

A Review Article Myths and Stigma Revolving Around Tuberculosis

Uzma eram¹, Tamanna z², Humaira JT³

¹Assistant professor in the Department of Community Medicine, J. N. M. C. H, Aligarh

²Assistant consultant in KFMC in Riyadh in Emergency Department

³JUNIOR RESIDENT in M. D. S; Saraswati Dental College; Lucknow

¹uzmazoya27@gmail.com

Abstract: - There are various myths associated with TB. E.g. it is a hereditary disease, it is caused by excessive smoking, it is a disease of past etc. In some cultures, it is associated with witchcraft. TB can be considered as a curse on a family. Stigma around TB can also make people reluctant to stick with their course of treatment. India is spending lakhs on anti-stigma campaigns to make people aware about TB. Misconceptions are widely prevalent in Pakistani patients. About half of the TB patients in the study were of the view that being infected with TB reduced their chances of getting married. Many people suffering from tuberculosis faced stigma related issues. The content and implementation of sensitization program should be improved and more emphasis needs to be placed on women and children.

Keywords: - myths, stigma, tuberculosis

I. INTRODUCTION

Tuberculosis is an infectious illness caused by air borne bacteria. If left untreated, it can be life-threatening. The most common symptoms are cough for more than 3 weeks, fever, fatigue, and hemoptysis. There are various myths associated with TB. E.g. it is a hereditary disease, it is caused by excessive smoking, it is a disease of past etc. In some cultures, it is associated with witchcraft. TB can be considered as a curse on a family. Stigma around TB can also make people reluctant to stick with their course of treatment. India is spending lakhs on anti-stigma campaigns to make people aware about TB.

II. REVIEW OF LITERATURE

The myths and stigma revolving around tuberculosis (T.B.) and its treatment have to be targeted to improve TB control. In India (1), patients with TB often experience rejection and social isolation. A common belief is that TB is incurable and that the drugs for treatment of TB can cause harm to the patient. Many fear that TB can cause impotence and sterility. The people believed that TB is hereditary and can spread in many ways as AIDS spread. The belief that TB spreads through handshaking and sharing food with an infected person causes patient to keep their condition a secret for fear of being shunned, even by their own family members. Single women often find it difficult to find life partners and are rejected. Married women are

abused by their in-laws and deserted by their husbands.

Misconceptions are widely prevalent in Pakistani patients (2). About half of the TB patients in the study were of the view that being infected with TB reduced their chances of getting married.

Ghanaians think that TB is a spiritual disease and therefore does not need medical attention. Among the Akan tribe in Ghana, there is a belief that TB could arise from ancestral punishment due to lack of care provided to family members who have suffered and died from TB, hence the name Nsaman WA (ghost cough). Again in the Volta region of Ghana, TB is known as Yomokpe (grave yard), which to them suggest that once you are infected, death was unavoidable or inevitable (3).

There is a Kenyan study which reported that there is a common belief that inheritance and familial association constitute a mechanism of transmitting TB (4). Bewitching and cursing were also mentioned. Some urban participants suggested that TB is a water-borne disease.

In a study (5), 45% of studies found that women experienced greater stigma than men. 10% of studies reported that men faced a greater stigma burden than women. Two studies discussed divorce as a direct consequence of TB.

In a study in S. Africa (6), the respondents described two types of TB. The first is known as tindzaka. The cause of which was breaking the traditional rule that states that member of a family in which the death has occurred must abstain from sex during the period of mourning prescribed by elders. Those who eat food prepared by the woman who has broken this rule will also develop tindzaka. Mlondzwave is also a kind of TB. Western TB is a TB which causes coughing. Tindzaka can only be treated by traditional healers. Many respondents said a common cause for not taking treatment was the belief that there should be abstinence from sex while on treatment.

A study in Andhra Pradesh (7) reported that 20% of patients attributed TB to supernatural causes such as witchcraft, divine, evil eye etc. 5% of total sample cited bad blood as a cause of their disease. When asked the

meaning of bad blood, they meant blood which has become spoiled as a result of overheat in the body. There is widespread perception among the patients that over consumption of hot foods such as mangoes or excessive exposure to sun could spoil the blood. Very few gave the reason of hard work and sleep deprivation also.

A study in south India(8) reported that all participants said that women infected with TB should not conceive. Most of the men and women said that TB infected women should not breast-feed as the illness will pass onto the children through lactation. The stigma of TB is more visible in women than in men when it comes to marriage.

Another study(9) of central India reported that respondents said that they have impaired self-esteem, felt ashamed or embarrassed and have felt less respect from others in the society. One of the patients said he is even treated badly even by his own wife since he could not earn money because of the disease. Few have felt that the other people don't want to come to their home.

In a study(10) in Zambia, 81.2% of people believed that TB is contracted by sharing cups, familial inheritance, drinking spirits, sleeping with a menstruating woman, evil spirits etc. The fear for TB was reflected in frequent use of the term KANAYAKA meaning the red light that never switches off. Some patients believed that HIV and TB were the same disease. Various respondents mentioned that some TB patients were banished to a village to live with relatives.

A one more study (11) in Zambia reported that three key causes of TB-HIV stigma emerge from the data: judgment, blame and shame. According to the people under study, there are two types of TB: old and new. The new TB carries stronger and more damaging associations with deviant and culpable behavior because of its association with HIV. Elders explained that the old TB was often caused by habits such as men smoking, tobacco or marijuana, through employment in the mines or by abortion. But the new TB is more often associated with hanging out in bars and in towns and with sexual transgressions. An urban traditional healer echoes the opinion of many respondents; they say that one has TB due to too much going about with women and men. Women are particularly susceptible to the accusation and are more likely to be blamed for transmission of both old and new TB. They say that TB is a disease of shame. TB people are AIDS people.

III. CONCLUSION

Many people suffering from tuberculosis faced stigma related issues. The content and implementation of

sensitization programs should be improved and more emphasis needs to be placed on women and children.

REFERENCES

- [1]. Anita S, Mathew, Amol M. Clinical Infectious Diseases. 2007; 45(9):1247 Doi 10.1086/522312.
- [2]. Javaid AK, Muhammad I, Amna Z. et al Knowledge attitude and misconceptions regarding tuberculosis in Pakistani patients. J of Pakistani Medical Association. May; 2006; 56:211.
- [3]. Joshua AA, Akwasii KK. Myths and misconceptions about TB transmission in Ghana Cape Coast. BMC International Health and Human Rights; 2013-13:38.
- [4]. R Liefoghe, JB Baliddawa, EM Kipruto et al. From their own perspectives. A Kenyan community perception of TB. Tropical Medicine and International Health. vol 2; no.8; pp:809-821, Aug 1997.
- [5]. Lakhshmi K, Tokunbo A, Anita VS, et al. Gender-related barriers and delays in accessing TB diagnostic and treatment services. A systematic review of qualitative studies. TB Research and Treatment; vol. 2014(2014). article ID 215059, 14 Pages. <http://dx.doi.org/10.1155/2014/215059>. published on 11th May, 2014.
- [6]. ME Edginton, CS Sekatane, SJ Goldstein. Patient's beliefs. Do they affect TB control, a study in a rural district of S Africa? The International J of TB and Lung Disease. 6 (12)1075-82, Jan; 2003.
- [7]. Bojja V, Sheela P. Beliefs of patients about the causes of TB in rural Andhra Pradesh. International J of Nursing AND Midwifery. vol 2(2); pp: 21-27. oct, 2010.
- [8]. Sudha G, Beena ET, MS Jawahar et al. Perceptions of gender and TB in a south Indian urban community. Indian J of TB. 2008; 55, 9-14.
- [9]. Talha S, Abhay ST. TB associated stigma among patients attending outpatients in medical college hospital in Sagar (M.P.) in Central India. J of Medical and Health Sciences. accepted date 27th dec, 2013.
- [10]. Anne LC, Myrthe M de L, Nathan K, et al. Assessing the consequences of stigma of TB patients in urban Zambia. PLoS /one. 10 (3): March; 2015.
- [11]. Virginia B, Laura N. The importance of addressing the unfolding TB-HIV Stigma in high HIV prevalence settings. J of Community and Applied Social Psychology. 16:452-61; 2006.