

ANALYZE THE COPING OF PATIENTS AFFECTED BY TUBERCULOSIS IN RELATION TO PREJUDICE AND STIGMA OF THE DISEASE: A LITERATURE REVIEW

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Abstract: INTRODUCTION: According to the analysis of the studies included, it was seen that the stigma and prejudice of those living with a diagnosis of tuberculosis is multifactorial, which includes the low level of education of the population, thus culminating in ignorance of the disease, its forms of transmission, treatment and possibility of cure. Furthermore, this lack of information among the population causes prejudice against those diagnosed with this disease. Other associated factors are socioeconomic issues and lack of access to health services specialized in tuberculosis. The results of these studies indicate that stigma towards patients does not is only linked to their general physical state, but also to their emotional part, due to the prejudice installed in society, which is why patients are often excluded from their social and family environment. An important finding that came into agreement in the studies included, it was that treatment and adherence are influenced by internal and external actions in the patient's life, such as rejection through contagion, silence regarding the diagnosis and prejudice. Therefore, a multifactorial approach is necessary to reduce these stigmas. Researching and learning more about the topic covered will expand the Student's scientific knowledge, serving as a source for future studies, giving them scientific support to improve the care provided to their patients, which confirms the relevance of the study in seeking local information. **GOAL:** The present study aimed to analyze stigma, prejudice and coping among individuals affected by tuberculosis. **METHODOLOGY:** Integrative literature review, exploratory and meta-analysis. Through bibliographical research. Research method that analyzes published knowledge about a given topic, enabling its synthesis and expanding understanding of the object of study of interest. After analyzing the articles based on the inclusion and exclusion

criteria, articles were selected, between the years 2013 and 2023, taken from articles from the Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Medical Literature Analysis and Retrieval System Online (MEDLINE), in which the descriptors were used: “Tuberculosis; Social prejudice; Stigma; Public health”.

RESULTS AND DISCUSSION: The term stigma was originally described by several authors researched in this study, as an undesirable or derogatory attribute in the eyes of society, and may be a physical or social mark with a negative connotation, which leads the individual to marginalization and/or exclusion from their social relationships. According to the authors cited in the study, social stigma can have a strong impact on the lives of patients and families.

CONCLUSION: In conclusion, it is highlighted that tuberculosis, in addition to affecting the individual physically and emotionally, also affects the control strategies implemented, therefore, public awareness of this disease and its stigmas require both efforts from government actions, health actions for the population and health professionals. In view of this situation, educational campaigns that promote knowledge about the disease, its transmission routes and treatment must be promoted, in order to gradually reduce these stigmas and prejudices.

Keywords: “Tuberculosis; Social prejudice; Stigma; Public health”

INTRODUCTION

Mycobacterium tuberculosis, known as tuberculosis, is a disease of infectious origin caused by bacterial clinical manifestation in the living individual, affecting mainly the lungs and being able to extend to other organs and systems, with the pulmonary manifestation being the most frequent and the one that

presents the greatest concern for public health (BRAGA, et al., 2019). Tuberculosis (TB) is a global public health problem that is present in every country in the world and that, over the years, has been worrying authorities and other health professionals.

Thus, recent studies demonstrate that around a third of the world’s population is or will be infected by the bacterium *Mycobacterium tuberculosis* and is at high risk of worsening the disease (TOUSO, et al., 2014). Among countries in disparities with increasing numbers of TB cases, data from authors Touso, et al. (2014) show that Brazil occupies the seventeenth position in terms of the number of people affected and the one hundred and eleventh place in terms of incidence ranking by individuals in data published in 2014.

Analysis of 2020 data on the incidence of TB in Brazil highlights that cases of the disease cover around 50% of South America in the North, Northeast, Southeast, South and Central-West regions. These five regions have different climate patterns, socioeconomic characteristics, political dynamics and administrative structures, being the main risk factor for the spread of the disease (CORTEZ, et al., 2020). Although treatment is available in all hospitals in the country, the majority of patients, substantially those with low income – are subjected to public health services available in each region provided by the Unified Health System (SUS). Therefore, these patients’ first contact must be with primary health care, often being the first point of contact for people who interact with palliative care and TB treatment (CORTEZ, et al., 2020).

Therefore, this Article aims to analyze the stigma, prejudice and coping of individuals affected by tuberculosis. Thus, this study is necessary for the scientific community, as it presents updated data on the disease and

allows an understanding of medical care and stigmas of the pathology.

GOAL

GENERAL

- Analyze stigma, prejudice and coping among individuals affected by tuberculosis.

SPECIFIC

- Assess the impact generated by prejudice on patients diagnosed with and undergoing treatment for tuberculosis.
- Evidence actions to minimize such impact on public health: measure and strategy for control and repercussions.

METHODOLOGY

MATERIALS AND METHODS

TYPES OF STUDY

This work is an integrative literature review, exploratory and meta-analysis. Through bibliographical research. Research method that analyzes published knowledge about a given topic, enabling its synthesis and expanding understanding of the object of study of interest.

DATA COLLECTION AND ANALYSIS PROCEDURES

In this study, the following inclusion criteria were used: I) articles published after 2013; II) articles published in the SciELO, MEDLINE, LILACS and PubMed databases; III) articles or periodicals made available in full; IV) articles or periodicals published in Portuguese. The exclusion criteria were considered: I) theses, dissertations, monographs and review articles or with unavailable full text; II) articles or

periodicals published before 2013; III) articles or periodicals not published in the Portuguese language; IV) repeated articles or periodicals. Publications that do not problematize the difficulties and limitations that public health faces due to prejudice and stigma towards patients undergoing tuberculosis treatment were excluded.

STATISTICAL PROCEDURES

After analyzing the articles based on the inclusion and exclusion criteria, articles were selected, between the years 2013 and 2023, taken from articles from Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Medical Literature Analysis and Retrieval System Online (MEDLINE), in which the descriptors were used: "Cervical cancer", "Pandemic", "Covid-19" and "Public Health"

The following steps will be covered: exhaustive reading and re-reading of the data relating to the topic covered; interpretation of data based on specific literature on the topic that will be checked by the advisor, in order to verify its reliability.

ETHICAL ASPECTS

The commitment to citing the authors used in the study is reaffirmed, respecting the Brazilian regulatory standard 6023, which provides for the elements to be included and guides the compilation and production of references. The data accessed and collected was used exclusively for scientific purposes.

RESULTS AND DISCUSSIONS

Given the considerable advances in science, Tuberculosis is still considered a disease focused on the context of social inequality, especially in Brazil. Among the main factors that cause difficulty in combating the pathology and adhering to tuberculosis treatment, the following stand out: lack of patient and family information about the disease, use of alcohol and illicit drugs, adverse reactions to medication, difficulty accessing of health services and social prejudice about the disease.

TB is one of the health problems influenced by social determinants and demonstrates a direct relationship with poverty and exclusion, in which stigma has been considered an important indicator of this relationship (COREIL et al., 2010, n.p) and (KIPP AM et al., 2011, n.p).

The term stigma was originally described by Goffman (2015, n.p) as an undesirable or derogatory attribute in the eyes of society, which can be a physical or social mark with a negative connotation, which leads the individual to marginalization and/or exclusion from their social relationships. (RONZANI TM., 2011, n.p). According to this same author, social stigma can have a strong impact on the life of the person suffering from it and their family. In this regard, research by Long NH, et al. (2001) point out that the main effect of the stigma associated with TB in developing countries is the social isolation of the patient in the community and family, in which the subject is forced to eat and sleep separately from other members (EASTWOOD SV, 2004)

Facing the care of the body with TB that undergoes chemotherapy treatment, according to guidelines from the Ministry of Health (2012), can trigger adverse reactions. The patient becomes more vulnerable to opportunistic diseases, with physical frailty, due to the decrease in their functional and

respiratory capacity, which makes it difficult to carry out daily activities such as going up and down hills to go to the hospital, carrying out activities of daily living that require raising the arms above 90° (placing purchases in the closet), generating a greater degree of dependence on others (family/employer), segregation and abandonment of treatment.

Health promotion must be guided by the production of working and community life, which is influenced by prejudice and stigma, social processes resulting from discrimination, involving categorization, stereotypes and social rejection (PARKER, 2012), situations that remove the possibility of obtaining a formal job, as many employers think that TB could spread in their company, causing several absences from work, in addition to imagining that, despite the cure, the carrier will always be a sick person, without physical resistance and who there will be a lot of missing daily work, bringing expenses and “staining” this place of toil. This idea generates emotional distortion, affecting the lives of the client and their family, as the SER needs self-valuation and to be inserted into the formal job market.

This way, the stigmatized person generates two identities: real and virtual. The real identified as the set of attributes it has and the virtual representing the perception that people about it; therefore, they are character demands and attributions, made by those considered normal (GOFFMAN, 2015). Therefore, the virtual image of TB clients is recognized as an identity deteriorated by moral values, representing something bad within the community, and coexistence with them must be avoided, making them appear undisciplined and immoral. This favors a prejudiced and discriminatory attitude, generating vulnerability, constituting a social and affective barrier, the diagnosis of which implies value judgment and, as a result, segregation (CIRINO, 2009).

Social stigma and prejudice can have a strong impact on the life of a person with tuberculosis and their family, to the point of causing social isolation and great difficulties in controlling the disease. Something so harmful that it can make patients never want treatment or abandon it because they feel discriminated against and feel ashamed. The problem spans centuries and has peculiarities related to certain eras, which include myth, the exaltation of the disease by intellectuals in the era of Romanticism, the taboo, refinement of the disease's victims through moral lessons, naturalistic experiences, hygiene and demystification. A real challenge to be overcome in the area of public health.

According to retired historian and researcher from Casa de Oswaldo Cruz/Fiocruz and doctor in Public Health (IMS/Uerj) Ângela Pôrto, she recalled that the horror of tuberculosis was justified until the beginning of the last century by its incurability, which made it a taboo and had the extreme symptom of stigmatization of the patient and consequent isolation. According to her, the fear of death caused fear of tuberculosis, which still persists today among the most uninformed sections of the population, despite being a treatable and curable disease. "The persistence of the stigmatization of tuberculosis and tuberculosis patients, without a doubt, constitutes a serious obstacle to controlling the disease," she stated. Ângela is the author of the thesis "The whole life that could have been and that wasn't: trajectory of a consumptive poet" (1999/2000) about the disease in the first half of the 20th century, which traced the story of the poet Manuel Bandeira (1886-1968) since he discovered he had tuberculosis in his late teens. The postgraduate doctoral work in Public Health at Uerj/Institute of Social Medicine, from 1997, shows Bandeira's experience with the disease. He used poetry as a resource in reworking his own identity. In

the 18th and early 20th centuries, tuberculosis was considered an interesting disease, a concept that was more widespread among intellectuals and artists and typical of the romantic sensibility that marked the time. Ângela recalled that tuberculosis patients brought an aura of exceptionality, associated with essential concepts of the romantic spirit, such as nostalgia, creative imagination and others that expressed ineffable states of mind or that valued everything that referred to an unusual experience.

This, according to her, changed when romantic sensitivity began to show signs of exhaustion. From the second half of the 19th century, there was a tendency for tuberculosis to appear as a promoter of refinement in its victims, so that the condemnation brought by the disease would enable the patient's moral recovery. This is evident in the books "The Lady of the Camellias", by Alexandre Dumas, from 1848, and "The Magic Mountain", by Thomas Mann, from 1924. At that time, the bourgeois characteristics of biological, medical or eugenic precepts that expressed the infinite expansion of strength, vigor, health and life. The bourgeoisie, according to Ângela, valued its body as its growth and hegemony project depended on it. Everything that could pose a threat to heredity, continued the historian, must be subject to banishment or severe treatment and, therefore, tuberculous patients became a danger that must be 'eliminated' for the good of the community. According to Ângela, a naturalistic experience was then lived and the new era industrialization process contributed to considering the disease as social deterioration, as it affected the poorest sections of the population, that is, its productive force: the working classes. "Hygienic measures, which result in the isolation of the patient, gained visibility", she commented.

CONCLUSION

According to the results shown in the studies presented, tuberculosis is a disease with many barriers to be overcome, especially in the social field. Therefore, it is essential that health professionals and services are aware of the adversities faced by patients during treatment, maintain a good relationship with the patient, giving them confidence and creating a bond during consultations, and

informing them about the importance of continuity of care. treatment, as it is possible to develop actions and strategies focused on overcoming difficulties and reducing the rate of treatment abandonment, reducing the stigma that society and the patient have with the disease. These measures mentioned above will ensure that this disease does not cross the century again, with its prejudice rooted in society.

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