


The Impact Of Psychoeducation On Self-Efficacy And Motivation To Comprehend Treatment In Breast Cancer Patients (Ca Mammae)

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Article Info	ABSTRACT
Keywords: Psychoeducation, Self- Efficacy, Motivation, Cancer, Breast	Introduction: Breast cancer is not just a medical issue but also a psychological one. Individuals with cancer are susceptible to many psychological problems, including anxiety, sadness, stress, fear, and other related difficulties. Psychoeducation is a kind of psychological treatment that involves providing education to breast cancer patients to address their psychological concerns. Method: This study employs a quasi-experimental research methodology. The research focused on breast cancer patients. The study sample consisted of 50 respondents selected using the purposive sampling approach. The variable not influenced by this study is psychoeducation, whereas its dependent variables are self-efficacy and motivation. The data were gathered using General Self-Efficacy questionnaires, Intrinsic Motivation Inventory, and observation sheets. Statistical tests, namely the Paired T-Test and Independent Result: The study findings indicate significant improvements in self-efficacy ($p = 0.000$) and motivation ($p = 0.000$). Conclusion: This study demonstrates that psychoeducation has an impact on the self-confidence and drive to undertake treatment in breast cancer patients. Psychoeducation provides cancer-related knowledge on breast cancer and offers strategies to manage stress effectively. This may enhance self-efficacy and motivation among breast cancer patients undergoing treatment.
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INTRODUCTION

Psychological issues such as anxiety or depression should not arise in breast cancer patients (ca mammae) since they may have detrimental effects on disease development and treatment adherence. Additionally, increased stress levels can lead to emotional instability and a heightened risk of complications [1]. The psychological aspect of breast cancer patients (ca mammae) might manifest as worry and sadness after chemotherapy or while receiving treatment [1]. An individual who has unfavourable perceptions emanating from inside themselves, such as inner pressure, may suffer from internal loss and a fall in self-efficacy due to excessive worry [2]. Self-efficacy is crucial in both the pursuit of therapy and the reduction of breast cancer cell metastasis. The user's text is "[3]." Maintaining motivation while undergoing treatment is crucial for breast cancer patients (ca mammae) since it plays a

significant role in enhancing motivation and self-efficacy. Self-efficacy has a role in motivating individuals, such as breast cancer patients, by influencing their goal-setting, level of effort, persistence in the face of challenges, and ability to bounce back from failure [4]. Factors such as low self-efficacy and motivation might influence the therapy outcome. Self-efficacy is often associated with favourable relationships with optimism, self-esteem, internal control, and motivation. It is also linked to negative relationships with anxiety, sadness, and trauma. Individuals with a high level of self-efficacy who are afflicted with cancer are better able to adjust to life changes compared to those with low self-efficacy [5]. According to a study performed by [6], individuals with high self-efficacy also positively impact the improvement of their quality of life, role functioning, emotional functioning, and social functioning.

The significance of the mechanism of resilience in addressing psychological issues in breast cancer patients might contribute to improved adaptability and favourable psychosocial outcomes both during and after treatment [1]. Psychoeducation may be used to encourage both adaptive contribution and beneficial psychosocial effects. Psychoeducation involves providing knowledge that may aid in problem-solving and facilitating discussions to address the need to reduce stress levels, manage symptoms, develop relaxation techniques, and enhance the capacity to adjust to emotional instability. It can also serve as a source of social support [1]. The Health Promotion Model (HPM) hypothesis addresses how individuals engage with their physical and interpersonal environment in several dimensions. Several components of HPM include the perceived advantages of taking action, perceived obstacles to action, perceived self-efficacy, emotion connected to activity, interpersonal influence, and situational impact. Featuring a single component after that, It is crucial to engage in psychoeducation [7]. However, the effect of psychoeducation on self-efficacy and motivation throughout therapy has not been well explained.

According to the World Health Organization (WHO), in 2014, cancer is projected to become a global health issue, with an estimated 22 million cases expected by 2032. Among these instances, breast cancer is anticipated to have the highest number of occurrences. In 2012, breast cancer was the most prevalent kind of cancer among women, with about 1.7 million new cases and an estimated 521,900 deaths attributed to breast cancer [8]. In 2017, the number of individuals who died from breast cancer in the United States was 40,610 across all age groups. Additionally, there were 316,120 reported cases of breast cancer across all age groups [8]. In 2013, the number of breast cancer cases in Indonesia reached 61,682. According to statistics from the Global Burden Cancer (GLOBOCAN) in 2012, the incidence rate of new breast cancer cases was 43.3%, while the mortality rate was 12.9%. In 2013, there were 11,511 instances of breast cancer in Central Java, making it the region with the most significant number of cases in Indonesia [8]. In 2012, there were 133 instances of breast cancer in the Banyumas area, according to the Central Java Health Office in 2014. According to records, 75% of cancer patients have physical health issues that are not connected to the psychological aspects of cancer treatment [9]. Several advanced breast cancer treatments have been quickly developed in Indonesia. However, there are still many

breast cancer patients who cannot be effectively treated. In Indonesia, a considerable number of individuals, roughly 65%, seek medical attention at an advanced stage, resulting in a high proportion of breast cancer cases being detected too late. 1. According to statistics from Basic Health Research in 2013, the proportion of Indonesian people who utilize traditional therapy is 30.4% [10].

A study done by [11] indicates that psychoeducation after childbirth helps enhance self-efficacy, promote social support, and reduce postpartum depression. In addition, research has been carried out to examine the favourable effects of psychoeducation on anxiety, sadness, distress, and quality of life in breast cancer patients. Psychoeducation has an impact on the level of confidence that moms of children with autism and disabilities have in their parenting skills [12]. It provides additional advantages. Multiple studies have shown that psychoeducation may lessen the harmful effects of psychological distress and enhance the quality of life for individuals with breast cancer in Qatar [12]. Psychoeducation is a crucial intervention for breast cancer patients since it positively influences their self-efficacy and enhances their desire to continue with cancer treatment. Female breasts provide critical biological functions. The psychoeducation stage involves the identification of difficulties associated with breast cancer, the provision of information about breast cancer, and the enhancement of self-efficacy and desire to undertake breast cancer treatment via stress management.

METHOD

This study used a quasi-experimental research approach. The research focused on breast cancer patients. The study sample consisted of 50 respondents selected using the purposive selection approach. The variable not influenced by this study is psychoeducation, whereas its dependent variables are self- efficacy and motivation. The data were gathered via general self-efficacy questionnaires, intrinsic motivation assessments, and observation sheets. Statistical tests, namely the Paired T-test and Independent Test, were used with a significance threshold of $\alpha \geq 0.05$.

RESULTS AND DISCUSSION

Results

Characteristics Respondent

Table 1. Characteristics Respondent

Characteristics Respondent	Behaviour		Control		Amount	
	N	(%)	N	(%)	N	(%)
Age 1. 18-30 years	1	2.8	1	2.8	2	4
2. 31-40 years	4	11.1	3	8.3	7	14
3. 41-50 years old	11	30.6	12	33.3	23	46
4. 51-60 years old	9	25.0	9	25.0	18	36
Amount	25	100	25	100	50	100
Education 1. Elementary school	15	41.7	16	44.4	31	62

Characteristics Respondent	Behaviour		Control		Amount	
	N	(%)	N	(%)	N	(%)
2. Middle School	4	11.1	5	13.9	9	18
3. high school	3	8.3	3	8.3	6	12
4. PT	3	8.3	1	2.8	4	8
Amount	25	100	25	100	50	100
Wedding 1 . Single	0	0.0	1	2.8	1	2
2. Mating	22	61.1	21	58.3	43	86
3. Widow	3	8.3	3	8.3	6	12
Amount	25	100	25	100	50	100
Work 1. Not working	16	44.4	16	44.4	32	64
2. Trader	1	2.8	1	2.8	2	4
3. Civil servants	3	8.3	1	2.8	4	8
4. Others	5	13.9	7	19.4	12	24
Amount	25	100	25	100	50	100
Stadium 1. One	2	5,6	3	8.3	5	10
2. Two	12	33.3	12	33.3	24	48
3. Three	11	30.6	10	27.8	21	42
Amount	25	100	25	100	50	100

According to the table provided, the demographic data shows that the percentage of respondents with breast cancer (ca mammae) between the ages of 18-30 was 2.8% in both the behavioral group and the control group. The percentage of respondents aged 31-40 years was 11.1% in the behavior group and 8.3% in the other group. In the behavioral group, 30.6% of the respondents were between 41 and 50, whereas in the control group, 33.3% fell within the same age range. The percentage of respondents aged between 51-60 years was 25.0% in both the behaviour and control groups. The percentage of respondents with an Elementary School education in the behaviour group was 41.7%. In the control group, the percentage of respondents with a junior high school education was 11.1%. Both the behaviour and control groups had the same percentage of respondents with a high school education, which was 8.3%. The percentage of respondents with a college degree or more in the behaviour group was 8.3%, whereas, in the control group, it was 2.8%.

Univariate Analysis

Table 2. Pre- and post-psychoeducational treatment self-efficacy outcomes in breast cancer patients (ca mammae)

Group	Min-Max		Mean		elementary school		CI 95%	
	Pre	Post	Pre	Post	Pre	Post	UP	LW
Behaviour	10	3,2	19.56	24.76	4,144	3,666	-2,975	-7,425
Control	16	55	21.68	21.60	3,375	3,329	-1,986	-1,826

Table 2 displays the minimum and maximum values for the Behavior group. The first rise in pre- and post-school was from 10 to 32, resulting in a total increase of 22. The

average value in the Behavior group showed a surge in pre and post-assessments, whereas grades in primary school showed a drop in pre and post-assessments for the Behavior Groups. The control group saw a significant rise in pre- and post-values from 16 to 55. This increase amounted to 39 units. The average value in the control group shows a before and after decrease of 0.08. The control group's elementary school grades had a reduction of -0.046 before and after the intervention.

Table 3. The Paired T-test results indicate breast cancer patients' self-efficacy throughout treatment.

Self Efficacy	Behaviour				Control			
	Pre n	Test %	Post n	Test %	Pre n	Test %	Post n	Test %
Low	5	20	0	0	6	24	2	8
Currently	8	32	10	40	10	40	13	52
Tall	12	48	15	60	9	36	10	40
Amount	25	100	25	100	25	100	25	100
Paired T-test	$P = 0.000$				$P = 0.083$			
Independent test	$P = 0.000$							

The paired t-test results for self-efficacy in the control group showed a p-value of 0.083, using a critical limit (α) of 0.05. This indicates no significant differences in self-efficacy scores before and after completing psychoeducational treatment since the p-value is more essential than α . The distinction in significance between the behavioural and control groups may be determined using the independent test approach.

Bivariate Analysis

Table 4 The study examines the motivational outcomes of psychoeducational therapy in breast cancer patients (ca mammae) before and after treatment.

Group	Min-Max		Mean		elementary school		CI 95%	
	Pre	Post	Pre	Post	Pre	Post	UP	LW
Behaviour	10	57	19.56	24.76	4,144	3,666	-1,547	-13,173
Control	16	29	21.68	21.60	3,375	3,329	4,419	-4,099

The table above displays the minimum and maximum values of the behaviour group. There is an improvement between the pre and post-values, which initially ranged from 10 to 57. This rise amounts to 47. The mean value is present. The pre-and post-rise group was 5.2, whereas there was a decline of -0.478 in the conduct group in elementary school between pre- and post-rise. In the control group, there is a rise in the minimum and maximum values between the pre and post- measurements, namely from 16 to 29. This represents a total increase of 13. The average value in the control group shows a drop of -0.08 between the pre and post-measurements. The control group saw a decline in elementary school grades between the before and post-assessments, specifically a loss of -0.046.

Table 5 The motivation factors throughout treatment in breast cancer patients (camammae) were analyzed using paired T-test and independent test.

Motivation	Behaviour				Control			
	Pre	Test	Post	Test	Pre	Test	Post	Test
	n	%	n	%	n	%	n	%
Low	7	28	0	0	0	0	0	0
Currently	9	36	14	56	13	52	14	56
Tall	9	36	11	44	12	48	11	44
Amount	25	100	25	100	25	100	25	100
Paired T-test	$P = 0.000$				$P = 0.103$			
Independent test					$P = 0.000$			

The paired t-test results for motivation in the control group indicate a p-value of 0.103, with a critical limit (α) of 0.05. This suggests no significant differences in motivation levels before and after psychoeducational treatment since the p-value is more essential than α . An independent test approach may determine the distinction in significance between the treatment and control groups. In Table 3, an independent test was conducted, resulting in a p-value of 0.000. This indicates significant differences between the treatment group's motivation and the control group, or in other words, the alternative hypothesis (H1) is accepted.

Discussion

The impact of psychoeducation on self-efficacy in breast cancer patients undergoing treatment.

This study used the General Self-Efficacy questionnaire, which has 10 items and assigns a score to each response option. The characteristics that were measured include level, generality, and strength. The higher the overall score, the greater his degree of self-efficacy. According to the data in Table 3, the findings of the study using the Paired T-Test statistical test indicate that psychoeducation has a significant impact on the self-efficacy of breast cancer patients undergoing treatment. The study findings from separate statistical tests conducted on the treatment and control groups are also accessible, indicating a disparity in self-efficacy after receiving psychoeducation. Psychoeducation is an excellent method for enhancing attitude. The content includes both theoretical and practical aspects [13]. Psychoeducation is crucial since it improves the cognitive capacities and knowledge of the client and their family, reducing concerns or stress levels [14]. The user's text is "[15]." The research findings are derived from an analysis of self-efficacy at the category level. The treatment group, consisting of breast cancer patients, demonstrated high self-efficacy before undergoing the intervention (pre-test).

Following the research, the treatment group exhibited a sustained level of self-efficacy. Before the implementation of psychoeducation, breast cancer patients with a low degree of self-efficacy may believe that their chances of recovery are minimal, leading them to see their therapy as suboptimal. This pertains to the assertion that I can overcome challenges associated with my present ailment if I exert enough effort. Most of the comments

in this questionnaire contradict why most participants have attempted different forms of therapy; however, the outcomes achieved have been unsatisfactory. In addition to that, the remark "regardless of the circumstances, I am prepared to manage it." Most respondents strongly disapprove because they believe they are unprepared to confront the harsh realities that may ultimately overpower them. The participants agreed with the psychoeducation intervention statement that states, "If I exert effort, I can successfully overcome the challenges associated with my current pain condition." Their commitment to pursuing alternative treatments further supported this agreement.

Regarding the statement "whatever happens, I am ready to handle it," the majority of respondents disagreed, although they are nevertheless able to adjust to the existing circumstances related to cancer. This study aligns with the research done by Kartikasari [16], which examined the impact of psychoeducation on self-efficacy in individuals with schizophrenia. The study had 32 participants from Garut. Research done by [17][18] on 41 respondents in Kediri supports the notion that psychoeducation has a positive impact on enhancing self-efficacy and coping skills in instances of schizophrenia. In addition, a study performed by [17] in Singapore found that intervention psychoeducation may enhance self-efficacy in postpartum women, based on research conducted on 122 participants. The psychoeducation treatment consists of three sessions. The study consists of sessions that include identifying problems, providing intervention psychoeducation, and conducting evaluations. During the intervention, the psychoeducation participants were separated into groups and given manuals as instructional materials. The results indicate that the respondents have knowledge of breast cancer and are capable of practising stress management. The findings of this study are consistent with the research done by [19] on a sample of 62 participants, which examined the impact of psychoeducation on knowledge enhancement. In addition, the study done by [20] on 21 respondents found that psychoeducation has been shown to enhance self-efficacy.

Analyze the impact of psychoeducation on the motivation of breast cancer patients undergoing treatment.

This study aims to investigate the effects of motivation on cancer therapy. There were noticeable improvements in the breasts, namely in the treatment group, where respondents showed an increase in motivation levels after doing the post-test. Table 5.4 demonstrates a substantial rise in the average level of motivation after the treatment experience. Meanwhile, the study findings indicate that individuals in the control group developed cancer. Generally, breasts are associated with a decline in motivation. Psychoeducation is a hybrid approach combining psychotherapy and educational intervention [21].

Individuals may adjust significantly in their lives by recognizing potential dangers to their well-being or significant life events and using coping mechanisms such as education or psychoeducation [22]. Psychoeducation is crucial since it may significantly impact an individual's psychological well-being and capacity to react effectively. The statistical analysis using a paired t-test revealed a significant difference in the degree of motivation among breast cancer patients (ca mammae) before and after the psychoeducation intervention in the treatment group. The study findings from independent statistical tests

comparing the treatment and control groups are also accessible, revealing the disparity in motivation levels after receiving psychoeducation. The findings of this study align with the research done by [23] in Taiwan, which had 75 participants. Specifically, the study demonstrates that psychoeducation effectively enhances the desire to address alcohol addiction among youths.

The findings of this investigation are consistent with the research carried out by [24]. The difference in motivation levels before and after the psychoeducation intervention session. This disparity is rooted in the assertions of the participants, the majority of whom vehemently expressed their disagreement before the implementation of the intervention, specifically in regards to the statement "I am convinced that undergoing cancer treatment is advantageous for me" and the statement "I experience a sense of joy when undergoing cancer treatment, as well as a feeling of proximity to the treatment itself." The respondents presume that undergoing treatment would result in significant financial expenses despite many of them now facing economic challenges themselves. Following psychoeducation intervention, the phrases "I agree that cancer treatment is beneficial for me" were endorsed. In the given statement, "I feel happy if I am undergoing cancer treatment and feel connected to the treatment," most participants responded with a disagreement [25]. Strong self-efficacy is beneficial because it immediately enhances motivation and influences health behaviour, particularly in breast cancer patients undergoing treatment. Self-efficacy is often associated with favourable relationships with optimism, self-esteem, internal control, and motivation. It is also connected to negative relationships with anxiety, sadness, and trauma [26]. The presence of effort, belief, ability, and will, all rooted in motivation, is crucial for achieving the maximal treatment goal. Therefore, a strong motivation in breast cancer therapy will manifest in self-efficacy and positive outcomes. Without a doubt, motivation refers to action aimed towards achieving a specific objective.

CONCLUSION

Based on the findings of the study analysis above, the following conclusions may be drawn: The study examined the level of self-efficacy in breast cancer patients before and after a psychoeducation intervention. The results showed a significant difference between the treatment and control groups, indicating that psychoeducation may enhance self-efficacy in breast cancer patients undergoing treatment. There is a substantial difference in the level of motivation before and after psychoeducation intervention in breast cancer patients. This difference occurs between the treatment group and the control group, indicating that psychoeducation may enhance motivation to undertake treatment in breast cancer patients.

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