

Good example of research paper on tuberculosis in china

[Countries](#), [China](#)



Tuberculosis (TB) can be explained as an infectious disease caused by bacterium referred to as *Mycobacterium tuberculosis*. It affects the lungs primarily although it can spread its effects to the other organs such as lymphatic system, nervous system, and circulatory system. When the diseases are contracted, the bacteria multiply to cause pneumonia in the lungs with chest pains, prolonged cough as well as coughing of blood. The lymph nodes near the lungs and the heart enlarges. As the disease spread in the body, it encounters body immune system that prevents the entire spread of the disease to the other parts of the body. This situation manages the disease and allows for medication. TB could either be active or latent. Latent TB can occur while the bacteria is present in the body but not contagious. On the other hand the active TB can be contagious a condition that would make one sick showing all the symptoms. Tuberculosis is prevalent to people with HIV/AIDS and it accounts for over 2million deaths worldwide.

In 2008, the World Health Organization (WHO) global Tuberculosis report reviewed TB as the main cause of death and illness globally and that its death counts were raising annually. According to the report, China was implicated to be carrying quarter of the TB count, and position two in the list of the top five TB affected countries. The report indicated India to be the most affected followed by China, Indonesia, South Africa then Nigeria on position five. In 2006, China reported 4.5 million TB cases with 1.3 million cases being reported annually. Again, according to the reports the diseases hits the countries that are affected by poverty, China being one of them. The prevalence being felt by the millions of immigrants seeking job opportunities in the urban areas since they have limited access to the health care.

China remains as one of the countries with highest population, with a lot of immigrants and rural urban migration. The saturation in the access of health care, poverty level and other effects are some of the driving forces of the raise of TB in this country. Some of the challenges that have led to this problem include poverty level. Poor adherence and poor detection of the disease are some of the main contributors of the disease. Poverty happens to be the main reason behind this problem. For example, despite the fact that TB drugs are free through the government programs, the country is usually poor and thus it cannot afford to pay or cater for diagnosis program like X-ray or multiple tests required to detect the disease. Again, there is poor drug adherence towards first treatment since the treatment centers are usually far away from where the majority of the population could access. These are there working areas, mostly the rural areas. Most of the people are on the move migrating from one area to the other thus a problem in the detection and control of the disease.

There have been difficulties in the diagnosis of the disease due to lack of the modern tools for detection. This could even be more complicated with the people infected with HIV/AIDS. According to the MSF's HIV/AIDS project, statistics show that 10% of the HIV/AIDS patient show infection of the active form of TB. With this problem only 23.5% could be diagnosed by use of smear positive tests while the other 45% can be diagnosed with delays that are negative tests. According to the advisor of Nanning program Dr. Peter Saranchuk, delay in the detection or diagnosis lead to delayed treatment thus causing death in late stage of HIV infection. There has been drug resistance that has been detected recently due to those patients with

multiple drug trends on HIV/AIDS in China.

Another challenge is China's elevating TB pandemic as well as the lack of access and supply to affordable treatment for the drug resistant TB have supported MSF to go ahead with plans to increase its programs together with the provincial as well as central authorities needed to treat TB. In the two provinces of Inner Mongolia Autonomous Region and Jilin province, both in northern China where the situation is more severe and serious according to statistics provided by the government, MSF which has been part of in-depth negotiations to produce a drug resistant TB prevention as well as management programs.

There were various studies that resulted the effect of substantial health program, psychological, economic and social effects not only upon the victims of tuberculosis but also to their families. These physical results of the disease and the huge amount of time as well as cash needed for seeking treatment impair the way of patients of TB to function in paid employment as well as at home and in school. Again, lack of paid employment due to stigma over the contraction of the disease and fear of contagion by employers has also lead to disease prevalence. These have results for control of the disease due to significant delays in the diagnosis of tuberculosis and poor adherence to the control as well as treatment as linked with out-of-pocket expenses which are associated with people looking for treatment as well as income reductions of the poor households. Low-income patients, the poor who make the majority of tuberculosis patients in China, would be highly beneficial from financial aids in cash payments, medicine, food, , and pocket expenses compared to treatment. Therefore, studies have showed that those

incentives could be significantly improved in early diagnosis as well as treatment adherence poorly educated Chinese, low-income patients.

The condition affects the social life of the victims of this disease. The studies result supports the implication that tuberculosis is a stigmatizing disease in China. However, the studies did not yet show whether or not they had tuberculosis when they put through interviews, many of them reported just the possibility causing them to feel lonely, depressed, isolated, and ashamed, similar to the way the internalized stigma that the victims with confirmed diagnosis of tuberculosis experience. The condition occurs irrespective of gender, education, age, or experience of the disease. The research results also consisted of the notion that social stigma could be associated with the point of kinship. Little indication could be perceived in differences within the behavior of close related people among the Chinese culture, although they appeared supportive, like that noted for other groups. This can be important due to social support given by family mostly plays a supportive role in promoting TB diagnosis at early stage as well as adherence towards its treatment.

The major social stigma related with tuberculosis showed to be the fundamental reason why few people in China would disclose their status to any other person apart from their close members of the family, a situation that was similar to what would have been shown for those patient diagnosis with the disease. This could also be is important since the phobia of isolation socially as well as segregation could lead to delayed treatment and thus reducing the adherence to treatment. This would happen as suggested by the patients, therefore, giving counseling as well as other psychosocial

support or help could assist the patients as well as their families to cope with the stress or stigma related to tuberculosis. This help can be given by the social workers as well as psychologists who work at public health care system or hospitals.

Surprisingly, none of the identified victims of tuberculosis the China public health service and mass media public services media announcements as source of TB information as well as only few specified school health studies or mentioned of the effect or prevalence of the disease in the press. Instead, majority of people had been informed of TB only after contracting the disease, or from gossip. This research findings, together with the suggested subjects offered, indicated that chances were being avoided by the Chinese public health services as well as those providing health care or educating the population. This could be addressed by including tuberculosis education through contacting routine health visits and in during the periodic mass immunization on the disease or de-worming campaigns done by the MSP. Another strategy would be through collaboration within Ministries of Public Health, Social Welfare, Education as well as Government, Non-Governmental Organizations, and local institutions. These would work at the same time towards provision TB education or health promotion done through public as well as private schools, neighborhood associations, day care centers, churches, jails, employment sites, and community health fairs. Also some information could be given by well trained lay health educators or promoters.

Another crucial strategy for having widespread dissemination as well as altering behavior can be through coordinated use of mass media services.

China has a good history of well structured national social marketing campaigns which focus mainly on prevention of iodine deficiency disorder, HIV/AIDS, as well as pro motion of childhood immunization, family planning, breast feeding among others. The use of the media services could be enacted to inform people about the disease (TB) and the necessity of early diagnosis, modes of treatment, and adherence to treatment as well as to lower the stigma by providing common concerns like the ones voiced by the studied victims. However, it would be better to note that the elevated demand for diagnosis of tuberculosis and its treatment results from sufficient health education as well as social marketing that would have small or no result in lowering the population stress unless the services are easily accessible to patients.

The government should from the situation of patients with TB experience and effects pinpoint specific areas where investment could be needed. Some of these areas include the decentralization of services, thus making them convenient for the affected people in China; again ensuring a constant as well as free supply of all prescribed antibiotic drugs to the victims; lowering the period between diagnosis as well as treatment initiation for quick recover and avoid spreading of the disease; and finally providing better education for the patients about adherence to the treatment.

On February 23, 2007, the government of China undertook a review of the tuberculosis disease situation in the country, which consisted of the progress in the disease control before the renowned SARS epidemic, established the steps taken to boost the public health system after the epidemic. It also described how the taken measures contribute to the increasing control

tuberculosis control efforts, and discusses the problems that China should address to cut the number of tuberculosis deaths and cases indicated as part and parcel of the Millennium Development Goals (MDGs) objectives.

Supported by these pilot projects success, which obtained up a 94% cure of the disease, the DOTS strategy got improved to 13 of China's 31 provinces around 1992. The specified treatment involved a 6-month dosage of drugs that were to be taken under sufficient supervision throughout the period. Drugs were to be obtained through international market with competitive prices estimated to be about US\$ 20 within 6-month course of drugs while the supplies or distributors were centralized, as well as treatment had to be free. Prior to that, in provinces that were not covered by the DOTS system, drugs were to be purchased locally, and quality was mostly of poor, as prices inevitably were higher. Moreover, patients were normally needed to pay for full cost of the medical treatment as well as drugs. It could never be clear how that Chinese Government would address those disparities as it establishes the future of the DOTS programs, as well as its possible extension all over China, as it would be after the World Bank funds came to an end within the end of mid-2001.

In conclusion, tuberculosis still continues to be a major disease in China. Many people fear contracting it and would want more formal education opportunities which are supposed to be provided by the government of China thus they would learn of its prevention as well as control. However, the government provides few chances to undertake the education mostly due to the high population in China. Improvement could be made through increasing the exposure to tuberculosis education or health promotion

messages and information passed using of various mediums and methods. These studies provided pre-existing subject, beliefs, perceptions, knowledge, as well as attitudes that could be followed for instance, treatment adherence or corrected like in the TB cannot be spread by fomites.

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