The Relationship Between Self-Stigma and Subjective Well-Being in Tuberculosis Patients

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Abstract:

Pulmonary tuberculosis (TB) sufferers often face psychosocial problems in the form of stigma. Stigma contributes to psychological morbidity. Morbidity impacts psychological well-being. This research aims to determine the relationship between stigma and subjective well-being in tuberculosis at the Klakah Community Health Center, Lumajang Regency. This study is correlative research with a cross-sectional approach. The population in this study was Tuberculosis Patients at the Klakah Lumajang Community Health Center in 2024. The sample was adjusted based on the Slovin formula to 37 respondents. The side technique used is purposive sampling. Data was collected using the validated The Van Rie tuberculosis stigma scale and The BBC subjective well-being scale questionnaires. Data analysis in this study used Spearman Rho. The results showed that almost half of tuberculosis patients had a high level of Self-Stigma (45.9%), almost half of them had a low level of subjective well-being (43.2%). Data analysis shows that there is a significant relationship between Self-Stigma and subjective well-being in tuberculosis patients (p-value = 0.000; α = 0.05; r = -0.874) which shows a relationship with a strong negative correlation level which means that self- Low stigma will have implications for increasing subjective well-being. The psychosocial health issue of stigma appears to be one of the most important issues that must be addressed to avoid its enormous and negative impact on health promotion.

INTRODUCTION

Pulmonary tuberculosis (TB) patients are often faced with psychosocial issues that cause stress, such as loss of hope, sleep disturbances, and anxiety, which arise due to perceived stigma at the onset of diagnosis (Liu et al., 2022; Kurniyawan et al., 2022). Stigma contributes to the psychological morbidity associated with the disease and hinders public health efforts to prevent and address it (Redwood et al., 2022). Stigma describes situations where an individual possesses undesirable or discrediting attributes, often leading to negative attitudes towards them and their exclusion from society (Ennimay et al., 2024). TB patients, along with the symptoms and signs that accompany the disease, often face negative attitudes from people around them, such as avoidance, which leads to isolation, rejection, or exclusion from their community and workplace or even from close family members and healthcare staff providing care. This increases the risk of mental health disorders in TB patients (Liu et al., 2022)

TB is the leading cause of death from infectious diseases, killing 1.45 million people each year (Hasan et al., 2023). The East Java Provincial Health Office reported that TB cases in 2018

amounted to 57,788 cases, with an increase in 2019 to 64,388 cases (Dinas Kesehatan Provinsi Jawa Timur, 2020). The health profile of Lumajang Regency in 2021 showed a TB prevalence of 1,067 patients, consisting of 576 (54%) males and 491 (46%) females, showing an increase compared to 2018 with 569 patients. The complete treatment rate reached 818 (69.8%), the mortality rate reached 40 patients (2.6%), and the treatment success rate reached 1,388 people (91.0%) (Dinas Kesehatan Kabupaten Lumajang, 2021).

Reluctance and shame in practicing transmission prevention, according to previous studies, is one factor that can hinder an individual's ability to seek and adhere to TB treatment, which is part of the stigma. Stigma has been defined as a process by which a person is demeaned or discredited based on undesirable attributes. This form of social control is carried out by labeling, marginalizing, stereotyping, and excluding individuals from the broader community due to their undesirable traits (Herawati et al., 2020).

Stigma can adversely affect the provision of healthcare to patients in several different ways. Self-stigma (or internalized stigma) occurs when individuals internalize discrediting social stigma. This form of stigma can lead to feelings of hopelessness, fear, loss of identity, inferiority, guilt, isolation, anxiety, and depression in TB patients (Rosyanti & Hadi, 2020; Widowati, et al., 2022). A literature review revealed increasing recognition that TB stigma disrupts the TB care continuum due to its adverse effects on timely diagnosis, treatment uptake and adherence, and the psychological well-being of those affected by TB (Jing Teo et al., 2020)

Subjective well-being (SWB) is a form of self-evaluation used to measure psychological well-being, representing a holistic view of life, including positive emotions, life satisfaction, and moods, both positive and negative, which influence individuals' feelings of happiness and well-being (Himawati, 2022). Pulmonary TB patients experience physical changes, typically marked by weight loss, paleness, and reduced physical capacity, which cause stress and irritability due to social disability and avoidance from society. This also triggers emotional feelings of worthlessness, hopelessness, loneliness, and a sense of dying or giving up (Luies & Preez, 2020). TB patients often find no meaning in life due to the lack of social support from their surroundings, leaving them feeling isolated within their family and community environments. This loss of meaning in life is a form of negative subjective well-being (Rachmawati et al., 2021).

According to the Top-Down Perceptual Processing Theory, an individual's subjective well-being depends on how they perceive and interpret events positively. This theory posits that individuals have control over every event they experience, whether it will create psychological well-being or otherwise. Improving subjective well-being requires changing one's perceptions, beliefs, and personality traits (Sari et al., 2022). Therefore, it is important to have positive perspectives, beliefs, and thoughts to feel satisfied with life and often feel happy. Efforts to increase happiness should focus on changing an individual's perspective and beliefs with positive things and personality traits (G. Zhang et al., 2023).

METHOD

This study uses a correlational design based on a cross-sectional approach, with the research population consisting of all 40 tuberculosis (TB) patients at the Klakah Health Center, Lumajang Regency. The sampling technique in this study uses a non-random sampling approach, specifically purposive sampling, with a total of 37 research samples. The data analysis technique used in this study to test the hypothesis is Spearman's Rho. The inclusion criteria include being over 18 and under 60 years of age, newly diagnosed with pulmonary tuberculosis, individuals receiving TB treatment in the intensive phase for more than one month who have not previously

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undergone TB treatment, and individuals receiving a re-treatment regimen for DS-TB lasting six to nine months at any phase of treatment. The exclusion criteria are: individuals diagnosed with TB who have been declared cured, those who passed away during the study, patients in severe condition, patients who refused to participate, individuals with intellectual disabilities or severe communication difficulties due to extreme stress, and individuals diagnosed with TB but who never started treatment (referred to as "defaulting from treatment"). This research was conducted at the Klakah Health Center in Lumajang from June 15, 2024, to July 12, 2024. The instrument used to measure self-stigma in tuberculosis patients is the Van Rie Tuberculosis Stigma Scale (VTSS), adopted from (Fuady et al., 2021; Redwood et al., 2022). Meanwhile, the instrument used to measure subjective well-being in tuberculosis patients is the BBC Subjective Well-Being Scale (BBC-SWB), adopted from Pontin & Schwannauer (Himawati, 2022).

RESULT

Characteristics of Tuberculosis Patients at Klakah Health Center, Lumajang Regency

Table 1. Characteristics of Respondents

Characteristics	Frequency	Percentage (%)
Age		
18-25 years	4	10.8
26-36 years	33	89.2
>36 years	0	0
Gender		
Male	13	35.1
Female	23	64.9
Occupation		
Housewife	22	59.5
Civil Servant	3	8.1
Private Employee	0	24.3
Farmer	9	24.3
Merchant	3	8.1
Family Type		
Nuclear Family	2	8.1
Extended Family	35	86.5
Education		
Primary School	4	10.8
Middle School	21	56.8
High School	12	32.4
Higher Education	0	0
Income		
<IDR 1,500,000	3	8.1
IDR 1,500,000 – 2,500,000	32	86.5
IDR 2,500,000 – 3,500,000	2	5.4
>IDR 3,500,000	0	0

Table 1 shows that most respondents are aged 26-36 years, totaling 33 respondents (89.2%). Most respondents are female, with 23 respondents (64.9%), and most are housewives, accounting for 22 respondents (59.5%). The majority live in extended families, totaling 35

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respondents (86.5%), most have a middle school education, with 21 respondents (56.8%), and the majority have a monthly family income between IDR 1,500,000–2,500,000, totaling 32 respondents (86.5%).

Self-Stigma in Tuberculosis Patients at Klakah Health Center, Lumajang Regency

Table 2. Self-Stigma Among Tuberculosis Patients at Klakah Health Center, Lumajang Regency (n=37)

Self-Stigma Category	Frequency	Percentage (%)
Low	12	32.4
Moderate	8	21.6
High	17	45.9
Total	37	100

The analysis results in Table 2 show that nearly half of the respondents have a high level of self-stigma, with 17 respondents (45.9%). Further analysis was conducted by identifying the values of the self-stigma dimensions, with the following results:

Table 3. Values of Self-Stigma Dimensions Among Tuberculosis Patients at Klakah Health Center, Lumajang Regency (n=37)

Self-Stigma Dimension	Mean	SD	95% CI	
			LCI	UCI
Disclosure	85.8	10.6	82.8	89.3
Isolation	62.3	33.1	51.3	73.4
Gulty	58.8	34.3	47.4	70.3

The analysis results in Table 3 indicate that the highest value for the self-stigma dimensions among tuberculosis patients at Klakah Health Center is in the disclosure aspect (M=85.8±10.6; 95%CI=82.8-89.3).

Subjective Well-Being in Tuberculosis Patients at Klakah Health Center, Lumajang Regency

Table 4. Subjective Well-Being Among Tuberculosis Patients at Klakah Health Center, Lumajang Regency (n=37)

Subjective Well-being Category	Frequency	Percentage (%)
Low	16	43.2
Moderate	8	21.6
High	13	35.1
Total	37	100

The analysis results in Table 4 show that nearly half of the respondents have a low level of subjective well-being, with 16 respondents (43.2%). Further analysis was conducted by identifying the values of subjective well-being dimensions, with the following results.

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Table 5. Values of Subjective Well-Being Dimensions Among Tuberculosis Patients at Klakah Health Center, Lumajang Regency (n=37)

Subjective Well-being Dimension	Mean	SD	95%CI	
			LCI	UCI
Psychological	49.7	17.9	43.7	55.7
Physical health	53.4	21.7	46.2	60.7
Relationships	64.5	20.8	57.6	71.5

The analysis results in Table 5 show that the highest value for the subjective well-being dimensions among tuberculosis patients at Klakah Health Center is in the relationships aspect (M=64.5±20.8; 95%CI=57.6-71.5).

Relationship Between Self-Stigma and Subjective Well-Being in Tuberculosis Patients at Klakah Health Center, Lumajang Regency

Table 6. Correlation Between Self-Stigma and Subjective Well-Being in Tuberculosis Patients at Klakah Health Center, Lumajang Regency (n=37)

	Correlations*)		
		Stigma	Well-Being
Stigma	Correlation Coefficient	1.000	-0.874
	Sig. (2-tailed)	.	0.000
	N	37	135
Well-Being	Correlation Coefficient	-0.874	1.000
	Sig. (2-tailed)	0.000	.
	N	37	37

The analysis using Spearman's rho test shows a p-value of 0.000, α = 0.05, r = -0.874, indicating a significant relationship between self-stigma and subjective well-being in tuberculosis patients. The analysis also shows a strong negative correlation, meaning that lower self-stigma increases subjective well-being. Conversely, higher self-stigma leads to a decrease in subjective well-being in tuberculosis patients.

DISCUSSION

Self-Stigma in Tuberculosis Patients at Klakah Health Center, Lumajang Regency

In theory, stigma is a major determinant of health and a barrier to ending tuberculosis (TB) (Jing Teo et al., 2020). Stigma is a complex issue involving institutional and social attitudes, as well as personal experiences, marked by negative social judgments perceived, anticipated, or experienced by TB patients. Stigma in the context of TB refers to an individual's perception of how others might act or think about them because of their condition. There is growing awareness that TB stigma disrupts the care continuum due to its harmful effects on timely diagnosis, treatment adherence, and the psychological well-being of those affected (Herawati et al., 2020).

The results of this study indicate that nearly half of the TB patients at Klakah Health Center experience high levels of self-stigma (45.9%). It was also identified that the disclosure dimension had the highest score (M=85.8±10.6; 95%CI=82.8-89.3).

This finding aligns with previous studies that the majority of TB patients experience self-stigma, with a smaller portion experiencing public stigma. Moreover, this research reveals that the disclosure aspect is the highest dimension. In terms of age, most respondents are between 26-36 years old, indicating that TB patients generally fall into the early adult age range. Consistently, earlier studies found that younger TB patients tend to experience more stigma (Sekandi et al., 2024).

In terms of gender, the majority of TB patients are female. Previous research has shown that the relationship between TB-related stigma and gender is not well understood, with varied results across studies. In Tanzania, for example, it was found that men and women experience TB stigma differently, with some studies indicating that women may experience stigma at significantly higher levels than men (Muflihatus et al., 2024)

Demographically, most TB patients in this study were middle school graduates, earned a monthly family income between Rp 1,500,000 and Rp 2,500,000, and lived in extended families. This is in line with previous research showing that most TB patients who experience stigma have a middle school education level(Dan-ni et al., 2024)

These findings are consistent with earlier research that identified disclosure as the highest self-stigma dimension. Previous studies have shown that stigma contributes to treatment failure in TB patients, leading to negative psychological outcomes such as feelings of melancholy, self-hate, and disappointment, which hinder access to medical care. In some low-income communities, patients hide their illness due to fear of discrimination (Dan-ni et al., 2024)

Overall, TB patients in this study experience self-stigma, which is mediated by their socio-demographic characteristics. The highest proportion of self-stigma was found among women and those with lower social status. This is likely because women tend to have lower social and economic status, and when affected by TB, they face social exclusion, greater discrimination, and more barriers to healthcare access than men.

Subjective Well-Being in Tuberculosis Patients at Klakah Health Center, Lumajang Regency

Subjective well-being is viewed as a psychosocial state when certain needs or goals are met. This concept suggests that the fulfillment of needs leads to happiness, while unmet needs result in unhappiness (Das et al., 2020; Kurniyawan et al., 2024). Recent research indicates that subjective well-being significantly affects an individual's overall health status (Matić & Musil, 2023). Current consensus also sees subjective well-being as a mediating model where positive well-being has important implications for future health and survival (Kesavayuth et al., 2021).

The current study reveals that nearly half of TB patients at Klakah Health Center report low subjective well-being (43.2%). It was identified that relationships had the highest score (M=64.5±20.8; 95%CI=57.6-71.5), while the psychological dimension was the lowest (M=49.7±17.9; 95%CI=43.7-55.7).

This study finds that most TB patients are women, housewives, middle school graduates, living in extended families, and earning a monthly family income between Rp 1,500,000 and Rp 2,500,000. Previous studies suggest that socio-demographic factors, such as being female, having lower socioeconomic status, and lower education levels, are associated with reduced subjective well-being (Kesavayuth et al., 2021).

Interestingly, this study shows that women with lower education and who are not employed (housewives) tend to have lower subjective well-being. This aligns with previous research in Dalian (China), which found that women who received formal education and have stable full-time jobs are likelier to report higher subjective well-being (Y. Zhang et al., 2022).

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A small portion of the TB patients in this study reported good subjective well-being. The researchers suspect this is related to their marital status, as most are married and live in extended families. Referring to earlier studies, subjective well-being can be enhanced by family and environmental support (Ibda et al., 2021). This suggests that spousal and family support may positively affect subjective well-being.

The researchers also suggest that TB treatment and diagnosis may impact the psychological domain, particularly for female patients, who seem more vulnerable to psychological stress related to TB. This highlights a gender gap, as women appear to be more psychologically affected, which in turn lowers their subjective well-being.

The Relationship Between Self-Stigma and Subjective Well-Being in Tuberculosis Patients at Klakah Health Center, Lumajang Regency

Subjective well-being is considered an individual's subjective life assessment, essential for maintaining healthy and productive individuals (Das et al., 2020). It is a multidimensional construct that combines life satisfaction with emotional states like happiness (Crary, 2021). Subjective well-being can indirectly influence other life aspects, such as personal control, social engagement, and health behaviors (Das et al., 2020).

This study provides empirical evidence of a negative relationship between self-stigma and subjective well-being in TB patients (p-value = 0.000; α = 0.05; r = -0.874). This indicates that lower self-stigma is associated with higher subjective well-being, and conversely, higher self-stigma correlates with lower subjective well-being.

The logical explanation for this negative relationship involves negative social experiences. The higher the self-stigma, the more negative the social experiences TB patients encounter. Consistently, this research aligns with earlier studies, which showed that negative social experiences from infectious diseases often trigger feelings of stigma in patients, leading them to hide their illness and avoid social contact (Chen et al., 2021).

Psychological theories offer several arguments to explain the relationship between self-stigma and subjective well-being. Some studies suggest that greater exposure to stressors, such as body image issues or coping strategies in response to self-stigma, contributes to negative affect and cognitive vulnerability (Esteban-gonzalo & Esteban-gonzalo, 2020). Self-stigma, as a cognitive factor, has also been identified as a predictor of negative affect, indicating the presence of more negative life events and greater cognitive vulnerability (Lin & Tsang, 2020).

Furthermore, potential mechanisms linking stigma with subjective well-being include behavioral, psychological, and biological pathways. Earlier studies have shown that the negative emotions associated with self-stigma may mediate indirect biological effects through inflammation and cortisol release, impacting subjective well-being(Wemrell et al., 2021). Consistent with the results of this study, previous research reported that suffering from a disease can alter various aspects of life, which in turn can affect subjective well-being and health behaviors (Stenlund et al., 2021).

The findings of this study suggest that TB patients often experience isolation and separation from their families and communities, which leads to higher self-stigma and reduced subjective well-being. These findings strengthen the evidence that subjective well-being can be a supportive strategy for achieving positive health behaviors in TB control.

CONCLUSION

Based on the research titled "The Relationship Between Self-Stigma and Subjective Well-Being in Tuberculosis Patients at Klakah Health Center, Lumajang Regency," the following conclusions were drawn that nearly half of the TB patients at Klakah Health Center in 2024 experienced high levels of self-stigma, almost half of the TB patients at Klakah Health Center in 2024 reported low levels of subjective well-being. There is a significant negative relationship between self-stigma and subjective well-being in TB patients, indicating that lower self-stigma is associated with higher subjective well-being. Patients are encouraged to communicate openly, adhere to treatment regimens, and wear masks to prevent transmission and protect their identity, build a positive self-concept, and improve social interactions, ultimately reducing negative perceptions.

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