

Health Talk Education On The Importance Of Peer Group Support For The Prolanis Community: A Community Service Program Approach

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Abstract.

The Chronic Disease Management Program (Prolanis) is an initiative in the health care system that aims to improve the quality of life of people with chronic diseases, such as diabetes mellitus and hypertension. A key component of Prolanis's effectiveness is social support, particularly peer group support, which can enhance patients' adherence to treatment and promote healthy living. This Health educational activity seeks to increase Prolanis participants' comprehension of the value of peer support in the management of chronic illnesses. The method used in this community service is Health Talk Education, using 3 stages, namely, preparation, implementation, evaluation, and follow-up. To conduct evaluation and follow-up, questionnaires are used to gauge participants' knowledge growth both before and after the activity, as well as the development of peer support. According to the activity's findings, participants' attitudes and awareness of the advantages of taking part in peer group support increased, and five peer group support groups were formed, each with five members. In addition, active participation in the discussion indicated the high enthusiasm of participants to form and strengthen a support community in the Prolanis community environment. This community service initiative received excellent feedback from participants. Through a more comprehensive strategy founded on social support, it is anticipated that this community-based education will help Prolanis patients have a greater quality of life.

Keywords: Community Service; Chronic Disease; Health Education; Peer Group Support and Prolanis.

I. INTRODUCTION

Chronic diseases such as diabetes mellitus and hypertension are global health problems that require a long-term management approach [1]. To improve the quality of life for people with chronic illnesses by adopting a proactive and systematic approach, Indonesia implemented the Chronic Disease Management Program (Prolanis). Preventing problems and improving patient compliance with therapy, and adopting a healthy lifestyle are the main goals of this program [2], [3]. Although Prolanis has been used at some Bogor City clinics and health institutions, the program's effectiveness varies. The Annisa Dua Clinic in Citareup, Bogor, is one of the clinics that uses Prolanis. Every month, the Annisa Dua inpatient clinic sees over 100 patients, some of whom have HT and DM. Social support, particularly from peer groups, is a key component of Prolanis's success. This support contributes to motivation, improved therapeutic compliance, and a reduction in the mental and psychological burdens that people with chronic illnesses frequently face.

By engaging with other community members who have experienced similar circumstances, patients might get fresh insights, share disease treatment methods, and develop long-lasting positive behaviors [4], [5]. However, the importance of peer group support is still not completely understood by Prolanis participants. Without understanding the advantages of socializing with other patients, many patients continue to rely solely on medical professionals for information and support [5]. Therefore, educational programs are needed to increase patient awareness and understanding of the need for peer support in managing chronic conditions. As previously explained, understanding the benefits of peer group support in Prolanis is important. The purpose of this health talk activity is to educate the Prolanis community about the advantages of peer group support and how to construct it as part of a community service program. An interactive, participation-based strategy aims to motivate participants to build and strengthen their social networks and help them understand the importance of social support in managing chronic illnesses. Thus, this activity is expected to contribute to increasing the effectiveness of Prolanis and the overall quality of life of patients.

II. METHODS

Involvement in Health Talks Education (HTE) on community service projects about the value of medication adherence and the benefits of joining peer support groups in the Annisa Dua Clinic's Prolanis community in Citeureup, Bogor City. The activities took place offline. Three phases make up the methodology employed in this community service project: Planning and Preparation, Implementation, Evaluation, and Follow-up. The image below shows the steps of the activity:

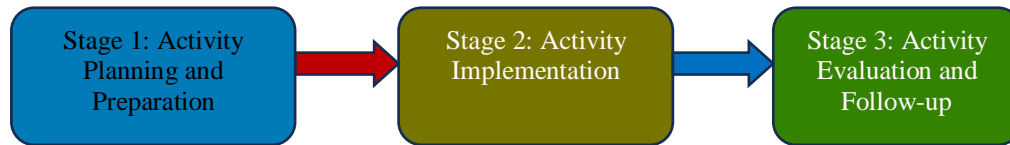


Fig 1. Stages of HTE Peer Group Support Activities

Activity Planning and Preparation: To make the required preparations and organize an instructive health lecture activity as a community service project, a meeting is scheduled for November 15, 2024. Administrators and licenses are also managed by the Bogor Health Office and the Annisa Dua Clinic in Citeureup, Bogor City. Additionally, the Clinic Management is consulted regarding the activity's schedule and plan. The community service team from the Department of Community Medicine (IKK) and the Family Medicine and Primary Care Specialist Study Program (Sp.KKLP), Faculty of Medicine, University of Indonesia (FKUI), prepares educational materials and media regarding the benefits of joining peer support groups and the importance of medication adherence for the prolanis community. At this stage, the Prolanis community is invited, flyers are distributed, questionnaires are gathered, and venues and infrastructure are set up to support the events.

Activity Implementation: The committee preparation, participant registration for the health talk, material delivery, and question-and-answer sessions mark the start of the activity's implementation phase. Three sessions are used to provide the instructional content. A pre-test is administered at the first session to ascertain the participants' baseline comprehension and familiarity with peer group assistance. The advantages of medication compliance and peer group support are discussed in the second session. A post-test on knowledge and comprehension of peer group assistance following instruction is administered at the final session.

Activity Evaluation and Follow-up: To complete this stage three activity, participants' engagement and level of activity throughout the event are observed to track how the activities are being carried out. Additionally, an assessment is performed to see whether participants' average knowledge and comprehension scores about peer group support have changed. Participants were given four sections of the pre-test and post-test questionnaires. Questions concerning the respondent's identity, including name, age, final educational institution, occupation, and HT or DM disease, make up the first section. Eight questions with "true" or "false" response options make up the second section of the questionnaire, which asks about understanding peer group assistance. One question in the third section of the questionnaire has "yes" or "no" answers that relate to opinions about being willing to participate in peer group support. For every question, a true or yes response is given a score of 1, and a false or no response is given a score of 0. A value greater than the mean indicates that the knowledge is good. Only 11 questions from the post-test with the response options "appropriate" and "not appropriate" make up the final section of the questionnaire, which asks about satisfaction.

The community service team used notes as evaluation material, comparing the results of the pre-test and post-test to ascertain how participants' understanding of the subject varied before and after it was presented. At this point, the team will also evaluate how satisfied participants are with the health education activities that have been conducted. The follow-up to this activity is the establishment of peer group support at the clinic.

III. RESULT AND DISCUSSION

In the Annisa Dua Clinic in Citereup, Bogor City, on Saturday, December 21, 2024, the Health Talk community service project highlighted the benefits of peer support for the Prolanis community. The action began at 8 a.m. and involved 54 participants. The program began with a brief introduction from the clinic's moderator and master of ceremonies, followed by a thank-you and welcome from the service team leader and an engaging health education exercise. Participants conducted a pre-test to determine their degree of comprehension of peer group assistance before the first presentation of the topic. We carried on with the educational activities in session one, teaching the Prolanis community about the advantages of joining peer groups.



Fig 2. Presentation of Session 1 Material by the First Resource Person with Material on the Benefits of Peer Group Support for the Prolanis Community

As part of peer group support education, the second session will provide the Prolanis community with further information regarding medication adherence. This content must be made available since the peer group support activities are related to medication adherence, which is essential for the treatment of chronic illnesses.

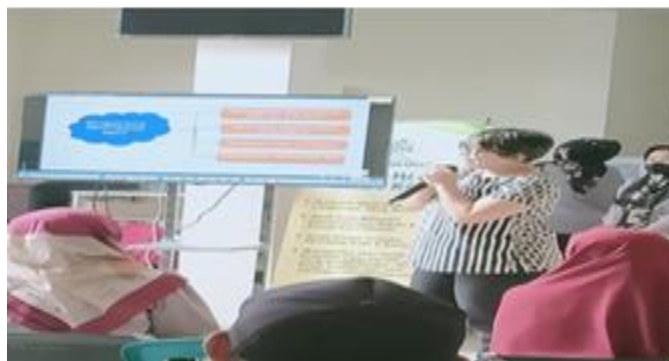


Fig 3. Presentation of Session 2 Material by the Second Resource Person with Material on Medication Compliance for the Prolanis Community

Participants actively participate in the material delivery session when educational activities are conducted using interactive presentations. Participants who actively participate and those who correctly respond to the resource person's questions are rewarded during the question-and-answer session. Following the lesson, a post-test is administered to gauge attitudes and comprehension of the importance of engaging in peer support. All participants filled out the questionnaire. After the data was cleaned, the completeness of the data filling was checked, and the data analysis process was then started. Table 1 displays the participants' demographic details:

Table 1. Characteristics of participants

| Characteristics of participants | | Number (n=54) | Percentage (%) |
|---------------------------------|-------|---------------|----------------|
| Age | 38-39 | 6 | 11.1 |
| | 40-49 | 29 | 53.7 |
| | 50-59 | 13 | 24.1 |
| | 60-69 | 4 | 7.4 |
| | 70-78 | 2 | 3.7 |
| Gender | Male | 25 | 46.3 |

| | | | |
|------------------------|----------------------------------|----|------|
| Education | Female | 29 | 53.7 |
| | Did not finish elementary school | 4 | 7.4 |
| | Elementary School | 5 | 9.3 |
| | Junior High School | 12 | 22.2 |
| | Senior High School | 31 | 57.4 |
| Work | Bachelor | 2 | 3.7 |
| | Housewife | 24 | 44.4 |
| | Teacher | 1 | 1.9 |
| | Lecturer | 1 | 1.9 |
| | Self-employed | 20 | 37.0 |
| | Civil servants | 1 | 1.9 |
| | Others | 7 | 13.0 |
| Medical History | Diabetes Mellitus | 21 | 38.9 |
| | Hypertension | 33 | 61.1 |

Source: The Authors, 2024

The majority of respondents were between the ages of 40 and 49, and 29 (53.7%) of the participants in the health discussion were female, as shown in Table 1. These findings are consistent with the largely female population of Citeureup, Bogor City [6]. As far as health initiatives are concerned, this suggests that women are more proactive and interested in health-related information. Compared to men, they are more worried about potential global health issues and how the things they use daily impact their health [7], [8]. Participants in the HTE had higher levels of formal education; 31 people, or 57.4% of the total, were in the high school group. The majority of residents in Citeureup, Bogor City, have completed high school, according to educational data [6]. People's thoughts and behaviors are significantly influenced by their formal education. More positive attitudes, including how people react to different situations, are linked to higher levels of education.

On the other hand, those with less education will have a harder time learning new things and engaging in different activities [9], [10]. The survey results showed that the majority of housewives were housewives, as many as 24 people (44.4%), following the employment data of the population in Citeureup, Bogor City [6]. There were 33 (61.1%) HT participants, which is more than the DM participants. Our results are in line with the Bogor Health Office visit data, which indicates that HT is more common than DM [11]. A study conducted by Wedyarti et al. (2021) Discovered that among people with Prolanis, hypertension is more prevalent than diabetes mellitus. As can be seen in Figures 4 and 5 below, the average knowledge score increased between the pre-test and post-test findings, increasing the number of participants with good knowledge about peer group support from 43 to 52. This demonstrates the efficacy of community-based education on peer support knowledge and comprehension through health conversation activities.

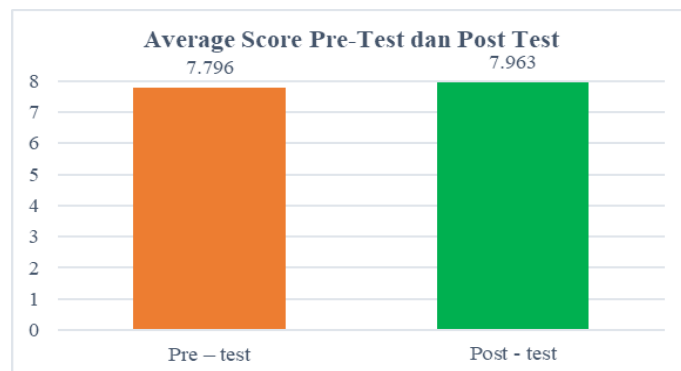


Fig 4. Average Score Pre-test and Post-test

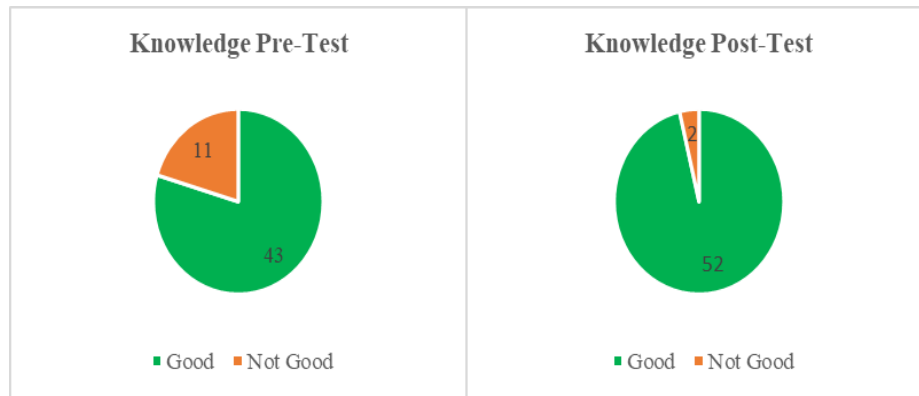


Fig 5. Level of Participants' Knowledge regarding Peer Group Support based on Pre-test and Post-Test Results

The level of knowledge one possesses influences the adoption of healthy habits or behaviors [13], [14]. According to the theory put out by L. Green and M. Kreuter (2005), one element influencing a person's actions is their level of knowledge. Once people understand something, they are more likely to want to start doing it [15]. Peer group support is essential for the Prolanis community to comprehend and be aware of, since it can encourage behavioral and attitude changes in a more positive direction. People find it simpler to obtain knowledge, become more motivated, experience less stress, and adhere to healthy care and lifestyles when they have the support of their fellow members. Consequently, it is highly recommended that Prolanis community members actively engage in peer group support. This seeks to improve chronic illness management and people's quality of life. Knowledge and involvement in peer support activities are tightly linked. Peer support activities are more likely to be actively participated in by really perceptive people [16]. Figure 6 illustrates this, showing that both men and women who reported joining peer groups had very positive attitudes.

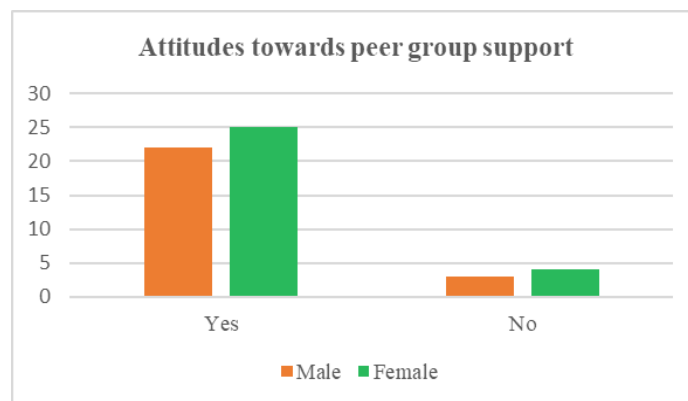


Fig 6. Attitudes Towards Peer Group Support

To determine participant satisfaction with the implemented educational health talk activities, a final assessment was conducted. The results of completing the satisfaction questionnaire are displayed in Table 2.

Table 2. Satisfaction of Beneficiaries with the Implementation of Community Service and Empowerment Programs

| Questions | Appropriate | Not Appropriate |
|--|-------------|-----------------|
| The program can improve our previous condition | 54 | |
| The program can highlight the local potential of our region | 54 | |
| The program suits our needs | 54 | |
| We were able to continue the program without the help/assistance of the team | 50 | 4 |
| More effective cooperation with local government and other stakeholders | 53 | 1 |

| | |
|---|----|
| The program made me gain basic knowledge related to the program carried out | 54 |
| The program makes me understand the knowledge related to the program carried out | 54 |
| The program allows me to apply my knowledge to innovate | 54 |
| I am actively involved in efforts to implement the program in my daily life. | 54 |
| The program upholds the customs and values of the community | 54 |
| The team behaves according to the values of honesty, fairness, and responsibility | 54 |

Source: The Authors, 2024

It was discovered that over 92% of participants agreed that the educational health talk program activity had benefited them, according to the participant satisfaction questionnaire. Because the program was tailored to their needs, the participants were happy with it. They learned new things, like how important it is to go to peer support groups and take prescription medications as prescribed. To improve the effectiveness of peer group support and educational initiatives, participants also hoped that stakeholders would cooperate. The creation of five peer support groups in the clinic, with five participants in each group, was the activity's follow-up.

IV. CONCLUSION

The team, the clinic, and the community have all supported the successful and seamless carrying out of several community service projects in the form of educational health talks about the value of medication adherence and the advantages of joining peer groups. Participants' knowledge and attitudes about taking part in peer group support have increased, according to the data collected and analyzed. The participants were very engaged and driven during the exercise, which made them want to take part in peer group assistance. Overall, it was thought that the community service activity team's internal review was performed effectively and successfully. Peer group activities that the clinic has planned and administered are anticipated to involve the community. Regularly organized peer group support activities must be observed and overseen by the clinic and, of course, the Community Health Center.

V. ACKNOWLEDGMENTS

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