

Self-Stigma Relationship with Self-Esteem in Teenage Tuberculosis Using Roy's Adaptation Theory Approach in Jember

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ABSTRACT: Tuberculosis (TB) is an infectious disease that causes stigma, especially in teenagers. An individual who is stigmatized will have an impact on his status of honor. The aim of this study is to find out the relationship between self-stigmatism and self-esteem in TB teenagers using the Roy Adaptation Model Theory approach. This research uses a cross-sectional design. The population in this study is 139 teenagers who suffer from TB in Jember. The sample in this study is 103. Respondents are selected through cluster sampling. Data collection was done using Van Rie's TB Stigma Scale and Rosenberg Self-Esteem Scale questionnaires. Data analysis using binomial logistic regression tests. The results of the study showed that TB teenagers mostly experienced bad self-stigmatism (54.4%) and mostly negative self-esteem (60%). There was a connection between self-stigma and self-esteem in TB teenagers after controlling for family type (OR = 3,987; p = 0,007). Tuberculosis teenagers who experience bad self-stigmatism are more likely to have negative self-esteem. The family has an important role to play in creating a mechanism against self-stigmatism. A good coping mechanism determines the status of self-esteem. Positive self-esteem demonstrates the adaptive response of youths with TB, thereby increasing youth motivation for rehabilitation in healthcare.

Keywords: Self-Stigma, Self-Esteem, Teenage Tuberculosis, Roy's Adaptation Model Theory



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INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis* and is a serious threat to global public health (X. Chen et al., 2023). TB in adults has been a concern for a long time, but TB in teenagers has not. Surveillance data for teenage TB groups has not been separated, so prevention and treatment policies usually ignore teenagers (Laycock et al., 2021). Adolescence is a vulnerable period for TB, when the prevalence of *Mycobacterium tuberculosis* infection and the incidence of TB increase (Snow et al., 2020). The increase in TB in teenagers is associated with puberty, where immunological changes occur that can contribute to an increased risk of developing

TB disease (Chiang et al., 2020). Teenagers have special needs and barriers to care, one of which is stigma (Enane et al., 2020). Someone stigmatizes because they are afraid of being infected and the dangers associated with the infection (Huq et al., 2022). One of the impacts of stigma is a decrease in self-esteem (Wandira & Alfianto, 2021).

The 2022 Global Tuberculosis Report explains that globally, almost 1.5 million out of 10.6 million people aged 0–24 suffer from TB every year (WHO, 2022). TB cases in children and teenagers aged 0–14 years in Indonesia reach 87,000 cases per year (UNICEF, 2022). The number of TB cases in children and young adults aged 0–24 years in East Java Province was 10,379 cases. Jember is in second place for TB cases in children aged 0–14 years, with 164 cases (Dinkes Jatim, 2021). Public age is related to TB stigma in 12.81% of 601 respondents. The largest number is men (62.56%) (X. Chen et al., 2023). 62.5% of 30 TB patients had negative self-esteem regarding their low level of adaptability (Pandini et al., 2022).

This form of stigma causes feelings of hopelessness, fear, loss of identity, low self-esteem, guilt, isolation, anxiety, and depression (Redwood et al., 2022). The higher the TB stigma, the more TB sufferers will feel neglected and ostracized, so that TB sufferers withdraw from society (X. Chen et al., 2023). The impact of stigma will be felt to be lower if the individual has positive coping mechanisms (Teksin, 2020). Roy uses the term coping mechanism to describe the control process that an individual has as an adaptation system. Coping mechanisms will create effects, one of which is related to self-concept (Nursalam, 2020).

An aspect of self-concept is described as an individual's evaluation of his or her views, including self-acceptance, rejection, self-confidence in abilities, self-meaning, success, or self-esteem (Rosyad, 2022). If someone feels rejected, doubts, feels isolated, feels worthless, helpless, unworthy of love, cannot express themselves, cannot protect themselves, and always feels weak, then self-esteem will tend to be negative (Susanto, 2018). Disturbances in self-esteem are influenced by the increasing disruption caused by chronic diseases to teenagers' ability to carry out activities that contribute to feelings of worth (Novieastari, 2020). Teenagers with TB have low self-esteem, which is related to disturbances in social interactions (Moscibrodzki et al., 2021).

Social interactions are built using self-concept to maintain interactions with other people. Individuals tend to build interactions with other individuals when they have similar self-image or self-esteem (Rahyaniah, 2021). Roy's adaptation theory explains that the basic need for role functioning is social integrity, namely the need to know someone who builds positive relationships with other people (Sya'diyah et al., 2023). The role function is the effector of the coping mechanisms carried out by individuals against stimuli from the environment (Nursalam, 2020).

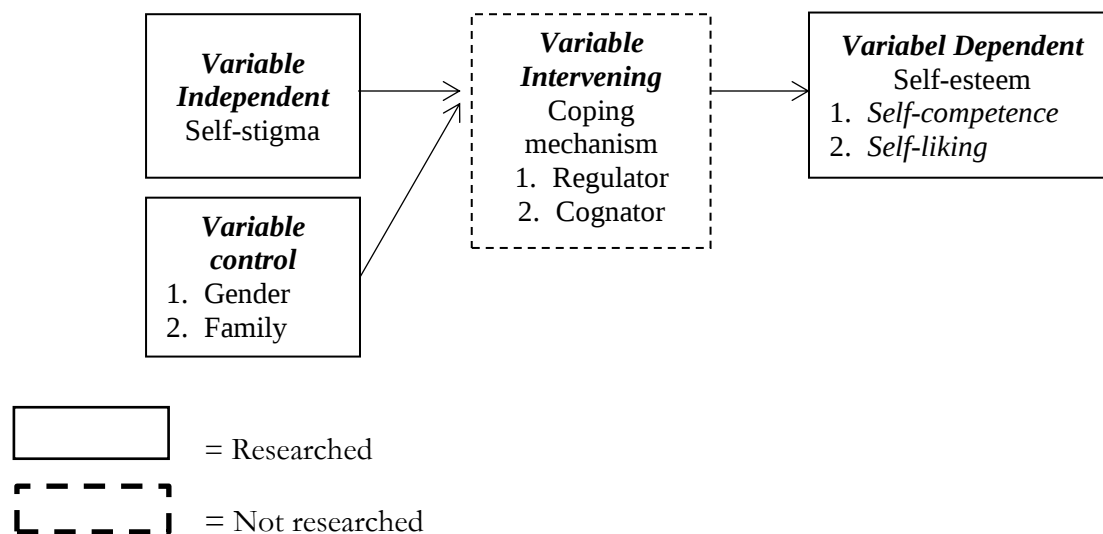
Coping mechanisms are important for individuals to create adaptive effectors. Further research is needed using an adaptation model theoretical approach regarding the relationship between self-stigma and self-esteem in teenagers with TB in Jember.

Research Questions

- a. What is the self-stigma of teenagers who experience tuberculosis in Jember?
- b. What is the self-esteem of teenagers suffering from tuberculosis in Jember?

- c. Is there a relationship between self-stigma and the self-esteem of teenagers who suffer from tuberculosis using the Roy adaptation model theoretical approach in Jember?

Conceptual Framework



H₁ : There is a relationship between self-stigma and the self-esteem of teenagers who experience tuberculosis using Roy's adaptation theory approach in Jember.

METHOD

Research design is cross-sectional. The population in this study was 139 teenagers suffering from tuberculosis. The sample included 103 teenagers suffering from tuberculosis. The sampling technique used in this study is cluster sampling. Four districts were selected based on the highest number of tuberculosis cases. The region represents different corners of the Jember district. The selected region is counted for each individual population according to the criteria, i.e., teenagers with cases of tuberculosis. The research instrument used was the Van Rie's TB Stigma Scale (VTSS) with 11 statements and the Rosenberg Self-Esteem Scale (RSES) with 10 statements. The VTSS instrument uses a 4-point Likert scale. The assessment results shown in this instrument are bad self-stigma in the range of 27–44 and good self-stigma in the range of 11–26. The VTSS instrument uses a 4-point Likert scale. The assessment results are positive self-esteem with a value range of 10–25 and negative self-esteem with a value range of 26–40. The analysis at this initiation used descriptive frequency analysis to explain the characteristics of teenagers suffering from tuberculosis. Bivariate analysis uses chi square to explain the relationship of each predictor variable to the dependent variable. Multivariate analysis of binary logistic regression to describe all predictor variables that may influence the dependent.

RESULT AND DISCUSSION

Table 1. Characteristics of teenage respondents with TB in Jember district in 2023 (n=103)

Variable	Frequency	Percent (%)
Age		
10-13	20	19,4
14-16	43	41,7
17-19	40	38,8
Gender		
Male	43	41,7
Female	60	58,3
Family Type		
Nuclear	67	65,0
Extended	36	35,0

Table 1 describes the majority of teenagers ages of 14-16 years (41.7%). More than half of the teenagers who suffer from TB in this study are female, that is, 60 teenagers (58.3%).

Table 2. Univariate analysis of self-stigma and self-esteem of TB teenagers in Jember district in 2023 (n = 103)

Variable	Frequency	Percent (%)
Self-stigma		
Bad	56	54,4
Good	47	45,6
Self-stigma		
Negative	60	58,3
Positive	43	41,7

Table 2 describes that more than half of teenagers who experience TB have a negative self-esteem status, with a total of 60 (58.3%). More than half of teenagers suffering from TB experience bad self-stigma, with the number being 56 (54.4%).

Tabel 3. Bivariate Analysis of Characteristics of Teenagers with Tuberculosis on Self-Esteem in Jember Regency in 2023 (n = 103)

Variabel	Self-esteem (%)		Total	P-value
	Negative (n=60)	Positive (n=43)		
Gender*				
Male	17 (28,3)	26 (60,5)	43 (41,7)	0,001
Female	43 (71,7)	17 (39,5)	60 (60,0)	
Family Type*				
Nuclear	46 (76,7)	21 (48,8)	67 (65,0)	0,003
Extended	14 (23,3)	22 (51,2)	36 (35,0)	
Stigma Diri*				
Buruk	43 (71,7)	13 (30,2)	56 (54,4)	0,000
Baik	17 (28,3)	30 (69,8)	47 (45,6)	

*chi-square correlation test (p-value significance level <0.05)

Table 3 describes the gender of teenagers suffering from tuberculosis in relation to their self-esteem status. Teenagers who are male tend to have positive self-esteem, while females tend to have negative self-esteem. The type of family of teenagers who experience tuberculosis is related to their self-esteem status. Teenagers who live with extended families have more positive self-esteem, but teenagers who live with nuclear families tend to have negative self-esteem. The self-stigma received by teenagers with tuberculosis is related to their self-esteem status. Teenagers who experience bad self-stigma tend to have negative self-esteem status, while teenagers who experience good self-stigma tend to have positive self-esteem status.

TB affects all areas of patient quality of life, from stigma to psychological problems (Benya Adriani et al., 2022). One of the forms of stigma experienced by people with TB is self-stigma. Stigma is the perception of an individual who believes that the negative words or views of others about himself are true (Wandira & Alfianto, 2021). Patients with moderate and severe TB conditions have more self-stigma than patients with mild TB (Chen et al., 2021). There are factors that can lead to TB patients being stigmatized, one of which is the attitude of the people around them. TB patients are not cared for, so they feel like they don't have friends after they're diagnosed with TB (Huq et al., 2022).

Related research suggests that people with TB deliberately keep away from others for fear of spreading their disease. They also feel ashamed of being excluded from their surroundings. The person closest to him or anyone else around him turns his face when talking to a TB patient (Teo et al., 2020). Teenagers who suffer from TB also feel a burden of concern about the transmission of TB to their family members. They feel deeply ashamed and guilty when the family is infected (Das et al., 2021). Tuberculosis teenagers said neighbors who knew about the disease stayed away and asked the TB teenager not to sit outside the house. Their peers also cut him off. A teenager with TB feels like he's another world no one wants to get close to (Moscibrodzki et al., 2021).

Based on the data presented above, it can be concluded that TB disease can affect an individual's perception of themselves. This is caused by the individual's bad experiences in the environment. Starting with being ostracized and experiencing rejection, individuals feel ashamed, guilty, and worried about their illness. The environment greatly influences teenagers' perceptions of themselves. One of the characteristics of teenagers is that they tend to have the perception that they are in accordance with what they want, not what they have. When a TB teenager's condition does not match what they want and confirms everything their relatives or other people say about their disease, the teenager will feel they are useless.

Self-esteem is one aspect of self-concept, which is defined as an individual's evaluation of his or her views (Rosyad, 2022). Self-esteem is a global self-cognition, and theoretically, individuals with negative self-esteem have negative schemas that form the basis of self-critical thinking (Gittins & Hunt, 2020). Gender, family, upbringing, and experiences of self-acceptance or humiliation can influence a person's self-esteem status. Family and parents are the main assets in the social process, so they have a big influence on self-esteem. The feeling given in the family is an important value that influences self-esteem (Saragih & Damanik, 2022). A harmonious family is also a basis for exploration (Insan, 2023).

Factors that can affect self-esteem, especially in teenagers, are reviewed from the physical aspects. Teenagers with TB have signs and symptoms of situational low self-esteem. It's caused by changes in body function as a result of TB disease (Rahma et al., 2023). Based on this, teenagers are unable to fulfill their developmental tasks, they accept their bodies based on the diversity of their forms and qualities, accept themselves and believe in their abilities, explore interpersonal communication skills, and learn to interact with the social environment (Indriani, 2021).

Related research also mentions a predictor factor related to self-esteem, namely gender. Women are more likely to experience negative self-esteem (Siagian & Niman, 2022). Women agree more with negative statements about themselves (Magee & Upenieks, 2019). Men tend to be more confident based on their physical appearance than women (Martinez et al., 2020). The relationship between gender and self-esteem is also determined by the expectations and roles that society applies to individuals, as well as the culture that exists in society (Candra et al., 2017).

Family type also influences a person's self-confidence. During the treatment process, the family supports the patient when the patient feels afraid. The family pays attention to the symptoms the patient is experiencing so that TB patients feel safe, comfortable, and loved (Ani et al., 2024). A study conducted in India reported that teenagers who lived with extended families had better mental health compared to teenagers who lived with nuclear families (Lodhi et al., 2021).

Table 4. Results of Multivariate Variable Analysis of Gender Type, Family Type, Self-Stigma for Self-Esteem of Teenagers TB 2023 (n=103)

Variable Predictor	<i>p-value</i>	OR	Self-esteem Negative	
			95% CI	
			Lower Bound	Upper Bound
Gender				
Male*				
Female	0,233	1,837	0,677	4,987
Family Type				
Nuclear	0,024	2,889	1,150	7,260
Extended*				
Self-stigma				
Bad	0,007	3,987	1,472	10,795
Good*				

*referenceCI: confidence interval of 95%; p-value < 0.05

Reference category for positive self-esteem

Table 4 explains that the gender variable shows a significance result greater than 0.05, which means H_0 is accepted, there is no influence on the self-esteem status of teenagers suffering from TB. The family-type variable and self-stigma, have significance values smaller than 0.05. The result describes that H_0 has been rejected, which proves that the variable has an impact on the status of self-esteem in teenagers with TB. Table 3 describes the type of teenage family where TB is a predictor of negative self-esteem. Teenagers living with core families are 2,889 times more likely to have a negative self-esteem status than teenagers living with larger families. Estimates are 1,150 times the lowest chance and 7,260 times the highest chance. Table 3 also explains that bad self-stigma in

teenagers is a predictor of negative self self-esteem. Teenagers who experience bad self-stigmatism are 3,987 times more likely to have a negative self-esteem status. The estimated magnitude is the lowest chance 1,472 times and the highest 10,795 times.

Other research has proven that self-stigmatism has a negative impact on self-esteem (Raza Naqvi & Khan, 2020). Rejection is one form of individual experience associated with stigma. It's a form of stress, because of something unpleasant. The formation of self-esteem in teenagers and negative feelings of self can be determined by the presence of unpleasant experiences (Zhou et al., 2020).

Related research explains that, self-esteem can play a protective role in the prevention of anxiety and depression in TB patients (Yin et al., 2020). A positive self-respect can give TB patients a relatively stable internal resource to cope with stress and withstand the negative impact of stigma on mental health (Fang et al., 2021). Related research explains that self-esteem can moderate the relationship between stigma experienced with anxiety and depression (X. Chen et al., 2023). Teenagers with negative self-esteem tend to have negative self awareness, thereby reducing their ability to cope with painful situations effectively. Individuals often feel unable to cope with difficulties, thus leading to poor emotional health (W.-W. Chen et al., 2022).

Teenagers have a developmental task, that is, to emotional independence from parents or other authoritative figures and to find the individual model that forms their identity (Indriani, 2021). Teenage TB patients have significant levels of emotional stress compared to adults. Teenage TB patients need not only treatment but also immediate mental support (Hidayat et al., 2022). Social support becomes one other than self-stigmatism, which affects the existence of deviant behavior caused by negative self-esteem (Raza Naqvi & Khan, 2020). Family is one of the forms of dignity associated with self-esteem status. A strong level of family resilience will influence a tuberculosis patient's coffee mechanism (Rachmawati et al., 2020). The core family type is playing an important role as a motivator for TB patients to recover. The core family has a higher level of endurance. TB patients feel rewarded and appreciated (Asriwati & Tristiyana, 2020). Unlike other studies, large families play a bigger role in the self-esteem of TB patients (Lodhi et al., 2021). There was a confession in an interview, where a grandmother and other non-core family members ignored a TB teenager, and presented a disposable plastic dish to a TB teenager (Moscibrodzki et al., 2021).

Roy says adaptation is a process of an individual's behavior, interpreting the results of thoughts and feelings as an individual or group in an attempt to create an integrated environment. Adaptation exists because of a stimulus (Putra et al., 2023). The stimulus triggers a response, which arises from the internal and external environment (Fabanyo et al., 2023). Humans who have the ability to adapt to environmental stimuli, have the potential to create changes in the environment. The form of adaptation consists of adaptive and maladaptive responses (Kirana et al., 2023).

Based on the data described above, it can be concluded that TB is an infectious disease, so there is a stigma towards this disease. There are two types of stigma: community stigma and self-stigma. Good or bad self-stigma will have an impact on the self-concept of teenagers who have TB, because stigma is a stressor for TB teenagers. When TB teenagers experience stressors, the individual will use coping mechanisms. Coping mechanisms can be determined by an individual's internal and external environmental factors, for example, personal and family experiences. The

form of coping mechanism will determine the status of a teenager's self-esteem. When a teenager's self-esteem status tends to be positive, this will give rise to an adaptive response to TB disease.

CONCLUSION

The conclusion of this study explains that TB teenagers in Jember district mostly suffer from bad self-stigma and have a negative self-esteem status. There is a connection between self-stigma and self-esteem among teenagers suffering from tuberculosis using Roy's adaptation model theory approach in Jember district.

One of the shortcomings of this study is that the researchers did not analyze the existence of a broader cause or effect on each variable studied. The researchers did not provide interventions on how to reduce self-stigmatism and how to improve self-esteem status in TB teenagers. This study used questionnaires, so sometimes the answers given by respondents or samples do not show the real situation.

The implications of this research for health services are based on Roy's adaptation theory, namely that this research provides a framework that can be applied in nursing to understand how individuals adapt to changes in their health conditions. Self-stigmatism can cause individuals to experience negative self-esteem and question their ability to access or receive health services. Individuals feel embarrassed or afraid to seek help for fear of discrimination or negative judgment. Negative self-esteem due to self-stigmatism can reduce an individual's motivation to comply with recommended treatment. In this case, the response to this stigma depends on how each individual carries out the coffee mechanism. A good coffee mechanism will cause individuals to have a positive self-esteem status. This can be useful for TB sufferers and health services in rehabilitation efforts, as recommended.

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