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Stigmatization Against Tuberculosis (Tb) and Leprosy Patient(S) in Taraba North Senatorial District: Counseling as a Remedy

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Abstract: Stigmatization against Tuberculosis (TB) and Leprosy patients by the society affected them from exercising their rights as it relate to health care services and liberty of life as enshrine. This study "stigmatization against Tuberculosis (TB) and Leprosy patient(s) in Taraba North senatorial district" revealed the harsh experiences often face by those infected with this disease in recent time either by caregiver, family relative, health attendees' e.t.c. which often led them being traumatized, there condition worsen and later lead to their death. This study evaluated the needs for counseling for those stigmatized as preventive and corrective measures for the downtrodden. The findings also revealed that caregiver, family relative, health attendees' e.t.c rendering services to those affected by TB and leprosy experienced the same gesture of stigma within the society. The fear of being infected is evidence undermining caregiver, family relative, health attendees experiences in-terms of rendering services to those affected with the disease. The literature reviews of this study demonstrated understanding about the concepts of stigma, TB and Leprosy among the population. Random sampling procedures were employed for sampling of respondents for this study, a qualitative and quantitative approach were also employed. One hundred and four (104) respondents were randomly selected from the population which includes twenty six (26) previous and present patients of TB and leprosy, Twenty eight (28) health attendees, eighteen (18) care-givers, and thirty two (32) community members from Taraba North senatorial district comprising of six Local Government Areas namely Ardo-Kola, Jalingo, Karim- Lamido, Lau, Yorro and Zing. The Data for this study were analyzed using descriptive statistics and Pearson's Product Moment Correlation Coefficient (PPMC). Same instrument was used in analyzing the relationship that exists between counseling and stigmatized TB and Leprosy patients. The study revealed that counseling services for (Patients, caregiver, family relative, health attendees) are important requirement in the attainment of effective care for those stigmatized (TB and Leprosy Patients) which can help in improving their mental state and health condition.

Keywords: Stigmatisation, Counseling, Tuberculosis, Leprosy

1. Introduction

Stigma is a Greek term that usually referred to a type of tattoo mark that was sliced or burnt into the skin of criminals, slaves, and traitors to identify them as morally contaminated or blemished people (Rebecca, 2003). The term was eventually extended to other embarrassing or disparaging personal characteristics.

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Goffman described stigma as a quality that indicates that a person is different from other individuals and, moreover, that the person is of a less desirable sort, a person who is evil, dangerous, or weak. (Goffman, 1993).

Tuberculosis (TB) is a disease caused by *Mycobacterium* tuberculosis, a bacterium with the scientific name *Mycobacterium* tuberculosis. Robert Koch, a German physician, was the first to isolate it in 1882, and he was awarded the Nobel Prize for his work. Tuberculosis (TB) is a disease caused by bacteria that spread via the air from person to person. TB most commonly affects the lungs, but it can also damage the brain, kidneys, or spine. TB is curable in most cases; but, if not treated properly, people with TB can die. TB is most typically seen in the lungs, although it can affect nearly any organ in the body. This sickness was once known as "consumption" since there was no effective therapy, these patients often would waste away. Of course, TB can now typically be successfully treated with drugs. Atypical TB refers to a group of organisms that cause tuberculosis. These infections are caused by bacteria from the Mycobacterium family. These organisms are frequently referred to as "colonizers" since they just coexist with other bacteria in our bodies without causing harm. These bacteria can occasionally induce an illness that looks and feels like TB. When these atypical *mycobacterium* infect people, they're notoriously tough to get rid of. Drug therapy for these organisms is frequently required for one and a half to two years, and many drugs are required (WHO, 2011).

When a person inhales minute particles of contaminated sputum from the air, he or she might get infected with TB germs. When someone with a TB lung infection coughs, sneezes, screams, or spits, germs enter the air (which is common in some cultures). People in the vicinity may breathe the bacteria into their lungs as a result. You cannot get tuberculosis by just touching or shaking the hands of someone who is afflicted. Tuberculosis is typically conveyed (passed) from person to person by intimate contact with contaminated air. However, there is a kind of atypical TB that is spread by consuming unpasteurized milk. This kind of tuberculosis is caused by a bacterium called *Mycobacterium bovis*. This kind of bacterium used to be a common cause of tuberculosis in children, but it now only causes TB in a small percentage of cases since most milk is pasteurized (undergoes a heating process that kills the bacteria). When TB germs are breathed, they can proliferate in the lungs and produce a local lung infection (*pneumonia*). Local lymph nodes around the lungs may get infected and expand as a result of the illness. The *hilar lymph nodes* (the lymph nodes in the center region of the chest close to the heart) are frequently affected (WHO, 2011).

Leprosy is a long-term illness with a history dating back thousands of years. Around 1550 B.C., it was described in Egyptian papyrus text (Hussain, 2007). Around 600 B.C., Indian literature mentions a sickness that mimics leprosy. After returning from India, Alexander the Great's army is thought to have carried leprosy to Europe (Hussain 2007). The disease's biological etiology and therapy were unknown at the time. As a result, patients with leprosy had terrible skin diseases and impairments, which terrified the public. It was formerly thought that leprosy was caused by a curse or sin (Alubo *et al*, 2003). As evidenced by the investigations of Alubo in Nigeria, Burathoki in Nepal, and Idawani in Indonesia, this idea has persisted to the present day (Burathoki, Varkevisser, Lever, 2004). They demonstrated that societies saw leprosy as a divine sickness, God's will, or a divine punishment. Stigma plays a major part in the lives of those who are afflicted and their families as a noticeable societal consequence. Leprosy has been used as a justification for segregating people with the disease into colonies or leprosaria (Charoon, 1995). *Mycobacterium leprae*, identified by Norway's Gerhard Henrik Armauer Hansen in 1873, is today universally recognized as the cause of leprosy. Multidrug therapy is an effective, rather short-term therapeutic option accessible today (MDT) (World Health Organization, 2009).

Tuberculosis and leprosy are two of the most contagious illnesses in Nigeria's Taraba North Senatorial Zone, as well as other underdeveloped nations. The disease's high transmission rate has been attributed to late discovery as well as unsupervised cure or therapy. The majority of tuberculosis and leprosy cases go unreported, which might be one of the causes contributing to the high transmission rate. Most of the time, some people rigorously stick to self-medication at their various homes fully unattended, which has led to the disease's high transmission rate. The main causes of transmission, according to most people, are a lack of proper education about the diseases and a low detection rate at early stages, stigmatization, and financial constraints, as most people prefer to treat the disease locally or traditionally rather than exposing themselves to hospitals for treatment. Tuberculosis and leprosy are highly contagious illnesses with serious consequences such as fever, prolonged cough, blood stain sputum deformities, nerve sensor and sensation loss, and death. The goal of this study is to look at the need for counseling for persons who are stigmatized because of their

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health status as TB and Leprosy patients. As a result, despite the fact that tuberculosis and leprosy are infectious diseases in Taraba North Senatorial Zone, there has been little research done in the area of counseling for this group of patients

2. Theoretical framework

The incidence of tuberculosis and leprosy, both chronic infectious diseases, is a public health concern because long-term disabilities may result if treatment is not delivered in a timely or effective manner (Bello *et al.,* 2013). While better healthcare and socioeconomic conditions in wealthy nations have significantly reduced the prevalence of tuberculosis and leprosy, leprosy cases are still recorded on an annual basis in several underdeveloped countries (Bello *et al.,* 2013). Approximately 25% of persons living with tuberculosis and leprosy in underdeveloped countries have some sort of residual impairment, which might limit their participation in physical and economical activities and predisposition them to a different social role (Brouwers *et al.,* 2011).

A study of the literature was undertaken to look at successful de-stigmatizing techniques that have been used in various countries. Disease-specific services integrated (general health care), Information Education and Communication (IEC) initiatives, Social-Economic Rehabilitation (SER), altering the disease's name, and counseling were the five kinds of de-stigmatizing approaches (Silatham, 2014). Integrated care for tuberculosis and leprosy are now available in most countries, resulting in less self-stigmatization among patients and less societal stigma in communities than vertical health services. Interventions in the fields of information, education, and communication (IEC), such as social marketing in Sri Lanka, have also shown to be successful (WHO, 2011). IEC was created to encourage people with worrisome skin lesions to seek medical attention, to improve the public's perception of leprosy, and to make it easier for health care providers to detect leprosy. As a result, there has been a 150 percent rise in the identification of new cases, as well as a huge increase in self-reporting. The Sri Lankan IEC technique was also successful in India: the percentage of persons who claimed they would not sit next to a TB or leprosy patient reduced (from 44 percent to 27 percent), as did the percentage who would not consume food made by a leprosy patient (from 68 percent to 50 percent). The SER therapies have also had positive results. Mixed interventions at various levels were utilized in Nepal to eliminate stigma with the participation of persons living with tuberculosis and leprosy. It demonstrates that the target group's social involvement rose more than the control groups. In Nigeria, SER increased self-esteem and enhanced the social integration process, resulting in a favourable attitude toward SER members (Bureau of Tuberculosis 2014).
Counseling may assist those suffering from illness in coping with the physical and psychological impacts of their illness. From 1994 to 1998, a pilot study of group counseling for leprosy patients was undertaken in Nepal (Richard and Gurung, 2000)

3. Objectives

The objectives of this study are:

i. To examine the needs for counseling for TB and Leprosy Patients, Caregivers, health attendees' e.t.c for effective administration of health care services.
ii. To analyze the linear correlation between counseling and stigmatization of TB and Leprosy patients using Pearson Product Moment Correlation

4. Hypothesis of the Study

H_0: Counseling does not have any significant effect on stigmatized (TB and Leprosy Patients).
H_1: Counseling has significant effect on stigmatized (TB and Leprosy Patients)

5. Methodology

This study, titled "Stigmatization against Tuberculosis (TB) and Leprosy patient(s) in Taraba North Senatorial District: Counseling as a Remedy," was carried out in the Taraba North Senatorial District, which is made up of six (6) local government areas. Taraba State was created on August 27, 1991, from the former Gongola State, with a land area of 60,000 square kilometers and a population of around two million people. It has 16 local government districts. Taraba is bordered by Adamawa State to the northeast, Plateau State to the

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Date of Publication:29-03-2022

west, and Benue State to the southwest. On Taraba's eastern border is the Republic of Cameroon. Jalingo, the state capital, is one of the state's most populous cities. The city of Jalingo is part of the Jalingo Local Government Area (LGA), which has a population of 2,294,800 people (2006 census). The Mumuye, Jukuns, Kutebs, Fulanis, and Karmijors, as well as many more ethnic nations, make up Taraba's primary ethnic groupings. According to the 1999 Sentinel Survey, Taraba State is a "hotspot" for tuberculosis in northeastern Nigeria. With a growing mobile population, the disease's high incidence in these hotspots will quickly spread to other locations. The majority of the data for this study was gathered from 104 respondents using a structured questionnaire and interview. The study's population was chosen using a basic random sampling procedure. The data was analyzed using a descriptive statistical approach, and the linear connection between the variables was computed using Pearson Product Correlation Moment.

6. Result Discussion

Table 1: Demographic Characteristics of TB and Leprosy patients

Demographic	Variables	Frequency	Percentage
Age	18-24	34	32.69%
	25-49	48	46.15%
	>=50	22	21.15%
Sex	Male	69	66.35%
	Female	35	33.65%
Marital Statue	Married	42	40.38%
	Single	21	20.19%
	Divorce	23	22.12%
	Widow/widower	18	17.31%
Education Level	No formal Education	38	36.54%
	Primary	13	12.50%
	Secondary	08	7.69%
	Colleges and above	45	43.27%
Duration of service/illness	<5months	22	21.15%
	5 – 24 months	43	41.35%
	>= 24months	39	37.50%
Illness Statues/ services to	TB	68	65.38%
	Leprosy	36	34.62%
Social relationship	Good	43	41.35%
	Poor	61	58.65%
Symptom of depression	Yes	56	53.85%
	No	48	46.15%
Symptom of Anxiety	Yes	62	59.62%
	No	42	40.38%
Knowledge of the disease	aware	47	45.19%
	Not aware	57	54.81%

Source: Field study 2021.

Table1 shows that 34.65% of the respondents were female and 66.35% were male. This implies that majority of the respondents were male.

Table 2: who offer you guidance when you needed?

Response	Frequency of Respondent	Percentage %
Teachers	08	7.69%
Religious Leaders	10	9.62%
Parents	28	26.92%
Counselors	23	22.11%
Friends/Family Members	24	23.08%

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Date of Publication:29-03-2022

Health Attendees	11	10.58%
Total	**104**	**100**

Source: field study 2021

The table above show that, 08 of the respondents representing 7.69% receive guidance from their Teachers who are not professional in this field, 10 of the respondents representing 9.62% receive guidance from religious leaders, 28 of the respondents representing 26.92% receive guidance from their parent, 23 of the respondents representing 23.08% receives guidance from counseling units, 24 of the respondents representing 23.08% receives guidance from a friends/family members, while 11 of the respondents representing 10.58% receives guidance from a health experts.

Table 3: Are you aware of counseling services?

Response	**Frequency of Respondent**	**Percentage %**
Yes	34	32.69
No	70	67.31
Total	**104**	**100**

Source: field study 2021

The table above shows that 34 of the respondents representing 32.69% have idea of counseling services, While 70 of the respondents representing 67.31% does not have idea of counseling services. This implies that majority of the respondents are ignorant of counseling services thus, prune there action.

Table 4: **Pearson's Product Moment Correlation Between Counseling and stigmatized TB and Leprosy patients.**

		TB	Leprosy
TB	Pearson Correlation	1	.974**
	Sig. (2-tailed)		.000
	N	7	7
Leprosy	Pearson Correlation	.974**	1
	Sig. (2-tailed)	.000	
	N	7	7

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4 revealed the Pearson's Product Moment Correlation between counseling and Stigmatizesd TB and Leprosy Patients. The counseling of respondents correlate with stigmatized clients and it is statistically significant at 1% level. Hence, the hypothesis that (H_0) Counseling does not have any significant effect on stigmatized (TB and Leprosy Patients) is hereby rejected. H_1: Counseling has significant effect on stigmatized (TB and Leprosy Patients) is accepted.

7. Conclusion

At all levels, caregivers, family members, health attendants, and community members progressively understand the impact of stigma on case detection and treatment of numerous health disorders, including leprosy and TB (Wong, 2002). These illnesses are frequently classified as chronic illnesses, which are stigmatized (Heijnders 2006). The stigma connected to tuberculosis and leprosy stems from erroneous views and beliefs about the diseases' sources, fear of infection, and severity. There have been several initiatives to eliminate the stigma associated with tuberculosis and leprosy. Leprosy and TB services, for example, have been incorporated into the general health care system in an attempt to diminish perceived distinctions between those with these diseases and those with other illnesses. Significant efforts have been undertaken in Taraba North senatorial district to decrease stigma associated with tuberculosis and leprosy, including capacity building and health education for care providers. As a result, counseling should be incorporated both throughout therapy and after a client's sickness has been identified. Patients regard illnesses as a nasty,

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unpleasant sickness that leads to death when it comes to stigma. They ignore the facts and isolate themselves in response to this notion. Leprosy and TB stigmas are also institutionalized to some extent. Despite being incorporated into regular health care, leprosy and TB patients may be seen in a separate clinic or room from other patients in many health institutions.

8. Recommendation

Patients with tuberculosis and leprosy may be stigmatized, making it difficult for them to exercise their right to health, which includes receiving prompt and adequate care. As a result, counseling is critical in reducing the threat of stigmatization in the twenty-first century. The following suggestions are suggested:

i. Ongoing counseling for all TB and Leprosy patients, family members, caregivers, and others.
ii. Counseling capacity building for health attendants, family members, and caregivers
iii. Ongoing TB and Leprosy awareness campaigns.
iv. Making counseling a requirement for TB and Leprosy services in health-care institutions.

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