

TEACHER KEY

Unit 6: Living with TB Today

Activity 1: Their Stories - Video Comprehension

Description:

Students will read the online exhibition section “Living with TB Today” and watch selected videos linked on the page. They will respond to questions provided on an activity sheet that assess their understanding of the experience of tuberculosis portrayed in the videos.

Time: Exhibition review: 30 minutes

Activity Sheet: 30 minutes + 15 minutes review

Objectives:

- To demonstrate listening skills and oral comprehension.
- To understand the impact of TB on individuals from around the globe.
- To identify some of the challenges to receiving TB treatment, on both personal and social levels.

Curriculum Links:

Reading	1. Reading for Meaning	1.4 demonstrate understanding of a variety of texts by summarizing important ideas and citing supporting details
		1.6 extend understanding of texts by connecting the ideas in them to their own knowledge, experience, and insights, to other familiar texts, and to the world around them
		1.8 make judgements and draw conclusion about the ideas and information in texts and cite stated or implied evidence from the text to support their views
Media Literacy	1. Understanding Media Texts	1.1 identify the purpose and audience for a variety of media texts
		1.3 express opinions about ideas, issues, and/or experiences presented in media texts, and give evidence from the texts to support their opinions

TEACHER KEY

		1.5 identify whose point of view is presented or reflected in a media text...
		1.6 identify who produces various media texts, the reason for their production, how they are produced, and how they are funded

Materials:

Online exhibition Fighting for Breath: Stopping the TB epidemic :

<http://museumofhealthcare.ca/explore/exhibits/breath/>

Handout

Procedure:

1. Ask students to read-through the exhibition page Living with TB Today and watch the provided videos.
2. Provide students with the worksheet and ask them to complete it. It is recommended that students have access to the exhibition while completing the work-sheet.
3. Review the work-sheet with the students and clarify any common misconceptions.

Background Info:

Living with TB Today

One third of the global population has been infected with tuberculosis. Though some will be able to fight off the infection themselves, many will develop cases of active tuberculosis. Roughly one person is infected with TB every second and one in ten people infected will develop active TB. There were 9.4 million new cases of TB in 2009.

Side-Effects of TB Drugs

In many communities a tuberculosis diagnosis is considered a death sentence, though it need not be. Some patients can be treated in their homes and continue to live a normal life while on TB medications, while others must be treated in hospital.

The drug **regimen** used to treat TB involves a cocktail of tablets and injections that must be taken for between six months and two years. Patients will take as many as twenty tablets a day (and possibly more!) depending on the type of TB they have been diagnosed with, for up to six days a week. The side effects of these drugs are serious. Gastric problems, diarrhea, headache, loss of hearing, and liver or kidney dysfunction are but a few of the common problems that arise because of TB treatment.

“I get terrible headaches, dizziness and loss of appetite. It is better now, but there were times in the past when I just wanted to die, I felt so low and

TEACHER KEY

depressed. Maybe it was the drugs, or maybe the length of treatment, but it all just seemed too much.”

“It’s not easy taking all the drugs. I take two tablets for my TB every morning at 6 am and then for my HIV I take one in the morning and three at night. I get pains in my legs and headaches and sometimes I just don’t want to take the drugs, but I do my best.”

Quoted in Medecins Sans Frontieres, “Tuberculosis: New Faces of an Old Disease” (23 March 2009) *align right (?) and make previous a hyperlink to <
<http://www.doctorswithoutborders.org/publications/article.cfm?id=3507>>

Drug Resistant TB

Because of these debilitating side effects and the length of treatment programs, some people choose to end their TB treatment early. This can lead to drug-resistant strains of the bacteria, strains that do not respond to most available treatments. Drug-resistant strains can develop within a person infected with TB, or be passed on to infect a new person. New treatments plans for multi-drug resistant (MDR-)TB are available, but they take several years to complete and cost much more than drug-susceptible TB treatment plans.

In 2008 an estimated 440,000 cases of MDR-TB existed worldwide. An estimated 3.3% of all newly diagnosed TB cases had MDR. 150,000 people died from MDR-TB in 2008.

In an attempt to maximize treatment success and limit treatment dropout and the development of MDR strains, the World Health Organization endorses the DOTS (Directly Observed Therapy Short-course) strategy. Under this program, patients take their medication while supervised, ensuring **compliance** with their treatment plan. In practice, though, daily supervision is difficult to enforce and the strategy is often modified to better fit the specific conditions of the location and patient.

HIV/AIDS & TB

A significant number of new TB cases are people with HIV whose weakened immune system cannot contain TB. The correlation between HIV and tuberculosis is staggering; being infected with either disease makes you more susceptible to the other. In developing countries, TB is the leading cause of death among people who are infected with HIV; up to 50% of deaths of HIV patients are due to TB. In more industrialized countries, about 10% of HIV patients also have TB.

Multiple drugs are required to treat both TB and HIV. Some cause negative interactions and some drugs used to treat one disease diminish the efficacy of those taken to treat the other. An integrated treatment plan is necessary for a cure.

The social consequences of TB

TEACHER KEY

There is a great social stigma attached to TB. Afraid to contract the disease, many people avoid those with TB, isolating them within the community. This is particularly true of people with MDR-TB. Additionally, many TB patients must travel outside of their home communities to obtain treatment. Beyond the loneliness of this separation from family, the financial strain of travelling to clinics is often difficult to bear when a wage-earner is too ill to work.

Some countries (or states and provinces) approve the detention and isolation of people with active TB in an effort to limit the spread of disease. Infectious patients who do not comply with treatment plans or, in some cases, who are perceived to be a future threat of non-compliance may be detained in the custody of health officials. Those in favour of this policy argue that it enforces the patients' social responsibility when they prove unwilling to do so voluntarily, while those opposed to it argue that detention violates patients' human rights.

The cost of living with TB goes beyond physical discomfort and pain. Many patients suffer the mental pain of isolation, the guilt of not providing for their families, and the stress of poverty. Improved medical treatments that tackle the problems of HIV and drug-resistant TB are needed, as are social programs that respond to the social and psychological consequences associated with the disease.

TEACHER KEY

Unit 6: Living with TB Today
ANSWER SHEET: Their Stories - Video Comprehension

Watch the video “Lives in the Balance” and answer the following questions:

1. What does MDR-TB stand for? *Multi-drug resistant tuberculosis*
2. True or False: TB is the leading cause of death among patients with HIV.
3. 25 % of the deaths of HIV patients in Myanmar are due to TB.
4. Why does Nyan Do (4:20) claim people in Myanmar are not afraid of MDR-TB?

They do not know enough about it / ignorance.

5. What are some of the possible side-effects of drugs given to treat MDR-TB?
Kidney failure, hearing loss, oedema/swelling, mental instability
6. If there are 9300 cases of MDR-TB diagnosed each year in Myanmar, and 300 of those cases are treated, what percentage of MDR-TB cases is being treated? 3%
7. What were some of the hurdles that Ma Moe Moe (5:38) faced to getting her MDR-TB treated?

No local testing available Distance to travel to clinic
Leaving family/children behind Cost (50,000 kyat)

8. This video was produced by Medecins Sans Frontieres. What do you think their goal was?

Raise awareness about TB
Generate donations
Inspire people to write to funding agencies to argue for the allocation of more funding.

Watch the video “Share my Solitude” and answer the following questions:

1. Why was Happiness so scared when she was diagnosed with MDR-TB?

Everyone else in her community diagnosed with MDR-TB had died.

2. What treatments did Happiness receive for her TB?

At first she took 18.5 tablets in the morning and had an injection at night; now she takes 15.5 tablets and has an injection.

TEACHER KEY

3. List some of the side-effects Happiness experienced from her medications.

Mental instability Hallucinations
Sore feet Muscle cramps
Nausea/vomiting

4. What are some of the social changes Happiness has experienced since her diagnosis? Consider her relationships with her family, friends, and community.

Could no longer sleep in the same room as her children.
Distanced relationship with daughter.
Feels isolated b/c of social stigma, sense that friends no longer want to visit with her.
Sense that is no longer a (very) productive member of the community; works at home rather in the fields with other women.
Stress over ability to provide for her family.

Almost 500,000 new cases of MDR-TB are diagnosed each year but only 7% are treated. Why do you think that is? What can be done to improve the number of people receiving treatment?

Lack of adequate number of clinics and trained medical professionals in key areas.
Inconsistent drug supply.
Cost of required drugs.
Cost to patients to travel to clinics.
Difficulty of maintaining treatment regimen for 1-2 years.
People stop MDR-TB treatments because of side-effects.
Stigma of having disease.
Lack of awareness of risk of not getting treated.

Increased governmental funding --> increased number of clinics, trained local professionals, drug supply.
Continued research to identify new medications.
Public education campaigns.
Etc.