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HUBUNGAN ANTARA DUKUNGAN SOSIAL DAN KUALITAS HIDUP PADA PASIEN DIABETES MELLITUS

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ABSTRAK

Perubahan kesehatan pada penderita Diabetes Melitus (DM) dapat menyebabkan berbagai masalah dalam kehidupan, termasuk penurunan Kualitas Hidup. Kualitas hidup yang buruk dapat menyebabkan berkurangnya perawatan diri, yang pada akhirnya menyebabkan memburuknya kontrol glikemik. Salah satu faktor yang mendukung kualitas hidup adalah dukungan sosial. Tujuan penelitian ini adalah untuk mengetahui hubungan antara dukungan sosial dan Kualitas Hidup pada penderita DM. Jenis penelitian ini adalah kuantitatif, menggunakan metode analisis korelasional dengan pendekatan cross-sectional. Sampel dalam penelitian ini adalah 60 responden penderita Diabetes Melitus berdasarkan data dari Puskesmas tahun lalu. Pengambilan sampel ditentukan dengan teknik Purposive Sampling. Analisis data menggunakan uji korelasi peringkat Spearman. Hasil penelitian menunjukkan bahwa 40% responden memiliki dukungan sosial dalam kategori baik. Dari 60 responden, 35% memiliki Kualitas Hidup dalam kategori baik. Hasil uji statistik menunjukkan nilai p 0,000 ($p < \alpha$ 0,05), yang berarti terdapat hubungan signifikan antara dukungan sosial dan kualitas hidup penderita DM di Wilayah Desa Nglanduk, Kabupaten Madiun.

Kata kunci: diabetes mellitus; DM; dukungan social; kualitas hidup

THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND QUALITY OF LIFE AMONG PATIENTS WITH DIABETES MELLITUS

ABSTRACT

Health changes in people with Diabetes Mellitus (DM) can cause various problems in life, including a decrease in Quality of Life. Poor quality of life can lead to reduced self-care, which ultimately leads to worsening glycemic control. One factor that supports quality of life is social support. The purpose of this study was to determine the relationship between social support and Quality of Life in people with DM. This type of research is quantitative, using correlational analytical methods with a cross-sectional approach. The sample in this study was 60 respondents with Diabetes Mellitus based on data from the Community Health Center in the last year. Sampling was determined by Purposive Sampling technique. Data analysis used Spearman rank correlation test. The results showed that 40% of respondents had social support in the good category. Of the 60 respondents, 35% had Quality of Life in the good category. The results of the statistical test p-value 0.000 ($p < \alpha$ 0.05), which means there is a significant relationship between social support and quality of life of people with DM in the Nglanduk Village Area, Madiun Regency.

Kata kunci: diabetes mellitus; DM; quality of life; social support

PENDAHULUAN

Health is a fundamental aspect influenced by an individual's knowledge, attitudes, habits, and behavior (Lamonge et al., 2023). One chronic disease that continues to increase is diabetes mellitus (DM), a glucose metabolism disorder that requires long-term management through medication, diet, physical activity, and therapy adherence (Parviniannasab et al., 2024). Based on the 2018 Basic Health Research (Riskesdas), the prevalence of DM in Indonesia reached 8.5% (KemenkesRI, 2023), while the 2023 Indonesian Health Survey (SKI) showed a prevalence of 11.7% among the population aged 15 years and older (SKI, 2023). Globally, there were 537 million people with DM

in 2021, and Indonesia ranked fifth in the world with 19.47 million sufferers (IDF, 2021). East Java is also among the top five provinces with the highest DM prevalence in Indonesia (Adi Ahdiat, 2022; Darma Karingga & Wahdi, 2025; KemenkesRI, 2023)

A preliminary survey in Nglanduk Village, Madiun Regency, showed an increase in the number of diabetes sufferers from 37 in 2023 to 71 in 2025, representing a 91.89% increase. In addition to medical management, the quality of life of diabetes sufferers is influenced by social support provided by family, friends, and the surrounding community. Interviews with 10 diabetes sufferers revealed that most respondents who received good social support tended to have a better quality of life than those who received less support. Social support is known to improve medication adherence, self-management skills, and help sufferers cope with the stress of their illness (Hindriyastuti et al., 2023; Karingga et al., 2023; Paulsamy et al., 2021; Syaipuddin Syaipuddin et al., 2025)

Quality of life is an important indicator in diabetes management, as poor quality of life can lead to poor disease control and an increased risk of complications (Sri Syatriani, 2023). Various studies have also shown a significant relationship between social support and quality of life in people with diabetes mellitus (Arnita et al., 2023; Fauziyyah et al., 2023; Wagner et al., 2025; Yildirim et al., 2023).Therefore, this study aims to analyze the relationship between social support and quality of life in people with diabetes mellitus in Nglanduk Village, Madiun Regency. The results are expected to form the basis for developing family- and community-based interventions to improve the quality of life of people with diabetes mellitus.

METODE

This study used a correlational analytical design with a cross-sectional approach to analyze the relationship between social support and quality of life in people with diabetes mellitus. The study was conducted in Nglanduk Village, Madiun Regency, in January 2026. The study population was all 71 people with diabetes mellitus registered at the Nglanduk Community Health Center (Pustu). The study sample consisted of 60 respondents, determined using the Slovin formula and selected using a purposive sampling technique according to the inclusion criteria: patients aged 30-60 years, patients with type 1 and 2 diabetes mellitus, living with a family member, and having a communication device or contactable number. The exclusion criteria were as follows:

The independent variable in this study was social support, while the dependent variable was quality of life in people with diabetes mellitus. Social support was measured using the Medical Outcomes Study Social Support Survey (MOS-SSS) questionnaire, which consists of 20 statements covering emotional, appreciation, instrumental, and informational support. Quality of life was measured using the World Health Organization Quality of Life-BREF (WHOQOL-BREF) instrument, which consists of 26 statements covering the domains of physical health, psychological health, social relationships, and the environment. Based on the results of the validity test, all question items in the questionnaire have a correlation coefficient value (r count) that is greater than the r table value at a significance level of 5% (α = 0.05), so that all question items are declared valid. Furthermore, the results of the reliability test show that the Cronbach's Alpha value for all variables is greater than the minimum limit required ($\geq$ 0.70), so that the research instrument is declared reliable. Thus, the questionnaire used has met the requirements of validity and reliability so that

Data were collected through questionnaires after respondents indicated their willingness to participate in the study by signing an informed consent form. The collected data then underwent editing, coding, scoring, and tabulation before being analyzed. Univariate analysis was used to describe the characteristics of the respondents and the distribution of each study variable. Bivariate analysis was then conducted using the Spearman Rank correlation test with a significance level of α

= 0.05 to determine the relationship between social support and quality of life in people with diabetes mellitus.

HASIL

The results of a study conducted on 60 Diabetes Mellitus (DM) sufferers in Nglanduk Village, Madiun Regency showed that most of the respondents were aged 41–50 years and 51–60 years, each with 26 respondents (43.3%), male gender with 31 respondents (51.7%), high school education with 27 respondents (45%), self-employed with 22 respondents (36.7%), and married status with 32 respondents (53.3%). Based on the duration of suffering from DM, almost all respondents suffered from DM for 1–5 years, namely 48 respondents (76.7%). From the aspect of social support, it was found that 24 respondents (40%) had good social support, 19 respondents (31.7%) had sufficient social support, and 17 respondents (28.3%) had insufficient social support. Meanwhile, the quality of life (QoL) of respondents was mostly in the moderate category, namely 36 respondents (60%), followed by the good category by 21 respondents (35%), and the very good category by 3 respondents (5%).

Table 1.
Frequency Distribution of Respondents Based on Quality of Life

Quality of Life	f	%
Average	36	60
Good	21	35
Very Good	3	5

Table 2.
Frequency Distribution of Respondents Based on Quality of Life in DM Patients Based on 4 Domains

Variables	f	%
Domain 1 (Physical Health)		
Poor	10	16,7
Moderate	42	70
Good	8	13,3
Very Good	0	0
Domain 2 (Psychology)		
Poor	4	6,7
Moderate	39	65
Good	10	16,7
Very Good	7	11,6
Domain 3 (Social Relationships)		
Poor	5	8,3
Moderate	43	71.7
Good	7	11,7
Very Good	5	8,3
Domain 4 (Environment)		
Poor	3	5
Moderate	39	65
Good	11	18,3
Very Good	7	11,7

Based on the four domains of quality of life, most respondents were in the moderate category in the domains of physical health (70%), psychological (65%), social relationships (71.7%), and environment (65%). The cross-tabulation results showed that respondents with good social support tended to have a better quality of life, where 21 respondents (35%) had good social support with a good quality of life and 3 respondents (5%) had good social support with a very good quality of life. Conversely, respondents with less social support mostly had a moderate quality of life, namely 17 respondents (28.3%). The results of the analysis using the Spearman Rank test showed a p-value of 0.000 (<0.05) with a correlation coefficient of 0.891, which means there is a very strong positive relationship between social support and the quality of life of DM sufferers. These findings indicate

that the better the social support received by DM sufferers from family, friends, and the surrounding environment, the better the quality of life felt by sufferers, both in terms of physical, psychological, social relationships, and environmental aspects.

Table 3.
Cross Tabulation of the Relationship Between Social Support and Quality of Life in DM Patients

		Quality of Life							
		Average		Good		Very Good		Total	
		f	%	f	%	f	%	f	%
Social Support	Good	0	0	21	35	3	5	24	40
	Sufficient	19	31,7	0	0	0	0	19	31,7
	Poor	17	28,3	0	0	0	40	17	28,3
P Value		0,000							
Correlation Coefficient		(+) 0,891							

PEMBAHASAN

Social Support for Diabetes Mellitus Sufferers

The study results showed that most respondents had good to adequate levels of social support. The social support received included emotional, esteem, instrumental, and informational support from family, friends, and their immediate environment. However, some respondents still reported low levels of social support, indicating that not all people with diabetes mellitus (DM) receive adequate support and attention during their treatment. The high level of social support received by some respondents can be explained by the characteristics of rural communities, which still maintain close family ties and social interactions. Family is the primary source of support in helping people with diabetes manage their disease, through motivation, assistance during treatment, and assistance with daily needs. Conversely, the low level of social support among some respondents may be influenced by factors such as education, family knowledge, socioeconomic conditions, and the limited ability of family members to provide effective support. These findings suggest that strengthening the role of the family and improving health education are still needed to optimize social support for people with diabetes.

Quality of Life in Diabetes Mellitus Patients

Most respondents had a fair quality of life, while others were in the good and very good categories. These results indicate that although people with diabetes are able to adapt to their condition, various limitations still affect their physical, psychological, social, and environmental well-being. In the physical health domain, respondents still experienced complaints of fatigue, limited activity, and dependence on medication. These conditions are a consequence of the nature of DM as a chronic disease that requires long-term management. However, in the psychological domain, most respondents demonstrated relatively good adaptation skills. This indicates that support from family and the surrounding environment helps patients reduce anxiety and increase acceptance of their condition. In the social and environmental domain, a relatively good quality of life can be influenced by access to health services, family support, and maintained social interactions in daily life. Thus, the quality of life of DM patients is determined not only by physical condition, but also by psychological, social, and environmental factors that support the adaptation process to the disease.

The Relationship between Social Support and Quality of Life in Diabetes Mellitus Patients

Based on the results of the study, it can be seen that almost half of the respondents have good social support with a good quality of life of 21 respondents (35%), a small portion of respondents have good social support with a very good quality of life of 3 respondents (5%). And almost half have less social support with a moderate level of quality of life of 17 respondents (28.3%). The results of the Spearman Rank test obtained a p value of 0.000. This p value is less than the α value (0.05) so

that H0 is rejected and H1 is accepted, so there is a relationship between social support and Quality of Life of DM sufferers in the Nglanduk Village area of Madiun Regency.

Based on the results of the Spearman Rank test, the correlation coefficient was also (+) 0.891. Thus, it can be interpreted that the strength of the relationship between social support and the level of Quality of Life in DM sufferers in the Nglanduk Village area of Madiun Regency is a very strong correlation. The correlation coefficient has a positive direction, namely the better the level of social support provided by family and those around DM sufferers, the higher the quality of life (Quality of Life), which includes four main domains: Physical, Psychological, Social Relations, and Environmental Domains. In other words, good social support plays an important role in reducing the negative impacts of the disease physically and psychologically. This shows that the presence of emotional, informational, instrumental, and appreciation support from family and those around them can be an effective protective factor in helping DM sufferers maintain.

This relationship can occur because social support serves as a psychosocial resource that helps patients cope with the various challenges of chronic illness. Emotional support can increase feelings of security and reduce stress, informational support helps patients understand disease management, while instrumental support facilitates the fulfillment of treatment and care needs. This condition encourages increased adherence to therapy, self-management skills, and optimism in daily life. Conversely, a lack of social support can leave patients feeling burdened, experiencing difficulty controlling their disease, and at risk of a reduced quality of life.

The findings of this study align with those of Fauziyyah et al. (2023), Kwon et al. (2020), Wagner et al. (2024), and Yildirim et al. (2023), which state that social support is an important factor contributing to improving the quality of life of people with chronic diseases, including diabetes. The results of this study also indicate that interventions involving family and social environments have the potential to be effective strategies in improving the quality of life of people with diabetes. Therefore, healthcare professionals need to develop family education and empowerment programs to provide optimal support to people with diabetes. These findings can be applied to various groups of people with other chronic diseases who face long-term support needs in the process of disease management and improving quality of life.

SIMPULAN

Based on the results of the research that has been conducted, it states that the majority of Diabetes Mellitus sufferers in Nglanduk Village, Madiun Regency are male, aged 41–60 years, and have suffered from Diabetes Mellitus for 1–5 years. Nearly half of the respondents have a good level of social support, while the majority of respondents have a quality of life in the moderate category. The results also show that respondents who receive good social support tend to have a better quality of life than respondents who receive less social support. Social support provided by family, friends, and the surrounding environment plays an important role in helping Diabetes Mellitus sufferers undergo treatment, manage the disease, and maintain better physical and psychological conditions. Statistical analysis shows a significant relationship between social support and quality of life in Diabetes Mellitus sufferers in Nglanduk Village, Madiun Regency. The relationship is positive, which means that the better the social support received, the better the quality of life felt by sufferers. Therefore, increasing social support needs to be one of the focuses in efforts to improve the quality of life of Diabetes Mellitus sufferers.

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