The relationship between tuberculosis and poverty research paper examples

Sociology, Poverty



Having been the greatest cause of deaths in the U. S in the year 1940, tuberculosis was declared a health emergency in America. Fifty three years later, the World Health Organization declared tuberculosis a world emergency. According to UN reports, about 1. 2 billion individuals across the globe are living at slightly below one dollar per day (UN Millennium Project, 2005). According to the same reports third world nations where the per capita income is below 700 dollars account for slightly over 66% of the cases of tuberculosis. These countries as well account for 70% of the deaths resulting from tuberculosis. The United Nations estimates that 43% of the world population is living in poverty. Tuberculosis and poverty are closely connected. The relationship between tuberculosis and poverty is a two-way process with each contributing to the occurrence of the other. Arguably, tuberculosis is a cause of poverty to the same extent that poverty is a cause of tuberculosis. It is no puzzle then, why the relationship between tuberculosis and poverty has become a question of study in the contemporary world of social sciences. This paper seeks to explain the close relationship between poverty and tuberculosis.

A great South African scholar once said that Tuberculosis is a son of poverty the same way it is the father and provider of the same. This statement fully explains the relationship between the two social phenomena (Siddiqi, 2001). Focusing on poverty as a cause of tuberculosis, there are many explanations to it. The first explanation is that poor people live in crowded areas, usually in the downtown areas or the slum areas of the urban areas. Such places are usually overcrowded with little ventilation to the residential houses. The poorly ventilated houses usually accommodate a big number of people at a

time. Given that tuberculosis is an airborne disease that is easily transmitted from one individual to another, crowded areas are extremely dangerous to the dwellers. Following the congestion, the disease easily spreads among the poor.

The second way in which poverty can lead to the occurrence of tuberculosis is through the fact that the immunity among the poor people is exceptionally low following such things as malnutrition. According to experts in food science and nutrition, vitamins boost the immunity of the body. Similarly, eating a well balanced meal can help an individual maintain upright health. The WHO report of the year 2004 indicated that the poor could access all other food categories, with the exception of vitamins found in fruits and vegetables (Mooney et al, 2012). Arguably, the poor urban residents are at a bigger risk of being malnourished than the poor population of the rural areas. This is because the unfortunate people in the rustic areas can access foods at cheaper prices. As such they are in a better position to resist disease compared to their urban counterparts. Even so, the rates of tuberculosis are high among the poor since generally, their immune systems are weak. Access to proper education can help in reducing disease through eliminating ignorance and enabling people to see and report the tell tale signs of such diseases as tuberculosis. As such, the poor, who usually have little access to education and training are more vulnerable to tuberculosis that the rich and affluent members of society that can access education and training (Bhunu et al, 2012). The main difference therefore is the fact that an educated individual can differentiate the symptoms of a normal dry cough from those of tuberculosis. Similarly, a person that is exposed to the education system

has the knowledge on how to prevent themselves from getting Tuberculosis.

On the contrary, the poor uneducated individual has absolutely no ideas on how to protect themselves against the TB menace.

Focusing on the way in which tuberculosis is a cause of poverty, there are equally many arguments. The primary argument is that tuberculosis weakens an individual physically. Psychologists have as well explained that such serious diseases weaken an individual's mental capacity. By so saying, it means that the disease can cause an individual so much mental torture to the extent that the individual can hardly work (Jackson et al, 2006)). Such weakening makes an individual unable of engaging in such productive activities such as manual work. Since an individual cannot work, poverty sets in since the individual is still a consumer, whether or not they go to work. This way the disease can weaken the entire economy of the entire nation since the workforce will be weakened and the demand will exceed supply in the labor market.

Typically, the average layman does not know that a sick individual can access free TB drugs from the government's health institutions. As such, they assume that the TB drugs are extremely expensive. This leads them to opting to seek the assistance of the herbalists and traditional healers. This people, whose healing powers are exaggerated superstitions, exploit the poor by extorting lots of money and resources from them with promises of getting healed (Jana et al, 2012). In the long-run, the poor people end up spending the little they owned. As such, they are compelled to live in abject poverty as they wait for their deaths. At this point, they usually have little to do since they have exhausted their resources. It is quite sad that the poor

man will continue getting poor with the government locating the hospitals in the uptown areas, a move that has been criticized on the grounds that if prevalence of diseases is anything to go by, the hospitals offering free medical care should be located in the downtown and rural areas (Sarah & James, 2007). This is not because the rich people have money to travel to the health centers. On the contrary, the poor cannot afford to travel to the distant health centers.

When a member of the family is unwell, the other members of the family have to reallocate resources; money and time, so as to enable them take care of the patient. Such reallocation of resources can lay strain on the family's financial strength. The result of the strain is financial instability. Such instability is can possibly affect all members of the family negatively (Kornblum & Smith, 2012). This may mean that the family withdraws their children from good schools to poorly performing affordable schools. At the end of the day, the children perform poorly and cannot secure admissions to higher education. As such, they fail to be absorbed into the labor market. Thus, the vicious circle of poverty enters into a family. A family or individual entrapped in such a circle can hardly come out of it.

In conclusion, it is quite evident that, from the foregoing discussion, poverty and TB are inseparable. It is as well worth observing that an increase in poverty triggers an equal increase in the levels of TB. To save poor people from begging and having to sell their assets, the government in conjunction with other nonprofit organizations should provide knowledge to the poor concerning such diseases and conditions. Creating such awareness can eliminate the incidences of deaths resulting from ignorance and lack of

simple knowledge relating to the disease. In a bid to break the relationship between poverty and TB, the government should make efforts towards decongesting the slum areas. Such decongestion may entail the replacement of the slums with proper government sponsored housing projects (Link, 2007). This may reduce the threat of getting infected through innocently sharing an enclosed room with many people inside. Similarly, the government can make efforts in setting up campaigns against the tuberculosis threat. Such campaigns are likely to make the average individual aware of the existence, symptoms and signs of tuberculosis.

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