ABSTRACT
Introduction: Diabetes Mellitus (DM) is a disease that currently affects many people in Developing Countries. Indonesia was ranked 4th in the world in the prevalence of patients with DM. One of the efforts of the Government to lower the prevalence of DM in Indonesia is to strengthen the 5 Pillars of Management DM namely education, physical exercise, diet, drug therapy and monitoring oriented to the management of a standalone (Self-Management) (Kent et al. 2013). In doing this self-management, patients with DM (diabetes) need a good support system of family as a companion namely diabetes in everyday life. Methods: The purpose of this research to analyze the use of the Family DiabEducation (FDE) method to optimize the role of the family as a supporting program of self management in patients with type 2 diabetes. The method which used was pre experimental one group pretest posttest design, by identifying the role of the family before and after ion the FDE intervention given. Conducted on 30 respondents with quota sampling. Data were analyzed using the Wilcoxon signed rank α of 0.05. Results: Results p = 0.00 which means there is a significant relationship between pre and post intervention with FDE. Conclusion: This research is expected to help the Government in approach and optimize the role of the family as a companion with diabetes. In addition, the results of this study are expected to provide sustainable ideas to explore and make the role of the family as the sixth pillar in the treatment of diabetes.

Keywords: Family, DM, Self Management, Family DiabEducation (FDE)

INTRODUCTION
Diabetes Mellitus (DM) is a disease that currently affects many people in Developing Countries. Indonesia was ranked 4th in the world in the prevalence of patients with DM. The prevalence of DM in Indonesia based on interviews in 2013 was 2.1%. This figure is higher than in 2007 (1.1%). A total of 31 provinces (93.9%) showing a rise in the prevalence of diabetes is significant. The highest prevalence of diabetes at age ≥ 15 years according to the doctor's diagnosis / symptoms Basic Health Research in 2013 were in Central Sulawesi (3.7%). Then followed North Sulawesi (3.6%) and South Sulawesi (3.4%). While the lowest is in Lampung (0.8%), then Bengkulu and West Kalimantan (1.0%). Provinces with the largest increase in prevalence is a province of South Sulawesi, namely 0.8% in 2007 to 3.4% in 2013. The provinces with the highest prevalence declines in the provinces of West Papua, namely 1.4% in 2007 to 1.2% in 2013 (Ministry of Health 2014). One of the efforts of the Government to lower the prevalence of DM in Indonesia is to strengthen the handling of DM 5 Pillar namely education, physical exercise, diet, drug therapy and monitoring with Self-Management (Kent et al. 2013).

Self-management is the process whereby a person developed the ability to manage their condition. The success of Self-management includes knowledge of the conditions, how to seek treatment and what to do. This may include changes in behavior and learning problem-solving skills and how to find a way out when things get tough. A very important element as Self-
management approach that will condition information, education and training (Diabetes UK 2009)

Diabetes UK (2009) have identified important elements that people with diabetes need access and whatever is necessary to get at least the minimum service to ensure that they are supported in organizing itself. Such elements include: High Quality of information is established, access to education, Structured Plan Personal Care, Access to Health Care Professional Employer When Necessary. In doing this self-management, patients with diabetes mellitus (diabetes) need a good support system of family as a companion of Diabetes patient in everyday life.

Based on literature reviews that have been conducted by researchers, the role of the family so far has not appeared in a self-management. That may be one cause of the increasingly rising prevalence of DM and DM complication rate was also high enough. Based on a preliminary study conducted by researchers, the role of family as the nearest person with diabetes is still not running optimally. Problems found in research is very important to look for a solution that is how to optimize the role of the family as Supporting Self-Management Program in Patients with Type 2 Diabetes (C. R. Kneisl, TWilson, & Rigoboff, 2004; Diabetes UK, 2009).

Family DiabEducation (FDE) is a modification Family psychoeducation intervention model that is focused on families with members suffering from diabetes. Family psychoeducation itself is one element of a family health care programs by providing information and education through therapeutic communication. Psychoeducation program is an approach that is education and the pragmatic (Stuart 2009)

In FDE, intervention in the family intended to strengthen the family system in behavior coddle, disease control, prevent diabetes complications and retain clients to optimize their role. The FDE method treats the family as a resource, not as a stressor, by focusing on solving concrete problems, and specific behaviors that help to adapt to the existing disease. By providing information to families about the disease and suggest effective coping mechanisms, the psycho-education program can reduce the client tendency for relapse and was able to maintain the client's role in society (Stuart 2009; Townsend 2009).

Methods Family DiabEducation addressed to families to be able to understand the problems experienced by a family member with diabetes, solve the problems of the family that appear because of caring for a family member with diabetes, as well as take advantage of community facilities to help the family. So this method is expected to provide benefits in the family to have the ability to care for clients and resolve problems that arise in the care of the clients and client’s self-management which is optimal from the family (C. R. Kneisl, TWilson, & Rigoboff, 2004; Diabetes UK, 2009).

Implementation of Family DiabEducation (FDE) consists of four sessions with each session consisting of the orientation phase, working phase and termination phase. The sequence of this method is as follows modified from Psychiatric Nursing Therapy Module (Anonymous 2014).

1. Session 1: Assessment of Family Issues (Identification of Problems)
   At this first session of nurses and family together to identify the problems arising from the family of the member with diabetes. This session will involve all family members are affected and involved in the care of clients, especially the caregiver. Assessment separately between the problems perceived by the caregiver and other family members. The assessment focuses on the problems in caring for sick clients and problems that arise in themselves because caring for clients (Stuart 2009).
2. Session II: Client Care with Diabetes

In this session focuses on education about the problems experienced by the client. Education given to the family associated with medical diagnosis and diagnosis of nursing and family care in clients with diabetes. Intervention by educating the families can help families facing illness stressor for clients with a positive effect on the condition of the client. The positive impact psychoeducation program indirectly to the client that provides information about the client's disease on the family and give advice on proper care, will reduce the rate of complications and recurrence of the disease (Towsend 2009).

3. Session III: Troubleshooting: Relationships and how to care

Stress is an imbalance condition that occurs when there is a gap desire of individuals in the internal or external environment with the ability to deal with those desires (Towsend 2009). The aim in this session is a family able to explain the constraints experienced in caring for clients, how to overcome existing barriers, support of the family and how to care family member suffering from diabetes.

4. Session IV: Empowering Communities to Help Families

Community has a major influence in the care of clients with diabetes. Health care providers, including nurses, have to undergo a leadership role in reviewing the adequacy and effectiveness of resources in the community and in recommending changes to improve access to and quality of health services. The aim in this session focuses on getting families are able to reveal obstacles in dealing with health professionals and know how to overcome barriers to collaborate and to discuss with health workers from the clinic about the referral system, advocating and seeking support in client care.

METHODS

This research uses pre-experimental design with one group Pre-Post Test Design approached Cohort (prospective). With this method, researchers will look at the effectiveness of the method of Family DiabEducation (FDE) to increase the role of the family as a support in the self-management of type 2 diabetic. Patient population in this research that people with diabetes are friendly check in Batu Baptist Hospital in April - September 2016 which use Quota sampling.

| Table 1. Demographic Characteristic of Participants |
|----------------|---------|------|-----|
| Name           | Variable| Responden | %  |
| Sex            | Female  | 19       | 64  |
| Age            | 41-50 years | 11    | 37  |
| Education      | Senior high school | 19 | 63  |
| Occupation     | Business | 14    | 46  |
| Relation       | Husband/wife | 16   | 53  |

The criteria for the study include: (1) Willing to be a respondent, (2) Staying at home with diabetes patient, (3) One of the respondents with diabetes family (closest to diabetes patient)

Instruments in this study using questionnaires identification of the role of family developed by researcher.

Researchers applying the method of Family DiabEducation (FDE), by encouraging families to speak up about the pain of patients and encourage families to express the positive and negative of a diseased condition of the family. Having explore well, the researchers gave the intervention to teach a variety of skills to prevent complications which include leg exercises, healthy foot care, nail cutting, foot wound care, setting nutrition for people with diabetes, exercise and medication use.

RESULTS

The process of data collection in this study began in June 2016 with a sampling of the 30 people taking the family with
diabetes at Batu Baptist Hospital, 3rd floor room. Batu.

<table>
<thead>
<tr>
<th>Role</th>
<th>Responden Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Average</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Less</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 3. Family Role After Intervention

<table>
<thead>
<tr>
<th>Role</th>
<th>Responden Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Average</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Less</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
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Figure 1. Foot Exercise

In the data analysis using the Wilcoxon signed ranks it was concluded that there is a significant relationship between family roles Pre-intervention Post intervention with ap value of 0.00 count less than 0.05. Thus, H0 is rejected and Ha accepted.

DISCUSSION

Family support is a very important factor in improving the health status of patients ranging from strategies to rehabilitation (Akohoue et al. 2015). Family support is the attitude, actions and acceptance of family to sick patients. Support can come from others (parents, children, husband, wife or brother) that is close to the subject in which the support is information, a certain behavior or a material that can make people feel loved, cared for and loved. In this study, researchers used some general data as participant demographic characteristics which include age, gender, level of education, work, relationships with patients with diabetes mellitus.

Of the general data, researchers conducted a bivariate analysis using Pearson between the variables of age, sex, education level, occupation, kinship with pre-intervention and post-intervention. From the test was no significant relationship between work with the family role post-intervention and level of education and the role of family pre intervention. The level of education will determine whether or not a person is easy to absorb and understand the knowledge they gained, the higher one's education is generally getting better the knowledge (Notoatmodjo 2007).

According to Tamara, E., Bayhakki., Nauli, F.A. (2014), Someone who has a good level of education will be more mature in the process of change itself so it would be more receptive to outside influences are positive, objective and open to a variety of health-related information.

Intervention FDE (Family DiabEducation) is a systematic step in empowering families. FDE family roles before intervention after intervention compared with FDE found a significant relationship. This indicates that the FDE quite effective in increasing the role of the family. FDE method was modified and is derived from the method FPE (Family psychoeducation) which is usually applied to families of patients with mental disorders. This therapy is a therapy appropriate specialist to be given to families with a family member who suffered from health problems both physical and mental illness (Anonymous 2014).

FDE method which is a modification of this FPE be more effective when applied in the right way, gradually and continuously. So with this principle, the
CONCLUSION AND RECOMMENDATION

Conclusion
The role of the family before the intervention almost entirely in enough categories, namely 80% (24 respondents). The role of the family after the intervention of the majority in both categories is 67% (20 respondents). There is a significant relationship between the role of the family before and after the intervention.

In line with the Program JKS (Universal Health Insurance) where public funding of mutual cooperation, the necessary prevention strategies) complications well as preventive measures and Promotive using FDE so as not to be found complications of Type II diabetes who spent the state budget for healing. If the role of the family is important, then it is conceivable in the future that the family was a pillar of the sixth in the handling of DM in Indonesia.

Recommendation
Some suggestions that could result from this research that could be investigated further adoption of FDE (Family DiabEducation) in clients with diabetes who have microvascular and macrovascular complications, as well as the effectiveness of FDE in preventing complications of diabetes Type II. FDE is a step that is easy to apply in enhancing the role of the family so that it can be tested to be SOP (Standard Operating Procedure) to increase family involvement in the treatment process. Besides the family should be more involved in patient care, not only as a driver to the health care facilities. Families need to be given a forum to increase awareness of the importance of solidarity and prevent complications and living a healthy life in order to avoid DM.

REFERENCE