The Relationship Between Health Belief and Self Acceptance and Self Management Behavior in Pulmonary Tuberculosis Clients in The Work Area of The Japan Kudus Health Center

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Abstract.

The study discusses pulmonary tuberculosis as a chronic infectious disease that is still a global health problem, with Indonesia ranking third in the world. The increase in tuberculosis cases is influenced by drug resistance, limited access to health services, and poor environmental hygiene conditions. Kudus Regency, especially the work area of the Japanese Health Center, is an area with a relatively high number of tuberculosis cases. This disease not only has an impact on the physical condition, but also affects the mental and social aspects of the patient, so that self-management skills are an important factor in the success of treatment. The Health Belief Model explains that an individual's perception of susceptibility, disease severity, benefits, and barriers to health measures plays a role in shaping health behavior. In addition, good self-acceptance can improve treatment adherence and coping ability of patients. Self-management includes medication adherence, symptom management, and lifestyle changes influenced by social support, education level, and understanding of disease. This study used a correlational design with a cross sectional approach and involved 53 respondents who were selected through purposive sampling techniques. The research instruments include the Health Belief Model questionnaire, self acceptance, and self-management. Data analysis was carried out univariate and bivariate using the chi square test. The results showed that most of the respondents had a high health belief of 79.2 percent and a high self-acceptance of 75.5 percent. The majority of respondents' self-management was in the good category, namely 94.3 percent. The bivariate test showed a significant relationship between health belief and self-management with a p value of 0.044 and an odds ratio of 9.111. In addition, there was a significant relationship between self acceptance and self-management with a p value of 0.02 and an odds ratio of 1.193. The conclusion of this study shows that health belief and self acceptance are meaningfully related to the self-management behavior of tuberculosis clients, so education and psychosocial support need to be improved on an ongoing basis.

Keywords: *Health belief; self acceptance; self-management and pulmonary tuberculosis client.*

I. INTRODUCTION

Pulmonary tuberculosis is a chronic infectious disease that is a global health and concern problem. Tuberculosis is the largest cause of death after cardiovascular disease and respiratory disease is the number one infectious disease group that is still a problem in Indonesia and the world (Plaherti, 2020). The disease has claimed the lives of more than 4000 people every day, and nearly 30,000 people have fallen ill or become infected by the disease (Siringorino & Mariana, 2023). Based on data from the Ministry of Health in 2021, Indonesia is ranked third with the highest cases of tuberculosis in the world after India and China (Ugar, Setia Anggreini, Kambu, et al., 2024). This phenomenon is triggered by a variety of factors, including increased resistance to drugs, lack of access to healthcare, lack of knowledge of maintaining the cleanliness of the living environment and social stigma that hinders early detection and treatment. Bad habits of people in maintaining health are a factor in the weakening of the immune system. The government's efforts to accelerate the handling of Tuberculosis have been carried out through various pillars, namely prevention, health promotion, detection, treatment, and surveillance, as well as cross-sector (Ministry of Health & Ri, 2023). In the strategic plan of the Ministry of Health, infectious diseases are one of the main priorities that must be addressed to realize a healthy Indonesia. According to the World Health Organization (WHO), in 2023, around 8.2 million people in the world will be diagnosed with tuberculosis (TB), this number is a record high.

This figure increased from 2022 which recorded 7.5 million new cases (WHO, 2023). Based on data from the Indonesian Ministry of Health (Kemenkes), in 2023, the number of Tuberculosis (TB) cases notified in Indonesia will be 821,200 cases. This figure reaches 77% of the set target. Meanwhile, the number of TB cases treated reached 86%, which is a target of 90% (Ministry of Health of the Republic of

Indonesia, 2023). According to data from the Ministry of Health (Kemenkes) in 2023, TB cases in Central Java reached 70,882 in 2022, accounting for 10.2% of the national total of 694,808 cases. According to the Ministry of Health in 2020, pulmonary tuberculosis (TB) is an infectious disease caused by Mycrobacterium tuberculosis which progressively infects the lungs. Mycobacterium tuberculosis is transmitted by a person through coughing and sneezing, people affected by TB if left untreated can die (Nopita et al., 2023). Bacteria that cause tuberculosis can live for a long time in dark, humid, cold, and poorly ventilated rooms. The main cause of the increase in TB cases is poor socioeconomic factors, especially in developing countries. Lack of access to health services, low education, and overcrowded living conditions. Mycobacterium tuberculosis where the growth rate of the bacillus is determined based on the temperature of the air around it. With good air circulation, it can minimize the transmission of Pulmonary TB. A person who is in contact with a person with pulmonary TB who lives together continuously, transmission will occur.

Because they often breathe air containing these bacteria, it causes many germs to enter the lungs, so there is a risk of suffering from pulmonary TB (Mathofani & Febriyanti, 2020). A person infected with pulmonary TB will have various impacts on his or her life, both physically, mentally, and socially. Physically, a person who has been infected with pulmonary TB will often cough, shortness of breath, chest pain, decreased weight and appetite, and sweat at night. All of these things will certainly result in a person becoming weak. Mentally, a person who has been infected with pulmonary tuberculosis will generally feel various fears within him, such as fear of death, treatment, side effects in doing treatment, loss of job, the possibility of transmitting the disease to others, and the fear of being rejected and discriminated against by those around him. Good self-management can be improved by increasing knowledge, increasing the role of medical workers in motivating and observing both through text and telephone messages, improving education through health promotion so that TB patients can improve self-management (Ugar, Setia Anggreini, & Kambu, 2024).Research conducted by Wenyan hu, Tingyan Li, Shenglong Cao, Yongping Gu and Liyan Chen (2022) states that based on the model of knowledge, beliefs, practices, and health education led by nurses succeeded in improving the self-management skills, satisfaction and compliance of elderly COPD patients. In the study, there were 30 samples of elderly patients at the Zhejiang Faculty of Medicine hospital, China.

In the measurements, symptom management scores, daily life management, emotion management, information management, and management efficiency were higher in the study group than in the control group ($P < 0.05$) (Hu et al., 2023) According to the results of the research of Malinda et al., (2022). Self-acceptance of self-management in chronic kidney disease undergoing hemodialysis in 88 samples at Arifin Achmad Hospital Pekanbaru, is there a relationship between self-acceptance and self-management. The study used a type of quantitative research with a cross sectional approach, the researcher distributed a questionnaire directly to the respondents. The questionnaire sheet will be given regarding self-acceptance and self management in chronic kidney disease patients undergoing hemodialysis at Arifin Achmad Pekanbaru Hospital. With the increase in a person's age, it will provide development in the person's mindset, so that age is able to influence self-management. Using the chi square test, a P value of 0.011 from Continuity correction asymptotic significance (2-sided) was obtained less than 0.05 ($0.005 < 0.05$) so that Ha was accepted, meaning that there was a significant positive relationship between self-acceptance and patient self-management. This shows that self-acceptance has a significant relationship with self-management. A person who is aware and knows himself will know the things that need to be done and what not to do. Based on the results of research from (Putri, 2023). Self-acceptance with self-management in patients with diabetes mellitus in prolanis participants at the Menteng Palangkaraya health center with 38 respondents suffering from DM was more found in respondents with a long period of ≥ 1 year (75%), in respondents with secondary education (47.6%) and with DM was most found in respondents with a job that was not working (61.9%).

The most self-management respondents were self-management, with enough self-acceptance, 73 respondents with a percentage of 96% and from the statistical results using C-Square analysis, a p-value of 0.001 (smaller than 0.005) was obtained, which means that there is a relationship between self-acceptance and self-management of Diabetes Mellitus. This shows that there is a significant relationship between self-

acceptance and self-management of Prolanis participants of the Menteng Palangka Raya Health Center. According to Fitriani & Khoiroh Muflihatin, (2020) research carried out in the work area of the Palaran Health Center, Samarinda City related to Self-Acceptance with Self-Management in Patients with Type II Diabetes Mellitus, it is necessary to conduct further studies on diabetes patients who are increasing because many patients have poor self-management which is shown by the presence of ulcers that are not treated properly so that their condition is getting worse.worsening, lack of family support or lack of knowledge about diabetes so that it is easy to stress and refuse or have not accepted that they suffer from DM disease which in the end is not enthusiastic to do treatment With a total of 152 respondents there are statistical test results obtained a P value of 0.000 < (0.05) so that it can be stated that H0 is rejected and Ha is accepted which says there is a meaningful relationship between self-acceptance and self-management in patients with Type II Diabetes Mellitus with a correlation coefficient value of 0.618 which means that the correlation value is positive with a strong correlation strength.

Of the four researchers, different research methods were used, such as in Wenyan hu, Tingyan Li, Shenglong Cao, Yongping Gu and Liyan Chen (2022) the type of research conducted using a quantitative research design, regarding the level of knowledge, beliefs, and practices was analyzed by referring to literature relevant to the measurement tool using a questionnaire adopting a questionnaire of knowledge, beliefs, and practices of COPD that was designed by itself, and its content includes knowledge, attitudes, and behaviors related to diseases. It is used to assess changes in knowledge, beliefs, and practices before and after health education. The above research was carried out on different places, conditions and number of respondents and sampling techniques, so the researcher specifically wanted to find out if there was a relationship between Health Belief and Self Acceptance and Self-Management in Tuberculosis Clients in the Work Area of the Kudus Japan Health Center, using purposive sampling techniques and samples used by patients suffering from tuberculosis by looking at literacy and perception of Health Beliefs, Self-Acceptance in Self-Management in Tuberculosis Clients in Reducing the Rate of Tuberculosis Cases. The results of this study add to the nurses' understanding of the importance of tuberculosis client self-management behaviors to achieve treatment success. Nurse self-intervention can be carried out through an approach to increase health confidence and self-acceptance so that the image of nurses as health professionals can align themselves with other health workers and gain recognition from the community. The role of nurses in this study is as a caregiver, educator, and researcher to help patients improve their health through providing knowledge and insights about improving the self-management of tuberculosis patients.

II. METHODS

This study uses a correlation analysis design with a cross-sectional approach. The population in this study is adult patients affected by pulmonary tuberculosis at the Japanese Health Center, Mejobo District, Kudus Regency as many as 60 patients. The result of the calculation using the Slovin formula is 52, 1739 rounded up to 53 samples. In this study, the sample was determined using Purposive Sampling. In this study, the main data came from the assessment of self-management questionnaires that examined patients in self-management of Tuberculosis. The data collection tools used were the respondents' self-characteristics questionnaire, the HBM (Health Belie Model) questionnaire and the Self Acceptance questionnaire. The data analysis methods used were univariate analysis and bivariate analysis.

III. RESULT AND DISCUSSION

Characteristics of Pulmonary Tuberculosis Client Age

Table 1. Characteristics of Pulmonary Tuberculosis Client Age

Variable	Red	Median	Min	Max	SD
Age	**48**	**50**	**19**	**70**	**12.826**

Source : primary data 2025

Based on Table 1, it is known that the average age (mean) of tuberculosis clients is 48 years, with a median value of 50 years. The client's youngest age is 19 years old, while the oldest age is 70 years old. A standard deviation value of 12.826 indicates a considerable age variation among clients.

Characteristics of Pulmonary Tuberculosis Clients

Table 2. Characteristics of Pulmonary Tuberculosis Clients

No.	Gender	f	%
1.	Male	15	28,3
2.	Women	38	71,7
	Total	53	100
No.	Jobs	f	%
1.	Student/Student	3	5,7
2.	Private employees	15	28,3
3.	Self-employed	23	43,4
4.	Housewives	12	22,6
	Total	53	100
No.	Education	f	%
1.	SD	9	17.0
2.	Junior High School	11	20.8
3.	High School	24	45.2
4.	Bachelor	9	17.0
	Total	53	100
No.	History of the disease	f	%
1.	None	47	88.7
2.	There	6	11.3
	Total	**53**	**100**

Source : primary data 2025

Based on table 2, it was found that the majority were female, namely 38 clients, 71.7%, with some working as self-employed as many as 23 clients or 43.4%, Most of the clients had a high school education history, which was as many as 24 clients or 45.3%. The majority of clients had no history of other diseases, with 47 clients (88.7%).

Distribution of Health Belief for Pulmonary Tuberculosis Clients

Table 3. Distribution of Health Belief for Pulmonary Tuberculosis Clients

No.	Categories	f	%
1.	High Health Belief	42	79,2
2.	Health belief is	11	20,8
	Total	**53**	**100**

Source : primary data 2025

Based on table 3, it can be seen that the majority of clients have a high level of health belief, namely 42 clients (79.2%).

Distribution of Self Acceptance of Pulmonary Tuberculosis Clients

Table 4. Distribution of Self Acceptance for Pulmonary Tbc Clients

No.	Categories	f	%
1.	High self-acceptance	40	75,5
2.	Self acceptance is moderate	13	24,5
	Total	**53**	**100**

Source : primary data 2025

Based on table 4, it is known that of the 53 clients, most of them have a high level of self-acceptance, which is as many as 40 clients (75.5%).

Distribution of Pulmonary Tuberculosis Client Self-Management

Table 5. Distribution of Tuberculosis Client Self-Management

No.	Categories	f	%
1.	Good self-management	50	94,3
2.	Poor self-management	3	5,7
	Total	**53**	**100**

Source : primary data 2025

Based on table 5, it is known that out of 53 clients, there are clients with good self-management, namely 50 clients (94.3%).

The Relationship of Health Belief with Self-Management of Pulmonary Tuberculosis Clients

Table 6. The relationship between health belief and self-management of Pulmonary Tuberculosis clients

	Self-management (Y)							
Health belief (X1)	Good self-management		Poor self-management		Total		P Value	OR
	F	%	f	%	F	%		
High Health Belief	41	97,6	1	2,4	42	100	0,044	9.111
Health belief is	9	81,8	2	18,2	11	100		
Total	50	94,3	3	5,7	53	100		

Source : primary data 2025

Based on Table 6, it can be seen that out of 53 clients, there are 42 clients with high health belief, as many as 41 clients (97.6%) have good self-management and only 1 client (2.4%) has poor self-management. Meanwhile, of the 11 clients who had moderate health beliefs, there were 9 clients (81.8%) who had good self-management and 2 respondents (18.2%) had poor self-management. The results of the statistical test showed a value of p = 0.044 (p < 0.05), which means that there is a significant relationship between health belief and self-management. The Odds Ratio (OR) value = 9.111, meaning that clients with high health belief have a 9 times greater chance of having good self-management compared to clients who have moderate health beliefs.

The Relationship of Self Acceptance with Self-Management of Pulmonary Tuberculosis Clients

Table 7. The Relationship of Self Acceptance with Self-Management of Pulmonary Tuberculosis Clients

	Self-management (Y)							
Self acceptance (X2)	Good self-management		Poor self-management		Total		P Value	OR
	F	%	f	%	f	%		
High self-acceptance	40	100	0	0	0	100	0,02	1.193
Self acceptance is moderate	10	76,9	3	5,7	3	100		
Total	50	94,3	3	5,7	53	100		

Source : primary data 2025

Based on table 7, it shows that out of 53 respondents, there are 40 clients with high self-acceptance, all of which are 40 clients (100%) have good self-management and none (0%) have poor self-management. Meanwhile, in clients with moderate self-acceptance, 3 clients, 2 clients (76.9%) have good self-management and 1 client (5.7%) has poor self-management. The results of the statistical test showed a value of p = 0.02 which means p < 0.05, so it can be concluded that there is a significant relationship between self acceptance and self-management. Odds Ratio (OR) value = 1.193. This shows that clients with high self-acceptance have a 1.19 times greater chance of having good self-management than clients with moderate self-acceptance.

Discussion

Characteristics of Pulmonary Tuberculosis Clients

The results of the study showed that the average age of pulmonary tuberculosis clients was 48 years, so it could be categorized as adulthood. This is in line with research (Suryani et al., 2021) which states that the researcher's response is also an average adult client. The older you get, the body's immunity will also decrease so that it is easy to get diseases. According to (Permatasari et al., 2024), it is also stated that the clients of the research results are on average adults. Based on age group, the older a person gets, the higher the risk of pulmonary tuberculosis. Older age is related to a history of comorbidities, an unhealthy lifestyle and a decrease in the body's immunity so that pulmonary tuberculosis is easily attacked according to (Permatasari et al., 2024).The results of the study showed that the majority of tuberculosis clients were female, namely 38 clients. This is in line with research (Suryani et al., 2021) and Permatasari et al., (2024) which also stated that the most clients are women. The high incidence of pulmonary tuberculosis in female patients can be explained by the interaction of social and environmental factors, where social factors in the form of women's role as family caregivers increase the risk of exposure, the habit of being indoors with poor ventilation.The results of the study show that half of pulmonary tuberculosis clients work as self-employed as many as 23 clients.

According to research from Banu et al., (2020) and (Suryani et al., 2021) which states that this group generally works in the informal sector with less regular working conditions, often interacts with many people in closed spaces or congested environments, has long working hours that cause fatigue and decreased immunity, as well as limited health insurance and time for treatment so that diagnosis is often late, which overall increases the risk of exposure to Mycobacterium tuberculosis and progresses to active tuberculosis. The results of the study show that most of the clients have a high school education level of 24 clients, in line with research from (Suryani et al., 2021) and Harandi et al., (2021) with most of the clients having a high school level education. According to the results of the study, it shows that the level of education will affect knowledge of conditions or requirements regarding the criteria for healthy housing, knowledge about tuberculosis disease, prevention and treatment. However, knowledge also does not have to be comparable to the level of education because knowledge can be obtained from asking questions or reading Harandi et al., (2021).The results showed that the majority of clients had no history of other diseases, which was as many as 47 clients. In line with the research from (Li et al., 2022) and (Isbaniah et al., 2021), the results of the study also stated that most of them had no history of other diseases. Because the characteristics of the respondents are dominated by productive age to the early elderly who are generally still able to carry out daily activities and have not been diagnosed with chronic diseases, so that the respondents involved are relatively in good general health conditions.

Health Belief

The results of the study showed that the majority of pulmonary tuberculosis clients had a high level of health belief, namely 42 clients. This is in line with research by Laili & Tanoto, (2021) which also states that the level of health confidence is high. According to the results of the study (Laili & Tanoto, 2021) stated that most respondents had a perception of vulnerability and a perception of positive barriers at the age of 41-50 years, almost all respondents had a perception of seriousness and a perception of positive benefits at the age of 20-30 years. A change in behavior in life, especially in the scope of health, requires a behavioral adaptation that affects health changes. The Health Belief Model is a model that perceives an individual cognitively applying healthy living behaviors or to obtain health or recover from illness based on individual beliefs or beliefs (Laili & Tanoto, 2021).Health Belief Model states that individuals will have strong health beliefs when they are able to perceive susceptibility to disease, understand the severity of the impact of tuberculosis, believe in the benefits of treatment, and assess treatment barriers as something that can be overcome, where direct experience of pulmonary tuberculosis, exposure to ongoing health education from health workers, support of pulmonary tuberculosis treatment programs, and the improvement of conditions during treatment plays a role in shaping this positive perception so as to encourage clients to have high health confidence in their disease management efforts.

Self Acceptance

The results of the study showed that the majority of pulmonary tuberculosis clients had a high level of self-acceptance, which was as many as 40 clients. This is in line with Dwi Rismawati et al., (2023). Who mentioned also has a high level of self-acceptance.A person is declared to be infected with tuberculosis, the first thing that happens to tuberculosis patients is that there are psychological disorders such as depression, anger, anxiety, weakened confidence to face various problems, and feeling helpless and useless. In addition, the environment also experienced rejection from the interlocutor because the disease can be transmitted through the air. Based on the results of interviews with 3 pulmonary tuberculosis patients, there are 2 of them who are afraid if the people around them find out that they have tuberculosis, feel disappointed in themselves because they have neglected to maintain their health and lack of attention from the family that should help the patient maintain their health, such as the patient's bed that is rarely cleaned and the closeness between families does not exist because the patient's family tends to keep their distance for reasons fear of contracting tuberculosis (Dwi Rismawati et al., 2023)

This is also inseparable from the long treatment process that has been established by the client for a long time, so that the client's self-acceptance has been formed starting from the phase of rejection and negative emotional responses after diagnosis, such as fear, anxiety, shame, and worry about social stigma and the impact of disease on social and economic roles. As time goes on and treatment begins, clients begin

to gain a better understanding of the disease through education from healthcare professionals, personal experiences of undergoing therapy, and support from family and the environment, so that negative perceptions of oneself slowly decrease. The next stage is characterized by the emergence of awareness and recognition of the health condition experienced, where the client begins to accept temporary limitations due to illness, adjust lifestyle, and build a more adaptive coping strategy. In the end, the client achieves a better stage of self-acceptance, characterized by a positive attitude towards themselves, adherence to treatment, the ability to manage emotions, and the readiness to live daily life with their disease conditions.

Self-Management

The results of the study showed that the majority of pulmonary tuberculosis clients had a good level of self-management, which was as many as 50 clients. According to Maya et al., (2024) the results of the research also show that it has a good level of management. According to Malinda et al (2022), from the results of the research, they also have a good level of management.Self-management in pulmonary tuberculosis patients is an individual's ability to actively manage their health conditions, including adherence to treatment, symptom management, and the adoption of a healthy lifestyle. Self-management includes health monitoring, care-related decision-making, and interaction with healthcare workers (Li et al., 2022).To self-manage, patients must have the knowledge and resources to handle disease-related problems because predisposing factors (TB knowledge) are the best predictors of TB self-management behavior, and can be a reinforcing factor that has an indirect impact on compliance and self-management (Maya Ugar et al., 2024).

The Relationship Between Health Belief and Self-Management

The results of the study showed that clients with high health belief had a greater chance of having good self-management, which was as many as 40 clients. This is in line with Zhang et al., (2022) and (Tsai et al., 2021) who said that clients with high health will have good self-management. The relationship between health beliefs and self-management is an important aspect of chronic disease management. Health beliefs, as conceptualized in the Health Beliefs Model (HBM), include an individual's perception of susceptibility to disease, the severity of the disease, the perceived benefits of taking action, and perceived barriers to action. These beliefs significantly influence the self-management behavior of Zhang et al., (2022).The relationship between health beliefs and self-management is an important area of study in chronic disease management. Health beliefs, as described by the Health Belief Model (HBM), include perceptions of susceptibility to disease, disease severity, perceived benefits from taking action, and perceived barriers to action. These beliefs significantly influence self-management behaviors, which are essential for effective management of chronic conditions. Research has consistently shown that positive health beliefs correlate with improved self-management behaviors (Tsai et al., 2021).

The Relationship Between Self Acceptance and Self-Management

The results showed that clients with high self-acceptance had a greater chance of having good self-management, which was as many as 40 clients. This is in line with Safarina & Maulayani, (2021) and research from Fitriani & Khoiroh Muflihatin, (2020) who say that clients with high self-acceptance will have good self-management.Based on research conducted by Seftiani et al., (2025) with the title The Relationship between Self Acceptance and Quality of Life in Patients with Chronic Kidney Failure in the Hemodialysis Room of Sayang Cianjur Hospital. Using the Fisher Exact Test on the data shows that H0 and H1 are accepted because the p-value, of 0.00, is smaller than the significance level, $\alpha = 0.05$. As a result, patients with chronic kidney failure at the Hemodialysis Unit of Cianjur Hospital reported a higher quality of life when they were able to accept themselves (Seftiani et al., 2025).Tuberculosis clients who have self-acceptance are able to perform good self-management because self-acceptance allows individuals to acknowledge the condition of their illness without excessive rejection, manage negative emotions such as fear and shame, and adjust to the limitations experienced, so that a positive attitude and responsibility towards personal health emerges, which encourages medication adherence, the ability to manage symptoms, and active involvement in treatment. Because the client no longer avoids his illness but views treatment as part of the recovery process.

IV. CONCLUSION

1. Based on the results of the study on the characteristics of pulmonary tuberculosis clients in the working area of the Kudus Japan Health Center, it can be concluded that the average age of pulmonary tuberculosis clients is 48 years, the majority of respondents are female as many as 38 clients (71.7%), have a high school education level of 24 clients (45.2%), some work as self-employed as many as 23 clients (43.4%), and most of them do not have a history of comorbidities as many as 47 clients (88.7%).
2. The results showed that most pulmonary tuberculosis clients had a high level of health belief, as many as 42 clients (79.2%).
3. This study also showed that the majority of pulmonary tuberculosis clients had a high level of self-acceptance, which was as many as 40 clients (75.5%).
4. The results showed that the majority of pulmonary tuberculosis clients in this study had a good level of self-management behavior of 50 clients (94.3%).
5. There was a relationship between health belief and self-management behavior in pulmonary tuberculosis clients with a value of $p = 0.044$ ($p < 0.05$).
6. There is a meaningful relationship between self acceptance and self-management behavior with a value of $p = 0.02$ which means $p < 0.05$.

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