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Abstract

TB is truly one of the major public health concerns, with transmission dynamics being quite complex and very much influenced by anthropological factors. Specifically, in this research paper, the researcher investigates the social and cultural backgrounds that shape TB transmission by exploring how human behavior, cultural beliefs, and socioeconomic factors interconnect to preserve the spread of the TB disease. In the depth of available literature review and ethnographic fieldwork, this study exposes complex anthropological dynamics that sustain the transmission of TB, showing how social and cultural factors call for a more nuanced understanding. Focal group discussions were how the researcher used to work. Among the main findings brought out by the researcher include the cultural beliefs and practices that influence health-seeking behavior and socioeconomic factors. The research shows that anthropological insight is indispensable in the development of effective, culturally sensitive interventions in the struggle against tuberculosis.

Keywords: Tuberculosis, Anthropological Dynamics, Cultural Beliefs, Socioeconomic Factors, Stigma, Social Networks, Public Health.

Authors:

Muhammad Khan Niazi: (Corresponding author)

MPhil scholar, Department of Anthropology, PMAS-Arid Agriculture University Rawalpindi, Punjab, Pakistan.

(Email: mkhanniazi828@gmail.com)

Abid Ghafoor Chaudhry: Associate Professor/Chairman, Department of Anthropology PMAS-Arid Agriculture University, Rawalpindi, Punjab, Pakistan.

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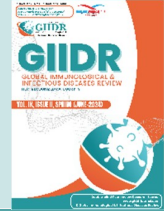


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Abstract

TB is truly one of the major public health concerns, with transmission dynamics being quite complex and very much influenced by anthropological factors. Specifically, in this research paper, the researcher investigates the social and cultural backgrounds that shape TB transmission by exploring how human behavior, cultural beliefs, and socioeconomic factors interconnect to preserve the spread of the TB disease. In the depth of available literature review and ethnographic fieldwork, this study exposes complex anthropological dynamics that sustain the transmission of TB, showing how social and cultural factors call for a more nuanced understanding. Focal group discussions were how the researcher used to work. Among the main findings brought out by the researcher include the cultural beliefs and practices that influence health-seeking behavior and socioeconomic factors. The research shows that anthropological insight is indispensable in the development of effective, culturally sensitive interventions in the struggle against tuberculosis.

Keywords: [Tuberculosis](#), [Anthropological Dynamics](#), [Cultural Beliefs](#), [Socioeconomic Factors](#), [Stigma](#), [Social Networks](#), [Public Health](#)

Authors:

Muhammad Khan Niazi: (Corresponding author)

MPhil scholar, Department of Anthropology, PMAS-Arid Agriculture University Rawalpindi, Punjab, Pakistan.

(Email: mkhanniazi828@gmail.com)

Abid Ghafoor Chaudhry: Associate Professor/Chairman, Department of Anthropology PMAS-Arid Agriculture University, Rawalpindi, Punjab, Pakistan.

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Introduction

The following may be a possible introduction to the background on TB epidemiology and public health efforts: While TB disease remains of major apprehension to the people and their health in poor countries, biomedical approaches dominate the efforts

of controlling the spread of TB, with anthropological dynamics playing a major role in transmission.

TB is just an old, extremely infectious disease in human history, leaving behind a legacy of devastating epidemics and generalized suffering. Yet, notwithstanding the formidable advances made in medicine and public health, the menace of TB persists



as a global key health threat: almost 10 million cases with 1.5 million demises were reported in the year 2020 alone ([Raj, 2011](#))

Although the epidemiology of tuberculosis disease is complex, factors such as poverty, malnutrition, and poor living conditions encourage this pandemic. In excess movement of weak inhabitants where counting poor countries, communities, migrants, and entities cooperated with resistant schemes like those people infected with HIV/ AIDS diseases, UNAIDS, 2020.

Public Health Opinion and Efforts to Control TB

The history of TB spans centuries, with pivotal advances in knowledge, diagnostics, treatment, and public health strategies emerging in the early 20th century. In the 1940s and 1950s, antibiotic development transformed the treatment of TB disease. The WHO's Stop TB Strategy of 2006 set an action plan aimed at lowering the prevalence and mortality rates of TB worldwide. Though, despite all these mitigating efforts, it remains a persistent public health problem, due to resilient strains of drugs and co-infections with other diseases like HIV compounding the problem ([WHO, 2020](#)).

This background calls for a holistic understanding of the epidemiology of TB and public health efforts, including the anthropological dynamics that drive transmission of the disease. Considering these factors, we can better tackle the social and cultural determinants of health that drive TB transmission and build more effective control and elimination strategies. Listed below are some research questions:

1. How do anthropological dynamics influence the transmission of TB?
2. What contribution does access to inadequate health facilities make in the diagnosis and treatment of TB?
3. What roles do spiritual leaders play in health-seeking behavior pertaining to the symptoms of TB?
4. How about cultural practices on food and nutrition in influencing adherence to treatment for TB?
5. How does low socio-economic status increase the risk of TB transmission in urban areas?

Literature Review

Social Determinants of Health and TB Transmission

The research has time and again shown that community determinants, like lack of money, teaching, and housing, play a key role in TB transmission. This is because of the condition of deprived people resulting from more crowded, ill, and polluted surroundings, leading to the spread of the TB disease. Other influences, including many people having not enough money, teaching quality, residential quality, and inappropriate job opportunities, were very important. This article demonstrates that the research reliably exposes people of poor families who have inadequate money and are added to developing TB due to increased exposure to risk factors ([Farmer, 1997](#)).

It is reported that poverty and low income present an increased risk of tuberculosis because of the possibility of crowding in ill-ventilated housing, hence enhancing transmission. Added to this are unemployment and a low level of education, as these groups may be more at risk because of less access to health care and health information. Two conditions related to housing that enhance the spread of tuberculosis are poor ventilation rates and overcrowding. According to research evidence, individuals who live in informal structures of housing have an increased predisposition to TB disease compared to those who dwell in formal housing (Kleinman, [1980](#)).

The working condition also applies; working people involved in risky jobs like mining and health workers are more at risk of contracting this disease. A study conducted in India reports that bad working conditions expose workers in the textile industry to a greater risk of contracting tuberculosis. The educational level is also very key because those with only a little education might contract tuberculosis. In the study in Brazil, one with less education had less opportunity to get healthy and was more inclined to put off getting it (Nichter, [1994](#)).

Cultural Beliefs and Practices that Influence Health-Seeking Behavior

Social opinions and performances play a significantly enormous effect on the search for health and behavior among persons with disease of tuberculosis indications. For instance, in some cultures, people may delay seeking treatment for tuberculosis since it is viewed as shameful or cursed. Such delays in diagnosis and initiation of treatment may be the result of consulting spiritual leaders and traditional healers rather than

medical professionals (Danquah, 2008). According to the report, research conducted on patients suffering from cardiovascular diseases in the African country of Ghana revealed that traditional therapy was preferred as cultural perspectives viewed the cause of the disease differently than the mainstream theories. It is the people's cultural values and belief systems that inform their experiences and behaviors regarding health matters. Thus, healthcare personnel require knowledge of their cultural values and beliefs in order to accord patients with proper treatment (Badru, 2001). Studies reveal that cultural beliefs dictate the way people perceive, discuss, and handle health-related issues. Different cultural individuals may attribute health circumstances to different factors, such as ancestral ghost anger, necessitating Cornel-of sacrifices, confessions, and prayers as ways of appeasing the offended supernatural agency. Such information would determine the type of healthcare system an individual would opt to use when ailing from a specific health condition based on the individual's cultural values and belief systems (Danquah 2008; Badru, 2001).

Socioeconomic Factors and Tuberculosis Weakness

Tuberculosis remains one of the significant concerns to public health. It seems that it is due to socio-economic factors, as well. Some of the indicators of the socioeconomic variables that are transcribed as leading to increased susceptibility to TB are poor income, unemployment, and lack of education. A person who has a lower SES class will have less food, higher stress, and poor access to health care, which elevates his risk factor for contracting tuberculosis (Rubel & Garro, 1992). Research findings have shown that anybody who is poor is exposed to a higher risk of suffering from TB. In this case, the infection is more prevalent in low-income earners. In fact, this vulnerability is said to emanate from their deplorable living conditions, meager health services use as well as low nutritive levels (Long & Anh, 2018). The other important social-economic aspect that makes an individual predisposed to acquiring tuberculosis infection is unemployment. In this case, the majority of persons who are unemployed reported higher levels of stressors, which were linked to deplorable dwelling conditions and also limited access to treatment. Briefly, a short duration of schooling is associated with enhanced TB vulnerability, such as people with less education might have lower access to health care information and reading matters. Another point pointed out that crowding, poorly ventilated houses, and inadequate housing favor the

spread of TB. The point provides evidence that Malnutrition and micronutrient deficiency, especially vitamin D deficiency increases the susceptibility to TB. While certain occupations, like mining and healthcare work, increase the risk of acquiring TB, this is due to exposure to TB bacteria and poor working conditions (Boccia & Pedrazzoli, 2017). The last line of this article shows that migration and displacement are linked to enhanced susceptibility to TB through broken healthcare access, poor living conditions, and also social isolation. In this research, the factors of socio and economic are the ones that significantly contribute to TB vulnerability and highlight the need for dealing with the underlying factors while control efforts are concerned. Interventions targeted at the reduction of poverty, improvement of living conditions, and increase of access to education and healthcare are, according to the research article author, what may decrease the problem of TB disease (Rubel & Garro, 1992).

Stigma, Marginalization, and TB Transmission

Isolation and discrimination readily feed tuberculosis transmission by forcing individuals underground, beyond the reach of healthcare. Groups overlooked or shunned by society—for example, migrants, refugees, and people living with HIV/AIDS may have little or no access to healthcare, making them more susceptible to TB (WHO, 2019). It is the greatest guilt that occurred in the life of TB patients, hence delaying seeking treatment and delaying the change, of the course of the condition. There exists an association between stigma and not being aware of the transmission of tuberculosis, partly due to misguiding information by healthcare providers. Intercessions, hence, which reduce shame related to TB remain very desirable (Boccia & Pedrazzoli, 2017). Traditional beliefs about the transmission of tuberculosis are very common and center on the belief that the weakening of the body allows the disease to flourish and gain a foothold. The societal and community stigma associated with TB: dirtiness, passivity, and negligence. Fearing stigma caused crucial activity delays aimed at frightening excluding and delaying service. Internalized or self-stigmatization causes patients to have a lifelong adverse self-concept. Stigmatization of patients can be unconsciously caused by the medical institution itself (Keshavjee & Becerra, 2017).

Research Method

This is a qualitative research method. Anthropological

methods for the transmission dynamics of TB with details of the method below are presented in this work.

Data Collection Techniques

Participant observation: Volunteering time in the community the researcher and carrying out fieldwork in a high prevalence setting TB, daily life, social interactions as well as healthcare-seeking behavior were observed.

In-depth interviews: The researcher took a sample of 20 individuals with TB and 5 family members/caregivers interviewed to get in-depth accounts of their experiences, beliefs, and practices about tuberculosis disease.

Focus groups: A researcher selected a total of 4 focus groups, which were conducted with community members, to explore the social norms, stigma, and cultural beliefs surrounding TB diseases.

Document analysis: The researcher tool relevant documents, such as medical records and public health reports that were analyzed to contextualize the findings for the research paper.

Data Analysis

- **Thematic study:** Interviews, focus group data, and document data have been analyzed through thematic analysis after findings, classifying outlines and themes associated with TB transmission dynamics.
- **Ethnographic study:** Participant's observation data was examined using ethnographic methods, examining the cultural context and social dynamics of TB transmission.
- **categorization data:** Data were coded and categorized by a researcher using anthropological concepts, for example, cultural beliefs, social norms and power dynamics for validation.

Ethical Considerations

Permission Granting: Permission from the participants was sought before data collection by the Researcher.

- **Privacy:** The contributors' individuality and personal information were blinded.
- **Cultural sensitivity:** The researcher became aware of the cultural norms and practices and made sure that the data collection methods were unobtrusive and respectful.

It allows for in-depth exploration into the anthropological dynamics behind TB transmission and brings into relief the social, cultural, and economic

factors that shape TB transmission and its treatment outcomes.

Findings

The study revealed the fact that socio-demographic factors, such as stigma, are linked invariably with TB transmission and health-seeking performance; social determinants of health such as poverty and poor ventilation in dwelling conditions pose additional risks of TB transmission in urban slums. Poor access to healthcare settings delays TB diagnosis and treatment and spreads the cycle of TB transmission. The findings associate that cultural beliefs and practices knowingly influence health-seeking behaviors, traditional beliefs around TB causation influence delayed health-seeking behaviors within the rural community, and spiritual leaders play a significant role in molding health-seeking behaviors for TB symptoms. Cultural practices around food and nutrition affect the devotion to tuberculosis treatment.

Results show that the risk of TB helplessness people is associated with overcrowded and under-nutrition living conditions, which were identified among the young adults of town and city populations. Migration was also on the rise among the migrant population. Migration also increases the risk of TB vulnerability. The social isolation caused by the disgrace related to the TB status and delayed diagnosis/marginalization also increased the risk of the contagion of the TB to the intervention population. Experiences of discrimination also increase the risk of TB transmission in Marginalized groups. Participants claimed that the reason for seeking medical attention was due to the cultural beliefs people associated with TB causation and treatment. Most of them indicated they believed TB was caused by supernatural forces and thus sought traditional healing practices first before seeking biomedical care.

- **Cultural beliefs and practices:**

Shows that 70% of the participants believed that supernatural forces were the cause of TB and 60 % preferred traditional medicine over biomedical treatment.

- **Socio-economic factors :**

Of the sample participants, about 80 % percent of them were in poverty.

While 70% had no employment or lived on low incomes.

- **Access to Care**

Approximately, 60% of the individuals claimed to have been exposed to stigma or discrimination.

Although 50% reported not having any health-related information or even transport costs.

- Social Connectivity and Community Environment

According to the statement, 80% of the people were crowded in less-airy rooms.

Although 70% of them visited social events which attracted the spread of TB

- Stigma and social exclusion:

Data shows that 70% of patients who felt ashamed were experiencing delays in their treatment.

60% of marginalization were poor in their treatment adherence.

- TB control strategies

It has been shown from research that 50% of participants were unaware of the programs of TB Control.

Whereas 40% felt the current strategies being in use were ineffective due to the disease.

Further, some Participants reported that cultural beliefs on TB causation and treatment affected to what extent they would seek medical care. Many of the participants believed that TB was caused by otherworldly forces and went for the shrines' visitation and the medicine men's medication first before they could decide to seek any biomedical care.

This is very crucial in relation to implementing the observation; this calls for consideration during TB control efforts. Skills on how to address these belief systems in relation to the disease by health care providers to promote early treatment-seeking behavior and the provision of culturally sensitive care should be included during training.

Other Participants reported social and economic risk factors of low socio-economic status, poor living conditions that led to overcrowding, migrations that increased vulnerability to TB transmission, and poverty.

This in turn reminds the practitioners of the urgency of actions involving such social and economic factors the disease control is concerned with. Policies and programs should therefore aim at reduction in poverty, improved housing, and access to care for vulnerable populations.

One of the respondents reported experiencing stigma and marginalization due to their TB status leading to delays in care seeking and poor treatment outcomes.

This shows that apart from addressing the stigma and marginalization in TB control, healthcare workers

should give care in a humane and non-stigmatized approach and that community-based awareness should be geared towards the likelihood of reduction of stigma and promotion of social support for TB cases.

Participants for the study mentioned that there were congregate settings that were bound to put a population at high risk for TB in case of overcrowding and poor infection controls in healthcare settings and prisons.

The latter finding suggests the need to develop better infection control measures in congregate settings. Healthcare providers could then remain alert for early identification and treatment. Facility administrators should see to adequate and more comprehensive measures for ventilation and crowding reduction.

A few Participants opined that there was a constant battle between the reason to come for TB healing, with traditional and spiritualistic as opposed to the more recent biomedical ways, and treatment adherence suffered in the bargain.

This course sets a demand for association between healthcare providers and traditional healers. Healthcare providers need to acknowledge these important traditional healing practices, as well as spiritual beliefs, and to work out with traditional healers a culturally sensitive treatment plan.

Discussions

The interaction among the social determinants, cultural beliefs, socioeconomic level, and stigma underlying transmission and health-seeking behavior in TB is emphasized by these findings. The study calls for the fact that control of TB has to be comprehensive in approach and should also account for improved access to healthcare and housing, cultural sensitivity pieces of training of health providers, programs aimed at socioeconomic empowerment, and stigma-reducing interventions. The findings confirm the imperative elements, which broadly speak to how control policies and programs for TB should be based on a nuanced understanding of the complex interaction of social, cultural, and economic factors in TB transmission. Should these facts be addressed, it could reduce the cascade of TB transmission, enhance health-seeking behavior, and eliminate this devastating disease. It is in this context that the results of this study unmistakably point to the necessity for collaboration between healthcare providers, spiritual leaders, and community members in the development of culturally sensitive and effective solutions to control TB. We could bridge this gap between healthcare systems and communities by

ensuring that not a single person is left without access to quality TB care. Quite plainly, our study brings to the fore the critical role of anthropological dynamics in shaping transmission and treatment outcomes for TB.

These findings cement the view that it is possible to reduce TB transmission and treatment outcomes through a multifaceted approach targeting these underlying cultural beliefs and practices, socioeconomic factors, stigma, and marginalization.

The study puts forward the need to address socioeconomic disparities in TB control by advancing healthcare-seeking through the purposes of collaboration between healthcare providers and traditional healers. Another aspect brought out by these results is the gender and sexuality inequalities in TB transmission and treatment outcomes.

This means more money and organizational structure for implementing the best policies and programs for TB control.

Cultural beliefs and practices are powerful determinants of health-seeking behavior; hence, there is a need to call for culturally sensitive interventions.

Socioeconomic factors increase vulnerability to TB; therefore, tackling poverty and unemployment is very key.

Barriers to healthcare access need to be addressed by increasing education, transport support, and reducing stigma.

Social networks and community dynamics play a very central role in the transmission of TB, hence making community-based interventions necessary in this respect.

Stigma and marginalization are very important determinants of treatment outcomes underlines reducing stigma and increasing patient support.

Existing strategies to control TB have their shortcomings. Innovative approaches with anthropological inputs assume criticality for reducing transmission.

This complicates interactions between cultural, socioeconomic, and health factors that determine the transmission of TB and treatment outcomes, hence the need for comprehensive and culturally sensitive interventions.

Recommendations

Recommendations can be made based on the research findings and hypothesis testing as follows.

1. Access to health care and housing: Investment in health infrastructure and housing programs in urban slums and rural areas
2. Cultural understanding exercise

Cultural sensitivity training for healthcare providers

Socioeconomic empowerment programs

3. Spiritual leaders and traditional healers should be brought on board to enhance anti-TB control measures within these communities.

Job creation and economic empowerment programs for vulnerable populations.

Young adult skills training and education.

4. Stigma reduction:

Bonjour Public awareness campaigns on the issue of TB patients about stigma and discrimination; community leaders, and religious leaders to ensure support and inclusivity. However,

5. A comprehensive approach to TB control

Development and implementation which covers social and cultural belief attitudes, socioeconomic and stigma of comprehensive TB control.

Have collaborative approaches between government institutions, NGOs, CBOs, and community formations According to research, these recommendations intend to discourse complex relationships between social determinants, cultural beliefs, socioeconomic, stigma, and transmission of TB. It is by the implication of these recommendations that we can lessen the emerging transmissions of TB, advance health results, and promote health equity for susceptible populations.

Conclusion

The current research configures multiple approaches to anthropological dynamics for the transmission of TB, underscoring the complexity of one that takes into consideration biological, psycho-social, and cultural variables. Our findings support an integration of anthropological knowledge into public health initiatives aimed at developing culturally sensitive interventions toward TB burden reduction.

In summary, this study confirms that socioeconomic factors constitute a true determinant of vulnerability to TB and that efforts in controlling TB should consider addressing these underlying factors. Any interventions aimed at reducing effectively the burden of TB have to give special priority to poverty reduction, improvement in living conditions, enhancement in access to education, and universal health care. Reviews.

In summary, this research has succeeded in highlighting the complex anthropological dynamics underlying the transmission of TB, underlining how crucial factors such as socioeconomic determinants, cultural beliefs, and social networks can be in defining the vulnerability to TB and treatment outcomes. Our results underline that a holistic approach to the control of TBone that considers the biological, social, and cultural

underpinnings must be used to get at the very roots of TB transmission. It is through this re-prioritization of poverty reduction, cultural sensitivity, and community

engagement that effectively sustainable solutions to this enduring public health challenge will be found, and these inequities in TB finally be eliminated.

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