

# Quality of Life of Tuberculosis Patients in Coastal Areas of Pangkep Regency, Indonesia

## *Kualitas Hidup Penderita Tuberkulosis di Wilayah Pesisir Kabupaten Pangkep, Sulawesi Selatan*

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### Abstract

**Background:** Tuberculosis (TB) is a major public health problem in Indonesia and significantly affects patients' physical, psychological, social, and economic well-being. Coastal communities often face additional challenges related to access to health services, socioeconomic limitations, and social stigma, which may further reduce the quality of life (QoL) of TB patients.

**Objective:** This study aimed to describe the quality of life-related conditions of tuberculosis patients living in coastal areas of Pangkep Regency, Indonesia.

**Methods:** A descriptive cross-sectional study was conducted among 57 tuberculosis patients residing in coastal areas of Pangkep Regency. Data were collected using structured questionnaires covering sociodemographic characteristics, community discrimination, economic impact, and family anxiety levels. Data analysis was performed using descriptive statistics and presented as frequencies and percentages.

**Results:** Of the 57 respondents, 29 (50.8%) were female and 28 (49.1%) were male. Most respondents had junior high school education (38.6%) and worked as housewives (31.6%) or farmers (28.1%). Community discrimination was commonly experienced, with the majority reporting frequent discrimination. Although most respondents (86.0%) reported no direct economic impact, a proportion experienced financial difficulties. High and very high levels of family anxiety were reported by more than half of respondents' families, indicating psychological and social burdens associated with tuberculosis.

**Conclusion:** Tuberculosis patients in coastal areas of Pangkep Regency experience multidimensional challenges that may negatively affect their quality of life. Social discrimination, economic vulnerability, and family anxiety remain important issues that should be addressed through comprehensive and community-based TB management programs.

**Keywords:** Tuberculosis; Quality of Life; Coastal Area; Social Discrimination; Family Anxiety

### Abstrak

**Latar Belakang:** Tuberkulosis (TB) masih menjadi masalah kesehatan masyarakat utama di Indonesia dan berdampak tidak hanya pada kondisi fisik, tetapi juga pada aspek psikologis, sosial, dan ekonomi penderita. Masyarakat pesisir memiliki karakteristik sosial dan ekonomi yang khas, seperti keterbatasan akses layanan kesehatan dan tingginya stigma sosial, yang dapat memperburuk kualitas hidup penderita TB.

**Tujuan:**

Penelitian ini bertujuan untuk menggambarkan kualitas hidup penderita tuberkulosis di wilayah pesisir Kabupaten Pangkep berdasarkan karakteristik sosiodemografi, diskriminasi masyarakat, dampak ekonomi, dan tingkat kecemasan keluarga.

**Metode:**

Penelitian ini menggunakan desain deskriptif dengan pendekatan potong lintang (*cross-sectional*). Sampel penelitian terdiri dari 57 penderita TB yang tinggal di wilayah pesisir

Kabupaten Pangkep dan dipilih menggunakan teknik total sampling. Data dikumpulkan melalui kuesioner terstruktur yang mencakup jenis kelamin, tingkat pendidikan, jenis pekerjaan, diskriminasi masyarakat, dampak ekonomi, dan tingkat kecemasan keluarga. Analisis data dilakukan secara deskriptif dan disajikan dalam bentuk distribusi frekuensi dan persentase.

**Hasil:**

Sebagian besar responden berjenis kelamin perempuan (50,8%) dengan tingkat pendidikan terbanyak pada jenjang SLTP (38,6%). Mayoritas responden bekerja sebagai ibu rumah tangga (31,6%) dan petani (28,1%). Diskriminasi masyarakat masih sering dialami oleh penderita TB, dengan lebih dari separuh responden melaporkan diskriminasi sering dan sangat sering. Sebagian besar responden (86,0%) tidak mengalami dampak ekonomi secara langsung, namun masih terdapat penderita yang mengalami kesulitan finansial. Tingkat kecemasan keluarga tergolong tinggi hingga sangat tinggi pada lebih dari setengah responden.

**Kesimpulan:**

Penderita tuberkulosis di wilayah pesisir Kabupaten Pangkep menghadapi berbagai tantangan yang dapat menurunkan kualitas hidup, terutama terkait diskriminasi sosial dan kecemasan keluarga. Diperlukan pendekatan penanggulangan TB yang komprehensif dengan memperhatikan aspek psikososial dan dukungan keluarga untuk meningkatkan kualitas hidup penderita.

**Kata kunci:** Tuberkulosis, Kualitas Hidup, Wilayah Pesisir, Diskriminasi Sosial, Kecemasan Keluarga

## INTRODUCTION

Tuberculosis (TB) is a chronic infectious disease caused by *Mycobacterium tuberculosis* and remains one of the leading causes of morbidity and mortality worldwide. Indonesia ranks among countries with the highest TB burden globally, with persistent challenges in early detection, treatment adherence, and social consequences of the disease [1,2]. Beyond its physical manifestations, TB has profound effects on patients' quality of life (QoL), encompassing physical functioning, psychological well-being, social relationships, and economic stability [3,4]. TB patients frequently experience stigma and discrimination, which may lead to social isolation, emotional distress, and delayed health-seeking behavior [5,6].

Coastal communities often face unique vulnerabilities, including lower socioeconomic status, limited access to health facilities, and strong community perceptions that may intensify stigma toward TB patients [7]. These factors can further compromise patients' quality of life and affect family members who play a crucial role in treatment support.

Pangkep Regency is a coastal area in South Sulawesi with a considerable number of TB cases. However, studies focusing on quality of life among TB patients in this region are limited. Therefore, this study aimed to describe the quality of life-related aspects of TB patients living in coastal areas of Pangkep Regency, focusing on sociodemographic characteristics, social discrimination, economic impact, and family anxiety.

## RESEARCH METHOD

### Study Design and Setting

This study used a descriptive cross-sectional design. The research was conducted in coastal areas of Pangkep Regency, South Sulawesi, Indonesia.

### Participants

The study population consisted of tuberculosis patients who were registered and undergoing treatment at primary health care facilities in coastal areas of Pangkep Regency. A total of 57 respondents were included using a total sampling technique.

### Data Collection

Data were collected using structured questionnaires that included:

- Sociodemographic characteristics (sex, education level, occupation)

- b. Perceived community discrimination
- c. Economic impact of tuberculosis
- d. Level of family anxiety related to the patient's illness

### Data Analysis

Data were analyzed using descriptive statistics and presented as frequencies and percentages.

## RESULTS

**Table 1. Sociodemographic Characteristics of Respondents (n = 57)**

| Variable        | Category                            | n  | %    |
|-----------------|-------------------------------------|----|------|
| Sex             | Male                                | 28 | 49.1 |
|                 | Female                              | 29 | 50.8 |
| Education level | No formal education / not completed | 6  | 10.5 |
|                 | Elementary school                   | 10 | 17.5 |
|                 | Junior high school                  | 22 | 38.6 |
|                 | Senior high school                  | 16 | 28.1 |
|                 | Diploma / University                | 3  | 5.3  |
|                 |                                     |    |      |
| Occupation      | Civil servant                       | 3  | 5.3  |
|                 | Farmer                              | 16 | 28.1 |
|                 | Housewife                           | 18 | 31.6 |
|                 | Self-employed                       | 15 | 26.3 |
|                 | Others                              | 5  | 8.8  |

**Table 2. Social, Economic, and Psychological Factors**

| Variable                 | Category   | n  | %    |
|--------------------------|------------|----|------|
| Community discrimination | Very often | 15 | 26.3 |
|                          | Often      | 20 | 35.1 |
|                          | Rarely     | 17 | 29.8 |
|                          | Never      | 5  | 8.8  |
| Economic impact          | No         | 49 | 86.0 |
|                          | Yes        | 8  | 14.0 |
| Family anxiety level     | Very high  | 12 | 21.1 |
|                          | High       | 23 | 40.4 |
|                          | Moderate   | 15 | 26.3 |
|                          | Low        | 7  | 12.3 |

The results show that tuberculosis patients in coastal areas of Pangkep Regency were predominantly female and had relatively low educational attainment. Most respondents worked in informal sectors such as farming, household work, and self-employment. Social discrimination was commonly reported, with more than half of respondents experiencing discrimination frequently or very frequently. Although the majority did not report direct economic impacts, a significant proportion experienced financial difficulties.

High levels of family anxiety were observed, indicating that tuberculosis imposes psychological burdens not only on patients but also on their families.

## Discussion

This study provides a comprehensive description of the quality of life–related conditions among tuberculosis patients living in coastal areas of Pangkep Regency. The findings highlight that TB affects patients across multiple dimensions, including social, economic, and psychological aspects.

The nearly equal distribution between male and female patients suggests that TB exposure and vulnerability in coastal communities are influenced more by environmental and socioeconomic factors than by sex alone. Similar patterns have been reported in other community-based TB studies in Indonesia and other low- and middle-income countries [8,9].

Educational level among respondents was predominantly low to moderate. Limited education may reduce health literacy, affect understanding of TB transmission and treatment, and contribute to misconceptions within families and communities. Previous studies have shown that low educational attainment is associated with poorer quality of life and suboptimal treatment adherence among TB patients [3,10].

Occupational distribution showed that most respondents worked in informal sectors such as farming, household work, and self-employment. These occupations often lack job security and social protection, increasing vulnerability to income instability during illness. Although only a minority of respondents reported direct economic impacts, even small financial disruptions may have long-term consequences for households with limited resources [14,15].

Social discrimination was one of the most prominent findings of this study. More than half of respondents experienced frequent or very frequent discrimination. TB-related stigma remains deeply rooted in many communities and can lead to social isolation, emotional distress, and delayed healthcare utilization. Consistent with previous research, stigma has been identified as a major determinant of reduced quality of life among TB patients [5,6,11].

Family anxiety levels were predominantly high, reflecting the psychological burden of TB on households. Families often fear disease transmission, treatment failure, and social consequences, which may increase stress and caregiving burden. High family anxiety may also influence patients' emotional well-being and adherence to treatment [12,16]. Addressing family concerns through counseling and education is therefore essential.

Overall, these findings emphasize the need for holistic TB management approaches that go beyond biomedical treatment. Integrating psychosocial support, stigma reduction interventions, and family-centered care into TB programs may substantially improve patients' quality of life, particularly in vulnerable coastal communities.

## CONCLUSION

Tuberculosis patients living in coastal areas of Pangkep Regency face multidimensional challenges that affect their quality of life. Social discrimination, economic vulnerability, and high levels of family anxiety remain prominent issues. Comprehensive TB control programs should incorporate psychosocial support, stigma reduction strategies, and family-centered interventions to improve patients' overall quality of life.

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