

Adaptation of Individuals (Female) with Tuberculosis (TB) to the Social Norms in Okara, Pakistan.

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Abstract

This research explores the societal adaptation of Tuberculosis (TB) patients (Female) in Okara, Pakistan, with a focus on their experiences and the evolution of these adjustments. TB, a global ailment affecting 1.8 billion individuals worldwide, brings about economic devastation. Challenges to adapting socially encompass delayed diagnosis, stigma, prolonged waits at healthcare facilities, insufficient nutritional, social, and economic support, the absence of comprehensive psychological programs, limited overall awareness about TB, and educational barriers. A self-administered questionnaire was employed to collect data from 167 participants in Okara. The findings indicate a correlation between interpersonal support and TB patients, emphasizing the necessity for diverse governance to facilitate essential measures for ethnic awareness and alignment among TB patients.

Key Words: Tuberculosis (TB), Social Norms, World Health Organization (WHO), Adaptation, Mycobacterium Tuberculosis.

Introduction

This study examines the social change experiences of tuberculosis patients, focusing on their consistent execution. Clinicians use the term change to describe various social and relational relations, emphasizing the importance of social aids in successful social presentation. Wellbeing is crucial for human capital development and promoting better living. Tuberculosis, caused by Mycobacterium tuberculosis, affects the lungs, bones, joints, brain, kidneys, stomach, and spine. Despite effective treatment, it is a significant global health issue, with 33% of the population affected. In Pakistan, over five lakh people are affected, mainly young. The World Health Organization recommends Directly Observed Therapy (DOTS) for effective treatment, which increases treatment success, reduces disease incidence, and reduces medication resistance rates. Tuberculosis (TB) is the leading cause of death among children and adults globally, causing around 2,000,000 deaths annually. The disease's financial impact is largely due to its prevalence in financially-rich countries. In 2015, there were 10.4 million new cases and 1.4 million deaths from TB worldwide. The disease is unevenly disseminated globally, with six countries representing 60% of new cases. Africa has the highest TB rate and mortality globally. TB patients often experience mental health issues, including depression, anxiety, and psychosocial issues. Tuberculosis patients' changes are a reflection of the natural world, as waterways adapt to changes in Earth's creation. The public seeks to address these patients' unique challenges, such as premature death, poor health, and unhealthy habits. The waterway seeks change through nature's laws, while humans strive to adapt to the common by combining nature's laws with human virtuosity. Both are great examples of the interconnectedness of nature and human endeavors. Social help is crucial for tuberculosis patients and their families, as it enhances relationships like friendship, closeness, social skills, and low conflict. These relationships are key factors affecting social help and overall well-being. Offering social help can help alleviate family difficulties. Tuberculosis is a global health

concern, with Pakistan being one of the 22 high-risk nations. High death rates in Okara are attributed to social disparities and shortcomings, posing a significant risk to the country's rapidly growing average workers.

Problem Statement

Tuberculosis patients face challenges in social support, treatment requests, and managing cultural and relational changes. The Okara health framework is facing challenges, but complex issues like social help and cultural execution are not being considered. This study aims to explore social change available to patients, their experiences, and how these changes are linked to their cultural presentation.

Objectives

- To investigate the significance of the social adaptation of individuals with tuberculosis in Okara.
- To examine the societal elements contributing to the social adaptation of individuals with tuberculosis
- To acquire information on challenges hindering the social adaptation of individuals with tuberculosis.

Research Questions/Hypothesis

The following research questions/hypothesis was used to guide this study.

R1: Why is the social adaptation of tuberculosis patients significant?

Hi: The social adaptation of tuberculosis patients holds great significance.

Ho: Social adjustment has no significance in the context of tuberculosis.

R2. What factors contribute to the social adaptation of individuals with tuberculosis?

Hi: Numerous factors contribute to the social adaptation of individuals with tuberculosis.

Ho: The social adaptation of tuberculosis patients is not influenced by any factors.

Literature Review

The study provides an extensive survey of available writing on social adjustment barriers for tuberculosis patients, highlighting the methodical assessment of the data. The study identifies factors under the mixer normalization barriers as significant challenges in achieving desired outcomes.

Unbigoted literacy or educational barriers

Individual studies show that individuals' educational level significantly impacts their health status, helping to identify patients at risk of negative outcomes and implementing effective interventions (DeWalt, Berkman, Playwright, Lohr & Pigone 2004). A study in Siam found that 81% of patients with higher education and knowledge of TB were successfully treated; suggesting cultural standardization contributes to successful treatment (Okanurak, Kitayaporn & Akarasewi 2008:1162).

Touching Literacy barriers

Touching literacy involves providing accurate information about diseases and communicating effectively to patients, enabling them to be self-advocate and confident in their rights when necessary (DeWalt et al 2004).

Conceptual Framework

Background Variables	Independent Variables	Dependent Variables
Age Education Marital status Income	Peer interaction Societal norms Cultural settings Socio economic status Patients Prior Achievements Goals and Interests Social Support Patients' efforts In Social Activities	Patient Social Adjustment

Methodology

The methodology explores research methods and procedures, including ocean of similarity, cerebrate activity, bed increase, waste, and expend activity, collecting aggregate, entropy computation procedures, and moral issues.

Universe

The study explores the universe, encompassing everything that exists, specifically at Rural Health Center Basirpur and Razi Clinic Okara in Okara district.

Population

A research population is a large group of individuals or objects focused on scientific inquiry, while the target population is the specific group relevant to a study in Region Okara.

Sampling Technique

Convenience sampling is a non-probability sampling method where study units available at data collection are selected for the sample.

Sample Size

Total 167 respondents were selected. Out of the 167 patients, 99 from government hospital and 68 from Private clinic.

Tool/Technique For Data Collection

A close-ended questionnaire is used in inform learning to gather data through surface-to-surface interviews, based on demographic characteristics and satisfaction questioners.

Data Analysis

The researcher utilized SPSS for data analysis after data collection, along with reliability tests and prospect coefficients for efficient and swift data analysis.

Results

The data was analyzed using frequency and percentage calculations, revealing demographic variations by Age, Education, Marital Status, Family Type, Income and providing a descriptive analysis.

Table: 1 Marital Status of Respondents

Marital status of respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	120	70.6	71.9	71.9
	Married	40	23.5	24.0	95.8
	Divorced	7	4.1	4.2	100.0
	Total	167	98.2	100.0	
Missing	System	3	1.8		
Total		170	100.0		

The above table shows that the majority 120 (70%) of respondents are single, 40 (23%) are married and 7 (4%) are divorced.

Table: 2 Age of Respondents

Age of respondent					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	between 10 to 20 year	39	22.9	23.4	23.4
	between 21 to 31	119	70.0	71.3	94.6
	between 31 to 40	9	5.3	5.4	100.0
	Total	167	98.2	100.0	
Missing	System	3	1.8		
Total		170	100.0		

above table shows that the 119 (70%) respondents are between the age of 21 to 31 years and only 9 respondents are between the age of 31 to 40 years.

Table: 3 Education level of respondent

Education level of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	primary education	56	32.9	33.5	33.5
	secondary to higher education	82	48.2	49.1	82.6
	Graduation	29	17.1	17.4	100.0
	Total	167	98.2	100.0	
Missing	System	3	1.8		
Total		170	100.0		

The above table shows that the 82 respondents are with higher education level, 56 respondents are with primary level education and 29 respondents are with the education of graduation level.

Table: 4 Income level of respondent

Income of respondent		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	between 5000 to 10000	4	2.4	2.4	2.4
	between 11000 to 20000	105	61.8	62.9	65.3
	more than 20000 rupees	58	34.1	34.7	100.0
	Total	167	98.2	100.0	
Missing System	3	1.8			
Total	170	100.0			

The above table shows that the ratio of income of respondents in which 105 respondent's income is between 10 thousand to 20 thousand and 58 respondents having the income more than 20 thousands and 3 respondents give no answer to this question.

Table: 5 Does social adjustment really has an impact on tuberculosis

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	132	77.6	79.0	79.0
No	16	9.4	9.6	88.6
Sometimes	18	10.6	10.8	99.4
Never	1	.6	.6	100.0
Total	167	98.2	100.0	
Missing System	3	1.8		
Total	170	100.0		

The above table shows that the majority 132 which is 78% are agree with the statement that social adjustment really has an impact on tuberculosis and only 16 respondents disagree with that.

Table: 6 Does social adjustment cost reductive and beneficial for tuberculosis patient?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	149	87.6	89.2	89.2
Valid No	1	.6	.6	89.8
Valid sometime	17	10.0	10.2	100.0
Total	167	98.2	100.0	
MissingSystem	3	1.8		
Total	170	100.0		

The above table shows that the majority of respondents 149 (87%) reponse that the social adjustment is beneficial for tuberclosis patients, 1 respondents disagree with it and 17 respindent's response is sometime.

Table: 7 Tuberculosis patient need social adjustment or not?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	145	85.3	86.8	86.8
Valid sometime	22	12.9	13.2	100.0
Total	167	98.2	100.0	
Missing System	3	1.8		
Total	170	100.0		

The above table shows that the response of respondents against the statement that tuberculosis patients need social adjustment or not in the response 145 repondents response was yes and 22 respondents said some times.

Table: 8 Does social adjustment is affected by psychological factors?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	120	70.6	71.9	71.9
Valid sometime	47	27.6	28.1	100.0
Total	167	98.2	100.0	
MissingSystem	3	1.8		
Total	170	100.0		

The above table shows that the majority 120 of respondents agreed with statement that social adjustment affected by psychological factors and 47 respondents' react was sometimes.

Table: 9 Self-discrimination plays key roles in tuberculosis?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	95	55.9	56.9	56.9
sometime	62	36.5	37.1	94.0
often	10	5.9	6.0	100.0
Total	167	98.2	100.0	
Missing System	3	1.8		
Total	170	100.0		

The above table shows that 95 respondents were agreed with the statement that self discrimination plays key role in tuberculosis, 62 respondents reply was some times and 10 respondents reply was often.

Table: 10 TB patients receive physical assistance from family member, friend and neighbors?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	158	92.9	94.6	94.6
sometime	9	5.3	5.4	100.0
Total	167	98.2	100.0	
Missing System	3	1.8		
Total	170	100.0		

The above table shows that the majority (158) of respondents said yes that TB patients receive physical assistance from family member, friend and neighbours and 9 respondents said some times it applies and some time not.

Table: 11 Are patient facing obstacles when trying to adjust societal environment?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	151	88.8	90.4	90.4
sometime	16	9.4	9.6	100.0
Total	167	98.2	100.0	
Missing System	3	1.8		
Total	170	100.0		

The above table shows that the majority 151 of respondents agreed that patients are facing obstacles when trying to adjust societal environment.

Table No: 12 Is there any relationship of obstacles between patient social adjustment and their societal performance?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	140	82.4	83.8	83.8
Valid No	7	4.1	4.2	88.0
Valid sometime	20	11.8	12.0	100.0
Total	167	98.2	100.0	
MissingSystem	3	1.8		
Total	170	100.0		

The above table shows that the majority 140 of respondents agreed and 7 are not agreed with the atatement that is there any relationship of abstacles between patient social adjustment and their societal performance.

Table: 13 Does the obstacles in social adjustment of TB patient are always challenging?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	70	41.2	41.9	41.9
Valid no	70	41.2	41.9	83.8
Valid sometime	27	15.9	16.2	100.0
Total	167	98.2	100.0	
MissingSystem	3	1.8		
Total	170	100.0		

The above table shows that 70 respndnets are agreed and 70 are not agreed that obstacles in social adjustment of TB patients are always chaallenging and 27 respondents said that it is sometime challenging and sometime not.

Reliability Test

Table: 14 Reliability Statistics

Cranach's Alpha	N of Items
.887	17

The value of Cronbach's Alpha in reliability test is .887 which indicates a high level of internal consistency.

Findings

The majority of respondents (58.2%) were from agricultural areas, with 40% of the total respondents (68 out of 99) being from citified areas.

- 50% respondents were males and 50% were females.
- The survey included 120 individuals (70%), 40 (23%), 7 (4%) who were married, and 7 (4%) who were divorced.
- The majority of respondents (70%) were aged 21-31, while only 9 were aged 31-40.
- The survey revealed that 82 respondents were highly hedged, and 29 of them had completed their graduation training.

- The age 120 of respondents united with statement that ethnic adjustment artificial by psychological factors and 47 respondents' move was sometimes.
- 153 respondents said that demand of social adjustment causes impotence and Party withdrawal and 14 respondents defend that evidence.
- 151 respondents agreed that patients were coating obstacles when trying to adapt societal environment.
- 70 respondents were agreed and 70 were not agreed that obstacles in ethnical betterment of TB patients were ever challenging and 27 respondents said that it is sometime hard and sometime not.
- Reliability test value is .885 which indicates reliability exists in our manipulate.
- The Pearson statistics judge, with an operative worth of .000, identifies a complex relationship between TB and cultural adjustment.
- The One Sampling T experiments .000 evidential count allows for alternative possibilities and invalid conceptions, suggesting certain mixer elements are suitable for tuberculosis patients' accommodations.

Conclusion

This research delves into the positive reinforcement, multicultural enhancement, and daily behaviors of individuals with tuberculosis in Okara. The objective is to examine the status of multicultural adaptation, scrutinize social influences on cultural integration, and pinpoint challenges in multicultural rehabilitation. The study involved interviews with 167 participants from Okara, revealing that the main focus for tuberculosis patients is on positive adjustments. Pearson reciprocity was employed to assess the connection between ethnic normalization and tuberculosis. The research identified various social factors contributing to the positive adjustment of tuberculosis patients.

Recommendations

- Networks involving psychopathology, eudemonia training, and cloth pillow intercession can improve multiethnic care for elderly TB patients, surpassing wellness education.
- The national stage requires a comprehensive understanding of the status of gregarious enhancement, sourced from various sources.
- The project was assigned to ethnic media websites for informational purposes.
- People ought to dedicate the party hold to TB patients.
- Encourage TB patients to register according to their ethnicity.

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