



TUBERCULOSIS AND WOMEN: A STUDY INTO THE HEALTH RELATED STIGMA

Clinical Research

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ABSTRACT

Next to HIV, Tuberculosis ranks as the second leading cause of death from an infectious disease worldwide. Tuberculosis patients, their families and siblings have been and continue to be the victims of social stigma. It has been observed and found that the stigma of Tuberculosis is more likely in women than men when it comes to marriage, because it is easier for men infected or treated with Tuberculosis to get married as compared to women. The present paper is an attempt to explore the implications of Tuberculosis stigma particularly on women because when it hits on women it hits on their innumerable roles which they are playing in the family and society.

KEYWORDS

Tuberculosis, Women, Disease, Stigma, Barriers.

INTRODUCTION

Tuberculosis has been recognized as a global health emergency by the World Health Organization (WHO) in 1993 killing millions of people worldwide and is the second leading cause of death next to Human Immunodeficiency Virus (WHO 2015). It is communicable, bacterial and infectious disease which is caused by *Mycobacterium Tuberculosis*. The disease mainly affects the lungs and other parts of body like brain, kidney, joints, skin etc. (Dye, L.2006). Tuberculosis (TB) is one of India's most important public health problem. India accounts for nearly one fifth of the global Tuberculosis burden. Every day in India more than 20,000 people develop the disease, and more than 1000 die from Tuberculosis. The social and economic impact of Tuberculosis (TB) which claims lives of more than 4, 00,000 people every year is devastating, especially as it affects the economically most productive age group (Clark, 1996). Tuberculosis (TB) is a classical example of a disease with both medical and social dimensions, characterized by its close relation to poor socio-economic conditions. The patients affected by Tuberculosis experience psychological and social sufferings and their basic rights may be negated. Amongst complications met by Tuberculosis patients, social stigma has been increasingly recognized as an undesirable or discrediting attribute that an individual possesses, thus reducing that individual's status in the eyes of society. India lags far behind developed countries in managing Tuberculosis (TB) because of intense social stigma attached to it. The stigma attached to Tuberculosis adds to the burden of disease for both men and women, and is affecting the most productive age groups (WHO, 2009). While men have to deal with the stigma at their work place and at the community level, women are faced with ostracism within the household and in the immediate neighbourhood. They are also inhibited in discussing their illness and participating in social functions due to fear of becoming an outcast. An innumerable discourse on Tuberculosis reveals that the families of male Tuberculosis patients accepted the disease while on the other hand; women Tuberculosis patients suffered some adverse reactions like women being restricted from conceiving, breastfeeding their children or even outright rejection (Ramachandran et. al. (1997). Nonetheless, women in developing countries confront more barriers than men in accessing health care services due to a variety of socio-cultural factors. The families as well as the siblings of Tuberculosis patients suffer a lot because they are being stigmatized because of which the patients especially female Tuberculosis patients prefer to stay indoors and have less social interaction which impacts their overall social position.

METHODOLOGY

Here we report the case studies of married female Tuberculosis patients who were in their reproductive phase at the time of interview.

To become a mother is one of the greatest responsibilities in the world. It is a full time occupation which alienates a woman from other zones of life.

Saika was pregnant for the second time. She had come for Tuberculosis medicines at District Tuberculosis Center Srinagar*

accompanied by her mother. Saika had eight months old son when she was detected with Tuberculosis. The disease was diagnosed within one and a half year of marriage. Soon after diagnosed with Tuberculosis, her psychological wellbeing has started disrupting because her husband was very unsupportive after getting information of Tuberculosis. Suddenly, her health started deteriorating when her husband left her with the poor father. At the time of interview Saika was still at her parents' home and for meeting expenses of medicines she had sold her gold chain.*

While narrating an ordeal one of the study participant said, *I had a miscarriage in the third month of my first pregnancy. I was shattered by that news and was at complete bed rest for almost 5 months. I was planning to go my in-laws home and no final date was not fixed for that. One morning, I got huge pain under my arm that lasts for almost one day. In the next day, my mother feels some node there and after getting that examined in one month, it appeared to be Tuberculosis. My whole world falls apart when I got this news. Although, I have supportive husband but I was strictly restricted to disclose this news to in-laws and relatives because of the social stigma attached with it. While visiting Tuberculosis centre I remain always in an intense fear that somebody might see me in Tuberculosis centre. (Bilquees* age 36 Tuberculosis Unit Sopore).*

CONCLUSION

Tuberculosis carries with it an age old stigma which has not changed the mind sets of people towards this disease despite a massive and robust programme meant for its complete elimination at the earliest. Tuberculosis patient despite having all medicines and other requisite things free of cost often internalizes the sense of disvalue after getting diagnosed with this illness. The patient adopts a set of self-regarding attitudes about the marked characteristic including shame, disgust, and guilt. These attitudes produce a set of behaviours that include hiding the stigmatized trait, withdrawing from interpersonal relationships, or increasing risky behaviour. It has also been recognized that women of reproductive age are more likely to develop active Tuberculosis if they encounter Tuberculosis bacteria, yet they are less likely to seek help for Tuberculosis symptoms than men because of the stigma in accessing the health care, medication adherence, social interaction and social support. Various studies have also confirmed that basically it is not the disease but the stigma associated with it on the basis of which patients especially females hide their disease. Thus, Tuberculosis disease is not doing that much to the patient as the attitude of people towards this disease. From the above description it becomes quite clear that social stigma is a major determinant of Tuberculosis control efforts and programmes which is not helping and in a way hampering Tuberculosis to get eliminated from the society.

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