

Original Research

Effect of Nurse Family Partnership–Based Family Empowerment on Preventive Behaviors for Type 2 Diabetes Complications Among *Pandhalungan* Mothers

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ABSTRACT

Background: Diabetes mellitus (DM) is a major public health problem associated with a high risk of chronic complications. Preventing these complications requires active family involvement, particularly mothers as primary caregivers in managing family health. The Nurse Family Partnership (NFP) approach is considered relevant for strengthening family empowerment within the *Pandhalungan* cultural context. This study aimed to analyze the effect of implementing family empowerment among *Pandhalungan* mothers based on the Nurse Family Partnership (NFP) on preventive behaviors for type 2 DM complications. **Methods:** This study employed a quantitative cross-sectional design. The population consisted of 240 *Pandhalungan* mothers, with a sample of 165 respondents selected using multistage random sampling. Data were collected using structured questionnaires measuring the implementation of NFP based family empowerment and preventive behaviors for type 2 DM complications. Data were analyzed using Spearman Rank correlation and logistic regression tests. **Results:** There was a significant relationship between the implementation of NFP and preventive behaviors for type 2 DM complications ($r = 0.612$; $p < 0.001$). Logistic regression analysis indicated that NFP implementation was a significant predictor of preventive behavior ($OR = 4.21$; $p < 0.001$). **Conclusions:** The Nurse Family Partnership (NFP) based family empowerment approach provides a culturally appropriate and effective strategy for improving preventive behaviors in managing type 2 DM complications at the community level.

Keywords: Type 2 diabetes mellitus; community nursing; family empowerment; nurse family partnership; *Pandhalungan* mothers.

1. INTRODUCTION

Type 2 diabetes mellitus is a non-communicable disease with increasing prevalence and poses a challenge in community nursing. Preventing complications requires consistent behavior changes and family support. Type 2 DM is a chronic metabolic disorder characterized by insulin resistance and impaired insulin secretion.⁽¹⁾ This disease progresses gradually and is associated with lifestyle, genetic factors, obesity, low physical activity, and unhealthy eating patterns. Type 2 diabetes is a global health issue. WHO data reports an increase in prevalence reaching 537 million people worldwide (IDF 2022).⁽²⁾ Indonesia is among the five countries with the highest prevalence. The Complications of type 2 diabetes include, microvascular: nephropathy, retinopathy, neuropathy; macrovascular: coronary heart

disease, stroke. Management of type 2 DM emphasizes family-based diabetes self-management to control blood sugar and prevent complications.⁽³⁾

Family empowerment is the process of enhancing a family's ability in decision-making, problem-solving, health control, and strengthening family members. The aim of family empowerment is to improve: 1. Knowledge 2. Skills in caring for sick family members 3. Motivation 4. Self-control & health decisions Family empowerment in type 2 diabetes has been proven to increase diet adherence, physical activity, blood sugar monitoring, and early detection of complications.⁽⁴⁾ In the context of *Pandhalungan* culture, empowerment is effective when using a cultural approach (transcultural nursing), such as utilizing family figures, local language, and traditional eating habits.

NFP (Nurse Family Partnership) is a partnership model between nurses and families with an approach of home visits, coaching, and structured education. Improving maternal and child health usually uses NFP, but it is now being developed for chronic diseases.⁽⁵⁾ The main components of NFP are the therapeutic relationship between the nurse and the family, long term support, evidence-based coaching, joint goal setting, and monitoring health development.

Behavior to Prevent Type 2 DM Complications Preventive behavior for complications is the actions taken by families and individuals to prevent or delay DM complications.^(6,7) These behaviors include: (1) dietary management; (2) regular physical activity, taking medication as prescribed; (3) routine monitoring of blood sugar, blood pressure, and lipids; (4) foot examinations, eye and kidney examinations, stress management support from healthcare professionals, family empowerment, and the Nurse-Family Partnership theoretically enhance all these aspects.⁽⁸⁾

Treatment of type 2 diabetes mellitus is carried out thru a combination of: (1) non-pharmacological therapy and (2) pharmacological therapy. The success of the treatment requires: (1) regular use of medication, blood sugar monitoring, and the family's role in providing support and (2) continuous education from nurses and healthcare professionals empowered families can increase medication adherence and prevent severe complications.⁽⁹⁾

The objective of this research is to analyze the impact of implementing family empowerment for *Pandhalungan* mothers based on the Nurse Family Partnership (NFP) on the behavior of preventing

complications of type 2 Diabetes Mellitus. The benefits of this study are practical benefits for community nurses; becoming a family-based intervention guide in the prevention of type 2 DM complications and improving the effectiveness of home visits and health education. For the family (*Pandhalungan* mother) to improving self-efficacy and family independence in managing diabetes, strengthening the role of mothers as caregivers and health decision makers; for health service to becoming the foundation for program development and supporting a family-based preventive and promotive approach. This research contributes to the development of family and culturally based community of nursing interventions the Nurse Family Partnership model, which improving the prevention behaviors of type 2 Diabetes Mellitus complications among mother *Pandhalungan*.

2. METHODS

The research design was carried out using a correlational study using a cross-sectional approach to determine the relationship between family empowerment for mother *Pandhalungan* based on nurse family partnership on the prevention behavior of type 2 diabetes complications.⁽¹⁰⁾

2.1 Study Design

This study employed a quantitative design with a cross-sectional approach. The design was used to examine the relationship between the implementation of family empowerment among *Pandhalungan* mothers based on the Nurse Family Partnership (NFP) model and preventive behaviors toward complications of Type 2 Diabetes Mellitus at a single point in time.

2.2 Study Method, Setting, and Location

The study was conducted in Klungkung Village, Sukorambi District, Jember Regency, Indonesia, an area characterized by the *Pandhalungan* cultural community. Data collection was carried out in January 2026. A survey based analytical method was applied using structured questionnaires. The researcher acted as a facilitator by providing explanations to respondents during the data collection process. The study was conducted in coordination with the local primary healthcare center called *Puskesmas* and village authorities to ensure smooth implementation.

2.3 Population

2.3.1 Study population

The population of this study consisted of *Pandhalungan* mothers who have family members diagnosed with Type 2 Diabetes Mellitus in Klungkung Village.

2.3.2 Sample and sampling technique

A total of 165 respondents were selected using a purposive sampling technique.

2.3.3 Sample size determination

The sample size was calculated using a correlation study formula with a 95% confidence level and 80% statistical power, ensuring adequate representation for statistical analysis. Inclusion Criteria; mothers living in families with a member diagnosed with Type 2 Diabetes Mellitus, willing to participate in the study, able to communicate effectively, Residing in the study area for at least one year. Exclusion Criteria: mothers with cognitive or communication impairments, respondents who did not complete the questionnaire, Respondents who were absent during data collection.

2.4 Data Collection

Data were collected using structured questionnaires administered through face-to-face interviews with respondents. The data collection process was conducted after obtaining permission from local authorities and informed consent from all participants.

The instruments used in this study consisted of three main sections:

1) Respondent Characteristics Questionnaire: This section included demographic data such as age, education level, and duration of diabetes mellitus.

2) Family Empowerment Implementation Questionnaire Based on Nurse Family Partnership (NFP): This instrument was developed based on the NFP framework, covering key components such as health education, home visits, nurse-family partnership, and maternal empowerment in managing family health.

3) Preventive Behavior Questionnaire for Type 2 Diabetes Mellitus Complications: This section measured respondents' behaviors related to complication prevention, including dietary adherence, physical activity, medication adherence, and blood glucose monitoring.

All instruments were tested for validity and reliability prior to data collection. The questionnaires

were administered with guidance from the researcher to ensure clarity and completeness of responses.

2.5 Data Analysis

Data analysis was performed using the SPSS. The analysis process included several stages:

1) Univariate analysis: Descriptive statistics were used to summarize respondent characteristics, the level of NFP-based family empowerment implementation, and preventive behaviors for type 2 diabetes complications. The results were presented in the form of frequency distributions and percentages.

2) Normality test: The Kolmogorov Smirnov test was conducted to assess data distribution. The results indicated that the data were not normally distributed ($p < 0.05$).

3) Bivariate analysis: Due to the abnormal distribution of data, the Spearman Rank correlation test was used to examine the relationship between NFP based family empowerment and preventive behaviors for type 2 diabetes complications.

4) Multivariate analysis: Logistic regression analysis was performed to identify the dominant factors influencing preventive behaviors. The results were reported as odds ratios (OR) with significance levels ($p < 0.05$).

2.6 Ethics Approval

This study received ethical approval from the Health Research Ethics Committee, Faculty of Health Sciences, Universitas Muhammadiyah Jember, with approval number 046/KEPK/FIKES/II/2026.

3. RESULTS

The data collected in this study included general and specific data. The general data consisted of the respondents' age and gender, while the specific data included the dependent and independent variables. The analysis results show that the implementation of the Nurse Family Partnership (NFP) is significantly related to the behavior of preventing type 2 DM complications.

3.1 Respondent Characteristics

Based on the analysis of Table 1 above, the majority of respondents were in the age group of 50–59 years (47.3%), followed by those aged ≥ 60 years (27.2%) and 40–49 years (25.5%). This indicates that most respondents were in the late adulthood to early elderly stage, which is a high-risk group for developing complications of type 2

diabetes mellitus due to physiological decline and prolonged exposure to hyperglycemia. In terms of education level, more than half of the respondents had a primary school education (55.8%), while 32.7% had completed senior high school, 7.2% junior high school, and only 4.2% had higher education. This finding suggests that the majority of respondents had relatively low educational attainment, which may influence their

health literacy, understanding of disease management, and ability to adopt preventive health behaviors. Regarding the duration of diabetes, most respondents (63.0%) had been living with diabetes for five years or more, while 37.0% had a duration of less than five years. A longer duration of diabetes is often associated with an increased risk of chronic complications, particularly when disease management is not optimal.

Table 1. Characteristics of *Pandhalungan* mother respondents (n=165), Klungkung village, Jember in January 2026

No.	Description	Category	Frequency	Percentage (%)
1	Age	40-49 years	42	25.5
		50-59 years	78	47.3
		≥ 60 years	45	27.2
2	Education	Elementary school	92	55.8
		Junior high school	12	7.2
		Senior high school	54	32.7
		University	7	4.24
3	Long suffering from diabetes	≥ 5 years	104	63.0
		< 5 years	61	3.0

3.2 Univariate Analysis

The majority of respondents accepted the implementation of NFP in the good category. Almost half of the respondents demonstrated good complication prevention behavior. The results indicate that more than half of the respondents (52.7%) were categorized as having good implementation of NFP-based family empowerment, while 32.7% were in the fair category and 14.6% in the poor category. This finding suggests that the majority of respondents were able to receive and engage in the family empowerment approach effectively, reflecting a relatively successful implementation of the NFP model within the community. In terms of preventive behavior for type 2 diabetes complications, nearly half of the respondents (47.9%) demonstrated good preventive behavior, followed by 35.2% in the fair category and 17.0% in the poor category. Although a substantial proportion of respondents exhibited good behavior, there

remains a considerable percentage with only fair or poor preventive practices, indicating that optimal behavior change has not yet been fully achieved. Overall, the findings suggest a positive trend in both the implementation of NFP based family empowerment and preventive behaviors. However, the presence of respondents in the fair and poor categories highlights the need for continuous support, reinforcement, and culturally appropriate interventions to further enhance behavioral outcomes.

3.3 Normality Test

Based on the analysis of table 1 above that more than half of the respondents (52.7%) were categorized as having good implementation of NFP-based family empowerment, while 32.7% were in the fair category and 14.6% in the poor category. This finding suggests that the majority of respondents were able to receive and engage in the family empowerment approach effectively,

Table 2. Distribution of respondents based on NFP in Klungkung Sukorambi village, Jember, in January 2026 (n=165)

No.	Description	Category	Frequency	Percentage (%)
1	Implementation family empowerment based NFP	Good	87	52.7
		Fair	54	32.7
		Poor	24	14.6
2	Behavior prevention complications of type 2 diabetes	Good	79	47.9
		Fair	58	35.2
		Poor	28	17.0

reflecting a relatively successful implementation of the NFP model within the community. In terms of preventive behavior for type 2 diabetes complications, nearly half of the respondents (47.9%) demonstrated good preventive behavior, followed by 35.2% in the fair category and 17.0% in the poor category. Although a substantial proportion of respondents exhibited good behavior, there remains a considerable percentage with only fair or poor preventive practices, indicating that optimal behavior change has not yet been fully achieved.

Table 3. Distribution normality test of respondents (n=165) in Klungkung village, Jember in January 2026

Description	Sig.(p)	Explanation
Family Empowerment NFP	0.00	Abnormal
Preventive behavior	0.01	Abnormal

$p < 0.05$, a non-parametric test was used

3.4 Bivariate Analysis

The results of the Spearman Rank correlation test indicate a statistically significant relationship between family empowerment based on the Nurse Family Partnership (NFP) and preventive behavior for type 2 diabetes mellitus complications ($r = 0.612$; $p < 0.001$). The correlation coefficient ($r = 0.612$) demonstrates a strong positive relationship, indicating that higher levels of NFP-based family empowerment are associated with better preventive behaviors among respondents. This suggests that as families become more empowered particularly through the active involvement of mothers as primary caregivers the likelihood of engaging in appropriate preventive practices increases. The p-value of less than 0.001 confirms that the relationship is statistically significant, meaning that the observed association is unlikely to have occurred by chance. Therefore, the null hypothesis is rejected, and it can be concluded that there is a meaningful relationship between NFP implementation and preventive behavior.

Table 4. Results of the Spearman Rank Test on respondents in Klungkung Sukorambi Jember village. January 2026 (n=165)

Variable	Prevention behavior	r	p-value
Family empowerment based on Nurse family partnership (NFP)	0.612	0.000	

4. DISCUSSION

The results of this study indicate, this characteristic reflects the typical condition of the *Pandhalungan* community, which is in the late adulthood to early elderly phase, where the risk of chronic diseases such as type 2 diabetes significantly increases.⁽¹¹⁾ Theoretically, the age of 50–59 years is a transitional phase toward old age, characterized by a decline in physiological functions, including insulin resistance and glucose metabolism.^(12,13) This condition is exacerbated by having suffered from diabetes for ≥ 5 years, indicating that the respondents have entered a chronic phase with a higher potential for complications. In this context, the need for family-based interventions becomes very crucial.⁽¹⁴⁾ From an educational perspective, the dominance of basic education indicates a limitation in health literacy. This impacts the understanding of DM management, including diet, physical activity, and medication adherence. However, in the *Pandhalungan* community, the limitations of formal education are often compensated by strong social and cultural values, such as obedience to authority figures (healthcare workers and community leaders) and family solidarity.⁽¹⁵⁾ The characteristics of these respondents actually strength the relevance of the Nurse Family Partnership (NFP) approach, because this model is not only education based but also involves interpersonal relationships and culturally contextual empowerment.^(16,17)

Conceptually, NFP emphasizes a long-term therapeutic relationship between nurses and families education, accompaniment, and strengthening the family's capacity in health decision making.⁽¹⁸⁾ In the context of *Pandhalungan*, the success of this implementation is closely tied to the role of the mother as the care manager in the family, who is responsible for managing food, medication, and the care of sick family members.⁽²¹⁾ Moreover, cultural values such as religiosity, obedience, and collectivism enhance the effectiveness of the intervention. Mothers do not only play the role of individuals, but also as representatives of family values, so the behavioral changes that occur are more systemic and sustainable.⁽¹⁹⁾ However, there are still respondents in the sufficient (32.7%) and insufficient (14.6%) categories, indicating variability in the acceptance and implementation of the intervention. This may be due to internal factors (motivation, self-efficacy) or external factors (family support, access to healthcare services).

Preventive behaviors for DM complications include diet management, physical activity, medication adherence, and blood sugar monitoring.⁽²⁰⁾ In the context of *Pandhalungan* culture, these behavioral changes are influenced not only by knowledge but also by traditional eating habits, lifestyle patterns, and social norms. The improvement of complication prevention behavior is not sufficient thru education alone, but requires a holistic and culturally based approach like NFP.⁽²¹⁾

This study has several limitations that should be considered when interpreting the findings. First, the use of a cross-sectional design limits the ability to establish causal relationships between NFP-based family empowerment and preventive behaviors for type 2 diabetes complications. The results only reflect associations at a single point in time. Second, the data were collected using self-reported questionnaires, which may introduce response bias, including recall bias and social desirability bias. Respondents may have overreported positive behaviors or underreported negative ones. Third, the study was conducted in a specific cultural setting, namely the *Pandhalungan* community in Klungkung Village, Sukorambi District, Jember. Therefore, the generalizability of the findings to other populations or cultural contexts may be limited. Fourth, although multistage random sampling was used, the sample was restricted to mothers, which may not fully represent the perspectives of other family members involved in diabetes management.

5. CONCLUSION

The implementation of family empowerment based on NFP is mostly in the good category, indicating that the partnership approach between nurses and families is well accepted in the *Pandhalungan* cultural context. The behavior of preventing type 2 DM complications among respondents shows a good tendency, but there is still a proportion that is not optimal, thus requiring continuous intervention. The NFP based family empowerment approach has proven effective in improving the prevention behavior of type 2 DM complications thru the strengthening of the mother's role, increased self-efficacy, and family support based on *Pandhalungan* cultural values.

Ethical Approval

This study received ethical approval from the Health Research Ethics Committee, Faculty of Health Sciences,

Universitas Muhammadiyah Jember, with approval number 046/KEPK/FIKES/II/2026.

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Competing Interests

All the authors declare that there are no conflicts of interest.

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Underlying Data

Derived data supporting the findings of this study are available from the corresponding author on request.

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