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## Interpersonal communication approach in addressing TB stigma

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## Interpersonal communication approach in addressing TB stigma in Bandung City

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### ABSTRACT

**Background:** Tuberculosis (TB) patients face medical challenges and stigmatization from their surroundings. The Terjang Foundation is actively working to combat societal stigma towards TB patients. **Purpose:** This research analyzes the Terjang Foundation's interpersonal communication approach to combating stigma towards TB patients. By understanding and assessing the communication methods employed by the foundation, the study aims to contribute to developing effective strategies for reducing the negative stigma associated with TB. **Methods:** This research utilizes a qualitative research method with a case study approach. In-depth interviews, field observations, and literature reviews are conducted to gather relevant data and insights. **Results:** The results of this study indicate that the Terjang Foundation employs five positive attitudes in their interpersonal communication approach to combat stigma towards TB patients: openness, empathy, positivity, equality, and supportiveness. These attitudes contribute to fostering an environment that challenges the negative stigma associated with TB. Continuous and frequent communication is crucial in combating stigma, promoting understanding and empathy, and disseminating accurate information. Empathy and equality emerge as prominent positive attitudes consistently demonstrated in communication. **Conclusion:** The study concludes that maintaining an ongoing and frequent communication process is essential for combating stigma in interpersonal communication efforts. Implications: The research findings have both practical and theoretical implications. Practically, the study emphasizes the importance of adopting positive attitudes, such as empathy and equality, in interpersonal communication strategies to reduce stigma towards TB patients. These insights can guide organizations, healthcare providers, and policymakers in developing effective communication campaigns and interventions to combat stigma related to TB and other diseases.

**Keywords:** Interpersonal communication; tuberculosis; stigma; Terjang Foundation; medical issues

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## INTRODUCTION

Tuberculosis (TB) is a global problem as it has infected one-third of the world's population. In 1993, the World Health Organization (WHO) declared TB a global emergency due to the high number of patients who were not successfully treated. The prevalence of TB in Indonesia and other developing countries is relatively high. The death toll from TB infection in Indonesia is about 300 people daily, and over 100,000 deaths yearly (Hayati & Musa, 2016).

According to the Global TB Report released by the WHO on October 17, 2019, until the end of 2020, TB will be the deadliest infectious disease in the world, even surpassing HIV/AIDS, causing 1.5 million deaths in 2018 (Harding, 2020; Solihin et al., 2023). Indonesia, the Philippines, and Bangladesh are three countries with a high burden of TB in Asia, contributing 18 percent of the estimated global TB incidence (1.8 million) and 15 percent of TB-related deaths (192,000) (Kak et al., 2020).

The TB situation in Indonesia in 2019 had a total incidence of 312 per 100,000 people. Indonesia also contributed to the global increase in newly diagnosed TB cases, with a 69 percent increase from 2015 to 2019 (Rozaliyani et al., 2020). The Ministry of Health reported that Indonesia's highest number of TB cases in 2018 was in West Java, with 425,089 cases (Balitbang Kemenkes RI, 2019).

Many factors contribute to the high incidence of tuberculosis in West Java, including inadequate health system infrastructure and facilities (Sihaloho et al., 2019). One of the contributing factors to the high incidence of TB in West Java is the high population density (Aprianti et al., 2021). Ironically, TB patients not only have a medical burden due to the infection they suffer and the long treatment process with strict medication adherence, but they also have to bear a mental burden due to negative stigma and discrimination from their environment (Machmud et al., 2020).

Negative stigma regarding TB does not only come from others but also from oneself. Negative stigma arises due to the community's lack of understanding and knowledge regarding the causes and management of TB (Craig et al., 2017). On the other hand, it cannot be ignored

that tuberculosis is the leading cause of death among other infectious diseases and is a severe threat to human resource development (Suandi, 2012; Schrager et al., 2020).

A WHO report states that TB is a disease that can affect all ages, including children, parents, adolescents, and even babies. Concerning this, WHO is working towards a global TB response movement, namely a TB-free world by 2030. TB epidemiology must be strictly controlled given its still rampant condition in many countries, especially third-world countries. Therefore, WHO is pushing for a new effective vaccine to combat TB and prevent the bacteria from becoming active at an early age (Schrager et al., 2020; Solihin et al., 2023).

The Mycobacterium bacteria cause TB infection. These bacteria can sometimes cause diseases that look and feel like TB. When atypical mycobacterium infects humans, they are known to be challenging to eradicate. Drug therapy for these organisms often requires one and a half to two years, and many other drugs are needed during TB treatment (Musa & Joseph, 2022).

TB is also a disease caused by significant, non-motile, rod-shaped pathogens. Symptoms commonly experienced by TB patients include coughing for about two weeks. In addition, the cough is usually accompanied by other symptoms such as coughing up sputum, shortness of breath, fatigue, loss of appetite, weight loss, sweating at night without any physical activity, and even fever for up to a month (Herawati et al., 2020).

In some cases, it has been found that the influence of mental burden exacerbates the health conditions of TB patients. The negative stigma experienced by TB patients has been going on for a long time, in line with the emergence of diseases caused by Mycobacterium bacteria (Solihin et al., 2023). The stigma can come from family, the community, and patients. Stigma is a condition where TB patients receive negative labeling and often experience discrimination due to their infection. Stigmas that have long circulated in the broader community are usually initiated by issues that are allowed to develop without clarification or justification of the circulating information (Bahtiar & Nursasi, 2019).

Misunderstandings that arise both for TB patients and the community create fear among many people. These misunderstandings of perceptions lead to many different perspectives and then become stigmas that tend to be harmful to TB patients (Craig et al., 2017). Stigma is not only formed by the characteristics of the disease but also by the social and institutional processes that create conditions for the emergence of discrimination, hostility, and social disharmony among the community and TB patients. Stigma can hinder the control of TB infection, contact tracing, and rapid and appropriate medical intervention, which hinders the success of controlling infectious diseases. An increase in TB cases is often associated with increased reports of stigma and discrimination against specific communities and population groups. In addition, stigma related to the disease also affects the health behavior of each individual (Datiko et al., 2020).

Individuals often deny early clinical symptoms or delay testing and seeking care due to fear and panic of losing social status or being labeled as “morally contaminated” or “a major threat to others” (Devakumar, Suryandari, 2022).

Some of the phenomena that occur in TB patients include family members feeling afraid to be close to TB patients because they are afraid of contracting the disease. As a result, when around TB patients, they tend to be more cautious, and some family members even refuse to talk to TB patients (Saputra, 2022; Arulchelvan & Elangovan, 2017; Chang & Cataldo, 2014).

Stigma often attaches itself to health problems, including tuberculosis. Stigma can arise in TB because of its contagiousness, lack of accurate knowledge about its causes, treatment, or association with marginalized groups such as poverty, minority race, sex workers, prisoners, and people infected with HIV/AIDS (Sulistiyono et al., 2018).

Social stigma received by TB patients persists in society, and in some cases, TB patients are often fired from their jobs because

they are seen as a risk to their colleagues and can transmit TB infection to them. The financial burden is also felt due to TB patients losing their jobs, which can cause them not to receive a diagnosis and start treatment. Stigma is a factor that affects the self-esteem of patients, with an estimated eight times higher risk of having self-esteem issues if TB patients receive negative stigma (Sari et al., 2021; Sulistiyani et al., 2021; Solihin et al., 2023).

Negative stigma towards TB patients occurs worldwide, with almost similar characteristics. This phenomenon is also felt by TB patients in the city of Bandung, as known from interviews conducted by researchers with TB patients and survivors who are members of a health foundation called Terjangk NGO. Based on initial findings, the burden of handling this stigma is very high, especially considering TB patients in Bandung are among the highest in Indonesia, ranking second. In 2020, there were 8,504 TB patients recorded by the Bandung Health Office (Dinas Kesehatan Kota Bandung, 2019).

The emergence of negative stigma towards TB patients certainly makes handling TB even more difficult. Not only must patients recover medically, but there must also be mental treatment and recovery. This means that caregivers, counselors, and media personnel must work together to help patients recover mentally so that medical treatment can proceed smoothly. The burden felt by patients with tuberculosis is increasing. TB's mental and infection burden cannot be left unaddressed, as it will hinder many processes, especially treatment. Difficulties are also experienced by the caregivers who have been assisting TB patients. TB survivors and patients need support from various parties in their treatment process, especially from family and the community around them. With the support given, TB patients can be more motivated to undergo the TB treatment process, which, for some people, is considered a complex and time-consuming treatment process. TB management involves many scientific approaches to deliver compelling messages. One of the approaches that can be used is interpersonal communication. Interpersonal communication is a part of health communication. Interpersonal communication is more effective in delivering messages because



the interaction occurs face-to-face, and the conversation is informal, flowing, and touching (Arulchelvan & Elangovan, 2017).

6 Researchers from various countries have researched the same topic. Hossain et al. (2015) analyzed the stigma that occurs in Bangladesh. The results showed that TB patients are vulnerable to negative stigma from their surroundings. Efforts to address stigma are done through family communication. The TB patient's family should provide encouragement, strengthen the patient's mental health, and monitor and assist the patient in taking medication. Other researchers have revealed that the high number of TB cases can be triggered, among other things, by low levels of knowledge and education, which can cause anxiety about the negative stigma received by TB patients. This is in line with the statement that the higher the level of education, the easier it is for someone to seek, obtain, and process information to prevent the spread of tuberculosis. The information obtained can also be disseminated wisely so that more people know and care, and the negative stigma towards TB patients can be reduced gradually (Gloria Demanora et al., 2022).

3 Other research conducted by Fitri et al. (2022) showed that the stigmatization of tuberculosis patients in Simeulue District substantially correlates with knowledge, perception, psychological components, and socio-cultural elements. With a p-value of 0.006, the socio-cultural element is the dominant sub-variable related to stigma. Respondents' understanding of tuberculosis in Simeulue District and their perception of psychological and socio-cultural components are positive and good. However, most respondents (63%) have negative stereotypes of TB patients. Other studies have also shown that the current problem with TB is the rapid increase in cases, not only due to the increasing cases of HIV/AIDS but also the increasing cases of multidrug-resistant TB (MDR-TB). Research conducted in Jakarta found that more than 4% of new cases are MDR-TB. Another problem is the controversial role of BCG vaccination in preventing TB infection and disease. Various studies have reported BCG vaccination protection for TB prevention ranging from 0% to 80%, with an

estimated overall BCG protection of only 50%. BCG vaccination only prevents severe TB, such as military TB and TB meningitis. BCG protection against TB meningitis is 64%, and military TB is 78% in vaccinated children (Mangtani et al., 2014). Furthermore, a study conducted by Pulungan and Permatasari (2021) found that a patient with pulmonary TB who was unemployed had good adherence to treatment and had access to health facilities was 5,002 times more likely to succeed in TB treatment. The most important factors associated with treatment success were employment status, drug adherence, and access to health facilities. The impact of stigma also dramatically affects the self-esteem of TB patients. TB patients feel ashamed in front of many people, especially family and the community because they have TB. This negative feeling triggers a further decline in the patient's health condition (Sulistiadi et al., 2020; Solihin et al., 2022).

The existing studies leave 'blank spaces' that can be filled by the following researchers. Referring to the background and results of the previous studies, this research aims to analyze another approach to addressing negative stigma towards TB patients, specifically by using interpersonal communication. Specifically, how the approach and implementation of interpersonal communication done by TB survivors from Terjang NGO to TB patients address TB stigma in Bandung; however, this study also leaves weaknesses that can be supplemented by future researchers, especially in the approach used. The case of TB management in Bandung related to stigma towards patients can be analyzed using quantitative data. This will provide a more precise picture of the phenomenon of stigmatization toward TB patients. A mixed approach will be more comprehensive, combining qualitative and quantitative data.

## RESEARCH METHOD

This research is designed according to the principles of constructivist research using a qualitative approach. Qualitative research seeks to describe field data naturally and comprehensively. Qualitative data can be

descriptive data such as the speech, writing, and behavior of individuals observed during the research process (Creswell & Poth, 2018).

The findings from the field data are then analyzed using the case study method. The case in this study is the TB survivors in Terjang NGO, who are trying to address the negative stigma towards TB patients in Bandung. A case study is research that describes a case that has its uniqueness (Yin, 2014).

Case study research delves into the reasons why a phenomenon can occur. In this study, the phenomenon that occurs is the negative stigma towards TB patients due to their TB infection. It is interesting to find out why negative stigma is easily spread and disseminated in the broader community. In recent years, published research has often used qualitative interview and analysis methods to obtain more comprehensive and flexible knowledge about someone's ideas, perceptions, and explanations about a specific subject. Studies using this approach now cover various topics, with the majority using semi-structured interviews to have participants explain the subject in detail (Rofiah & Bungin, 2021).

Data in qualitative research is in the form of words, phrases, expressions, narratives, and pictures. Qualitative research is descriptive research. Highlighting the process and meaning of research using the theoretical foundation used in this research is interpersonal communication. According to Devito, the researcher conducted an interview process by interviewing 30 TB patients in Bandung.

Meanwhile, the observation process is an observation. The observation conducted by the researcher focuses on observing the process and symptoms of interpersonal communication between caregivers and TB survivors during the treatment process. To facilitate the interview process, choosing words and questions that the respondents can easily understand is important. The words and questions should be tailored to the informants who will be interviewed. In quoting the opinions of Cohen (2006) and Kitwood (1997) in Rofiah & Bungin, (2021), it is said that for a more comprehensive and adaptable understanding of someone's ideas, perceptions, and stories about a particular topic, research that integrates interview techniques and qualitative

analysis has become more common in recent years. Studies using this methodology now address most issues on various topics. Asking the opinions of caregivers or representative respondents can help interviews with people with expressive language disorders run more smoothly.

However, this representation reveals more about the perspective and experience of the representative or caregiver than about specific individuals. Data collection techniques were carried out through in-depth interviews conducted by the researcher with TB survivors and TB patients in Bandung. In addition, it was also done through observation by following some activities commonly carried out by the Terjang Foundation while accompanying TB patients in the field and literature review from journals, books, and websites. This research took place in November 2022 at the Secretariat of the Terjang Foundation in Taman Kopo, Bandung Regency, and in several other locations in Bandung.

## RESULTS AND DISCUSSION

The research results were obtained after an in-depth interview with the informants from the Terjang Foundation and several TB patients. The analysis in this study focuses on how the Terjang Foundation communicates interpersonally with TB patients based on five positive attitudes toward interpersonal communication. The researcher collected data by conducting interviews with the informants. The interviews were in the form of question-and-answer sessions between the researcher and the research informants, following the identification that had been previously established, along with several research questions.

TB Patients in Bandung, the success of a region in handling TB can be seen by looking at the TB control indicator achievement, which is the Case Notification Rate (CNR). This indicator shows the number of TB patients successfully treated out of the 100,000 people in Bandung. The TB patient detection rate in Bandung has increased from year to year. Table 1 show that in 2020, the Health Department reported 8,504 registered cases of TB, consisting of 5,908 cases

**Table 1 TB Patient Data in Bandung City**

Year	Total Cases	Bandung	Outside Bandung	TB Detection Rate (%)
2018	N/A	N/A	N/A	139.71
2020	8.504	5.908	2.96	99.23

Source: Dinas Kesehatan Kota Bandung, 2021

from Bandung and 2,596 cases from outside the city. Out of the total cases, the TB detection rate in Bandung was 99.23%. This detection rate had decreased from 139.71% in 2018. Apart from that indicator, there were also suspected TB cases that received standard treatment from the government. In 2020, the number of suspected TB cases received government standard treatment was 22,261 (Dinas Kesehatan Kota Bandung, 2021).

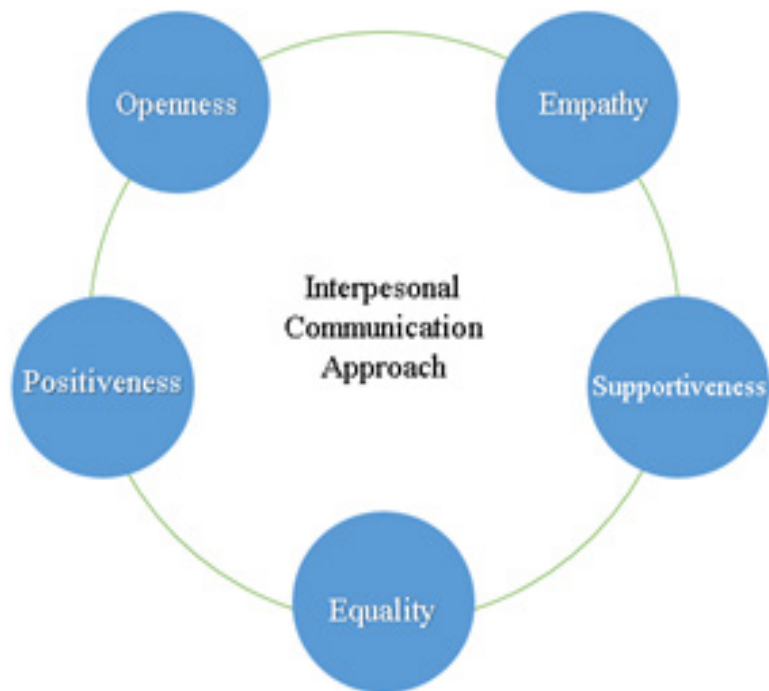
Patients with a disease should not be treated solely with a medical approach, as many factors affect their condition, primarily related to the mental aspect of the patients. In health communication, a patient needs a series of pieces of information that can boost their spirits during the treatment process. Empirical findings have shown that positive information and suggestions given to patients can improve their cure rates (Hayati & Musa, 2016). One of the communication approaches used in disease management is interpersonal communication, where the communication process occurs closely and intimately between the communicator and the patient (the communicant). Interpersonal communication is communication that occurs between one individual and another (Martinez et al., 2020). Interpersonal communication can effectively influence the speaker because it is direct and two-way. In the context of health or the healing of patients with a disease, a companion or survivor can speak directly and empathetically to TB patients (Tola et al., 2016). The informal nature of the message makes it more fluid and readily received by the speaker (USAID, 2014). The solutions offered in interpersonal communication include openness, a positive attitude, empathy, equality, and a supportive attitude (Anisa & Djuwita, 2021). Figure 1 show that Devito further explains that these five attitudes constitute a system that

can create a more engaging communication atmosphere (Anisa & Djuwita, 2021).

In contrast, what is needed from a caregiver is their communication skills. Communication skills are the ability to communicate and understand information and receive opinions obtained through interactions with the interlocutor (Shin & You, 2021; Wahyudin & Karimah, 2021).

Interpersonal communication becomes a reference for every counselor or caregiver when influencing the patient. Equal communication begins with the initial conversation between the caregiver and the patient. At this stage, they introduce themselves and do not involve social status differences, so there is no mental distance between them. Thus, the communication process becomes equal, as no one positions themselves higher in rank (Foster et al., 2022).

If equality is achieved, other processes, such as empathy, positive attitude, openness, and supportive attitude, will occur (Fitri & Rahmah, 2017). Implementing Interpersonal Communication by TB Survivors TB survivors at the Terjang Foundation support TB patients, especially those with drug-resistant TB (DR-TB) undergoing a two-year treatment process. According to them, 90 percent of the TB patients they accompany are DR-TB patients (bacteria resistant to drugs), and the rest require a relatively short treatment period of six months. They accompany many DR-TB patients because all the survivors at the Terjang Foundation were former DR-TB patients themselves. They experienced the suffering of going through a two-year treatment process in the past. From their experience, the survivors understand various ways to support TB patients, especially those who experience mental distress due to negative stigma. According to them, understanding stigma is not easy, as it must



Source: Researcher 2022, adapted DeVito, 2001

**Figure 1 Five attitudes in interpersonal communication**

be conveyed correctly. Information about stigma is widely available and easily accessible through various channels. However, it does not significantly impact patients because they need information conveyed in a direct context by someone who has experienced it themselves. An interpersonal communication approach is often used by the survivors in supporting TB patients in the city of Bandung. Various factors cause the development of a negative stigma regarding TB. Research findings from interviews with TB survivors from the Terjang Foundation stated that stigma surrounding TB can come from both the patients themselves and external sources. From others, stigma can come from direct or indirect conversations and information spread through the media. Figure 2 show that according to the survivors, a lack of scientific information about TB infection creates excessive panic and anxiety for many people, especially TB patients and those around them. Misinformation circulating alongside accurate information can cause misunderstandings among those who receive it. The term “sick” often generates negative stigma and causes those referred to as such to become anxious and insecure. Moreover, concerns about TB

infection transmission further spread negative stigma towards TB patients.

However, a series of negative stigmas experienced by TB patients can slowly transform into support and assistance during recovery. In the interview process with the Terjang Foundation, it was said that it was not easy for them to convince TB patients to be open and accept themselves amid the many negative stigmas that have circulated.



Source: Terjang Foundation, 2022

**Figure 2 Accompaniment activities by TB survivors at the homes of TB patients**

The interpersonal communication process approach used by Terjang Foundation survivors to persuade and help the TB patients they accompany to be open and enthusiastic during the recovery process has been successful. The interpersonal communication process is not immediate. It takes enough time and frequency to convince and communicate with TB patients.

The empathy felt by Terjang Foundation companions makes them continue to strive and be enthusiastic about accompanying TB patients during the recovery process. If the companions are enthusiastic about accompanying the treatment process, their enthusiasm is also expected to infect the TB patients they accompany. The interview also mentioned that TB patients have different characteristics, so different strategies are needed in their approach. Some patients are easy to open, and some are difficult to open up to Terjang Foundation companions. As an illustration, a quantitative research report on the knowledge of patients and the community regarding TB in the Ujung Berung area of Bandung City showed that 44.0% had sufficient knowledge, a small number of respondents had good knowledge, and 17.0% had poor knowledge (Sandha & Sari, 2017).

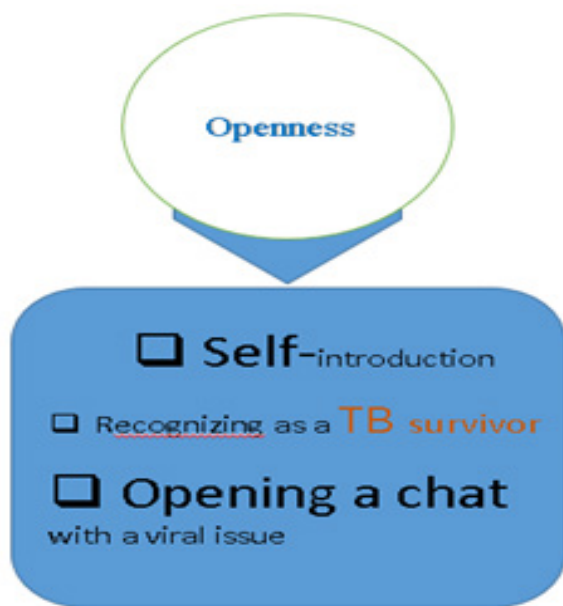
This data shows that there is still room for negative stigma in TB issues because there are still residents of Bandung who have minimal knowledge about TB. Another description also indicates that prevention is the most fundamental aspect of reducing the number of TB patients. The active involvement of community nurses in providing communities with health promotion and prevention services is significant. Public health programs in Indonesia include health promotion aimed at changing healthy behavior in communities and other groups and increasing public awareness of health (Chang & Cataldo, 2014).

TB survivors from the Terjang Foundation are committed to addressing this negative stigma issue with various efforts. According to them, negative stigma can hinder the TB patient's treatment process. The prevention and control efforts of TB that the Terjang Foundation has carried out also require support in the form of knowledge transfer through education or socialization processes to the broader community regarding TB infection.

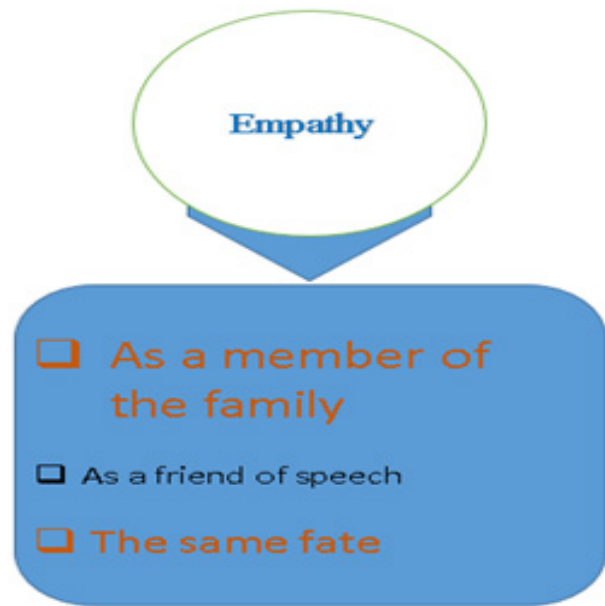
The more people who care and are aware of TB infection, the easier it will be to help many parties and improve the success of fighting the stigma circulating in the community.

This is in line with the concept of health communication by Notoatmodjo, which states that adults can comprehend and develop their thinking, so at that age, they have time to learn, practice, and read. In the elderly, there is a decrease in intellectual ability due to aging, so there is a decrease in general knowledge (Notoatmodjo, 2003). To overcome stigma, gaining insights into why some diseases and social conditions produce fear, stigma, and discrimination is essential, as well as how the characteristics of diseases, such as mortality rates, transmission rates, degeneration rates, and physical signs of the disease, affect stigma. How stigma patterns related to the same disease vary across periods or socio-cultural contexts, and how stigma varies in various pandemics (Suryandari, 2022).

Based on the interviews conducted and referring to the five positive interpersonal communication attitudes according to Devito, the results and discussions can be summarized. Openness is accepting input from others, being willing to provide important information, and being responsible. In addition, openness is also an ability to respond happily to information provided by the interlocutor (DeVito, 2001). The interpersonal communication process carried out by the survivors of the Terjang Foundation with TB patients is done openly. During the information exchange process between caregivers and TB patients, the Terjang Foundation provides information about the TB recovery process. It is willing to receive feedback from TB patients invited to communicate. The researcher also found that for openness to be created between both parties, trust must first be established, which in this study is the trust that must be formed and established between TB patients and the Terjang Foundation, the caregivers, during the treatment process. Suppose TB patients have trust in the communication process later on. In that case, they will be more open and not afraid to provide information about their condition when infected with TB and the difficulties they feel. Before starting this step, the TB survivors



Source: Researcher, 2022  
**Figure 3 The Model of Openness**



Source: Researcher, 2022  
**Figure 4 The Model of Empathic**

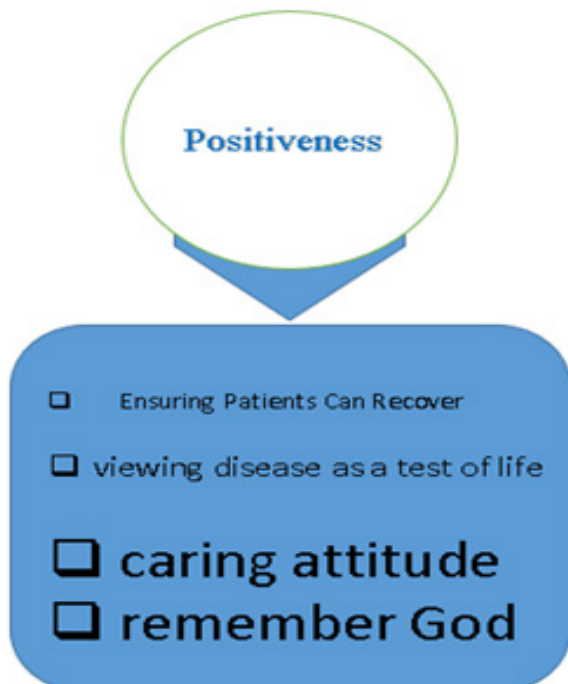
are first introduced by the hospital, clinic, or family of the TB patient. The next step is for the survivors to introduce themselves to the TB patients who will be accompanied during the treatment process, acknowledging themselves as former TB patients or survivors. After getting a response, the survivor then starts the initial conversation by starting a conversation outside the context of treatment. Usually, the opening conversation is about viral issues in the mass media or social media. A light conversation like this can make the atmosphere more intimate between the survivor and TB patient. Openness is also reflected when the researcher observes when TB caregivers provide support at the TB patient's home. The family and TB patient have welcomed the caregiver's presence well. They appear to respect the survivor's caregiver and begin to open up about the symptoms they have experienced so far (Figure 3).

Empathy is the ability of a person to put themselves in the position or condition of the person they are communicating with. Empathy here involves perspective, emotions, and even feeling the difficulties experienced by the interlocutor so that we can feel what the interlocutor feels (Anisa & Djuwita, 2021).

In this case, the survivors also empathize with TB patients during the communication

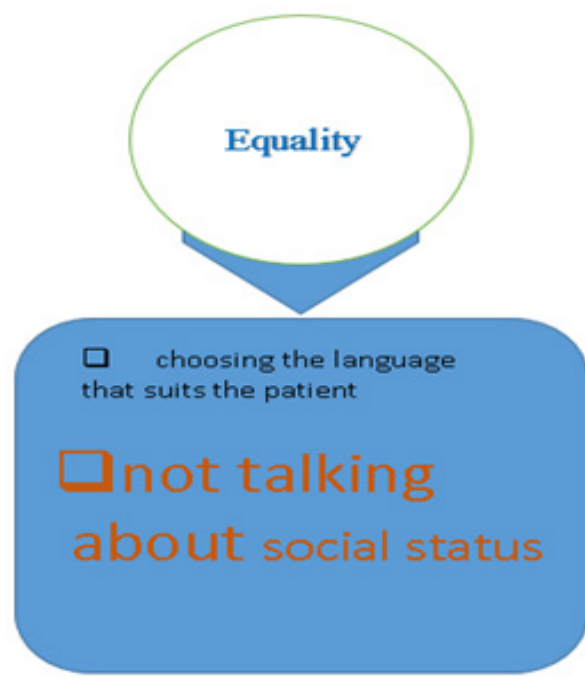
and treatment. The survivors said that since the support began, they considered the patient part of their family. Therefore, do not hesitate to say anything that needs to be conveyed. The survivors said they support TB patients as friends and companions. If the patient is ashamed to talk to others, they should open up to the survivor because they are like family. Another thing that makes the communication process more appropriate is that both the survivors and patients have experienced and are currently experiencing TB, so they have the same fate. That means their empathy is sufficient to understand and feel the stigma experienced by TB patients (Figure 4).

With a positive attitude, interpersonal communication can be conducted effectively. Each party's commitment to the communication process aims to support open interaction (Figure 5) (DeVito, 2001). A positive attitude reflects a person's comprehensive understanding of the issue. TB patients must understand TB in its entirety so that it cannot be controlled by excessive fear and anxiety during treatment. So far, the stigma has not only come from the outside but also from within. All of this is due to a lack of understanding of the disease they are suffering from. When communicating with TB patients, healthcare providers must have a



Source: Researcher, 2022

**Figure 5 The Model of Positiveness**



Source: Researcher, 2022

**Figure 6 The Model of Equality**

positive attitude towards themselves to transmit their upbeat attitude, encourage TB patients to participate more actively and create a conducive communication situation so that the communication process can proceed effectively and get feedback as desired.

Positive things, especially support from close ones, are needed during recovery. Patients need care to become more confident and think positively about how they can recover from this TB infection. Healthcare providers can share with patients that they had a more severe health condition in the past but recovered because they had a positive mindset. According to survivors, positive thoughts and suggestions will significantly affect the condition during the treatment process. However, every human being always faces trials in life, and suffering from illness is one of those trials. Only those with a positive mindset can pass life's trials. It is also essential to convey that not only survivors care about patients but also the government, neighbors, families, and communities are expected to provide support for the treatment process.

Another thing is that, as a religious person, the patient must believe that the permission of God Almighty causes the TB disease they are

suffering from. God is also the one who will heal when the patient tries to get better. Patients must be disciplined in their treatment and not forget to pray to God. If patients keep trying by taking medication and praying, God will provide healing.

The similarities shared by the survivors from the Terjang Foundation and the TB patients can determine the effectiveness of interpersonal communication. The equality referred to can be in the form of similarity in values, character, behavior, habits, experiences, etc. During the interview, the most felt equality between the survivors and TB patients was that they have been and are currently infected. Communication built on similarities will be more effective in delivering its message (DeVito, 2001; Budiana et al., 2020).

The equality shown by the TB survivors from the Terjang Foundation to TB patients is demonstrated through respecting their opinions, treating them well, and providing support (Figure 6). As most people in the Terjang Foundation are TB survivors, they understand the stigmas that TB patients commonly receive. In the communication process, survivors use language styles and word choices equivalent to those TB patients understand. Another form of



Source: Researcher, 2022

**Figure 7 The Model of Supportiveness**

building equality is acknowledging that they are TB survivors people who have fought to cure TB and successfully achieved recovery. This clearly shows equality in the context of having experienced a particular illness. According to survivors, they were more comfortable getting information about treatment and medication side effects from someone who had directly experienced them. Therefore, they build equality by openly disclosing their past experiences. In this way, patients will be more confident with the support provided by survivors to help accelerate the healing process.

Survivors never ask about the social status of TB patients, as this can create communication discomfort between both parties. Besides, it is also about the rights and privacy of TB patients. Even if patients initiate discussions about their social and economic status, they will only be responded to accordingly.

According to survivors, many TB patients feel inferior because they come from economically disadvantaged backgrounds or have a low level of education. Therefore, it is best not to discuss social status in supporting patients with any illness, as it will disrupt their comfort and could hinder the healing process.

Supportiveness is a behavior where both

parties support each other's message during communication. A supportive attitude is also an open situation that supports effective communication. To create an effective interpersonal relationship, there must be a supportive attitude toward each other (Figure 7) (DeVito, 2001; Budiana et al., 2020).

Researchers have also found that the supportive attitude provided by TB survivors from the Terjang Foundation to patients includes providing motivation and convincing TB patients that in the process of recovery and fighting stigma, they will not go through it alone but will be accompanied by companions from the Terjang Foundation. The motivation given is expected to make TB patients feel confident and optimistic about going through this long and challenging recovery process. The first motivation is to remind them that the TB survivors were once TB patients and have recovered. Although it is not easy, the survivors never tire of motivating and supporting the TB patients they accompany. This also applies to patients who are undergoing treatment. The next stage is when survivors ask about the TB patient's life goals. Achieving life goals requires a struggle, so TB patients must fight through a two year long treatment process.

By remembering their unfulfilled goals, it is hoped that TB patients will be more enthusiastic about going through the treatment process. TB patients are also reminded of their families, as remembering them will motivate them to recover. According to the survivors, they always remember their families and want to do the best for them in many ways, such as in their attitudes and by improving their family's economy.

Therefore, remembering their families will inspire everyone to live a better life in the future. For some TB patients and survivors, family is one of the biggest reasons to stay positive and go through treatment until they are declared cured and can reunite with their families. In addition, patients are reminded of God's greatness, who, with His power, can heal the disease. Therefore, TB patients must always pray to God. With a positive attitude, accepting the trials of life, and trying to undergo treatment, you will have a better health condition.



## CONCLUSION

4 Based on the above presentation, it can be concluded that stigma towards TB disease still exists in Bandung city. The main factor contributing to the emergence of stigma towards TB is the lack of knowledge among patients and the community about TB. Stigma becomes one of the obstacles to handling TB in Bandung.

The negative stigma that continues to emerge can disrupt the TB treatment process. In addition, the negative stigma that is allowed to spread continuously without improvement or clarification will only make TB patients feel worse due to the infection they are suffering from. Therefore, there is a need for valid information to be disseminated regularly so that incorrect information can be gradually replaced by valid information. In addition, other ways are also done by TB survivors from the Terjang Foundation, who assist TB patients during the treatment process.

It is hoped that with the increasing amount of valid information disseminated, the negative stigma that has been received can change into support for TB patients. Regarding this matter, TB survivors from the Terjang Foundation take various approaches to assisting TB patients in Bandung City. They communicate with TB patients through five stages of communication.

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1 The stages of interpersonal communication are as follows: first, starting the communication with openness; second, through empathy; third, through positivity; fourth, through equality; and fifth, through a supportive attitude. After going through a series of interpersonal communication stages, there can be a difference in attitude between TB patients before and after being assisted by TB survivors from the Terjang Foundation. During the communication and assistance process, TB patients who were initially tricky and unwilling to be open due to shame slowly began to open up to share their stories and discuss TB infection with their companions, which they have experienced and are currently experiencing. In addition to starting to open up to companions, TB patients also become more enthusiastic about undergoing the treatment process. From initially being less enthusiastic because they were already tired of the lengthy treatment process and the time

taking medication, after being given support, a positive attitude, and continuous motivation by their companions, they slowly became enthusiastic again to recover from the TB infection. It is hoped that the assistance provided by the Terjang Foundation to TB patients will add more enthusiasm for them to recover and go through the treatment process.

In addition, the cooperation established by various parties who helped during the assistance process is expected to continue. Providing assistance, preparation, and motivation to TB patients will make them more confident that they can overcome it and recover. Because of the continuous cooperation between many parties, it will provide convenience for companions and TB patients.

The more patients who are aware of the importance of the treatment process for TB patients, the more likely it is that this can reduce the number of deaths caused by TB infection. Interpersonal communication that takes place between TB patients and survivors is considered adequate. Because TB patients feel closer and safer when undergoing assistance for the treatment process.

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