

Literature Review: Factors Affecting Medication Adherence in Diabetes Mellitus Patients at Community Health Centers

Etik Via Kristiani Zebua¹, Retno Sundari², Agus Tantrini³, Wina Nismalia⁴, Muhammad Imron Rosyidi⁵

¹Bachelor Nursing Program, Universitas Ngudi Waluyo, didrikagerrard@yahoo.com

²Bachelor Nursing Program, Universitas Ngudi Waluyo, sundariretno77@gmail.com

³Bachelor Nursing Program, Universitas Ngudi Waluyo, agustantrini@gmail.com

⁴Bachelor Nursing Program, Universitas Ngudi Waluyo, winaw2n@gmail.com

⁵Bachelor Nursing Program, Universitas Ngudi Waluyo, tentaralangit46@gmail.com

Email Correspondence: didrikagerrard@yahoo.com

Article Info	Abstract
Article History Submitted, 2026-05-13 Accepted, 2026-06-24 Published, 2026-06-30	Diabetes mellitus is a non-communicable disease that continues to increase and poses a risk of causing complications. The success of diabetes mellitus management is influenced by patient adherence to treatment, particularly medication adherence to control blood glucose levels. Factors such as knowledge, motivation, family support, and access to healthcare services can affect patient adherence. This study aims to identify the factors influencing medication adherence among patients with type 2 diabetes mellitus through a literature review method. Articles were searched through the Google Scholar database and other sources, including publications from 2020–2026, written in Indonesian or English, and discussing medication adherence among diabetes mellitus patients. A total of 10 relevant articles were analyzed in this study. The review results showed that medication adherence is influenced by various factors, particularly knowledge, motivation, attitude, medication beliefs, family support, and the role of healthcare providers. These factors have been shown to have significant relationships in improving patient adherence to therapy. Meanwhile, demographic factors such as age, gender, education, and occupation showed inconsistent results across studies. In conclusion, medication adherence among diabetes mellitus patients is a complex behavior influenced by various internal and external factors. In general, improving education, family support, and healthcare provider involvement play important roles in enhancing treatment adherence among diabetes mellitus patients.
Keywords: Diabetes mellitus, medication adherence, knowledge, motivation, family support	

Introduction

Diabetes mellitus is a non-communicable disease that has become a global health problem and continues to increase in prevalence each year (Elfadri & Sutjiatmo, 2025). According to Widodo, diabetes mellitus (DM) is a disease caused by impaired insulin function, impaired insulin secretion, or both, resulting in elevated blood glucose levels (Arfania et al., 2023). Diabetes mellitus is a major cause of both macrovascular and microvascular complications. Macrovascular complications affect large blood vessels and commonly include coronary heart disease, stroke, and peripheral arterial disease, which involves blockage of blood vessels in the legs and can cause pain, tingling, and delayed wound healing (Septiani & Sembiring, 2024). Based on the 9th edition of the International Diabetes Federation (IDF) Atlas, approximately 463 million adults are living with diabetes mellitus. This number is projected to increase to 578 million by 2030 and reach 700 million by 2045. Indonesia ranks seventh among the top ten countries in Southeast Asia with the highest number of diabetes mellitus cases (Dewi et al., 2025).

The management of diabetes mellitus has two main goals: controlling blood glucose levels and minimizing the risk of complications (Puspita & Khairunnida, 2022). Blood glucose control therapy in patients with diabetes mellitus includes pharmacological and non-pharmacological approaches. Pharmacological therapy involves the use of medications to regulate blood sugar levels in the body (Pharamita et al., 2023). Medication adherence in patients with diabetes mellitus is crucial to achieving treatment goals. Adherence is defined as the patient’s behavior in following healthcare providers’ instructions regarding the use of prescribed medications (Pratiwi et al., 2022). However, in practice, non-adherence to diabetes

mellitus treatment remains a significant issue in its management (Rismawan et al., 2023). The success of diabetes mellitus therapy and treatment largely depends on patients’ adherence to medication and lifestyle modifications (Nazriati et al., 2018).

Community health center (Puskesmas) as first-level healthcare service institutions play an important role in supporting primary prevention programs for diabetes mellitus (Manninda et al., 2021). The management of diabetes mellitus (DM) in primary healthcare services, such as community health center, is carried out through promotive, preventive, screening, early diagnosis, treatment, and continuous monitoring efforts because Community health center serve as the main entry point for patients into the healthcare system and have a strategic role in early DM detection (Nugraha et al., 2025). DM control at community health center is also implemented through the Chronic Disease Management Program (Prolanis). Through Prolanis, diabetes mellitus patients receive benefits such as health education, routine monitoring, special medication services, and regular home visits (Irawan et al., 2025). One important component of primary DM management is strengthening patients’ ability to perform self-management. Self-care management carried out by DM patients includes various activities such as blood glucose monitoring, dietary regulation, medication therapy, foot care, and physical activity (Wahyudi et al., 2024). The implementation of Prolanis at community health center shows that patient involvement in chronic disease management programs can improve clinical outcomes, including blood glucose control in patients with type 2 DM (Manninda et al., 2021). In addition, the success of DM management in primary healthcare services is influenced by healthcare provider readiness, availability of resources, communication between healthcare workers and patients, and active community participation in chronic disease control programs.

Based on this description, the success of diabetes mellitus management at community health center depends not only on healthcare services but also on patient adherence to treatment. Medication adherence is an important factor in controlling blood glucose levels and preventing complications. However, various factors can influence patient adherence, including knowledge, family support, duration of diabetes mellitus, access to healthcare services, motivation, and understanding of therapy. Therefore, it is important to examine the factors influencing medication adherence among diabetes mellitus patients at community health center as a basis for improving optimal diabetes mellitus management.

Methods

The method used in this article is a literature review. The purpose of this study is to compile a review of literature related to factors influencing medication adherence among patients with type 2 diabetes mellitus in several community health centers. The keywords used were “diabetes mellitus” and “medication adherence.” The articles used were published from 2020–2026, written in English and Indonesian, and discussed medication adherence among diabetes mellitus patients. The exclusion criteria in this literature review were articles that were not available in full text and articles whose studies were conducted in hospitals or clinics.

Results and Discussion

Based on the literature review, 10 articles on medication adherence among patients with diabetes mellitus were identified. This review examines the factors influencing medication adherence in patients with diabetes mellitus.

Table 1. Article Research

No	Researchers	Research methods	Results
1.	Correlation of Characteristics with Medication Adherence Among Type 2 Diabetes Mellitus Patients at S. Parman Public Health Center, Banjarmasin (Susanto et al., 2024)	An observational study with a cross-sectional approach. The sampling technique used was consecutive sampling with a total sample of 76 patients. Data were analyzed using the Spearman test.	There was a significant relationship between patient characteristics of gender (p=0.022) and age (p=0.025) with medication adherence. There was no relationship between education (p=0.933), occupation (p=0.367), duration of illness (p=0.604), and number of medications (p=0.192) with medication adherence.
2.	Relationship Between Characteristics and Medication Adherence Levels Among Type II Diabetes Mellitus Patients at Tiban Baru Public Health Center, Batam City (Suhaera et al., 2023)	A descriptive correlational study with a prospective cross-sectional design. The sampling technique used was purposive sampling involving 92 patients. Data were collected using the MMAS adherence questionnaire.	There was a significant relationship between occupation characteristics (p=0.046) and medication adherence among type 2 diabetes mellitus patients. Conversely, factors such as gender (p=0.557), age (p=0.314), education (p=0.135), duration of DM (p=0.775), and comorbidities (p=1.000) were not associated with medication adherence levels.

3.	Analysis of Medication Adherence Among Type II Diabetes Patients at the Elderly Clinic of Tanjung Enim Public Health Center, Muara Enim Regency, 2024 (Riani et al., 2025)	A quantitative study with a cross-sectional approach. The sample consisted of 87 respondents selected using purposive sampling. The instrument used was a questionnaire. Data were analyzed using univariate and bivariate analysis with the Chi-Square test	There were relationships between education (p=0.001), occupation (p=0.039), knowledge (p=0.001), and family support (p<0.001) with medication adherence among type II diabetes mellitus patients. There was no relationship between age (p=0.47), gender (p=0.874), attitude (p=0.375), and the role of healthcare workers (p=0.054) with medication adherence.
4.	Analysis of Factors Influencing Oral Antidiabetic Medication Adherence at Pangkalan Balai Public Health Center in 2025 (Putra et al., 2025)	A quantitative descriptive study using a correlational analytical method with a cross-sectional approach involving 94 respondents. The research instrument was a closed-ended questionnaire. Data were analyzed using the Chi-Square test.	Knowledge (p=0.000), lifestyle (p=0.000), and healthcare facilities (p=0.000) were significantly associated with oral antidiabetic medication adherence among diabetes mellitus patients at Pangkalan Balai Public Health Center.
5.	Medication Beliefs and Medication Adherence Among Type II Diabetes Mellitus Patients (Prabhawaty & Herlina, 2023)	A quantitative study with a cross-sectional approach involving 134 respondents using the Belief about Medicines Questionnaire (BMQ) and Morisky Medication Adherence Scale-8 (MMAS-8). Data were analyzed using the Spearman correlation test.	There was a significant relationship between medication beliefs and medication adherence (p=0.000) with a positive direction and a moderate correlation (r=0.409).
6.	Factors Associated with Medication Adherence Among Diabetes Mellitus Patients in the Tamalanrea Public Health Center Area, Makassar City (Maymuna et al., 2023)	A quantitative study with a cross-sectional approach. The sample size calculated using the Slovin formula resulted in 207 patients. Data were analyzed using univariate and bivariate analysis with the Chi-Square test.	There was a relationship between knowledge (p=0.000) and duration of illness (p=0.000) with medication adherence among diabetes mellitus patients at Tamalanrea Public Health Center. There was no relationship between age (p=0.528), employment status (p=0.800), income (p=0.057), complications (p=0.593), family support (p=0.435), and healthcare worker support (p=0.543) with medication adherence.
7	Factors Associated with Medication Adherence Among Type 2 Diabetes Mellitus Patients Undergoing Treatment at Usuku Public Health Center, East Tomia District (Hasriati et al., 2025)	An analytical study with a cross-sectional approach. The sampling method used was probability sampling with accidental sampling technique. Data were analyzed using univariate and bivariate tests with the Chi-Square test.	There were relationships between knowledge (p=0.002), attitude (p=0.000), motivation (p=0.002), family support (p=0.007), and the role of healthcare workers (p=0.004) with treatment adherence among type 2 diabetes mellitus patients at Usuku Public Health Center, East Tomia District.
8	Relationship Between Family Support and Medication Adherence Among Diabetes Mellitus Patients at Marina Permai Public Health Center in 2024 (Marethalina et al., 2025)	A quantitative study using a correlational design with a cross-sectional approach. The sample consisted of 83 respondents. The sampling technique used was accidental sampling. Data were analyzed using the Chi-Square test.	There was a significant relationship between family support and medication adherence among diabetes mellitus patients (p=0.000).
9	Relationship Between Characteristics and Medication Adherence Among Type 2 Diabetes Mellitus Patients at Sidomulyo Public Health Center (Junaedi & Azmi, 2024)	Data were collected prospectively using a cross-sectional approach. Purposive sampling was used to select 23 patients. The questionnaire used was the Morisky Medication Adherence Scale-8 (MMAS-8). Data were analyzed using the Chi-Square test.	There was no significant relationship between medication adherence among type 2 diabetes mellitus patients and patient characteristics such as age (p=0.732), gender (p=0.239), and education level (p=0.020).

10	Relationship Between Motivation and Treatment Adherence Among Type II Diabetes Mellitus Patients (Prasetya et al., 2023)	A quantitative study with a correlational design and cross-sectional approach. The sample consisted of 63 type II diabetes mellitus patients selected using accidental sampling. Data were analyzed using the Spearman Rho test.	There was a significant relationship between motivation ($p=0.000$) and treatment adherence among type II diabetes mellitus patients at PIR Butong Public Health Center.
----	--	--	--

Based on various reviewed studies, it can be concluded that medication adherence among patients with type 2 diabetes mellitus is influenced by several factors, particularly knowledge, motivation, attitudes, as well as family support and the role of healthcare providers. In addition, factors such as medication beliefs, lifestyle, and the availability of healthcare facilities also show a significant relationship with patients’ adherence levels in undergoing treatment. On the other hand, demographic characteristics such as age, gender, education, and occupation show inconsistent results across studies. This indicates that psychological and social factors play a more dominant role than individual characteristics in determining medication adherence.

The Relationship Between Knowledge and Medication Adherence in Patients with Diabetes Mellitus

The results showed that there was a relationship between knowledge and medication adherence among patients with type II diabetes mellitus, where higher patient knowledge was associated with better adherence to treatment (Riani et al., 2025). Knowledge is an important factor in shaping health behavior because it can improve patients’ understanding of the disease, the benefits of treatment, and the risk of complications if they are not adherent to medication (Riani et al., 2025). Patients with good knowledge tend to be more aware and able to absorb health information, making it easier for them to follow treatment recommendations (Putra et al., 2025). This result is consistent with a study by (Maymuna et al., 2023), which showed a significant relationship between knowledge level and medication adherence in diabetes mellitus patients because good knowledge can encourage adherence behavior in treatment. Increasing knowledge can be achieved through health education and counseling to improve patients’ awareness in undergoing treatment.

The Relationship Between Motivation and Medication Adherence in Patients with Diabetes Mellitus

According to Notoatmodjo in (Prasetya et al., 2023), motivation is an internal drive that encourages a person to behave or take action for their own benefit and well-being. Good motivation influences increased adherence. In diabetes mellitus patients, motivation plays an important role in maintaining consistency in taking medication, considering that the therapy is long-term and may be lifelong. Individuals who act based on self-motivation (intrinsic factors) tend to maintain their behavior longer compared to those who act based on external motivation. Individuals with high motivation will demonstrate this through their actions and behaviors (Risti & Isnaeni, 2017).

The Relationship Between Family Support and Medication Adherence in Patients with Diabetes Mellitus

Based on the research findings, family support is related to medication adherence among diabetes mellitus patients, where patients who receive good family support tend to be more adherent to treatment (Riani et al., 2025). Families play an important role in improving adherence through informational, emotional, appreciation, and instrumental support, such as reminding patients about medication schedules, providing motivation, and helping meet needs during therapy (Marethalina et al., 2025). Therefore, family involvement is essential to encourage patients to be more consistent in following treatment so that diabetes mellitus control can be optimized. In addition, the better the support provided by the family, the greater the patient’s motivation to comply with treatment because patients feel cared for, accompanied, and encouraged to undergo therapy regularly.

The Relationship Between Medication Beliefs and Medication Adherence in Patients with Diabetes Mellitus

Medication beliefs are predisposing factors originating from individuals themselves and have a major influence on carrying out certain health behaviors. Factors affecting medication adherence include low medication beliefs or lack of confidence in treatment effectiveness (Prabhawaty & Herlina, 2023). Patients with positive beliefs tend to be more adherent to medication therapy. This is supported by research conducted by (Fadilati et al., 2024), which showed that strong medication beliefs regarding the benefits of medication were significantly

associated with increased adherence among type 2 diabetes mellitus patients. Therefore, medication beliefs can be concluded as an important psychological factor contributing to medication adherence among diabetes mellitus patients, in addition to demographic factors and social support.

The Relationship Between the Role of Healthcare Providers and Medication Adherence in Patients with Diabetes Mellitus

Based on research findings, the role of healthcare providers is one of the factors that can influence medication adherence among diabetes mellitus patients, although research results remain inconsistent. (Hasriati et al., 2025) showed a significant relationship between the role of healthcare workers and treatment adherence, where patients receiving support from healthcare workers tended to be more adherent to therapy. This is consistent with the Precede-Proceed theory, which states that healthcare workers act as reinforcing factors through education, information, and motivation provided to patients (Riani et al., 2025). However, (Riani et al., 2025) found no significant relationship between the role of healthcare providers and medication adherence because adherence is also influenced by other factors, such as family support and patient habits. Therefore, the role of healthcare providers remains important in improving medication adherence but needs to be supported by family involvement to ensure optimal treatment outcomes.

The Relationship Between Age and Medication Adherence in Patients with Diabetes Mellitus

Based on research findings, age is one of the factors associated with medication adherence among diabetes mellitus patients, although studies regarding this relationship have shown varying results. Physiologically, as a person ages, the risk of developing type 2 diabetes mellitus increases due to glucose intolerance, decreased pancreatic beta-cell function in producing insulin, and increased insulin resistance, which may result in less optimal blood glucose control (Suhaera et al., 2023). (Susanto et al., 2024) reported that the 46–55-year age group had the highest number of diabetes patients and the highest medication adherence level, which may be because this age group is in a more stable life phase, able to accept healthcare guidance, and beginning to adopt healthy lifestyles such as maintaining diet, exercising regularly, and undergoing routine health checks. However, (Riani et al., 2025) found no significant relationship between age and medication adherence because older adults may experience declines in memory, hearing, and vision, making it difficult to remember medication schedules and doses, thus requiring family support in treatment implementation. These differences indicate that age is not the only factor influencing medication adherence but is also affected by physical condition, ability to receive education, family support, and healthcare provider assistance in treatment management.

The Relationship Between Gender and Medication Adherence in Patients with Diabetes Mellitus

The relationship between gender and medication adherence among diabetes mellitus patients shows varying results. A study by (Susanto et al., 2024) found a significant relationship. Meanwhile, studies by (Suhaera et al., 2023) and (Riani et al., 2025) found no significant relationship between gender and medication adherence among diabetes mellitus patients, indicating that both males and females have the same possibility of being adherent or non-adherent to treatment. Although females are known to have a higher risk of developing diabetes mellitus due to hormonal factors, body mass index, insulin sensitivity, and lifestyle factors (Suhaera et al., 2023), these conditions do not directly affect medication adherence. Medication adherence is more influenced by patient awareness, education provided by healthcare providers, and patient commitment to long-term therapy to prevent diabetes complications.

The Relationship Between Education and Medication Adherence in Patients with Diabetes Mellitus

Based on research findings, education level has a significant relationship with medication adherence among diabetes mellitus patients, where higher education levels increase the likelihood of patients being adherent to treatment (Riani et al., 2025). Higher education enables individuals to receive, understand, and apply health information in daily behavior, including adherence to diabetes mellitus therapy (Susanto et al., 2024). In addition, (Riani et al., 2025) found that respondents with lower education levels had a 16.042 times greater risk of being non-adherent compared to those with higher education levels, indicating that education plays a role in improving individuals' ability to make decisions related to treatment. This finding is consistent with Notoatmodjo's theory, which states that education affects knowledge and a person's ability to receive health information, so individuals with higher education tend to have better health behaviors (Riani et al., 2025). However, this result differs from (Susanto et al.,

2024), who obtained a p-value of 0.933 ($p > 0.05$), indicating no relationship between education level and medication adherence. Therefore, education level cannot be considered the only factor determining patient adherence to treatment.

The Relationship Between Occupation and Medication Adherence in Patients with Diabetes Mellitus

The relationship between occupation status and medication adherence among diabetes mellitus patients shows varying results. Studies by (Suhaera et al., 2023) and (Riani et al., 2025) found a significant relationship between occupation and medication adherence, while studies by (Susanto et al., 2024) and (Maymuna et al., 2023) found no significant relationship. Occupation is an activity performed to obtain income to meet living needs, which may affect patients' ability to access healthcare services and afford treatment costs (Riani et al., 2025). However, working patients may also have higher levels of activity, increasing the risk of forgetting to take medication or delaying check-ups, which can reduce medication adherence (Suhaera et al., 2023). Therefore, although occupation may influence medication adherence through economic aspects and workload, occupation is not the only factor determining medication adherence among diabetes mellitus patients.

Conclusion

Medication adherence among diabetes mellitus patients is influenced by various internal and external factors. Knowledge, motivation, and medication beliefs play important roles in shaping adherence behavior, where better levels of these factors are associated with higher patient adherence. In addition, family support and the role of healthcare providers also contribute significantly through education, assistance, and treatment monitoring. Meanwhile, patient characteristics such as age, gender, education, and occupation show inconsistent results, as some studies found relationships while others reported no significant associations. This indicates that adherence is a complex behavior influenced by multiple factors. Therefore, healthcare providers need to improve continuous education and counseling to strengthen patients' knowledge, motivation, and beliefs regarding treatment. Family involvement is also important to support patient adherence in undergoing therapy. Furthermore, patients are expected to be more active in understanding their disease and maintaining communication with healthcare providers.

Acknowledgments

The author would like to express gratitude to Universitas Ngudi Waluyo for the guidance and support provided during the preparation of this article.

References

- Arfania, M., Aulia, P., & Gunarti, N. S. (2023). Hubungan Pengetahuan dan Sikap Terhadap Kepatuhan Minum Obat Diabetes Melitus Pasien Geriatri Di Puskesmas Karawang. *Majalah Farmasi Farmakologi Fakultas Farmasi Makassar*. <https://doi.org/10.20956/mff.SpecialIssue>
- Dewi, N. A., Wahyuni, F. A., Retno, E. K., & Rahman, R. A. (2025). Hubungan Tingkat Kepatuhan Minum Obat Pada Pasien Diabetes Melitus Tipe 2 Berdasarkan Nilai HbA1C Di Puskesmas Damai. *JKT: Jurnal Kesehatan Tambusai*, 6(3).
- Elfadri, Y., & Sutjiatmo, A. B. (2025). Mengidentifikasi Kepatuhan Minum Obat Pada Pasien Diabetes Melitus Tipe 2 Di Berbagai Puskesmas Di Indonesia. *Jurnal Ilmiah Farmasi*, 5(1).
- Fadilati, N., Alfayzah, F., Utari, W. G., Dalila, V. F., & Andanalusia, M. (2024). Hubungan Keyakinan Terapi Terhadap Kepatuhan Pasien Diabetes Melitus. 5(3).
- Hasriati, Buton, L. D., & Pusmarani, J. (2025). Faktor-Faktor yang Berhubungan dengan Kepatuhan Minum Obat pada Pasien Diabetes Mellitus Tipe 2 dalam Menjalani Pengobatan di Puskesmas Usuku, Kecamatan Tomia Timur. *Jurnal Pharmacia Mandala Waluya*, 4(3), 212–219. <https://doi.org/10.54883/jpmw.v4i3.233>
- Irawan, T., Indriyani, Y., Sa'adah, L., Aulia, S. P., Putri, E. C., Navisa, D. K., Zain, M. H. A., & Agustin, A. (2025). Evaluasi Program Pengelolaan Penyakit Kronis (Prolanis) Dalam Pengendalian Diabetes Melitus Di Wilayah Kerja Pusat Kesehatan Masyarakat (Puskesmas) Tirto I. *Jurnal Ilmu Kedokteran Dan Kesehatan*, 12(11). <http://ejournalmalahayati.ac.id/index.php/kesehatan>
- Junaedi, D. C. W., & Azmi, R. N. (2024). Hubungan Karakteristik Dengan Kepatuhan Minum Obat Pasien Diabetes Mellitus Tipe 2 di Puskesmas Sidomulyo. *Jurnal Kesehatan Republik Indonesia*, 1(8).

- Manninda, R., Anggriani, Y., & Sari, A. K. (2021). Analisis Dampak Program Pengelolaan Penyakit Kronis (Prolanis) Dalam Meningkatkan Outcome Klinis Pasien Diabetes Melitus Tipe 2 Di Puskesmas Jakarta, Indonesia. *JURNAL ILMU KEFARMASIAN INDONESIA*, 19(2), 237–241.
- Marethalina, B., A. Sangkai, M., & Widuri, P. D. (2025). Hubungan Dukungan Keluarga dengan Kepatuhan Minum Obat pada Penderita Diabetes Melitus di UPT Puskesmas Marina Permai Tahun 2024. *Jurnal Surya Medika*, 11(2), 25–33. <https://doi.org/10.33084/jsm.v11i2.9675>
- Maymuna, N. M., Sartika, & Muhsanah, F. (2023). Faktor yang Berhubungan Dengan Kepatuhan Minum Obat Pada Penderita Diabetes Melitus Di Wilayah Puskesmas Tamalanrea Kota Makassar. *Window of Public Health Journal*, 4(6), 1049–1064.
- Nazriati, E., Pratiwi, D., & Restuastuti, T. (2018). Pengetahuan Pasien Diabetes Melitus Tipe 2 dan Hubungannya dengan Kepatuhan Minum Obat di Puskesmas Mandau Kabupaten Bengkalis. *Majalah Kedokteran Andalas*, 41(2), 59. <https://doi.org/10.25077/mka.v41.i2.p59-68.2018>
- Nugraha, I. B. A., Pramana, G. A. Y., & Gotera, W. (2025). Penapisan dan Diagnosis Diabetes Melitus Pada Pelayanan Kesehatan Primer. *Ganesha Medicina Journal*, 5(1).
- Pharamita, A., Triana Nugraheni, W., & Ningsih, W. T. (2023). Hubungan Tingkat Pengetahuan dengan Kepatuhan Minum Obat Pada Pasien Diabetes Melitus Di Wilayah Kerja Puskesmas Sumurgung. *Jurnal Multidisiplin Indonesia*, 2. <https://jmi.rivierapublishing.id/index.php/rp>
- Prabhawaty, Y., & Herlina, S. (2023). Medication Beliefs dan Kepatuhan Minum Obat Pada Pasien DM Tipe II. *Jurnal Keperawatan Widya Gantari Indonesia*, 7(3). <https://doi.org/10.52020/jkwgi.v7i3.6455>
- Prasetya, S. A., Irawan, A., & Rahman, S. (2023). Hubungan Motivasi Terhadap Kepatuhan Pengobatan Pada Penderita Diabetes Melitus Tipe II. *Journal of Nursing Invention*, 4(1). <https://doi.org/10.33859/jni>
- Pratiwi, T. I., Fajriansyah, & Aksa, R. (2022). Gambaran Tingkat Kepatuhan Minum Obat Pasien Diabetes Melitus Tipe 2 di Puskesmas Pertiwi Kota Makassar. *Hospital Journal*, 03(02).
- Puspita, N., & Khairunnida, K. (2022). Efektivitas Edukasi Obat untuk Pasien Diabetes Mellitus pada Masa Pandemi Covid-19 di Puskesmas Kecamatan Cempaka Putih, Jakarta Pusat. *Jurnal Sains Dan Kesehatan*, 4(4), 386–392. <https://doi.org/10.25026/jsk.v4i4.1264>
- Putra, M. I. S., Pranata, Y., Wahab, S., & Muliana, H. (2025). Analisis Faktor-faktor yang Mempengaruhi Kepatuhan Minum Obat Antidiabetik Oral di Puskesmas Pangkalan Balai Tahun 2025. *Jurnal Lentera Ilmiah Kesehatan*, 3(2), 36–42. <https://doi.org/10.52120/jlik.v3i2.126>
- Riani, L., Wahyudi, A., & Harokan, A. (2025). Analisis Kepatuhan Minum Obat Pasien Diabetes Tipe II Di Poli Lansia Puskesmas Tanjung Enim Kabupaten Muara Enim Tahun 2024. *Jurnal Ners Universitas Pahlawan*, 9, 595–605. <http://journal.universitaspahlawan.ac.id/index.php/ners>
- Rismawan, M., Handayani, N. M. T., & Rahayuni, I. G. A. R. (2023). Hubungan Kepatuhan Minum Obat Terhadap Kadar Gula Darah Sewaktu Pada Penderita Diabetes Mellitus Tipe II. *Riset Media Keperawatan*, (1).
- Risti, K. N., & Isnaeni, F. N. (2017). Hubungan Motivasi Diri dan Pengetahuan Gizi Terhadap Kepatuhan Diet DM Pada Pasien Diabetes Mellitus Tipe II Rawat Jalan Di RSUD Karanganyar. *Jurnal Kesehatan*, 10(2).
- Septiani, R., & Sembiring, E. V. (2024). Gambaran Tingkat Kepatuhan Minum Obat Antidiabetik Oral pada Pasien Diabetes Melitus Tipe 2 di Puskesmas Purbolinggo Lampung Timur. *Journal of Pharmaceutical Sciences and Technology*, 1(1). <https://ejurnal.poltekkes-tjk.ac.id/index.php/pj>
- Suhaera, S., Fitriani Sammulia, S., Voniekartika, A., & Hasan, N. (2023). Hubungan Karakteristik Dengan Tingkat Kepatuhan Minum Obat Pasien Diabetes Mellitus Tipe II Di Puskesmas Tiban Baru Kota Batam. *Vitamin: Jurnal Ilmu Kesehatan Umum*, 1(3), 01–11. <https://doi.org/10.61132/vitamin.v1i3.232>
- Susanto, Y., Saniyya Afifa, D., Alexxander, Prihandiwati, E., Alfian, R., Rianto, L., Priyo Herianto, A., & Soraya. (2024). Korelasi Karakteristik dengan Kepatuhan Minum Obat

Pasien Diabetes Mellitus Tipe 2 Di Puskesmas S.Parman Banjarmasin. Jurnal Komunitas Farmasi Nasional, 04, 1.

Wahyudi, J. T., Ramadhani, D. R., & Utama, R. N. (2024). Manajemen Perawatan Diri Pasien Diabetes Melitus Tipe II Di RSUD Siti Fatimah Az-Zahra Provinsi Sumatera Selatan. Jurnal Masker Medika, 12(1), 209–225.
<https://doi.org/10.52523/maskermedika.v12i1.627>