu T, Liu MF, Ji J. Experiences of COVID-19 Patients in a Fangcang Shelter Hospital in China During the First Wave of the COVID-19 Pandemic: A Qualitative Descriptive Study. BMJ Open. 2022;12(9):e065799.

Engdawork K, Davey G, Ayode D, McBride CM, Tadele G. A Cross-Sectional Survey to Assess the Risk Factors Associated With Stigmatizing Attitudes Towards Patients With Podoconiosis Among Rural Youth in Southern Ethiopia. Trans R Soc Trop Med Hyg. 2020;114(12):995–1002.

Cénat JM, Noorishad P, Dalexis RD, Rousseau C, Dérivois D, Kokou-Kpolou CK, et al. Prevalence and Risk Factors of Depression Symptoms Among Rural and Urban Populations Affected by Ebola Virus Disease in the Democratic Republic of the Congo: A Representative Cross-Sectional Study. BMJ Open. 2022;12(1):e053375.

Hunt J, Bristowe K, Chidyamatare S, Harding R. 'So Isolation Comes In, Discrimination and You Find Many People Dying Quietly Without Any Family Support': Accessing Palliative Care for Key Populations – An in-Depth Qualitative Study. Palliat Med. 2019;33(6):685–92.

Roberti J, Ini N, Belizán M, Alonso JP. Barriers and Facilitators to Vaccination in Latin America: A Thematic Synthesis of Qualitative Studies. Cad Saude Publica. 2024;40(6).

Souza GC, Oliveira PS d., Araujo PN d., Santos FL d., Silva JP d., Santos K d. S, et al. Experiences of Social Stigma of People Living With Hansen's Disease in Brazil: Silencing, Secrets and Exclusion. Int Health. 2024;16(Supplement_1):i60–7.

Santacroce L, Prete RD, Charitos IA, Bottalico L. Mycobacterium Leprae: A Historical Study on the Origins of Leprosy and Its Social Stigma. Infezioni in Medicina. 2021;29(4).

Zhang L, Zhang C, Li K, Zhang Y. Longitudinal Qualitative Study on the Psychological Experiences of COVID-19 Patients Based on Timing It Right Framework. Sci Rep. 2024;14(1).

Bayat ZS, Brakel WH v., Ebrahimi H, Ravesh NN, Shakeri N, Ebrahimi M. Correlation Between Stigma and Quality of Life in Leprosy Patients in Mehrab Khan Region of Mashhad. Acta Med Iran. 2021;

Nasuuna E, Kigozi J, Muwanguzi PA, Babirye J, Kiwala L, Muganzi A, et al. Challenges Faced by Caregivers of Virally Non-Suppressed Children on the Intensive Adherence Counselling Program in Uganda: A Qualitative Study. BMC Health Serv Res. 2019;19(1).

Gennaro FD, Papagni R, Segala F V, Pellegrino C, Panico GG, Frallonardo L, et al. Stigma and Mental Health Among People Living With HIV Across the COVID-19 Pandemic: A Cross-Sectional Study. BMC Infect Dis. 2024;24(1).

Toulabi T, Pour FJ, Veiskramian A, Heydari H. Exploring COVID-19 Patients' Experiences of Psychological Distress During the Disease Course: A Qualitative Study. BMC Psychiatry. 2021;21(1).

Kibria G, Islam T, Islam MdT, Kabir R, Ahmed S, Sultana P. Stigma and Its Associated Factors Among Patients With COVID-19 in Dhaka City: Evidence From a Cross-Sectional Investigation. PeerJ. 2022;10:e14092.

Park H, Kim HS, Park HW. A Scientometric Study of Digital Literacy, ICT Literacy, Information Literacy, and Media Literacy. Journal of Data and Information Science. 2020;6(2):116–38.

Alfaiate A, Rodrigues R, Aguiar A, Duarte R. Tuberculosis and COVID-19 Related Stigma: Portuguese Patients Experiences. Tuberc Respir Dis (Seoul). 2023;86(3):216–25.

Smith AKJ, Storer D, Lancaster K, Haire B, Newman CE, Paparini S, et al. Mpox Illness Narratives: Stigmatising Care and Recovery During and After an Emergency Outbreak. Qual Health Res. 2024;34(12):1161–74.

Alsaqri SH. COVID-19 Associated Social Stigma as Experienced by Frontline Nurses of Hail: A Qualitative Study. International Journal of Advanced and Applied Sciences. 2021;8(8):52–7.

Sekandi JN, Quach THT, Olum R, Nakkonde D, Farist L, Obiekwe R, et al. Stigma and Associated Sex Disparities Among Patients With Tuberculosis in Uganda: A Cross-Sectional Study. Ther Adv Infect Dis. 2024;11.

Best KCS, Ameh E, Weldon C, Shwe D, Maigari IM, Turaki I, et al. Double Stigma: A Cross-Sectional Study of Lassa Patients With Hearing Loss in North Central Nigeria. Front Public Health. 2024;12.

Loeliger KB, Niccolai LM, Mtungwa LN, Moll AP, Shenoi S. Antiretroviral Therapy Initiation and Adherence in Rural South Africa: Community Health Workers' Perspectives on Barriers and Facilitators. AIDS Care. 2016;28(8):982–93.

Drvar TB, Shychuck EM, Chhor B, Mayle L, Marshalek P, Zheng W. Managing Recurrent Endocarditis in Substance Use Disorder: The Role of Civil Commitment and Comprehensive Care. American Journal of Case Reports. 2024;26.

Lee J, Lee E, Chae D. eHealth Literacy Instruments: Systematic Review of Measurement Properties. J Med Internet Res. 2021;23(11):e30644.

DiCarlo A, Fayorsey R, Syengo M, Chege D, Sirengo M, Reidy W, et al. Lay Health Worker Experiences Administering a Multi-Level Combination Intervention to Improve PMTCT Retention. BMC Health Serv Res. 2018;18(1).

Eisinger RW, Dieffenbach CW, Fauci AS. HIV Viral Load and Transmissibility of HIV Infection. JAMA. 2019;321(5):451.

Dopelt K, Davidovitch N, Davidov N, Plot I, Boas H, Barach P. "As if We Are Branded With the Mark of Cain": Stigma, Guilt, and Shame Experienced by COVID-19 Survivors in Israel - A Qualitative Study. Current Psychology. 2023;43(13):12106–19.

Sulistiadi W, Slamet SR, Harmani N. Management of COVID-19 Public Stigma in Indonesian Society. Kesmas National Public Health Journal. 2020;15(2).

Machowska A, Bamboria BL, Bercan C, Sharma M. Impact of 'HIV-related Stigma-Reduction Workshops' on Knowledge and Attitude of Healthcare Providers and Students in Central India: A Pre-Test and Post-Test Intervention Study. BMJ Open. 2020;10(4):e033612.