

duties to family members who are Prolanis participants. These health duties include recognizing health problems, deciding on appropriate health measures, providing care for sick family members, maintaining a healthy home atmosphere, using health facilities. The family's ability to carry out family tasks can improve the quality of life of prolanis participants (Fidrotin and Rahmawati, 2020: 12). Based on phenomena in the working area of the Balen Health Center, Bojonegoro Regency, many families of DM patients participating in Prolanis were unable to accompany DM patients during prolanis activities at the Balen Health Center which were held 3 times a month.

World Populations Prospect Data: The 2015 Revision, the number of Prolanis participants in 2015 was 901,000,000 people, Asia ranks first with the largest population of Prolanis participants, which in 2015 amounted to 508 million population, contributing 56% of the total population of Prolanis participants in the world (Afrilla, Usman, and Majid, 2020). Whereas in Indonesia the number of Prolanis participants as of December 13 2017 was 686,397 people, with a ratio of participants who regularly visited 55.35% or 366,209 people (Nurchayanti, Fahrurazi and Netty, 2020). In East Java Province, there was an increase in DM diagnosed by doctors in 2013 by 2.01%, increasing to 2.06% in 2018. consisting of 61 hypertensive patients, and 84 diabetes mellitus patients. Based on the results of a preliminary study on 04 February 2022 of 10 Prolanis participants, it was found that 6 (60.0%) had sufficient family assignments and 4 (40.0%) had good family assignments, while some Prolanis participants were disobedient in participating in Prolanis activities.

Diabetes Mellitus is a progressive metabolic disorder. If diabetes control is carried out poorly, complications can occur more quickly. Conversely, good control can slow or prevent diabetes complications (Decroli, 2019). Through Prolanis activities, Diabetes Mellitus (DM) patients will receive

counseling on how to live a healthy life with all the limitations or health problems attached to them. This experience will increase patient knowledge, then shape attitudes and finally encourage their interest or motivation to always take part in Prolanis activities (Afrilla, Usman, and Majid, 2020). One of the factors that influence DM's adherence to visiting Prolanis is family duties. Patient compliance is the feedback given by prolanis participants on the services received (Meiriana, Trisnantoro, and Padmawati, 2019). Actions that affect the compliance behavior of DM patients participating in prolanis activities are predisposing factors, namely factors that facilitate or predispose to the occurrence of a person's behavior including knowledge, attitudes, education, work, beliefs, beliefs, and culture. Enabling factors are factors that enable or facilitate behavior or action, including the availability of resources or facilities. Reinforcing factors are factors that encourage or strengthen the occurrence of behavior, for example the role of health workers and the implementation of family tasks (Nurchayanti, Fahrurazi, and Netty, 2020). Diabetes mellitus experienced by Prolanis participants caused psychological problems which in the end required the family to carry out family tasks. The low implementation of family tasks in recognizing family health problems, deciding on health actions, providing care to the family, maintaining a healthy home atmosphere, and using existing health facilities in the community will have an impact on the level of adherence of participants to participate in prolanis activities so that it will affect the quality of life of individuals and complications of diabetes mellitus (Setyawan, 2019).

It takes the role of various parties, both from health workers and families to make sure that Prolanis activities can run well. Effective and efficient efforts, with activities including medical/educational consulting activities, home visits, reminders, club activities (gymnastics) and monitoring of health

status such as monitoring blood pressure and monitoring sugar levels can prevent complications in people with diabetes mellitus. In this program health workers can be promotive by providing counseling about prevention experienced, preventive by providing counseling about prevention that clients must do such as increasing physical activity, namely by doing sports three times a week with a duration of 30 minutes, eating nutritious food. Curative measures can be carried out in collaboration in administering drug therapy to be taken regularly as recommended, monitoring blood sugar, and carrying out regular foot care (Helman, Asrinawaty, and Norfai, 2020). Efforts that can be made by nurses are to play a role in rehabilitative efforts by monitoring the development of individual diseases and teaching family members to recognize family health problems, decide on appropriate health actions for the family, provide care for sick family members, maintain a healthy home atmosphere and take the patient to hospital. every Prolanis activity (Setyawan, 2019).

METHOD

Correlational analytic research design with cross sectional approach. The population of all DM patients participating in Prolanis, in May 2022 was 84 people, using simple random sampling of 69 respondents, with inclusion criteria aged 45-60 years; living with family; composentist awareness; and willing to follow the research process to completion. Independent research variables (implementation of family tasks) and dependent (adherence of DM patients). Data collection using a questionnaire instrument. Data processing started with editing, coding, scoring, tabulating, and analyzed using the Chi Square test and Coefficient Contingency, with $\alpha = 0.05$ which is presented in table and narrative form.

RESULTS

Table 1 Distribution based on Respondent Characteristics at Balen Health Center, Bojonegoro Regency in 2022.

| No | characteristic | total | (%) |
|-------|--|-------|------|
| 1 | Gender | | |
| | Man | 25 | 36,2 |
| | Female | 44 | 63,8 |
| 2 | Age | | |
| | < 45 years | 2 | 2,9 |
| | 45 – 50 years | 7 | 10,1 |
| | 51 – 55 years | 16 | 23,2 |
| | 56 – 60 years | 44 | 63,8 |
| 3 | The respondent has suffered from Diabetes Mellitus for a long time | | |
| | < 1 year | 7 | 10,1 |
| | 1-5 year | 15 | 21,7 |
| | > 5 year | 47 | 68,1 |
| 4 | Education | | |
| | SD | 51 | 73,9 |
| | Junior high school | 7 | 10,1 |
| | High School | 9 | 13,0 |
| | Colledge | 2 | 2,9 |
| 5 | Work | | |
| | Doesn't work | 19 | 27,5 |
| | Laborer | 2 | 2,9 |
| | Farmer | 36 | 52,2 |
| | Trader | 5 | 7,2 |
| | Private | 6 | 8,7 |
| | PNS/TNI/Polri | 1 | 1,4 |
| Other | 0 | 0,0 | |
| Total | | 69 | 100% |

Source: *primary data.*

Based on table 1 above, it is known that more than half of the 69 respondents, namely 69 people (63.8%) were female; more than half, namely 44 people (63.8%) aged 56-60 years; more than half, namely as many as 47 people (68.1%) suffer from Diabetes Mellitus > 5 years; more than half, namely as many as 51 people (73.9%) have elementary school education; more than half, namely as many as 36 people (52.2%) work as farmers.

Table 2 Distribution of the Relationship between the Implementation of Family Tasks and Compliance with DM Patients in Prolanis Activities in the Working Area of the Balen Health Center, Bojonegoro Regency in 2022.

| No | Variable | total | (%) |
|----|---|-------|------|
| 1 | Implementation of Family Tasks for DM Patients Following Prolanis | | |
| | Not enough | 13 | 18,8 |
| | Enough | 45 | 65,2 |
| | Good | 11 | 15,9 |
| 2 | Compliance of DM patients in Prolanis Activities | 18 | 26,1 |
| | Not obey | 51 | 73,9 |
| | Total | 69 | 100% |

Source: primary data.

The results of the study in table 2 above show that out of 69 respondents, more than half, namely 45 people (65.2%), carried out family tasks for DM patients following Prolanis in the sufficient category; and more than half, namely as many as 51 people (73.9%) diabetes mellitus patients adhered to Prolanis activities.

Table 3 Cross-tabulation of the Relationship between Prolanis Participant Family Support and Prolanis Visits at Balen Health Center, Bojonegoro Regency in 2022.

| No. | Implementa tion of Family Duties | Compliance of DM Patients in Prolanis Activities | | | | Total | |
|-----|---|--|------|------|-------|-------|-----|
| | | Disobey | | Obey | | f | % |
| | | f | % | F | % | | |
| 1 | Not enough | 7 | 53,8 | 6 | 46,2 | 13 | 100 |
| 2 | Enough | 11 | 24,4 | 34 | 75,6 | 45 | 100 |
| 3 | Good | 0 | 0,0 | 11 | 100,0 | 11 | 100 |
| | Total | 18 | 26,1 | 51 | 73,9 | 69 | 100 |

Source: primary data

In table 3 above, it explains that out of 13 respondents, more than half of the families who carry out family duties are lacking, are disobedient in Prolanis activities, of the 45 respondents, most of the families who carry out adequate family duties are obedient in Prolanis activities, and of the 11 respondents in all (100, 0%) who carry out family duties well, comply with Prolanis activities. From the two variables after being tested statistically using the Chi Square test, it obtained a significance value of P Value = $0.010 < (0.05)$, so H_0 was rejected, which meant that H_1 was accepted, and based on the results of the Coefficient Contingency test it was obtained a value of $r = 0.342$, so there is the relationship between the implementation of family tasks and adherence of DM patients in prolanis activities in the Working Area of the Balen Health Center, Bojonegoro Regency in 2022, with a low level of closeness.

DISCUSSION

Implementation of Family Tasks for DM Patients Following Prolanis Based on table 2, more than 69 respondents, namely as many as 45 people (65.2%), carried out family tasks for DM patients following Prolanis in the sufficient category.

The family is one of the smallest elements in society, which consists of a group of people with marriage, birth and adoption ties that aim to create, maintain culture and enhance the physical, mental, emotional and social development of each family member (Fidrotin and Rahmawati, 2020: 1) . Families who can carry out health duties well mean being able to solve family health problems. Some of the family health tasks are identifying family health problems, deciding on appropriate health measures for the family, providing care for sick family members, maintaining a healthy home atmosphere, using existing health facilities in the community. The five family health tasks are interrelated and need to be carried out by the family (Harmoko, 2016: 39-40).

The results of the study revealed that the sufficient implementation of family tasks for DM patients following prolanis at the Balen Health Center, could be caused by the family being sufficiently able to recognize health problems, the family being able to make decisions, the family being able to care, the family being able to modify the environment, the family being able to utilize health services. This means that the family has not given full attention to Diabetes Mellitus (DM) patients to actively participate in Prolanis activities. Sufficient family tasks are caused by the family not being able to work well together and the lack of awareness from the family to look after each other and provide health care to sick family members. Adequate implementation of family tasks for DM patients to follow prolanis because families are lazy to take routine controls to the puskesmas, many families have never accompanied or accompanied them during prolanis exercises, and have never asked the opinion of a health service provider in determining where to go for treatment or have their health checked. Based on the implementation of family duties, according to the respondent, the family also brings medical treatment if the respondent's condition decreases. According to the researchers, this is because the respondent's family may have heavy responsibilities and various roles that take up time and energy between being busy working, running a household, developing a business or business, or even having small children so that carrying out family tasks can only be done in the moderate category. .

2. Compliance of DM Patients in Prolanis Activities

Based on table 2, it is known that more than half of the 69 respondents, namely as many as 51 people (73.9%) diabetes mellitus patients adhered to Prolanis activities.

Prolanis (Chronic Disease Management Program) is a health service system and a proactive approach that is implemented in an integrated manner involving participants, health facilities and health BPJS in the framework of health care for health BPJS participants who suffer from chronic diseases to achieve optimal quality of life at the cost of health services effective and efficient (BPJS Health, 2019: 05). Patient compliance is defined as the extent to which individual behavior complies with the rules given by health workers (Niven, 2002 in Choirunnisa, 2018).

As it is known that from the results of research conducted by researchers at the Balen Health Center, more than half of diabetes mellitus patients adhere to routine Prolanis activities which include checking blood sugar levels, counseling about diabetes mellitus, regulating diet, diabetes mellitus exercise, and taking medication. According to the researchers, more than half of the respondents knew the importance of participating in Prolanis activities for their health, by attending Prolanis activities regularly at the puskesmas, respondents could find out their blood sugar levels, consult with health workers about what foods to eat so that respondents could be careful in maintain diet, stress levels so as not to experience hyperglycemia. However, there were some respondents who did not adhere to participating in Prolanis activities regularly, because according to them their bodies still felt healthy and they tended to exercise control only when they felt their body had increased blood sugar levels, perhaps this was due to a lack of awareness about the importance of participating in Prolanis activities regularly. routine for people with diabetes mellitus. This is also supported by the majority of respondents having elementary school education.

3. The Relationship between the Implementation of Family Tasks and the Compliance of DM Patients in Prolanis Activities

Based on the results of the research in table 3, it is known that out of 13 respondents, more than half of the families who carry out family duties are lacking, are disobedient in Prolanis activities, out of 45 respondents, most of the families who carry out adequate family duties are obedient in Prolanis activities, and from 11 respondents all (100.0%) who carry out family duties well, comply with Prolanis activities. From the two variables after being tested statistically using the Chi Square test, it obtained a significance value of $P \text{ Value} = 0.010 < \alpha(0.05)$, so H_0 was rejected, which meant that H_1 was accepted, and based on the results of the Coefficient Contingency test it was obtained a value of $r = 0.342$, so there is the relationship between the implementation of family tasks and adherence of DM patients in prolanis activities in the Working Area of the Balen Health Center, Bojonegoro Regency in 2022, with a low level of closeness.

Diabetes mellitus is a chronic metabolic disorder characterized by high blood sugar levels as a result of insufficiency of insulin function. This can be caused by a disruption or deficiency of insulin production by the glandular Langerhas beta cells or caused by a lack of responsiveness of the body's cells to insulin (Masriadi, 2016: 26). The management of DM begins with implementing a healthy lifestyle (medical nutrition therapy and physical activity) together with pharmacological interventions with anti-hyperglycemic drugs orally and/or injections (Perkeni 2019: 18). Some specific management of diabetes mellitus patients is education, Medical Nutrition Therapy (TNM), physical exercise and pharmacological therapy (Perkeni, 2019: 18). Prolanis' goal is to encourage participants with chronic diseases to achieve optimal quality of life with an indicator of 75% of registered participants visiting first-level health facilities so as to prevent disease complications (BPJS Health, 2019: 05).

Compliance with health programs is a behavior that can be achieved on predetermined medication (Choirunnisa, 2018).

Based on the results of the study, there were several respondents with less family duties but obediently participating in Prolanis activities. This happens due to a lack of knowledge of the complications that can occur if you don't comply with Prolanis activities. In this study, most of the families who carried out adequate family duties were obedient in Prolanis activities and all respondents who carried out good family duties were obedient in Prolanis activities. This may be due to other factors such as awareness of healthy behavior. In addition, in the study of respondents who adhered to Prolanis activities, it could be because most of the respondents were women aged 56-60 years and the duration of suffering from diabetes was 1-5 years, so they were more concerned about their health and someone who had been ill recently would usually comply with health worker recommendations.

CONCLUSIONS AND RECOMMENDATION

There is a relationship between the implementation of family tasks and the compliance of DM patients in prolanis activities in the Working Area of the Balen Health Center, Bojonegoro Regency. Families should increase support and make it easier for respondents to participate in Prolanis activities.

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