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SELF-ACCEPTANCE OF TUBERCULOSIS: DETERMINANTS THAT INFLUENCE IT: A LITERATURE REVIEW

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ABSTRACT
Tuberculosis (TB) remains one of the world's major health problems and a leading cause of death from infectious diseases. The disease is triggered by the Mycobacterium tuberculosis bacteria, which usually attacks the lungs but can infect other organs in the body. The purpose of this literature review is analyze several studies that discuss the determining factors that influence self-acceptance in TB patients. In this study, the search strategy was carried out using databases and keywords. The databases used were Google Scholar, DOAJ, and ResearchGate. The keywords used were tuberculosis, "self-acceptance," "social stigma," "family support," "social support," "self-esteem," "self-efficacy," "mindfulness," anxiety, depression, and knowledge. Critical Appraisal Skills Program was then conducted. There were ten articles that met the inclusion criteria. The results of all articles showed that the self-acceptance of tuberculosis patients was influenced by several factors, including: social stigma, family support, social support, self-esteem, self-efficacy, mindfulness, anxiety, depression, and knowledge.

Keywords: determinants; factors; patients; self-acceptance; tuberculosis

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INTRODUCTION

Tuberculosis (TB) remains one of the world's major health problems and a leading cause of death from infectious diseases. The disease is triggered by the Mycobacterium tuberculosis bacteria, which usually attacks the lungs but can infect other organs in the body. According to the Sustainable Development Goals (SDGs), by 2030 the world is expected to end the epidemic of infectious diseases, including TB. However, data shows that TB cases remain high, especially in developing countries such as Indonesia Lasmaria & Sari(2025). Globally, tuberculosis (TB) remains a major health problem, with more than 10 million people infected with the illness each year. Between other infectious diseases, TB was the number two cause of death after COVID-19 in 2022. Without treatment, the mortality rate from TB can increase by up to 50%. According to the 2023 Global TB Report published by the World Health Organization (WHO), TB causes approximately 1.3 million deaths worldwide in 2022. World Health Organization(2023) .

The estimated incidence of TB in Indonesia in 2023 is 1,090,000 or 387 per 100,000 population; TB-HIV is estimated at 25,000 cases per year or 8.8 per 100,000 population. Deaths due to TB are estimated at 125,000 or 44 per 100,000 population and 404,120 662,492 deaths due to TB-HIV at 6,200 or 2.2 per 100,000 population Indonesian Ministry of Health(2024). Tuberculosis (TB) is a chronic infectious disease that remains a public health problem worldwide, including in Indonesia. The disease is caused by the bacterium Mycobacterium tuberculosis, which can be transmitted through the air. Saragih et al.(2024). TB not only affects the physical health of sufferers but also their psychological well-being. One important aspect that influences psychological condition is self-acceptance. Self-acceptance is the attitude of accepting all of one's shortcomings and strengths, which enables individuals to live their lives responsibly and without blaming themselves

Wulandari(2025) . Problematic self-acceptance in TB patients arises due to stigma and fear of transmitting the disease to others. There are many factors that influence self-acceptance in TB patients, including: social stigma, family support, social support, self-esteem, self-efficacy, mindfulness, anxiety, depression, and knowledge. The purpose of this literature review is analyze several studies that discuss the determining factors that influence self-acceptance in TB patients.

METHOD

This research design uses a Literature Review approach. Data that draws conclusions about "self-acceptance tuberculosis determinants that influence it" is based on the interpretation of existing literature through the PICO framework (P: Tuberculosis patients, I: No intervention, C: No comparison, O: Self-acceptance). In this study, articles published between 2021 and 2026 were used, employing a database search strategy and keywords. The databases used were Google Scholar, DOAJ, and ResearchGate. The keywords used were tuberculosis, "self-acceptance," "social stigma," "family support," "social support," "self-esteem," "self-efficacy," mindfulness, anxiety, depression, and knowledge. In this study, the inclusion criteria used were articles published between 2021 and 2026, articles in English and Indonesian, providing full text: abstract, introduction, methods, results, discussion. The study search was conducted in the community, focusing on self-acceptance. Articles that did not match the keywords and results sought were excluded.

The article search stage begins with screening according to inclusion criteria, and articles that do not match the keywords and search results will be excluded. Once obtained according to the inclusion criteria, an assessment will be carried out using the Critical Appraisal Skills Program (CASP). The literature search in this study was conducted in two stages. In the first stage: covering the period 2021-2026, articles in English and Indonesian were included, providing full text (abstract, introduction, methods, results, discussion); In the second stage: the focus was on self-acceptance in tuberculosis patients. The PICO was formulated as follows: P: Tuberculosis patients, I: No intervention, C: No comparison, O: Self-acceptance. The search strategy was conducted through three databases, including Google Scholar, DOAJ, and ResearchGate.

RESULT

The search results yielded 5,380 articles, which were then filtered and adjusted based on full text assessment to produce 10 articles. The flow diagram in this research is as follows:

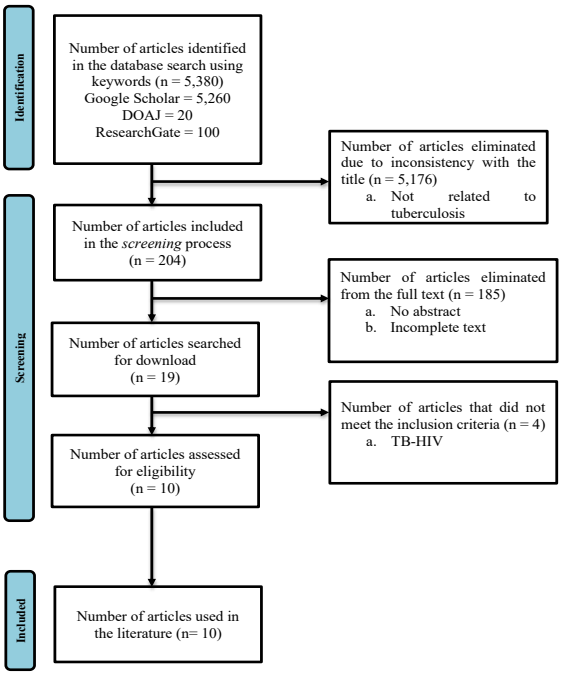

Figure 1. PRISMA flow diagram of the article selection process

Table 1.
Article Analysis

No	Topic	Researcher	Design	Objective	Population Sample	Research result
1	An Overview of Self-Efficacy and Self-Acceptance in Tuberculosis Sufferers	Setiyowati et al. (2021)	Cross-sectional	Analyzing the relationship between self-efficacy and self-acceptance in TB sufferers	41 Respondents	Data analysis used the Chi-Square test with a significant level of α = 0.05. The results showed that of the 41 respondents, the majority (57.3%) had low self-confidence, and the majority (57.3%) had poor self-acceptance. The Chi-Square test result obtained a value of ρ = 0.008 < α = 0.05, indicating a significant relationship between self-efficacy and self-acceptance among TB patients in the working area of the East Perak Community Health Center in Surabaya.
2	Health Belief Model-Based Social Support Model to Improve Self-Acceptance of Stigma and Discrimination Against TB Patients	Leon et al. (2024)	Web of Science Database	Developing effective interventions to enhance self-acceptance among TB patients experiencing stigma and discrimination using an approach based on the Health Belief Model-Based Social Support	16 articles	The research results show that social support has an effect on stigma and discrimination against TB patients
3	Mindfulness and Self-Acceptance in Patients with Tuberculosis	Anggraeni & Pratikto (2021)	Correlational	To examine the relationship between mindfulness and self-acceptance in patients with TB.	100 Respondents	The results of the correlation test between mindfulness and self-acceptance showed a significant positive relationship (r=0.645; p=0.000<0.05). This indicates a relationship between mindfulness and self-acceptance in TB patients. A higher level of mindfulness correlates with a higher level of self-acceptance in TB patients, and vice versa.
4	The role of self-esteem as a moderator of the relationship between experienced stigma and anxiety and depression among	Chen et al. (2023)	Cross-sectional	Identifying the relationship between perceived stigma, self-esteem, anxiety, and depression, and to explore further whether self-esteem can	473 Respondents	The stigma experienced is associated positively with anxiety (B = 0.307, P < 0.01) and depression (B = 0.277, P < 0.01), while self-confidence is associated negatively with anxiety (B = -0.215, P < 0.01) and depression (B = -0.351, P < 0.01) in TB patients. The

No	Topic	Researcher	Design	Objective	Population Sample	Research result
	tuberculosis patients			be a moderating factor in the relationship between perceived stigma, anxiety, and depression in TB patients		relationship of the stigma experienced and anxiety differs in the low self-esteem group (1 standard deviation (SD) lower than the average, B = 0.376, standard error (SE) = 0.056, P < 0.01) and the high self-esteem group (1 SD higher than the average, B = 0.228, SE = 0.060, P < 0.01). In addition, the relationship of the stigma experienced and depression also differs between the low self-esteem group (1 SD lower than the average, B = 0.363, SE = 0.053, P < 0.01) and the high self-esteem group (1 SD higher than the average, B = 0.179, SE = 0.056, P < 0.01).
5	Quality of life and subjective well-being modeling of pulmonary tuberculosis patients	Rachmawati et al. (2021)	Cross-sectional	analyzing the Quality of Life (QoL) and Subjective Well-being (SWB) of TB patients and the contributing factors	79 Respondents	The Partial Least Square structural Equation Modeling (PLS-SEM) approach, together with models for Subjective Well-Being (SWB) and Quality of Life (QoL), is suitable based on the R^2 and Q^2 scores. In addition, individual characteristics, influencing factors, and family factors affect subjective well-being (SWB) and quality of life (QoL). Meanwhile, the main influence on SWB is the patient's condition, while the main influence on QoL is family factors.
6	Piloting "From the Inside Out" - a toolkit addressing tuberculosis-related self-stigma: A feasibility study	Macdonald et al. (2023)	Quasi-experimental design	Testing the feasibility of a psychosocial intervention toolkit to reduce TB self-stigma through a *train-the-trainers* approach	22 participants	Positive relationships with others (Z score = 2.509, p = 0.012) and self-acceptance were significant higher at the 3-month follow-up (= 2.877, p = 0.004). Control over the environment was lower at the 3-month follow-up (0.008). Changes were observed in the level of knowledge and efficacy, self-compassion, and self-reported acceptance.
7	Conceptions about treatment and diagnosis of pulmonary tuberculosis for those who experience it	Teixeira et al. (2023)	Descriptive and exploratory with a qualitative approach	Analyzing the conceptions of patients who experience the diagnosis and treatment of pulmonary tuberculosis.	30 Respondents	It has been identified that reduced knowledge about the disease and negative perceptions significantly affect the search for treatment or adherence to medication, thereby disrupting daily activities and work.

No	Topic	Researcher	Design	Objective	Population Sample	Research result
8	The Relationship Between Self-Acceptance and Treatment Compliance Levels of Pulmonary Tuberculosis Patients Gevi	Sari et al. (2025)	Cross-sectional	The aim of this study was to identify the relationship between self-acceptance and treatment adherence in patients with TB.	30 Respondents	The Spearman Rank test resulted in a p-value of 0.000, which means that p <0.05, showing a strong relationship zwischen self-acceptance and treatment adherance in patients with TB.
9	Psychoeducational Therapy Increase Self Efficacy in Patients with Pulmonary Tuberculosis	Hapipah et al. (2023)	One Group Pre-Post Test Design	To determine the influence of psychoeducational therapy on self-efficacy in TB patients in the working area of the Gerung Community Health Center	16 samples	The results of the study showed a p-value of 0.000 (<α 0.05), so it was concluded that there was a significant effect of psychoeducation therapy on self-efficacy in TB patients in the working area of the Gerung Community Health Center.
10	The Relationship Between Health Belief and Self Acceptance and Self Management Behavior in Pulmonary Tuberculosis Clients in The Work Area of The Japan Kudus Health Center	Chusna et al. (2026)	Cross-sectional	To determine whether there is a relationship between Health Belief and Self Acceptance and Self Management in Tuberculosis Clients in the Work Area of the Japan Kudus Health Center	53 Respondents	The results showed that most respondents had high health confidence (79.2%) and high self-acceptance (75.5%). The majority of respondents had good self-management (94.3%). Bivariate tests showed a significant relationship between health confidence and self-management with an ap value of 0.044 and an odds ratio of 9.111. In addition, there was a significant relationship between self-acceptance and self-management with an ap value of 0.02 and an odds ratio of 1.193.

DISCUSSION

Based on 10 articles that have been reviewed, researchers explain the factors that influence self-acceptance in TB patients, including social stigma, family support, social support, self-esteem, self-efficacy, mindfulness, anxiety, depression, and knowledge.

According to Macdonald et al. (2023) stigma can contribute to non-compliance with treatment and isolation from care. This can manifest in low self-esteem and lack of confidence, which are typical indicators of depression, threatening emotional, mental, and physical well-being, feelings of worthlessness, shame, and guilt, leading to social problems. Withdrawal and non-participation in life opportunities. The long treatment process that TB patients have undergone for a long time causes clients' self-acceptance to form starting from the phase of denial and negative emotional responses after diagnosis, such as fear, anxiety, shame, and concerns about social stigma and the impact of the disease on social and economic roles(Chusna et al., 2026) .

Support provided by family can increase self-acceptance among TB patients. Adequate support and care from family members is important when paying special attention to the patient's daily routine. Rachmawati et al.(2021) . Good family support and good communication between doctors and patients can positively impact reducing stigma among TB patients. Some studies indicate that social

support is a factor that protects against stigma Chen et al.(2023) .

Social support can help reduce the stigmatization and discrimination against people suffering from tuberculosis (TB). The Health Belief Model can be used to analyze the factors that influence people's behavior in relation to TB. Therefore, by understanding these factors, interventions can be designed to reduce stigma and discrimination against people with TB. For example, to reduce stigma and discrimination against TB patients, educational campaigns about TB and its impact on health can be conducted, as well as the importance of social support for patients Leon et al. (2024) .

In the study Chen et al.(2023), The self-esteem measurement tool used was the Rosenberg Self-Esteem Scale (RSES) (Chinese version), which aims to evaluate the level of self-esteem and self-acceptance in TB patients. There is a relationship between positive self-esteem and mental health, and increasing self-esteem is an important part of TB treatment. This study confirms that self-esteem plays a protective role in preventing anxiety and depression in TB patients. Quality of life greatly affects TB patients because it can influence self-concept and self-acceptance, which relate to happiness, well-being, and life satisfaction.

Self-efficacy can be understood as a belief in one's ability to perform certain actions in specific circumstances. It refers to people's assumptions about how effectively they can implement strategies to achieve desired goals and outcomes. Self-efficacy can influence people's performance, choices, energy, and persistence in following through on their choices. Patient self-efficacy can contribute significantly to improved outcomes and disease management, for example through increased treatment adherence, seeking care, preventing risky behaviors, and achieving improved health outcomes. Elgazzar et al. (2023)

According to research by Setiyowati et al (2021) increasing the self-efficacy of patients is very important in their self-acceptance, because most patients do not believe that they have been diagnosed with TB, so there are not many treatment failures. This can be seen from the large number of TB patients who rarely wear masks during treatment and do not undergo regular check-ups. This is a problem for individuals with low self-confidence and self-efficacy, as it can affect their acceptance of their TB diagnosis.

Mindfulness has a significant effect on a person's self-acceptance. When mindfulness influences self-acceptance, individuals can accept the reality of life as it is with good awareness. Good mindfulness skills in TB patients can help individuals to be aware of themselves, such as being able to reduce anxiety and despair, which can ultimately improve their health status. Anggraeni & Pratikto. (2021)

According to Bozkuş et al. (2021) many studies show that TB affects a person's general perception of well-being, physical ability, mental health, physical and social functioning, and other aspects of quality of life. In addition, TB can cause several additional problems such as social stigmatization, isolation, difficulty in taking medication, long treatment duration, sexual dysfunction, loss of income, and fear. Anxiety and depression are mental disorders that are often found in TB patients with a high incidence rate. When depression and anxiety accompany TB, this leads to inadequate TB control and low treatment adherence, which increases the risk of mortality and morbidity due to TB. Therefore, to improve treatment adherence and reduce TB recurrence in TB patients, it is important to consider that immediate prevention and treatment of psychological disorders can be beneficial.

As time passed and treatment began, clients began to gain a better understanding of their illness through education from healthcare professionals, personal experiences undergoing therapy, and support from family and friends, thereby gradually reducing negative perceptions of themselves.

The next stage is marked by the emergence of awareness and recognition of the health condition experienced, where clients begin to accept the temporary limitations caused by the disease, adjust their lifestyle, and develop more adaptive coping strategies. Ultimately, clients reach a stage of better self-acceptance, characterized by a positive attitude toward themselves, adherence to treatment, the ability to manage emotions, and readiness to live their daily lives with their illness. Chusna et al. (2026)

According to Teixeira et al. (2023) , strengthening the integration between patients and healthcare workers is necessary. This requires health services that can build strong interpersonal bonds and encourage cooperation between patients, communities, and health workers so that they can share knowledge about the illness and, in doing so, determine whether that information hinders or helps their cooperation and adherence to treatment. Knowledge also plays an important role in improving self-acceptance, as supported by research conducted by Hapipah et al.(2023) . This study used psychoeducation that focused on improving self-acceptance and self-confidence related to current experiences. In its application, psychoeducation explored perceptions, opinions, attitudes, motivations, knowledge, problems, and expectations.

Tuberculosis clients who have self-acceptance are able to practice good self-management because self-acceptance allows individuals to acknowledge their condition without excessive denial, manage negative emotions such as fear and shame, and adjust to their limitations, resulting in a positive attitude and responsibility for personal health, which encourages treatment adherence, the ability to manage symptoms, and active involvement in treatment. Because clients no longer avoid their illness but view treatment as part of the recovery process Chusna et al. (2026) .

CONCLUSION

Based on a synthesis of the eleven journals, it appears that social stigma, family support, social support, self-esteem, self-efficacy, mindfulness, anxiety, depression, and knowledge are the main domains that influence self-acceptance in TB patients.

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