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The Role of Psychosocial Support in Addressing Stigma Among Multidrug-Resistant Tuberculosis (MDR-TB) Patients: A Case Study of the Terus Berjuang Foundation in West Java

Peran Pendampingan Psikososial dalam Mengatasi Stigma Pada Pasien Tuberculosis Multidrug Resistant (TB-MDR): Studi Kasus pada Yayasan Terus Berjuang Jawa Barat

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Abstract

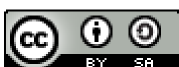
Multidrug-resistant tuberculosis (MDR-TB) presents not only medical challenges due to prolonged treatment but also psychosocial burdens resulting from stigma, including labelling, stereotyping, social exclusion, and discrimination experienced by patients. This study aims to analyze the forms of psychosocial support provided by the Terus Berjuang Foundation in West Java in addressing stigma among MDR-TB patients. This study employed a qualitative descriptive approach with a case study design through semi-structured interviews with two psychosocial companions who assisted three MDR-TB patient cases. The findings reveal that stigma emerged across various social settings, including schools, workplaces, families, and communities, driven by fear and limited understanding of MDR-TB transmission. Psychosocial support through emotional, informational, appraisal, and instrumental strategies contributed to strengthening patients' psychological resilience, increasing social awareness, maintaining treatment motivation, and protecting patients' social rights. This study highlights the importance of integrating psychosocial interventions into MDR-TB management as an essential strategy to reduce stigma and promote a more comprehensive patient recovery process.

Keywords: MDR-TB; Psychosocial Support; Social Stigma; Discrimination; Quality of Life

Abstrak

Tuberkulosis Multidrug-Resistant (TB-MDR) tidak hanya menghadirkan tantangan medis melalui pengobatan jangka panjang, tetapi juga menimbulkan beban psikososial akibat stigma berupa pelabelan, stereotip, pengucilan, dan diskriminasi yang dialami pasien. Penelitian ini bertujuan untuk menganalisis bentuk pendampingan psikososial yang dilakukan Yayasan Terus Berjuang Jawa Barat dalam mengatasi stigma terhadap pasien TB-MDR. Penelitian ini menggunakan pendekatan kualitatif deskriptif dengan desain studi kasus melalui wawancara semi-terstruktur terhadap dua pendamping psikososial yang menangani tiga kasus pasien TB-MDR. Hasil penelitian menunjukkan bahwa stigma terhadap pasien TB-MDR muncul dalam berbagai lingkungan sosial, termasuk sekolah, tempat kerja, keluarga, dan masyarakat, yang dipengaruhi oleh ketakutan serta rendahnya pemahaman mengenai penularan TB-MDR. Pendampingan psikososial melalui dukungan emosional, informatif, penghargaan, dan instrumental berperan dalam memperkuat ketahanan psikologis pasien, meningkatkan kesadaran lingkungan sosial, mempertahankan motivasi pengobatan, serta melindungi hak-hak sosial pasien. Penelitian ini menegaskan pentingnya integrasi intervensi psikososial dalam penanganan TB-MDR sebagai strategi untuk mengurangi dampak stigma dan mendukung proses pemulihan pasien.

Kata Kunci: TB-MDR; Dukungan Psikososial; Stigma Sosial; Diskriminasi; Kualitas Hidup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INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by the bacterium *Mycobacterium tuberculosis* and remains a major global health challenge due to its high morbidity and mortality rates.[1] The disease spreads through airborne droplets released when infected individuals cough or sneeze and may cause symptoms such as persistent coughing, weight loss, recurrent fever, night sweats, and fatigue. Although TB can be effectively treated through appropriate and consistent medication, it continues to be among the leading causes of death from infectious diseases worldwide.[2] Indonesia remains one of the countries with the highest TB burden globally, recording more than one million cases and approximately 134,000 deaths annually.[3] These figures indicate that TB remains a serious public health concern requiring comprehensive interventions that address not only medical treatment but also the social and psychological dimensions of the disease.

One of the most significant challenges in TB control is the emergence of multidrug-resistant tuberculosis (MDR-TB), a condition in which *Mycobacterium tuberculosis* develops resistance to first-line anti-tuberculosis drugs, particularly isoniazid and rifampicin.[4] Compared to drug-sensitive TB, MDR-TB requires a longer treatment period, higher medical costs, and has a lower treatment success rate. The complexity of treatment often results not only in physical burdens but also psychological distress, including anxiety, low self-esteem, and social stigma.[5] Patients with MDR-TB frequently experience various forms of stigma, including labelling as dangerous individuals, negative stereotyping, social exclusion, and discrimination. Such experiences may lead patients to withdraw from social interactions and can undermine their adherence to the treatment process.

Stigma toward patients with MDR-TB is a critical issue because it negatively affects mental well-being and treatment outcomes. Previous studies have shown that inadequate public understanding of TB transmission often contributes to negative perceptions of patients, resulting in rejection within family environments, educational institutions, and workplaces.[6] In West Java, the province with the highest number of TB cases in Indonesia, social stigma remains a major obstacle to TB elimination efforts.[7] Public fear of disease transmission frequently leads

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1 Jeremiah Chakaya et al., "Global Tuberculosis Report 2020 – Reflections on the Global TB Burden, Treatment and Prevention Efforts," *International Journal of Infectious Diseases* 113 (December 2021): S7–12, https://doi.org/10.1016/j.ijid.2021.02.107.

2 Anurag Bhargava and Madhavi Bhargava, "Tuberculosis Deaths Are Predictable and Preventable: Comprehensive Assessment and Clinical Care Is the Key," *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases* 19 (May 2020): 100155, https://doi.org/10.1016/j.jctube.2020.100155.

3 Linda Kurniawati, Isnawati Isnawati, and Imam Santoso, "Impact of Housing Microclimate and Overcrowding on Pulmonary Tuberculosis in South Kalimantan, Indonesia," *Global Health & Environmental Perspectives* 2, no. 2 (2025): 357–67, https://riverstudies.id/index.php/ghep/article/view/153.

4 L. A. Kayukova and E. A. Berikova, "Modern Anti-Tuberculosis Drugs and Their Classification. Part I: First-Line Drugs," *Pharmaceutical Chemistry Journal* 54, no. 6 (September 29, 2020): 555–63, https://doi.org/10.1007/s11094-020-02239-2.

5 Wan-Lin Cheng et al., "Quality of Life and Care Burden among Family Caregivers of People with Severe Mental Illness: Mediating Effects of Self-Esteem and Psychological Distress," *BMC Psychiatry* 22, no. 1 (October 31, 2022): 672, https://doi.org/10.1186/s12888-022-04289-0.

6 Zekariyas Sahile, Abenezer Yared, and Mirgissa Kaba, "Patients' Experiences and Perceptions on Associates of TB Treatment Adherence: A Qualitative Study on DOTS Service in Public Health Centers in Addis Ababa, Ethiopia," *BMC Public Health* 18, no. 1 (December, 2018): 462, https://doi.org/10.1186/s12889-018-5404-y.

7 Ivan S. Pradipta et al., "Barriers and Strategies to Successful Tuberculosis Treatment in a High-Burden Tuberculosis Setting: A Qualitative Study from the Patient's Perspective," *BMC Public Health* 21, no. 1 (December 21, 2021): 1903, https://doi.org/10.1186/s12889-021-12005-y.

to the social isolation and unfair treatment of affected individuals. Therefore, addressing MDR-TB requires an approach that extends beyond biomedical treatment by strengthening patients' psychological resilience and improving their social environment throughout the recovery process.

One approach that plays an essential role in addressing these challenges is psychosocial support. Psychosocial support encompasses emotional, informational, appraisal, and instrumental assistance that helps patients develop adaptive coping mechanisms, strengthen self-efficacy, and maintain motivation throughout the lengthy treatment process.[8] In the context of MDR-TB management, the Terus Berjuang Foundation in West Java is one of the organizations actively providing psychosocial support through patient visits, health education, social assistance, and advocacy for patients' rights. This approach demonstrates that the successful management of MDR-TB depends not only on biomedical interventions but also on patients' capacity to cope with the social pressures and stigma associated with their condition.

Previous studies on TB have generally focused on two major themes: psychosocial support and patient stigma. Studies on psychosocial support have highlighted the importance of providing assistance to help patients cope with psychological difficulties during treatment,[9] whereas studies on stigma have primarily examined its relationship with treatment adherence, quality of life, public perceptions, and the role of family and healthcare providers.[10] However, studies specifically examining how psychosocial support functions as a strategy to address multiple forms of stigma experienced by patients with MDR-TB remain limited. Therefore, there is a significant research gap in understanding the mechanisms through which psychosocial interventions help patients confront and overcome stigma during their treatment journey.

Based on this gap, the present study aims to analyze the forms of psychosocial support provided by the Terus Berjuang Foundation in West Java in addressing the stigma experienced by patients with MDR-TB. This study contributes a novel perspective by integrating the concepts of stigma and psychosocial support through an examination of various manifestations of stigma, including labelling, stereotyping, social exclusion, and discrimination, as well as the intervention strategies employed to respond to these challenges. The findings are expected to contribute to the theoretical development of psychosocial studies on chronic infectious diseases and provide practical recommendations for healthcare institutions and social organizations in designing more effective, inclusive, and patient-centered support strategies.

Method

This study employed a qualitative descriptive design with a case study approach to obtain an in-depth understanding of psychosocial support practices implemented by the Terus Berjuang Foundation in West Java in addressing stigma among MDR-TB patients.[11] The case study approach was considered appropriate because it enabled the researchers to explore psychosocial assistance processes and stigma-related experiences within their real-life contexts. Data were

8 Leodoro J. Labrague, "Psychological Resilience, Coping Behaviours and Social Support among Health Care Workers during the COVID-19 Pandemic: A Systematic Review of Quantitative Studies," *Journal of Nursing Management* 29, no. 7 (October 28, 2021): 1893–1905, https://doi.org/10.1111/jonm.13336.

9 Zhila Fereidouni et al., "The Impact of Cancer on Mental Health and the Importance of Supportive Services," *Galen Medical Journal* 13 (February 26, 2024): e3327, https://doi.org/10.31661/gmj.v13i.3327.

10 Youdi Chen et al., "The Correlation between Stigma and Treatment Adherence, Quality of Life in Patients with Rheumatoid Arthritis: A Mixed-methods Study," *Journal of Evaluation in Clinical Practice* 31, no. 3 (April 18, 2025), https://doi.org/10.1111/jep.14143.

11 John W Creswell and Cheryl N Poth, *Qualitative Inquiry and Research Design: Choosing among Five Approaches* (Sage publications, 2016).

collected through semi-structured interviews conducted at the Terus Berjuang Foundation office. Informants were selected using purposive sampling, involving two psychosocial companions from the Terus Berjuang Foundation who had direct experience in assisting three MDR-TB patients experiencing stigma. The two companions were considered key informants due to their intensive and continuous involvement in providing psychosocial support, allowing them to provide rich and contextual information regarding patients' experiences, forms of stigma, and intervention strategies.

The study focused on three cases of MDR-TB patients who experienced various forms of stigma, including labelling, stereotyping, social exclusion, and discrimination. Prior to the interviews, all informants were informed about the objectives of the study, the voluntary nature of their participation, and the confidentiality of their responses. The identities of both informants and patients were protected through the use of initials to maintain confidentiality. The interview data were transcribed verbatim and analyzed using thematic analysis, involving repeated reading of the transcripts, initial coding, categorization of similar codes, identification of overarching themes, and interpretation of findings based on relevant theoretical frameworks.

To ensure the credibility and trustworthiness of the findings, the researchers conducted repeated examinations of the interview transcripts and maintained consistency between the data, coding process, and thematic interpretation. The analytical process was guided by the psychosocial support framework developed by Putri and Suryanto[12] and the stigma framework proposed by Scheid and Brown[13], which also served as the basis for developing the interview guidelines. Through these frameworks, this study systematically analyzed the forms of stigma experienced by MDR-TB patients and the psychosocial support strategies employed by the Terus Berjuang Foundation in addressing those experiences.

RESULTS AND DISCUSSION

MDR-TB Patients' Experiences of Social Stigma

The experiences of MDR-TB patients revealed that stigma emerged in diverse forms and social contexts, ranging from educational institutions and workplaces to family and community environments. Although each patient encountered different circumstances, their experiences reflected a similar pattern of fear, misunderstanding, and negative perceptions toward MDR-TB. These experiences demonstrate that the challenges faced by MDR-TB patients extend beyond the physical burden of the disease and treatment, encompassing social rejection that may affect their psychological well-being and quality of life.[14]

Table 1 presents the demographic characteristics and treatment backgrounds of the three MDR-TB patients whose cases were reported by psychosocial companions from the Terus Berjuang Foundation. The cases involved patients with different ages, genders, and social backgrounds, allowing a comprehensive understanding of how stigma can manifest across various social settings.

12 Anandany Arlita Nastiti Putri and Suryanto Suryanto, "Model Layanan Psikososial (Psychosocial Care) Dalam Perawatan Paliatif Pada Pasien Kanker Payudara," in *Prosiding Seminar Nasional Milleneial 5.0 Fakultas Psikologi UMBY*, 2020.

13 Tony N Brown and Teresa L Scheid, *A Handbook for the Study of Mental Health: Social Contexts, Theories, and Systems* (Cambridge University Press, 2010).

14 Holly A. Taylor et al., "Disadvantage and the Experience of Treatment for Multidrug-Resistant Tuberculosis (MDR-TB)," *SSM - Qualitative Research in Health* 2 (December 2022): 100042, https://doi.org/10.1016/j.ssmqr.2022.100042.

Table 1. Demographic Profile and Treatment Background of MDR-TB Patients

Patient Code	Age	Gender	Treatment Facility
ZN	18	Female	Bandung Center for Lung Health (BBKPM Bandung)
CG	32	Male	Bandung Center for Lung Health (BBKPM Bandung)
KS	33	Male	Dr. Hasan Sadikin General Hospital, Bandung

Source: Author (2026)

The first case involved ZN, an 18-year-old female student who experienced stigma in the school environment during her MDR-TB treatment. Her classmates perceived her as a source of infection and tended to avoid interacting with her, despite her compliance with recommended health protocols. The experience caused emotional distress, leading to decreased self-confidence and a tendency to withdraw from social interactions. Furthermore, the physical side effects of MDR-TB medication contributed to increased emotional vulnerability during the treatment process.[15]

The second case involved CG, a 32-year-old male patient who experienced stigma and discrimination in his workplace. After being diagnosed with MDR-TB, he initially took medical leave to focus on treatment. However, following the completion of his leave period, the company decided to remove him from his position and eventually terminated his employment after his treatment had ended. This experience was accompanied by negative perceptions from coworkers who considered him a health threat, illustrating how stigma may develop into structural discrimination affecting patients' economic stability and professional life.

The third case involved KS, a 33-year-old male patient who experienced severe stigma from both family members and the surrounding community. Following the death of his parents, KS moved to Bandung to live with his relatives, but he was later forced to leave due to their fear of MDR-TB transmission. He subsequently lived in inadequate housing conditions with limited access to proper facilities. In addition to rejection from relatives, KS also experienced negative labeling from children in his neighborhood due to physical changes caused by medication side effects. These experiences indicate that stigma can not only damage social relationships but also contribute to further vulnerability among MDR-TB patients.

Overall, the three cases indicate that stigma toward MDR-TB patients appears in multiple forms and social settings. Although the intensity and consequences of stigma differed among patients, all cases shared a common underlying factor, namely inadequate public understanding of MDR-TB transmission and treatment. This finding highlights the importance of psychosocial support interventions to help patients cope with social stigma and maintain their motivation throughout the treatment process.

Forms of Social Stigma Experienced by MDR-TB Patients

For many MDR-TB patients, the suffering caused by the disease does not end with prolonged medical treatment but continues through negative social responses from the surrounding environment. Fear of transmission and inadequate public understanding often transform MDR-TB from a health condition into a social burden that affects patients' emotional well-being and social relationships. This phenomenon reflects previous research demonstrating that stigma

15 Zhang Dan-ni et al., "Prevalence and Risk Factors of Anxiety and Depression in Patients with Multi-Drug/Rifampicin-Resistant Tuberculosis," *Frontiers in Public Health* 12 (March 27, 2024), https://doi.org/10.3389/fpubh.2024.1372389.

associated with infectious diseases may significantly reduce quality of life, worsen mental health conditions, and become a barrier to successful treatment.[16]

One of the most apparent forms of stigma experienced by MDR-TB patients was labelling, where patients were associated with negative identities such as being contagious, dangerous, or frightening. This was evident in KS's case, where an informant explained that *"children around his rented house often mocked him when he went outside, calling him a ghost or scary because his skin became darker due to the side effects of MDR-TB medication."* Such labels can create a negative social identity and influence how patients perceive themselves. This experience resonates with previous research suggesting that negative labelling may contribute to lower self-esteem, emotional distress, and social withdrawal among individuals experiencing stigma.[17]

Stereotyping also emerged as a dominant social response toward MDR-TB patients, primarily driven by misconceptions regarding disease transmission. The lack of accurate health information caused some individuals to perceive MDR-TB patients as a constant source of danger despite following recommended preventive protocols. As described by one informant, *"their classmates lacked sufficient knowledge about TB, whereas patients who follow proper protocols and use appropriate masks can safely interact with others."* This pattern reflects broader evidence indicating that limited health literacy and misinformation often reinforce fear and negative stereotypes toward individuals living with infectious diseases.[18]

The consequences of stigma extended beyond negative perceptions and developed into social exclusion, where patients experienced rejection from their closest social circles. This was illustrated in KS's case, in which an informant stated that *"he was asked to leave the house; in simple terms, he was expelled because his family was afraid of the disease."* Similar experiences were also found in the cases of ZN, who was avoided by classmates, and CG, who experienced distancing from coworkers. Such conditions have been reported in previous studies emphasizing that social exclusion can weaken social support systems and increase psychological vulnerability among patients with chronic illnesses.[19]

Stigma toward MDR-TB patients also manifested in discriminatory actions that affected their social and economic rights. In CG's case, workplace stigma developed into unfair treatment, particularly regarding employment termination and compensation. As explained by an informant, *"the company provided compensation that was not in accordance with the regulations, and there was no clear explanation before the decision to terminate his employment."* This observation supports previous research highlighting that disease-related discrimination often extends beyond interpersonal prejudice and can influence institutional decisions, resulting in additional socioeconomic burdens for patients.[20]

16 Fahimeh Saeed et al., "A Narrative Review of Stigma Related to Infectious Disease Outbreaks: What Can Be Learned in the Face of the Covid-19 Pandemic?," *Frontiers in Psychiatry* 11 (December 2, 2020), https://doi.org/10.3389/fpsyt.2020.565919.

17 Keunwoo Park, Lee MinHwa, and Mikyung Seo, "The Impact of Self-Stigma on Self-Esteem among Persons with Different Mental Disorders," *International Journal of Social Psychiatry* 65, no. 7–8 (November 2, 2019): 558–65, https://doi.org/10.1177/0020764019867352.

18 Sheena Cruickshank, Martin McKee, and Christina Pagel, "Effective Communication and Public Engagement Strategies to Counter Misinformation about Infectious Diseases," *Immunology & Cell Biology* 104, no. 2 (February 12, 2026): 92–105, https://doi.org/10.1111/imcb.70073.

19 Orlaith Cormican, Pauline Meskell, and Maura Dowling, "Psychosocial Vulnerability among Carers of Persons Living with a Chronic Illness: A Scoping Review," *International Journal of Nursing Practice* 28, no. 6 (December 6, 2022), https://doi.org/10.1111/ijn.13024.

20 Edita Fino and Paolo Maria Russo, "The Invisibility of the Multiply Stigmatized Patient: Intersections of Ethnic Prejudice and Stigma of Chronic Disease in Medical Students," *Journal of Racial and Ethnic Health Disparities* 13, no. 1 (February 16, 2026): 598–612, https://doi.org/10.1007/s40615-024-02272-x.

The four forms of stigma identified in these cases demonstrate that stigma is a multidimensional social process rather than a single negative reaction. Labelling and stereotyping frequently become the foundation for more severe consequences, including social exclusion and discrimination. This interpretation corresponds with previous studies emphasizing that stigma develops through interconnected social mechanisms, where negative perceptions gradually shape exclusionary attitudes and discriminatory behaviors.[21]

The persistence of stigma among MDR-TB patients indicates that the main challenge is not solely the disease itself but also the social meaning attached to the diagnosis. Misunderstandings regarding transmission, visible physical changes caused by medication side effects, and fear of infection contribute to the continuation of negative attitudes toward patients. Previous studies have similarly reported that inadequate knowledge and excessive fear remain the primary drivers of stigma surrounding tuberculosis and other infectious diseases.[22]

Overall, the experiences of MDR-TB patients reveal that social stigma creates additional suffering beyond the physical consequences of the disease. The presence of labelling, stereotyping, social exclusion, and discrimination may reduce patients' self-confidence, disrupt social relationships, and potentially influence their commitment to completing long-term treatment. This conclusion reinforces previous research emphasizing the importance of social and psychological interventions to reduce stigma and improve patients' ability to cope with the challenges of living with MDR-TB. Therefore, comprehensive psychosocial support becomes an essential strategy to address these complex social consequences, which will be discussed in the following section.

Psychosocial Support Strategies for Addressing MDR-TB Stigma

Completing MDR-TB treatment requires more than adherence to medication, as patients must also navigate prolonged psychological pressures and negative social reactions arising from stigma. In this context, psychosocial support becomes an essential intervention that helps patients restore confidence, maintain motivation, and rebuild their social relationships throughout the treatment journey. Previous research has consistently emphasized that psychosocial assistance contributes not only to treatment adherence but also to improving patients' emotional well-being and quality of life.

Emotional support became the initial foundation of psychosocial assistance provided by the Terus Berjuang Foundation. Through regular home visits, personal conversations, and motivational encouragement, companions created a safe space for patients to express their fears and emotional difficulties. One companion explained that *"we regularly visited ZN at her home and during medical check-ups, giving encouragement and reminding her not to listen to negative comments because those assumptions were not true."* In KS's case, emotional support was strengthened through shared experiences from a companion who had also experienced MDR-TB treatment, stating that *"I shared my own experience of having darkened skin, temporary paralysis, and learning to walk again so that KS could remain motivated."* This approach reflects previous studies indicating that empathy and shared experiences can strengthen patients' resilience, reduce emotional distress, and encourage them to complete long-term treatment.

21 Anne L. Stangl et al., "The Health Stigma and Discrimination Framework: A Global, Crosscutting Framework to Inform Research, Intervention Development, and Policy on Health-Related Stigmas," *BMC Medicine* 17, no. 1 (December 15, 2019): 31, https://doi.org/10.1186/s12916-019-1271-3.

22 Lolita Liboon Aranas et al., "Drug-Resistant Tuberculosis Stigma Among HealthCare Workers Toward the Development of a Stigma-Reduction Strategy: A Scoping Review," *INQUIRY: The Journal of Health Care Organization, Provision, and Financing* 60 (January 13, 2023), https://doi.org/10.1177/00469580231180754.

Beyond emotional encouragement, psychosocial support also involved providing accurate information to patients and their surrounding communities. Educational efforts were not limited to patients but also targeted families, neighbors, and other social environments that often became sources of stigma. As described by a companion, *"we provided information to KS's family and neighbors because they had negative perceptions about TB, explaining that TB does not spread easily and that patients who follow proper health protocols can safely interact with others."* This experience resonates with previous research suggesting that increasing health literacy and providing accurate disease-related information are effective strategies for reducing fear, misconceptions, and social stigma toward individuals with infectious diseases.

Psychosocial support was also manifested through appraisal support, particularly through the provision of monthly financial incentives known as enablers for patients who consistently adhered to treatment. A companion explained that *"patients who remain disciplined in their treatment receive monthly financial assistance to help fulfill their basic needs, especially because many MDR-TB patients experience economic difficulties or lose their jobs."* This form of support represents not only material assistance but also social recognition of patients' commitment to undergoing a lengthy and challenging treatment process. Similar evidence has shown that financial incentives can enhance patients' motivation and improve adherence to prolonged medical treatment.

Another important strategy was instrumental support, which focused on addressing practical and social barriers experienced by patients. This support included mediation with educational institutions, legal advocacy in employment-related cases, and efforts to improve patients' social environments. For example, one companion stated that *"we facilitated discussions with ZN's school so that the institution could educate other students and prevent further stigma."* In CG's case, the foundation provided paralegal assistance to challenge unfair workplace decisions. Such interventions correspond with previous studies emphasizing that protecting patients' social rights and creating supportive environments are crucial components of comprehensive care for individuals with chronic illnesses.

The various forms of psychosocial support demonstrate that overcoming MDR-TB stigma requires multidimensional interventions rather than a single approach. Emotional support helps patients cope with psychological burdens, informational support addresses misinformation in society, appraisal support strengthens motivation, and instrumental support protects patients from broader social disadvantages. This multidimensional approach aligns with the psychosocial support framework proposed by previous studies, which highlights the importance of addressing both individual and environmental factors influencing patients' recovery.

The experiences of MDR-TB patients in this study indicate that psychosocial support functions not merely as a complementary aspect of medical treatment but as a crucial mechanism for restoring dignity and strengthening patients' ability to confront social challenges. By reducing emotional distress, correcting misconceptions, providing recognition, and protecting patients' social rights, psychosocial assistance helps create a more inclusive environment for recovery. This conclusion reinforces previous research emphasizing that successful management of chronic infectious diseases requires the integration of biomedical treatment with continuous psychological and social support.

Psychosocial Support Strategies for Addressing MDR-TB Stigma

The long and complex treatment process of MDR-TB requires not only biomedical interventions but also continuous psychosocial assistance to help patients overcome emotional distress and social challenges caused by stigma. As stigma often affects patients' self-confidence, social relationships, and motivation to complete treatment, psychosocial support becomes a crucial strategy for creating a more supportive recovery environment. Previous research has

demonstrated that psychosocial interventions contribute significantly to strengthening patients' psychological resilience, improving quality of life, and increasing treatment adherence.[23]

Table 2. Forms and Implementation of Psychosocial Support Strategies for MDR-TB Patients

Type of Psychosocial Support	Implementation Strategies	Expected Impact on Patients
Emotional Support	Regular home visits, personal conversations, motivational encouragement, and sharing personal recovery experiences	Strengthening emotional resilience, reducing psychological distress, and maintaining treatment motivation
Informational Support	Providing education to patients, families, and communities regarding MDR-TB transmission, prevention, and treatment	Improving health literacy, correcting misconceptions, and reducing stigma in the social environment
Appraisal Support	Providing monthly financial incentives (*enablers*) for patients who consistently adhere to treatment	Increasing patients' sense of appreciation and commitment to completing treatment
Instrumental Support	Conducting mediation with schools, providing legal advocacy, and addressing patients' social barriers	Protecting patients' social rights and creating a more inclusive and supportive environment

Source: Author (2026)

As presented in Table 2, psychosocial support provided by the Terus Berjuang Foundation was implemented through multidimensional strategies that addressed both patients' internal psychological needs and external social barriers resulting from stigma.

Emotional support became the initial foundation of psychosocial assistance by creating a safe space for patients to share their concerns and maintain hope during the treatment process. A companion explained that *"we regularly visited ZN at her home and during medical check-ups, providing encouragement and reminding her not to listen to negative comments because those assumptions were not true."* Furthermore, the emotional approach was strengthened through shared experiences, as another companion stated that *"I shared my own experience of having darkened skin, temporary paralysis, and learning to walk again so that KS could remain motivated."* This approach reflects previous research indicating that empathy and shared experiences can reduce emotional burdens, strengthen coping abilities, and encourage patients to complete long-term treatment.[24]

Beyond emotional assistance, psychosocial support also involved the provision of accurate information to patients and their social environments. Education was directed not only toward patients but also toward families and communities that often became sources of stigma. As one companion described, *"we provided information to KS's family and neighbors because they had negative perceptions about TB, explaining that patients who follow proper health protocols can safely interact with others."* This finding resonates with previous studies showing that improved health literacy is an effective

23 Xue Wang et al., "The Impact of Multidisciplinary Educational Team-Based Clinical Nursing Pathway on the Psychological Resilience, Treatment Adherence, Pain Management and Quality of Life in Cancer Patients," *Iranian Journal of Public Health*, May 28, 2024, https://doi.org/10.18502/ijph.v53i4.15567.

24 Sonja Weilenmann et al., "Emotion Transfer, Emotion Regulation, and Empathy-Related Processes in Physician-Patient Interactions and Their Association With Physician Well-Being: A Theoretical Model," *Frontiers in Psychiatry* 9 (August 28, 2018), https://doi.org/10.3389/fpsyt.2018.00389.

strategy for reducing fear, correcting misconceptions, and promoting more inclusive attitudes toward individuals with infectious diseases.[25]

Psychosocial support was further manifested through appraisal support in the form of monthly financial incentives or *enablers* for patients who remained committed to treatment. A companion explained that *"patients who consistently undergo treatment receive monthly financial assistance to support their basic needs because many MDR-TB patients experience economic difficulties or lose their jobs."* This support functioned not only as material assistance but also as a form of social recognition for patients' commitment to completing a lengthy and challenging treatment process. Similar evidence has suggested that financial incentives can increase treatment motivation and improve adherence among patients with chronic illnesses.[26]

Another essential strategy was instrumental support, which focused on overcoming practical and structural barriers experienced by patients. This included mediation with educational institutions, legal assistance in employment-related issues, and broader social advocacy. One companion stated that *"we facilitated discussions with ZN's school so that the institution could educate other students and prevent further stigma."* Similar assistance was also provided to CG through paralegal advocacy regarding unfair employment decisions. Previous research has emphasized that protecting patients' social rights and building supportive environments are fundamental aspects of comprehensive care for individuals experiencing chronic health conditions.[27]

Overall, the psychosocial strategies implemented by the Terus Berjuang Foundation demonstrate that addressing MDR-TB stigma requires multidimensional interventions involving emotional, informational, appraisal, and instrumental dimensions. These strategies not only assist patients in coping with psychological distress but also transform social environments that contribute to stigma. This perspective reinforces previous research highlighting that successful management of chronic infectious diseases requires integrating medical treatment with sustained psychological and social support to ensure a more holistic recovery process.

CONCLUSION

The experiences of MDR-TB patients demonstrate that the burden of the disease extends beyond medical challenges and is strongly shaped by social responses surrounding the diagnosis. This study revealed that MDR-TB patients experienced multidimensional forms of stigma, including labelling, stereotyping, social exclusion, and discrimination, which emerged due to fear and limited public understanding of MDR-TB transmission. In response to these challenges, the Terus Berjuang Foundation implemented psychosocial support through emotional, informational, appraisal, and instrumental strategies. These interventions contributed to reducing the psychosocial impact of stigma by strengthening patients' emotional resilience, improving public awareness, maintaining treatment motivation, and protecting patients' social rights. Therefore, successful MDR-TB management requires not only biomedical interventions but also comprehensive psychosocial approaches that address the social consequences of the disease.

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25 Sheikh Mohd Saleem and Shah Sumaya Jan, "Navigating the Infodemic: Strategies and Policies for Promoting Health Literacy and Effective Communication," *Frontiers in Public Health* 11 (January 12, 2024), https://doi.org/10.3389/fpubh.2023.1324330.

26 Ernst L. Noordraven et al., "The Effect of Financial Incentives on Patients' Motivation for Treatment: Results of 'Money for Medication,' a Randomised Controlled Trial," *BMC Psychiatry* 18, no. 1 (December 24, 2018): 144, https://doi.org/10.1186/s12888-018-1730-y.

27 Vikki A. Entwistle, Alan Cribb, and John Owens, "Why Health and Social Care Support for People with Long-Term Conditions Should Be Oriented Towards Enabling Them to Live Well," *Health Care Analysis* 26, no. 1 (March 28, 2018): 48–65, https://doi.org/10.1007/s10728-016-0335-1.

This study contributes to the growing discussion on MDR-TB management by highlighting psychosocial support as a multidimensional strategy for addressing stigma in the context of chronic infectious diseases. However, this study has several limitations, particularly the reliance on information from psychosocial companions without directly involving MDR-TB patients as primary informants, which may limit the representation of patients' personal experiences. Future studies are recommended to involve MDR-TB patients, family members, and healthcare providers to obtain a more comprehensive understanding of stigma and psychosocial intervention processes. Longitudinal studies are also needed to examine the long-term effectiveness of psychosocial support in improving patients' quality of life, treatment adherence, and social reintegration.

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