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Social consequences of pulmonary tuberculosis in rural Azerbaijan

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Summary: Social status of each person is the psychological foundation of his life. Tuberculosis patients are very vulnerable in this regard. Social and marital status of patients with pulmonary tuberculosis, largely determine the outcome of the therapy. In this paper we have tried to explore the social implications of pulmonary tuberculosis. This is especially important for people living in the highlands of the rural northern Azerbaijan. As the results of the research show, tuberculosis, as in other and other infectious diseases, have a negative impact on the social life of patients and their relatives. The investigations of a number of authors point to this trend throughout the world. In Azerbaijan, the social consequences of tuberculosis are a headache not only for social services, but also for medical personnel, as it directly affects the course of the medical process. The purpose of our study was to identify individuals who were exposed to social problems associated with pulmonary tuberculosis. As it turned out, these patients were few. Patients were forced to change their life plans, found themselves in financial difficulties, the family status was questioned. Women are particularly vulnerable in this regard. The deterioration in the attitudes of others towards themselves, the change in the attitude of relatives, the deterioration of working conditions in a greater degree concern patients with fibro-cavernous Tuberculosis. Thus, tuberculosis has not been without social consequences for patients neither infiltrative nor fibrous-cavernous tuberculosis. Social consequences differ in patients with newly diagnosed and chronic tuberculosis.

Key words: pulmonary tuberculosis, social consequences, social and marital status

The disease is a great stressor. It is accompanied by a whole range of emotions, changes in life plans and prospects for the future, and changes the motivation is other than medical and psychological and social aspects [1,3 4,8]. According to the literature, it is known that pulmonary tuberculosis is accompanied by the development of patient subdepressive state [1,4,5], disturbances in emotional and volitional [1 6,7,9]. Some authors have developed clinical and social characteristics of patients with pulmonary tuberculosis. However, the social consequences of human trafficking have not been studied specifically. The aim of the study was to examine the social impact of the pulmonary tuberculosis. Considering the fact that, tuberculosis is able to change the social relation between people, we decided to investigate this problem in the highland and rural areas of Azerbaijan. The family relationship, and the social activity of this population group decides everything for these people. Patients with tuberculosis are not outcasts of this society, but it is necessary to recognize the negative impact of tuberculosis on their personal lives. Fear of contracting tuberculosis instinctively repels people from these patients. We organized a survey of this group of people and tried to learn the role of tuberculosis in social relations. Below we will try to analyze the work done by us.

Materials and methods. 100 patients were examined pulmonary tuberculosis (62 men and 38 women) aged 22 to 56 years, undergoing a course of outpatient and inpatient treatment in the department for pulmonary diseases Guba Central Hospital in 2009-2015. Patients were taken by

continuous sampling. All of them were residents of Guba, Gusar, Khachmaz, Shabran and Siyazan districts of Azerbaijan Republic. 50 people (30 men and 20 women) and 50 suffer infiltrative - cavernous pulmonary tuberculosis (32 and 18 respectively). The disease duration was 2-5 years. Pulmonary tuberculosis Diagnosis was made on the basis of conventional clinical, radiological, laboratory and functional studies.

To study the social consequences of human trafficking has developed a questionnaire of 23 statements with which the respondent had to settle or not. It is known that the techniques of the survey, in which the subject responds to the questions themselves more fully reflect the studied indices than those which have been obtained using interviewer [1,2,4,13]. Each questionnaire examinated patient was informed that an anonymous survey that examines only the answers, and the name will not appear anywhere, and gave written consent to participate in research.

If desired, the patient can detail your answer, to clarify some important, in his view, details. For example, some respondents pointed out that the financial assistance they need, is necessary for the acquisition of drugs and supplementary food.

Questionnaire examines reveals the social consequences of the disease from the perspective of the sick person. Thus, the questionnaire examines the following parameters: the attitude of others, relatives to the patient after the disease; change in the social, financial and family situation, range of interests and communication, lifestyle, life plans and prospects for the future, working conditions; a patient in need of emotional and material support. The survey results make it possible to study the social implications of the disease pulmonary tuberculosis [1]. In 30% of patients a month have been re-questioning. Differences in the results were not.

Results. Results of the study were statistically processed by the generally accepted methods. For each statement were both positive and negative responses, which were summarized and analyzed. Positive responses of respondents to the approval of the questionnaire (Table. 1) can determine the social consequences of human trafficking for the sick person. The results presented in Table. 1, indicate that due to the disease pulmonary tuberculosis attitudes towards patients worsened, and this led to the restriction of their contacts. In some patients the pulmonary tuberculosis was the cause of change in marital status - family breakdown. After the patient's disease status in society has deteriorated, as well as the financial situation, working conditions; lifestyle changes, narrowed the range of interests. In addition, the disease has broken life plan patients. Almost all surveyed indicated that they need financial support.

We would like to focus on the family situation of tuberculosis patients. The fact is that tuberculosis was the cause of seed divorce in a certain group of patients. Particular mention should be made of the condition of young women with tuberculosis. The fact is that, when identifying primary tuberculosis in women, especially in young women, this caused divorce in several of our patients. Given the ethnic characteristics of the region we mentioned, divorces do not have a favorable development for young women. So, financial dependence on the husband and family aggravates the course of the disease.

Using a non-parametric statistical preparation - criterion $\chi 2$, revealed differences in the social consequences of human trafficking in patients with newly diagnosed and chronic processes (Table. 2). Results of the Table. 2 indicate that the social consequences of human trafficking are different in patients with infiltrative and cavernous pulmonary tuberculosis.

The deterioration of attitudes towards themselves, a change of attitude on the part of relatives, deterioration of working conditions relate more patients cavernous pulmonary tuberculosis. Marital status varies significantly more often in patients with newly diagnosed pulmonary tuberculosis. Narrowing the range of interests is more prevalent in patients chronically ill. Infringement due to illness life plans more characteristic of patients with infiltrative pulmonary tuberculosis. Thus, the pulmonary tuberculosis was not without social consequences for people with no infiltrative nor cavernous pulmonary tuberculosis. The social consequences are different in patients with newly diagnosed and chronic tuberculosis. The presented sample of patients was sufficiently

representative. Patients were taken by continuous sampling. The statistical treatment adequate to the purpose of the study. Therefore, the findings are credible.

Discussion. Analysis of the results of the study showed that the attitude of others became worse as patients with infiltrative and cavernous tuberculosis. However, the deterioration of relations surrounding affected a greater number of patients with chronic pulmonary tuberculosis compared to newly diagnosed. In our view, the deterioration of relations surrounding explained by fear of infection. Pulmonary tuberculosis patients do not reveal their disease hide it. Once the surrounding learn about human trafficking, related to changes in the patient worse. With the duration of the disease increases the number of people informed about the diagnosis, and, accordingly, the number of people negatively related to the patient pulmonary tuberculosis. Limiting social contacts affected both patients with infiltrative and cavernous pulmonary tuberculosis. In this case, the duration of the disease does not matter, all pulmonary tuberculosis patients leads to social isolation. As you know, social isolation leads to social phobia, changes the nature of the interaction with others, motivation, behavior [1, 8, 12].

Pulmonary tuberculosis has led to a change in attitude of relatives and loved ones, and if a small portion of patients with newly diagnosed pulmonary tuberculosis relatives began to show increased attention and care, the patients with chronic pulmonary tuberculosis noted only worsening attitude. Chronic patients becomes a burden for the family, and he knows it. The negative emotions caused by the disease itself, added to the experience associated with the negative attitude of relatives. Meanwhile, more than half of all cases of pulmonary tuberculosis, regardless of the duration of the process, are in need of moral support: sick people need emotional support from loved ones, understanding, encouragement. However, the deterioration of relations with the relatives is not the most terrible consequence of human trafficking. Pulmonary tuberculosis patients can throw his wife. The findings suggest that the duration of the disease at the same time does not matter. The number of divorces, which patients themselves associated with the disease is higher among chronic patients, but this difference was not statistically significant. The possibility of being abandoned due to illness is relevant to all patients with pulmonary tuberculosis.

The result of the disease was also a deterioration of working conditions. Some of the respondents on their own specified in the application form their working conditions and the nature of change. They worked in private companies without issuing official documentation or were seasonal, volatile earnings. This concerned both patients with infiltrative and cavernous pulmonary tuberculosis. That is sick chronicles, getting a pension, still trying to find a way to make extra money. Once on the job learning about human trafficking, ill persons deprived of the workplace. Patients respondents indicated that they had only a temporary unskilled work or worked seasonally. Therefore, patients chronicles, even with a disability pension, also believe that due to illness of their working conditions have deteriorated. Clarification on this point does not consider it necessary to do all surveyed, so it is not possible to calculate the actual number of persons working without labor books on temporary work. The results enable us to determine the number of patients with pulmonary tuberculosis, which showed that the disease after their working conditions have become worse. An interesting fact is that the deterioration of working conditions the large number of persons with chronic pulmonary tuberculosis, the difference on the item on patients with newly diagnosed reliably process.

The worsening financial position noted slightly more than half of all patients, the difference on this point is uncertain. Almost all respondents indicated that they need financial assistance. According to clarifications made part of the respondents, it is possible to understand that the money needed for the purchase of medicines, supplementary feeding, as well as transport costs - a trip to the clinic and the hospital. Half of the surveyed patients with newly diagnosed and chronic tuberculosis believe that as a result of their disease status in society has deteriorated. The characteristics of social status, among others, are also the attitude of others, and financial position.

The respondents' answers to the above statements are consistent with each other and allow us to conclude that the respondents answered honestly and the results are quite significant.

Table 1
social consequences of pulmonary tuberculosis

List the effects of the disease	Positive responses in patients with pulmonary tuberculosis, %	
	infiltrative	fibrocavernous
Deterioration:		
attitude of others	32	68
attitude of relatives	-	40
Social status	48	48
Financial status	64	60
working conditions	70	82
improving family relationships	16	-
need moral support of loved ones	68	72
Changes:		
marital status	8	24
Lifestyle	68	84
Limitation of the contacts	44	60
narrowing of the range of interests	40	68
violation of life plans	80	100
need for financial support	80	80

Table 2
characteristics for which differences were significant in patients with infiltrative & fibrocavernous pulmonary tuberculosis

Parameters	Number of patients answered affirmatively	
	infiltrative, n=50	fibrocavernous, n=50
Deterioration:		
attitude of others	16 (χ^2=30,1)	34
working conditions	35 (χ^2=8,8)	41
Changes:		
attitude of relatives	8 (χ^2=10,2)	20
marital status	4 (χ^2=4,8)	12
narrowing of the range of interests	20 (χ^2=7,9)	34
violation of life plans	35 (χ^2=10,1)	50

The result was a change in the disease pulmonary tuberculosis range of interests of patients in the direction of narrowing. It showed more than half of patients with infiltrative pulmonary tuberculosis and virtually all cavernous. The difference on this point statistically significant, so we can conclude that in patients with chronic disease leads pulmonary tuberculosis to a narrowing of the range of interests.

Similar studies of scientists from Uzbekistan confirm our statements [10]. The conducted research in this area in rural areas of Uzbekistan revealed similar problems. The number of divorces in this study exceeds our figures by half. This, in our opinion, comes from the moral representations

of local populations. The financial problems indicated by our Uzbek colleagues roughly coincide with our figures.

Another study was conducted by Soviet researchers. This study was conducted in the 80s of the 20th century. The social consequences of not only pulmonary tuberculosis, but also other infectious diseases were investigated. The revealed results of this study showed no stability of the social status of infectious patients. But, a low number of family divorces was indicated [11]. We believe that this was due to the legislation of the USSR for the specified period.

The disease has changed the way of life of patients with newly diagnosed as the pulmonary tuberculosis, and a chronic process. The difference on this point is uncertain, so it can be concluded that human trafficking is changing life of the sick person, regardless of the duration of the current process.

The disease has also led to human trafficking violation of the life plans of patients. Life plans are more impaired in individuals suffering cavernous pulmonary tuberculosis than infiltrative.

The difference on this item was significantly and leads to the conclusion that the duration of the disease affects the patient's life plans.

Conclusion. As a result of our study, 100 patients with pulmonary tuberculosis were questioned and their results analyzed. In our opinion, pulmonary tuberculosis has caused social problems for this group of people. Financial and family instability, were the main problems of these patients.

Deterioration of working conditions, and in most cases, loss of workplace was a problem, especially for men. Given the geographic location of this region (this is a mountainous region), one can understand that, jobs here are mostly seasonal. In the winter, there are practically no jobs. Even the automobile communication of this region with the cities in the winter period is not impossible. This is due to a large snow fall. Under such conditions, the social relationship between patients and their relatives is deteriorating.

In this regard, the increase in the number of family divorces falls precisely on the winter season.

1. Social isolation as a result of diseases typical for patients with newly diagnosed and chronic pulmonary tuberculosis.

2. The deterioration of relations associates and relatives, as well as working conditions, narrowing the range of interests are more common in patients with cavernous pulmonary tuberculosis.

3. Change of marital status, violation of due to illness life plans are more common in patients with infiltrative pulmonary tuberculosis.

4. The social consequences are revealed in all patients with pulmonary tuberculosis.

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Azərbaycanın kənd yerlərində ağciyər vərəminin sosial nəticələri

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Xülasə: Hər bir insanın sosial vəziyyəti onun həyatının psixoloji əsasını təşkil edir. Vərəmli xəstələr bu baxımdan çox həssasdırlar. Ağciyər vərəmi olan xəstələrin sosial və ailə vəziyyəti terapiyanın nəticəsini böyük ölçüdə müəyyən edir. Bu məqalədə müəllif ağciyər vərəminin sosial nəticələrini öyrənməyə çalışmışdır. Bu, Şimali Azərbaycanın yüksək dağlıq ərazilərində yaşayan insanlar üçün xüsusilə vacibdir. Tədqiqatın nəticələrindən məlum olmuşdur ki, vərəm də digər yoluxucu xəstəliklər kimi xəstələrin və onların yaxınlarının sosial həyatına mənfi təsir göstərir. Bir sıra müəlliflərin araşdırmaları bütün dünyada bu tendensiyanı qeyd edirlər. Azərbaycanda vərəmin sosial nəticələri müalicə prosesinin gedişinə birbaşa təsir göstərdiyi üçün təkcə sosial xidmətlər üçün deyil, tibb işçiləri üçün də problemdir. Tədqiqatımızın məqsədi ağciyər vərəmi ilə bağlı sosial problemlərə məruz qalan şəxsləri müəyyən etmək idi. Belə xəstələrin az olduğu məlumdur. Xəstələr həyat planlarını dəyişməli olurlar, çətin maddi vəziyyətə düşür, ailə vəziyyəti sual altında qalır. Qadınlar bu mövzuda xüsusilə həssasdırlar. Başqalarının özlərinə münasibətinin pisləşməsi, qohumların münasibətinin dəyişməsi, iş şəraitinin pisləşməsi lifli-kavernoz vərəmli xəstələri daha çox narahat edir. Beləliklə, vərəm həm infiltrativ, həm də lifli-kavernoz vərəmli xəstələr üçün sosial sonluğu olmadan qalmışdır. Yeni diaqnoz qoyulmuş və xroniki vərəmli xəstələr arasında sosial nəticələr fərqli olur

Açar sözlər: ağciyər vərəmi, sosial nəticələr, sosial-ailə vəziyyəti.

Социальные последствия туберкулеза легких в сельских районах Азербайджана

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Резюме: Социальный статус каждого человека является психологической основой его жизни. Больные туберкулезом в этом отношении очень уязвимы. Социальное и семейное положение больных туберкулезом легких во многом определяют исход терапии. В этой статье автор попытались изучить социальные последствия туберкулеза легких. Это особенно важно для людей, живущих в высокогорных районах сельского северного Азербайджана. Как показывают результаты исследований, туберкулез, как и другие и другие инфекционные заболевания, оказывает негативное влияние на социальную жизнь больных и их родственников. Исследования ряда авторов указывают на эту тенденцию во всем мире. В Азербайджане социальные последствия туберкулеза являются проблемой не только для социальных служб, но и для медицинского персонала, поскольку напрямую влияют на ход лечебного процесса. Целью нашего исследования было выявление лиц, которые подвергались социальным проблемам, связанным с туберкулезом легких. Как оказалось, таких пациентов было немного. Больные были вынуждены изменить свои жизненные планы, оказались в затруднительном финансовом положении, семейное положение было поставлено под сомнение. Женщины особенно уязвимы в этом отношении. Ухудшение отношения окружающих к себе, изменение отношения родственников, ухудшение условий труда в большей степени беспокоят больных фиброзно-кавернозным туберкулезом. Таким образом, туберкулез не остался без социальных последствий для больных ни инфильтративным, ни фиброзно-кавернозным туберкулезом. Социальные последствия различаются у больных впервые выявленным и хроническим туберкулезом.

Ключевые слова: туберкулез легких, социальные последствия, социально-семейное положение.

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