

THE DIABETES SELF-MANAGEMENT EDUCATION ON SELF-CARE MANAGEMENT IN TYPE 2 DM AT GEDANGAN

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ABSTRACT

Introduction: Patients with diabetes mellitus continue to face difficulties in performing self-care management based on the information they receive. Diabetes Self-Management Education (DSME) can serve as a reference in health education programs to improve patients' knowledge and skills in self-care management. This study aimed to analyze the effect of DSME on self-care management among patients with type 2 diabetes mellitus.

Methods: This study employed a quasi-experimental design with a two-group pre–post-test control design. The sample was selected using simple random sampling. The instrument utilized was the Diabetes Management Self-Efficacy Scale (DMSES). Data were analyzed using multivariate repeated measures ANOVA/two-way ANOVA.

Results: The results of the multivariate analysis showed a p-value < 0.001, indicating a statistically significant effect of DSME on self-care management, including dietary adherence, physical activity, blood glucose monitoring, medication adherence, and foot care, among patients with type 2 diabetes mellitus. This study concludes that DSME can be used as an evidence-based source of information in the management of diabetes mellitus, enabling patients to implement self-care independently and serving as a standard operating protocol in Gedangan Community Health Center.

Conclusion: Based on the research conducted among 102 respondents with type 2 diabetes mellitus in the Gedangan Community Health Center area, the results indicate that Diabetes Self-Management Education (DSME) has a significant influence on self-care management among patients with type 2 diabetes mellitus.

KEYWORDS: Diabetes Melitus; Self-Management Education; Self-Care Management;

INTRODUCTION

Diabetes mellitus (DM) is a chronic disease characterized by elevated blood glucose levels beyond the normal range (1). DM often remains undetected, leading to high morbidity and mortality rates. The World Health Organization (WHO) projects that the number of individuals living with DM in Indonesia will rise from 8.4 million in 2000 to approximately 21.3 million by 2030. Indonesia currently ranks fifth globally in terms of diabetes prevalence, with 19.47 million affected individuals (2). This rising incidence places Indonesia fifth among the top ten countries with the highest number of adults (aged 20–79 years) living with diabetes, totaling 19.5 million people (3). The annual increase in DM prevalence is attributed to multiple factors, including genetic predisposition, aging, stress, and unhealthy lifestyle behaviors such as smoking, poor dietary patterns, physical inactivity, obesity, hypertension, hyperglycemia, and hypercholesterolemia (4). The complications of diabetes mellitus can affect virtually every organ system, from the scalp to the soles of the feet (5). Although diabetes mellitus is not curable (6), patients can effectively manage and control their condition to improve their quality of life and maintain better health (7). Patient knowledge regarding diabetes can be acquired through education, which significantly influences a patient's ability to understand the disease and engage in effective self-care management (8). Self-care management in diabetes refers to the set of self-care activities necessary to maintain health and well-being, including dietary control, physical activity, regular blood glucose monitoring, medication adherence, and consistent self-care behaviors.

Diabetes Self-Management Education (DSME) refers to an educational intervention delivered to individuals diagnosed with type 2 diabetes mellitus (9). DSME is a continuous process designed to facilitate the acquisition of knowledge, skills, and competencies necessary for effective diabetes self-care (10). Evidence indicates that DSME programs are highly effective in reducing the risk of diabetes-related complications (11). To

date, existing efforts have primarily focused on identifying and registering individuals with diabetes mellitus who have never accessed health services, typically through community-wide early detection or screening programs. However, no structured interventions or implementation strategies follow these screenings, leaving diagnosed individuals without adequate support for disease management. This gap has motivated the researcher to further investigate the impact of Diabetes Self-Management Education (DSME) on self-care management behaviors among patients with type 2 diabetes mellitus, specifically in the domains of dietary regulation, physical activity, blood glucose monitoring, foot care, and medication adherence. The objective of this study is to analyze the influence of Diabetes Self-Management Education (DSME) on self-care management among patients with type 2 diabetes mellitus.

METHOD

The type of research used is quantitative research with a research design that is Quasi quasi-experiment, which aims to reveal cause-and-effect relationships using a control group and an experimental group. The experimental group is the group that receives the intervention. Both groups are given a pre-test, then after the intervention is given, an evaluation (post-test) is conducted.

Research Type

This study employed a quantitative descriptive research design to identify, describe, and analyze factors related to diabetes mellitus management behavior among patients. The research sought to determine the relationship between lifestyle, dietary patterns, medication adherence, and blood glucose control. The quantitative approach was chosen because it allows for numerical measurement of variables and statistical analysis to test hypotheses objectively.

Population and Sample

The population consisted of 104 diabetes mellitus patients registered at Gedangan Community Health Center. Sample size calculation was performed using the "Compare Two Proportions" formula, resulting in 47 participants for each group. To anticipate potential dropouts, an additional 10% was added. Therefore, the total required sample size was 102 patients.

Research Location

This study was conducted in the working area of Gedangan Community Health Center, Sidoarjo Regency.

Instrumentation or Tools

The main research instrument was a structured questionnaire developed by the researcher, which consisted of closed-ended questions related to demographic characteristics (age, sex, education, occupation), knowledge about diabetes mellitus, lifestyle factors (diet, physical activity, smoking habits), medication adherence, and blood glucose monitoring behavior.

Data Collection Procedures

Data collection was conducted using the Diabetes Management Self-Efficacy Scale (DMSES) questionnaire, measured on a Likert scale ranging from 1 to 5. Both the intervention and control groups were first administered a pre-test. Subsequently, the intervention group received educational materials in the form of booklets and foot exercise leaflets, delivered through a combination of lectures, discussion, question-and-answer sessions, and demonstrations of foot exercises. In contrast, the control group continued to receive only the routine activities provided by the Community Health Center. Following the intervention period, a post-test was administered to both groups.

Data Analysis

Data analysis was performed using Multivariate Repeated Measures ANOVA (also known as two-way ANOVA).

Ethical Approval

Ethical approval was received from the Majapahit Health Sciences College, Number 214 / EC-SM / 2025.

RESULTS

Respondent characteristics in this study include name, age, gender, education level, duration of diabetes mellitus, and occupation. Based on the study findings, the age characteristics of respondents in both the intervention and control groups were predominantly 56–65 years, accounting for 70.59% in the intervention group and 68.63% in the control group. Most respondents by gender were female, with the highest proportion in the intervention group at 78.4%. Regarding education level, most respondents had completed senior high school, representing 58.8% in the intervention group and 72.55% in the control group. The highest proportion of respondents with diabetes duration exceeding 10 years was found in the control group, at 23.53%. In terms of occupation, the most common in the intervention group was housewife (IRT), with 20 respondents (39.22%), while in the control group, the largest proportion was self-employed (wiraswasta), with 21 respondents (41.18%).

Table 1. Differences in dietary management among patients with diabetes mellitus before and after receiving Diabetes Self-Management Education (DSME)

Intervention Group		Dietary Adherence After DSME		Statistical Results by Group	Test by Group	Statistical Results Between Groups
		Non-adherent	Adherent			
Dietary Adherence Before DSME	Non-adherent	14(32,6%)	29(67,2%)	Wilcoxon Test: Z = -5.385 p-value < 0.001*	Pre	Test:
	Adherent	0(0%)	8(100%)		U=1122	P value = 0,099
Control Group		Post Test				
Pre Test		Non-adherent	Adherent			
		Non-adherent	33(91,7)	Wilcoxon Test: Z = -1.732 p-value = 0.083	Post Test: U=816 P value<0,001*	
		Adherent	0(0%)			

Based on the table above, the intervention group showed that before DSME, 14 respondents (32.6%) were non-adherent to dietary recommendations, which decreased to 0 (0%) after receiving DSME. In contrast, the control group indicated that 33 respondents (91.7%) were non-adherent at pretest, and this also decreased to 0 (0%) at posttest. Wilcoxon test analysis for the intervention group yielded a p-value < 0.001, which is less than 0.05. This indicates a statistically significant difference in dietary management among patients with diabetes mellitus before and after receiving Diabetes Self-Management Education (DSME). Meanwhile, the Wilcoxon test analysis for the control group yielded a p-value of 0.083, which is greater than 0.05. This suggests that there was no statistically significant difference in dietary adherence among patients with diabetes mellitus between pretest and posttest in the control group.

Mann-Whitney test results for dietary management at pretest showed a p-value of 0.099, which is greater than 0.05, indicating no statistically significant difference between the intervention and control groups before DSME implementation. In contrast, at posttest, the p-value was 0.001, which is less than 0.05, indicating a statistically significant difference between the intervention and control groups after DSME was administered.

Table 2. Differences in Physical Activity among Patients with Diabetes Mellitus Before and After Receiving Diabetes Self-Management Education (DSME)

Intervention Group	Physical Activity After DSME	Statistical Results by Group	Test by Group	Statistical Results Between Groups
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		Non-adherent	Adherent			
Physical Activity Before DSME	Non-adherent	15(34,9%)	28(65,1%)	Wilcoxon Test: Z = -5.292 p-value < 0.001*	Pre	Test:
	Adherent	0(0%)	8(100%)		U=994	
Control Group		Post Test		Wilcoxon Test: Z = -1.000 p-value = 0.317	Post Test:	
Pre Test	Non-adherent	30(96,8%)	1(3,2%)		U=814	
	Non-adherent	30(96,8%)	1(3,2%)		P	
	Adherent	3(15%)	17(85%)		value<0,001*	

Based on the table above, the intervention group showed that before DSME, 14 respondents (32.6%) were non-adherent to physical activity recommendations, which decreased to 0 (0%) after receiving DSME. Meanwhile, the control group indicated that 33 respondents (91.7%) were non-adherent at pretest, and this also decreased to 0 (0%) at posttest. Wilcoxon test analysis for the intervention group yielded a p-value < 0.001, which is less than 0.05. This indicates a statistically significant improvement in physical activity adherence among patients with diabetes mellitus before and after receiving Diabetes Self-Management Education (DSME). In contrast, the Wilcoxon test analysis for the control group yielded a p- p-value of 0.317, which is greater than 0.05. This suggests that there was no statistically significant change in physical activity adherence among patients in the control group between pretest and posttest.

The Mann-Whitney test analysis for physical activity at pretest yielded a p-value of 0.099, which is greater than 0.05, indicating no statistically significant difference between the intervention and control groups before DSME implementation. At posttest, the p-value was 0.001, which is less than 0.05, indicating a statistically significant difference between the intervention and control groups after DSME was administered.

Table 3. Differences in Blood Glucose Monitoring among Patients with Diabetes Mellitus Before and After Receiving Diabetes Self-Management Education (DSME)

Intervention Group		Blood Glucose Monitoring After DSME		Statistical Results by Group	Test by Results Between Groups	
		Non-adherent	Adherent			
Blood Glucose Monitoring Before DSME	Non-adherent	7(16,3%)	36(83,7%)	Wilcoxon Test: Z = -6.000 p-value < 0.001*	Pre	Test:
	Adherent	0(0%)	8(100%)		U=1198	
Control Group		Post Test		Wilcoxon Test: Z = -3.742 p-value = 0.317	Post Test:	
Pre Test	Non-adherent	25(64,1%)	14(35,9%)		U=841	
	Non-adherent	25(64,1%)	14(35,9%)		P	
	Adherent	0(0%)	12(100%)		value<0,001*	

Based on the table above, the intervention group showed that before DSME, 7 respondents (16.3%) were non-adherent to blood glucose monitoring, which decreased to 0 (0%) after receiving DSME. Meanwhile, the control group indicated that 25 respondents (64.1%) were non-adherent at pretest, and this also decreased to 0 (0%) at posttest. Wilcoxon test analysis for the intervention group yielded a p-

value < 0.001, which is less than 0.05. This indicates a statistically significant improvement in blood glucose monitoring behavior among patients with diabetes mellitus before and after receiving Diabetes Self-Management Education (DSME).

In contrast, the Wilcoxon test analysis for the control group yielded a p-value < 0.001, which is less than 0.05. This indicates that there was a statistically significant difference in blood glucose monitoring behavior among patients with diabetes mellitus in the control group between pretest and posttest.

Mann-Whitney test analysis for blood glucose monitoring at pretest yielded a p-value of 0.321, which is greater than 0.05, indicating no statistically significant difference between the intervention and control groups before DSME implementation. At posttest, the p-value was 0.001, which is less than 0.05, indicating a statistically significant difference between the intervention and control groups after DSME was administered.

Table 4. Differences in Foot Care among Patients with Diabetes Mellitus Before and After Receiving Diabetes Self-Management Education (DSME)

Intervention Group		Foot Care After DSME		Statistical Results Group	Test by Group	Statistical Results Between Groups	Test
		Non-adherent	Adherent				
Foot Care Before DSME	Non-adherent	8(18,6%)	35(81,4%)	Wilcoxon Test: Z = -5.916 p-value < 0.001*		Pre Test: U=1275 P value = 0,781	
	Adherent	0(0%)	8(100%)				
Control Group		Post Test		Wilcoxon Test: Z = -1.000 p-value = 0.317		Post Test: U=408 P value<0,001*	
Pre Test	Non-adherent	43(97,7%)	1(2,3%)				
	Adherent	0(0%)	7(100%)				

Based on the table above, the intervention group showed that before DSME, 8 respondents (18.6%) were non-adherent to foot care, which decreased to 0 (0%) after receiving DSME. Meanwhile, the control group indicated that 43 respondents (97.7%) were non-adherent at pretest, and this also decreased to 0 (0%) at posttest. Wilcoxon test analysis for the intervention group yielded a p-value < 0.001, which is less than 0.05. This indicates a statistically significant improvement in foot care behavior among patients with diabetes mellitus before and after receiving Diabetes Self-Management Education (DSME). In contrast, the Wilcoxon test analysis for the control group yielded a p-value of 0.317, which is greater than 0.05. This suggests that there was no statistically significant change in foot care behavior among patients in the control group between pretest and posttest.

Mann-Whitney test analysis for foot care at pretest yielded a p-value of 0.781, which is greater than 0.05, indicating no statistically significant difference between the intervention and control groups before DSME implementation. At posttest, the p-value was 0.001, which is less than 0.05, indicating a statistically significant difference between the intervention and control groups after DSME was administered.

Table 5. Differences in Medication Adherence among Patients with Diabetes Mellitus Before and After Receiving Diabetes Self-Management Education (DSME)

Intervention Group		Medication Adherence After DSME		Statistical Results Group	Test by Group	Statistical Results Between Groups	Test
		Non-adherent	Adherent				
Medication Adherence	Non-adherent	9 (23,7%)	29 (76,3%)	Wilcoxon Test: Z = -5.385		Pre Test: U=1224	
	Adherent						

Before DSME	Adherent	0(0%)	13(100%)	p-value < 0.001*	P value = 0,512
Control Group	Post Test			Wilcoxon Test:	Post Test:
Pre Test	Non-adherent	Adherent		Z = -1.000	U=663
	Non-adherent	34(97,1%)	1(2,9%)	p-value = 0.317	P value<0,001*
	Adherent	0(0%)	16(100%)		

Based on the table above, the intervention group showed that before receiving DSME, 9 respondents (23.7%) were non-adherent, and after DSME, this number dropped to 0 (0%). Meanwhile, the control group showed that at pretest, 34 respondents (97.1%) were non-adherent, and at posttest, this also decreased to 0 (0%). Wilcoxon test analysis for the intervention group yielded a p-value less than 0.001, which is smaller than 0.05. This indicates a significant difference in medication adherence among patients with diabetes mellitus before and after receiving Diabetes Self-Management Education (DSME). However, the Wilcoxon test analysis for the control group yielded a p-value of 0.371, which is greater than 0.05. This indicates no significant difference in medication adherence among patients with diabetes mellitus between pretest and posttest.

Mann-Whitney test analysis for medication adherence at pretest yielded a p-value of 0.512, which is greater than 0.05, indicating no statistically significant difference between the intervention and control groups before DSME implementation. At posttest, the p-value was 0.001, which is less than 0.05, indicating a statistically significant difference between the intervention and control groups after DSME was administered.

Table 6. The Influence of Diabetes Self-Management Education (DSME) on Self-Care Management (Dietary Adherence, Physical Activity, Blood Glucose Monitoring, Foot Care, and Medication Adherence)

Dependent Variable	Multivariate Analysis		
	F count	P value	R ²
Dietary Adherence	7,226	<0,001	0,313
Physical Activity	44,409	<0,001	0,737
Blood Glucose Monitoring	13,687	<0,001	0,430
Foot Care	13,538	<0,001	0,427
Medication Adherence	10,038	<0,001	0,349

Based on multivariate analysis, the p-value < 0.001, which is less than 0.05, indicates that Diabetes Self Management Education (DSME) has a statistically significant influence on dietary adherence, physical activity, blood glucose monitoring, foot care, and medication adherence among patients with type 2 diabetes mellitus. Meanwhile, the highest R² value of 0.737 (73.7%) indicates that physical activity demonstrates the greatest influence following the implementation of Diabetes Self-Management Education (DSME).

DISCUSSION

The study findings on dietary management indicate that 38 respondents (74.51%) demonstrated adherence to dietary regulation. According to Putri (12), patients' knowledge of diabetes mellitus significantly influences their adherence behavior in managing their diabetic diet. The success of meal planning is highly dependent on the adherence of patients with diabetes mellitus to the recommended dietary guidelines (13). The authors assume that respondents' adherence to dietary management is due to their frequent exposure to information related to Diabetes Self-Management Education (DSME). The greater the exposure to such information, the better the respondents' adaptation to their condition, enabling them to effectively control their diet in terms of timing, type, and portion size. When examined across the four domains of the dietary adherence questionnaire, namely food selection, body weight monitoring, meal frequency, and food type, the results indicate that adherence to meal frequency showed better outcomes compared to the other domains. These research findings are consistent with the study conducted by Aminah (14), which stated that Diabetes Self-Management Education (DSME) delivered

through booklet media has a significant influence on dietary adherence among patients with type 2 diabetes mellitus.

The findings on physical activity indicate a statistically significant difference between the intervention group and the control group. Patients with diabetes mellitus who demonstrated adherence to physical activity were also found to effectively implement Diabetes Self-Management Education (DSME) (15). This suggests that the more frequently DSME is delivered, the higher the level of adherence to physical activity among patients with diabetes mellitus. These results are consistent with a study conducted at Dr. Zainoel Abidin General Hospital, involving 91 respondents, which reported a significant association between knowledge and adherence to physical activity, with a p-value of 0.023 (16). Patient knowledge regarding Diabetes Self-Management Education (DSME) serves as a critical tool to support individuals in managing their own diabetes (17). Physical activity represents one form of health-promoting behavior that contributes to improved health outcomes (18). It is also one of the core principles in the clinical management of patients with diabetes. Regular physical activity exerts positive effects on glucose balance and other key metabolic risk factors, while also enhancing quality of life (19). Long-term, controlled physical activity has been proven to improve blood glucose control (20).

Moreover, physical activity is highly beneficial because patients with diabetes mellitus often find it easier and more motivating to engage in daily physical activities such as walking and exercise. Physical activity has a positive effect on lowering blood glucose levels. When performed regularly, it yields optimal results (21). Physical activity should be carried out at least three to four times per week, with a minimum duration of 30 minutes per session. It does not require strenuous effort; simply walking for 30 minutes can help reduce blood glucose levels to within the normal range. However, if a person engages in physical activity and then stops for an extended period, it will no longer have a significant impact on blood glucose levels. It is therefore essential for patients with diabetes mellitus to avoid excessive rest or prolonged physical inactivity.

For non-adherent diabetes mellitus patients, the researcher assumes that there is a lack of willingness to engage in physical activity. For example, when shopping, they often use private vehicles such as motorcycles or cars and are sometimes driven by family members. They also prefer using a motorcycle when going to the mosque or to the market.

The authors assume, based on the findings regarding blood glucose monitoring, that providing education through Diabetes Self-Management Education (DSME) to the intervention group can positively influence patients with diabetes mellitus, leading them toward adherence. The theory of DSME not only introduces self-care skills but also provides effective strategies for adopting positive behaviors and self-management practices that enhance quality of life. Data analysis also shows that the more frequently patients receive education, the more adherent they become. Delivering DSME to the intervention group improves patients' knowledge and skills in self-care, resulting in a greater reduction in signs and symptoms associated with the risk of type 2 diabetes compared to the control group. Blood glucose monitoring among patients with type 2 diabetes mellitus can be effectively achieved through educational interventions in the form of DSME, which enhances cognitive and affective aspects and strengthens knowledge and skills for both patients and their families in independently managing diabetes care.

The research findings on foot care suggest that providing Diabetes Self-Management Education (DSME) to the intervention group can reduce the occurrence of symptoms such as tingling or numbness in the feet. Significant education delivery has a positive impact on improving adherence to foot care practices. Foot care is a primary prevention measure carried out by individuals, whether their blood glucose levels are normal or elevated. It involves regularly maintaining foot hygiene in patients with diabetes to prevent injury (22). The delivery of Diabetes Self-Management Education (DSME) includes not only education but also skill training through demonstration, specifically foot exercises.

Foot care behavior is preventive and includes properly washing the feet, drying them thoroughly, and applying moisturizer, while being careful to ensure that the spaces between the toes do not remain

wet due to water or lotion accumulating in these areas. Feet should be inspected daily for signs of redness, blisters, cracks, calluses, or ulcers. For patients with impaired vision or reduced joint mobility (especially older adults), a mirror should be provided to view the soles of the feet; if needed, family members should be asked to assist with foot inspection. The inside of shoes should also be checked regularly for rough areas or foreign objects. Daily visual and manual (by hand) examination is an essential practice. Patients who have protruding areas on their feet that are prone to pressure, such as calluses or thick toenails, require special attention to prevent injury.

These research findings are supported by a study conducted by Puspa (23), which demonstrated that education has a significant influence on foot care behavior among patients with diabetes mellitus. Providing information or health counseling enhances adherence to foot care practices and fosters awareness, which in turn motivates individuals to act in accordance with their acquired knowledge. Similarly, a study by Vatankhah (24) showed that delivering foot care health education can effectively improve foot care behavior.

The research findings on medication adherence indicate that the primary goal is to achieve blood glucose levels within or close to the normal range. The researcher assumes that educational activities in the form of DSME can broaden patients' understanding and knowledge of diabetes mellitus. Patients who receive and internalize DSME effectively are more likely to adhere to their treatment, as they develop confidence, self-control in managing their condition, and a clear comprehension of the instructions within their prescribed treatment regimen. Diabetic patients who are adherent to their medication tend to have better-controlled blood glucose levels, as they possess a stronger sense of responsibility toward their therapy and are therefore more committed to following their prescribed treatment.

Meanwhile, non-adherent diabetic patients may be influenced by feelings of boredom or fatigue from routinely taking antidiabetic medications over a prolonged period. A study by Chairunisa (25) found that diabetes patients with negative perceptions of the benefits of medication are 3.5 times more likely to exhibit non-adherent behavior toward antidiabetic drugs compared to those with positive perceptions of their benefits. The researcher assumes that while respondents may recognize the benefits of taking antidiabetic medication, they may simultaneously perceive barriers or obstacles that hinder consistent adherence to their treatment regimen.

Based on multivariate analysis, the p -value < 0.001 , which is less than 0.05, indicates that Diabetes Self-Management Education (DSME) has a statistically significant influence on self-care management among patients with type 2 diabetes mellitus. This finding is consistent with the study conducted by Aminah (14), which also reported that DSME significantly affects self-care behaviors in patients with type 2 diabetes mellitus.

This study shows that there was an improvement in self-care behaviors between the pre-intervention and post-intervention phases following the delivery of Diabetes Self-Management Education (DSME) in the intervention group. The implementation of DSME consists of a series of activities directed toward individuals, groups, or communities, involving the delivery of accurate health messages and information, as well as fostering belief and motivation (26). The goal is not only to raise awareness but also to ensure that individuals understand the information and are capable of carrying out health-related recommendations effectively.

The components of Diabetes Self-Management Education (DSME) provided to patients in this study include basic concepts of diabetes mellitus, healthy eating, physical activity, medication use, blood glucose monitoring, and risk reduction. The theoretical framework applied to enhance patient autonomy in this study is Orem's Self-Care Theory. This theory posits that self-care refers to activities initiated and performed by individuals themselves to maintain health and well-being.

Self-care management in diabetes mellitus refers to actions undertaken by patients to manage and control their condition. These actions include regulating diet, engaging in physical activity, monitoring blood glucose levels, adhering to medication regimens, and performing foot care. The objectives of self-care management are to optimize metabolic control within the body, prevent acute and

chronic complications, enhance the patient's quality of life, and reduce the financial burden associated with diabetes care and treatment (27).

Self-care management refers to the ongoing management of life-sustaining needs aimed at maintaining health and well-being, recovering from illness, and coping with emerging complications (28,29). Every individual requires self-care management, regardless of gender, whether female or male.

The authors assume that self-care management among patients with type 2 diabetes mellitus was suboptimal before receiving DSME. One of the contributing factors is insufficient knowledge regarding proper self-care practices. Patients with diabetes mellitus who lack adequate knowledge tend to demonstrate reduced autonomy in self-care, leading to poor glycemic control (30). Generally, the lower an individual's level of knowledge, the higher the risk of non-adherence. According to research by Azmiardi (31), knowledge about diabetes mellitus tends to inform patients about specific actions required in the diabetes management process. Health education delivered through the Diabetes Self-Management Education (DSME) method shows a statistically significant difference in self-care levels between pre-test and post-test. In contrast, the control group showed no statistically significant difference between pre-test and post-test. These research findings are consistent with the study by Simbolon (32), which also found that in the control group, there was no significant effect or difference between pre-test and post-test measurements.

Based on data analysis, there is alignment between empirical findings and theoretical expectations. According to the study results involving 51 patients in the intervention group, the majority of respondents demonstrated a good understanding of the DSME provided by health workers. This understanding led to improved self-care practices, which are effective in reducing the risk of complications among patients with diabetes mellitus. Furthermore, effective self-care contributes to maintaining normal blood glucose levels, mitigating the adverse effects of diabetes, and reducing diabetes-related morbidity and mortality, ultimately enhancing overall quality of life.

Interpretation of Key Findings

Health education interventions play a crucial role in improving diabetic patients' understanding, motivation, and adherence to treatment. Participants who received structured and participatory education sessions showed better knowledge retention, more consistent blood glucose monitoring, and greater dietary compliance. These results suggest that behavioral modification, supported by active community engagement, is an essential determinant of successful diabetes management. The findings also imply that empowering local health cadres and integrating family support mechanisms can significantly enhance the sustainability of health programs aimed at chronic disease control.

Comparison with Previous Studies

These research findings are consistent with the study conducted by Aminah (14), which stated that Diabetes Self-Management Education (DSME) delivered through booklet media has a significant influence on dietary adherence among patients with type 2 diabetes mellitus. These research findings are supported by a study conducted by Puspa (23), which demonstrated that education has a significant influence on foot care behavior among patients with diabetes mellitus. Similarly, a study by Vatankhah (24) showed that delivering foot care health education can effectively improve foot care behavior.

Limitations and Cautions

External factors such as dietary habits, socioeconomic conditions, and access to healthcare services were not fully controlled. Therefore, the results should be interpreted with caution, particularly when applied to different demographic or cultural settings.

Recommendations for Future Research

Researchers are also encouraged to integrate qualitative methods to capture patients' subjective experiences, cultural values, and barriers to self-care. Furthermore, future studies could explore the effectiveness of digital health interventions and mobile-based monitoring systems as complementary strategies for diabetes management in community settings.

CONCLUSION

Based on the research conducted among 102 respondents with type 2 diabetes mellitus in the Gedangan Community Health Center area, the results indicate that Diabetes Self-Management Education (DSME) has a significant influence on self-care management among patients with type 2 diabetes mellitus.

AUTHOR'S CONTRIBUTION STATEMENT

Endah Palupi conducted the study, collected data, analyzed data, and provided final approval for publication. Eka Diah Kartiningrum, Arief Fardiansyah, and Revi Ekasetya Pratiwi contributed to the critical revision of the article and finally approved the final version for publication.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

In the preparation of this manuscript, the authors utilized DeepL for translation purposes and Grammarly for language refinement and wording improvements. While these tools assisted in enhancing the clarity and readability of the manuscript, the authors take full responsibility for the content, intellectual property, and academic integrity of the work. The use of these AI-assisted technologies did not influence the original ideas, research design, or conclusions presented in the manuscript. All authors confirm that they have reviewed and approved the final version of the manuscript and are accountable for its contents. The authors affirm their commitment to academic integrity and adherence to ethical publication standards.

SOURCE OF FUNDING STATEMENTS

This study is self-funded.

ACKNOWLEDGMENTS

The authors would like to express their gratitude to the Head of the Gedangan Community Health Center and the staff at the Gedangan Community Health Center, as well as those who contributed valuable data for this study. The authors also thank the leadership of the Majapahit Health Sciences College for their ongoing support.

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