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INFLUENCE OF SOCIAL SUPPORT TO HEALTH BELIEF ON PATIENTS DECREASE IN FUNCTION

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ABSTRACT

Decreased kidney function has a growing number of sufferers each year. Treatment carried out and the risk of not doing treatment creates a burden for patients. In this disease, patients are required to always obey the doctor's advice or have health beliefs. One factor that influences one's health beliefs is social support. This study aims to determine the effect of social support on health belief in patients with decreased kidney function. This research is quantitative non-experimental with 100 research respondents. The sampling technique in this study was purposive sampling. Measuring social support was measured using a social support scale based on Sarafino's theory adapted from Gideon (2010) totaling 36 valid items with a reliability value of 0.920 and a health belief measuring instrument measured using a health belief scale based on the theories of Janz and Becker of Widyaningsih (2018) which was modified amounting to 25 items with a reliability value of 0.848. Simple linear regression test results obtained sig. (P) = 0,000 with a coefficient of +0.308 which means that the hypothesis is accepted that social support has a significant positive effect on health belief . The value of R [2] indicates social support influences health beliefs of 16.4% is influenced by other factors. Patients with decreased kidney function were predominantly having negative health beliefs of 51%. Gender and age have no relationship with the patient's health belief in decreased kidney function. Patients who have high health beliefs in this study were predominantly male and in late adulthood.

Keywords: *Social Support, Health Belief, Patients*

Preliminary

Currently health issues are a concern in Indonesia. Based on the 2018 Rikesdas data, Indonesia has experienced an increase in the development of non-communicable diseases caused by the lifestyle adopted by the community (Rossa, 2018) . According to AIA Healthy Living Index research in 2018, healthy living activities undertaken by the Indonesian people in 2016 were 4.0% and decreased in 2018 by 3.6%. In his research explained that the most influential lifestyle is the lack of a person doing physical movements such as sports and also eating healthy food because it is considered complicated, expensive and also a waste of time ("Research: Indonesia's lowest healthy population index in Asia Pacific, "2018) . This causes an increase in the development of non-communicable diseases one of which decreases kidney function. According to data from the Ministry of Health 2018, kidney disease decline ranks second as a disease that costs a lot of money and is life threatening in Indonesia with growth of almost 100% within a year, this development is greater than other non-communicable diseases ("Healthy Portrait of Indonesia from Riskesdas 2018, "2018) . In 2018 there were 43,000,000 patients with decreased kidney function ("Healthy Portrait of Indonesia from Riskesdas 2018," 2018) .

The kidney functions for the body, among others, as a regulator of blood volume and composition, formation of red blood cells, helps maintain acid-base balance, regulation of blood pressure, expulsion of foreign components and

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regulation of the amount of electrolyte concentrations in extracellular fluid (Zurmeli, Bayhakki and Utami, 2006) . Meanwhile, along with increasing age and doing unhealthy lifestyles, such as having a diet that is high in fat and carbohydrates, lack of drinking and not doing exercise can cause decreased organ function in the body including kidney function (Ala m & Hadibroto, 2007) .

Decreased kidney function is a kidney disease, where the body fails to maintain metabolism and fluid and electrolyte balance, causing uremia (Zurmeli, Bayhakki , & Utami, 2006) . Decreased kidney function is usually caused by several diseases both from kidney disease itself and other diseases such as diabetes and hypertension (Tandra, 2018) . In Tandra (2018) , decreased kidney function can occur gradually and also occur suddenly. Decreased kidney function that occurs gradually usually has unclear initial symptoms so that patients feel it when it is said to be the final stage (Alam & Hadibroto, 2007) . In Tandra (2018) , when it is at the final stage that the kidney has a GFR below 15ml / min of normal function, actions such as hemodialysis or kidney transplantation will be performed. However, if kidney function is still in stages 1 to 4, the condition of the kidney can be prevented by severing lifestyle changes such as electrical imbalance control, control of hypertension and a high-calorie, low-protein diet that is scheduled by doctors and also sports (Tandra, 2018) .

According Tandra (2018) says that there are patients with decreased kidney function who do not follow the doctor's advice, especially in the diet and sport . This was also stated by a specialist consultant hypertension kidney, Aida Lydia who said that many patients also do not take medication and control to the doctor routinely, so that it can trigger complications and dialysis (Purba, 2019) . Whether or not the patient follows the doctor's recommendations such as control to the doctor routinely, does not undergo diet and exercise and does not take medication regularly is thought to be caused because the patient has a negative health belief .

According to Rosenstrock (Janz & Becker, 1984) said that health belief is a belief or assessment of behavior related to health. Assessments are obtained through cognitive processes from information obtained through the environment or through the assessment process through individual experiences. In the results of Nugraha & Nurhayati's research (2011) , it was stated that patients with kidney failure in Al Ihsan Regional Hospital have negative health beliefs that are characterized by irregularity in taking medication and inconsistent dieting. There are several demographic factors that affect one's health belief according to Janz & Becker (1984) , such as age, sex, education and ethnicity.

There are patients with decreased kidney function who are suspected of having positive health beliefs , one of which is subject M, a 60-year-old woman who has a decline in kidney function and has a history of diabetes. The subject said that following the doctor's advice was not easy especially for dieting but the subject continued to follow the doctor's advice because he was sure his condition would improve besides the subject was also afraid if he did not follow the doctor's advice his condition worsened because the subject knew his illness was quite severe.

"*I followed the advice of the doctor, told to go on a diet, take medicine, and sometimes also exercise. The most severe part of the diet is because the food is very restricted and not as good as usual, so it is difficult, but it must be run. At first the body was really weak because the problem was eating a little portion according to the recommendation but for a long time I felt my body was better after following the doctor's advice. I just trust the doctor, and I am afraid of getting worse. I also don't feel the burden because children like to provide food and sometimes we eat together. Children also always accompany when check-up time, happy not feel alone. I also have some friends who are the same as me, sometimes I exchange healthy food recipes, so how about I just love it, lots of people support it.* (M, Personal Communication, 2018)

Based on interviews with subject M it is suspected that the subject has positive health beliefs . Seen from the interview above the subject has a perception of the benefits of believing in the doctor's advice that can make it better and also follow the treatment suggested by the doctor. In addition, the subject also has a perception of severity with his belief that the disease cannot be underestimated.

Unlike the second subject. The subject initials 56 years old is a patient who has decreased kidney function and has a history of diabetes.

Doctors recommend a lot, but I'm lazy to run it because there are many rules. Sport is hard for me, because later it will be crowded. Then the diet is completely regulated and the taste is not good so it makes no appetite. Especially if you see children or grandchildren eating delicious right I also want to finally forget the same diet. Moreover, the material must be bought alone, the problem is for yourself. Every month check-up is certain. Yes, I'm just sure that if you don't follow it,

it won't matter, the problem is how do you want to follow it, sometimes it's lazy because there are obstacles, even though you have the intention. (L, Personal Communication, 2018)

Based on interviews with the above subjects it can be seen that the subject has negative health beliefs that can be seen from the subject having no perception of severity such as following the doctor's advice because they do not have the belief that existing treatment can make it better. In addition, children from the subject also did not support to follow the advice of doctors. The subject did not get support so that made the subject less motivated to carry out the treatment.

From interviews with these two subjects, there were patients with decreased kidney function who followed the doctor's advice and some did not. According to Rosentrock (Janz & Becker, 1984) and based on interviews above one of the factors that influence health beliefs is social support.

Sarafino (2002) , states that social support refers to providing comfort to others, caring for them or appreciating them. Sarafino (2002) , also said that social support can make patients not stressed in dealing with their illnesses, make someone able to overcome their problems, make someone see the good side of the problem he is facing, besides that social support makes a person stronger, more undergoing a pattern live healthy and make others feel cared for and needed so that someone will be encouraged to exercise, eat healthy, not smoke and not drink alcohol. In Smet (1994) , when someone is supported by the environment, everything will feel easier. If someone gets social support from the environment will make the individual feel calm, cared for, loved, self-confidence and competence arise (Smet, 1994) .

Thus high social support is characterized by getting attention and care coming from people around, there are other people who support in any condition, there is help in the form of material, physical or psychological coming from people around, directed about treatment, advised to follow doctor's advice, have a place to tell stories, accompanied when going to the hospital, have someone who can be trusted to give advice or advice, and have a group of friends who can provide a sense of togetherness among group members.

With the high social support from the surrounding environment, it can make patients decrease kidney function feel stronger, more excited, more motivated to carry out their treatment, patients feel cared for, given affection from the surrounding environment, made it easy to follow treatment because it is facilitated, patients get proper information from medical staff or the surrounding environment, there are always other people who always provide assistance and this is thought to make patients feel happy, happy because there are those who support it encourage patients to believe whatever is said by others including doctors and families if patients following the advice given will be healthier and ready to follow the recommended treatment such as taking medication regularly, be consistent in diet, exercise and control to the doctor regularly.

Meanwhile, low social support will make patients decrease kidney function feel uninspired, not motivated to carry out treatment, feel less cared for and given affection from the surrounding environment, it is difficult to follow a healthy lifestyle because there are no supporting facilities, also feel alone This is thought to cause the patient to be unsure of the advice given by the doctor and not follow it because he feels it will not make him healthier.

Based on the explanation above and supported by Nugraha and Nurhayati (2011) research entitled Relationship between health belief and compliance behavior in patients with chronic kidney failure in Al Ihsan Regional Hospital, which says that there is a low relationship between health belief and compliance behavior, which means more patients are confident with the disease he suffered, the higher the patient's compliance with the doctor's recommendations. In addition, the Khotimah Research (2014) states that there is a relationship between family support and health care provider support for adherence to ARV therapy. Patients who get low family support are 6 times more likely to be undisciplined in taking medication than those who get high family support. The purpose of this study is to look at the effect of social support on the health beliefs of patients with decreased kidney function and see the positive-negative picture of health beliefs with supporting data. The hypothesis of this study is that there is a positive influence of social support on patients ' health beliefs in decreased kidney function

Research methods

This study uses quantitative research methods that are non-experimental. This study is included in a causal-comparative study with simple linear regression, because it has the objective to determine the effect of social support on health beliefs . The sample in this study amounted to 100 patients with decreased kidney function in Jakarta with the characteristics of a sample having a partner, living with family and not having dialysis. Retrieval of data in this study using a questionnaire using a Likert scale.

Social support measuring instruments are adapted based on measuring tools made by Gidion (2010) based on Sarafino's (2002) theory. Researchers made modifications by adding 10 items so that the initial number of items was 60 items. After the validity test, 26 items have been dropped so that they have a total of 34 items. Reliability in this item amounted to 0.920.

While the measure of health belief is adapted from Widyaningsih (2018) based on Rosentrock's theory (in Janz & Becker, 1984). Researchers made modifications by adding 12 items so that the initial number of items was 40 items. After the validity test, 15 items have been dropped so that they have a total of 25 items. Reliability in this item amounted to 0.848.

Results and Discussion

Table 1
Overview Type Sex

Gender	Frequency	Percentage(%)
Male	53	53%
Girl	47	47%
Total	100	100%

In table 1 it can be seen that the majority of respondents are male, that is 53%. While the female sex is 47%

Table 2
Age description

Age	Frequency	rcentage (%)
Early adulthood	24	24%
Middle adulthood	40	40%
Late adulthood	36	36%
Total	100	100%

In table 2 it can be seen that the majority of respondents are middle aged adults, that is 40%. While early adulthood is 24% and late adult is 36%.

Table 3
Nominality Test

Variable	Kolmogorof-Smirnov
Social Support	.103
Health Belief	0.127

In table 3 it can be seen that the results of the one sample kolmogorof-smirnov normality test data obtained the probability of social support 0.103 and health belief 0.127

Heterokedasticity Test

In this research, heterocedasticity test is used to see the distribution of research data. Heterokedastisitas test results obtained there are no clear patterns on the graph which means that this data is spread evenly or heterocedasticity does not occur

Table 4
Simple Linear Regression Results

Social Support and Health Belief Score	
Constant B	+0,308
Sig. (2-tailed)	0,000
N	100

In table 3 it can be seen that the results of the simple linear regression test that has been done in table 4 of the ANOVA results can be seen that the sig value. (p) 0,000 (p <0.05), which means that there is an influence of social support for health belief in patients with decreased kidney function. Besides that, the constant value of B is +0.308, which means that social support has a positive influence on health belief, so the hypothesis in this study is accepted. If social support is high, it will be followed by high health beliefs.

Table 5
Results of Social Support Categorization

Score	Categorization	amount	Percentage
X ≥ 105.02	High	51	51%
X < 105.02	Low	49	49%
Total		100	100%

In table 5 it can be seen that the results of the categorization of social support, the most respondents are those who have high social support as much as 51%. While those who have low social support are 49%

Table 6
Health Belief Categorization Results

Score	Categorization	amount	Percentage
X ≥ 77.59	Positive	49	49%
X < 77.59	Negative	51	51%
Total		100	100%

In table 6 it can be seen that the results of the categorization of health beliefs , most respondents have negative health beliefs of 51%. While those who have high health beliefs are 49%.

Table 7
Overview Health Belief In terms of type Gender

Gender	Negative	Positive	Total
Male	26	27	53
Girl	25	22	47
Total	51	49	100
Asymp. Sig. (2-tailed) Pearson Chi-Square			0.680

In table 7 it can be seen that the results of the cross tabulation can be seen that more male respondents have positive health beliefs . Whereas more female sexes have low health beliefs .

Chi-Square results obtained sig = 0.680 (p> 0.05) which means there is no relationship between health beliefs with the sex of the respondent.

Table 8
Overview Health Belief In terms of age

Age	Negative	Positive	Total
Early adulthood	13	11	24
Middle adulthood	21	19	40
Late adulthood	17	19	36

Total	51	49	100
Asymp. Sig. (2-tailed) Pearson Chi-Square			0.573

In table 8 it can be seen that the results of cross tabulation can be seen that respondents with late adulthood have more positive health beliefs . While early adulthood and middle adulthood have more low health beliefs .

Chi-Square results obtained sig = 0.573 (p> 0.05) which means there is no relationship between health beliefs with the age of the respondent.

Discussion

In this study a statistical test with simple linear regression obtained the value of sig. (p) 0,000 (p <0.05) and the regression coefficient is +0.308 which means that the hypothesis is accepted. These results indicate that there is a positive influence of social support on health belief in patients with decreased kidney function. Based on the value (R^2) showed a yield of 0.164 which means that social support has a considerable influence, namely 16.4%, while the rest influenced by other factors. The results of the linear regression equation show the value of Y = 45.195 + 0.308x, meaning that when social support increases by 1 then health belief will also increase by 0.308, and vice versa if social support decreases then health belief also decreases by the same amount.

The results of this study are in line with research previously conducted by Maulana (2015) , whose research results say that there is a positive and significant influence of social support with healthy dietary behavior in early adult women, which means that the higher the social support, the higher the score for healthy diet behavior . Other research was also carried out by Irnawati, Siagian, & Ottay (2016) , the results of his study showed that social support had a positive influence on medication adherence for tuberculosis patients . The results of the study show that social support affects healthy dietary behavior and medication adherence including health belief behavior .

A patient with decreased kidney function who gets high social support will feel cared for, get affection, get the right information about his illness so that makes the patient feel happy and happy because he is cared for so that he is more motivated and enthusiastic in undergoing his treatment, the patient also does not feel alone and is stronger in fighting the disease. So that patients have confidence that the benefits obtained when doing treatment, believe the risks if not doing treatment, know that the disease will be more severe, believe the treatment can make health conditions improve, adhere to treatment such as regularly taking medication and a healthy diet, and seeking information regarding the illness. Conversely, if a patient with decreased kidney function gets low social support, he will feel alone in dealing with his illness, feel alienated from his environment, feel sad so that he is not motivated and enthusiastic about taking medication because there is no support from his environment, and makes the patient less confident about their health development, they are not sure that they will be healthier if they take medication, they are not sure of the risks that will occur if they do not take medication, and they are not ready to take advice from their doctor, do not regularly take medication and do not comply with the doctor's recommended diet.

Sarafino (2011) , said that social support can make patients not stressed in dealing with their illnesses, make someone able to overcome their problems, make someone see the good side of the problem he is facing, besides social support makes a person stronger, more lead a lifestyle healthy and make others feel cared for and needed so that someone will be encouraged to exercise, eat healthy, not smoke and not drink alcohol or in other words believe in a healthy lifestyle.

Based on the results of health belief categorization, there are 51 people in the negative category. Patient who have health belief would negatively less convinced of the risks of illness, less prepared to deal with the treatment and does not believe in the benefits of treatment. In the results of Nugraha & Nurhayati's research (2011) , stated that patients with renal failure Al Ihsan Regional Hospital have negative health beliefs marked by not believing that kidney failure is a dangerous disease, lacking confidence that patients are able to follow the doctor's recommendations, and lacking confidence that the disease can pose medical risks. Health belief in Rosenstock (1974) , makes patients think that they have a serious illness and must be cured, makes someone motivated that he can live healthy, make someone try to avoid the disease. Other than that. In addition, Sarafino (2011) also said that individuals who were convinced of the consequences of their illness, both medically, psychologically and socially, the greater the belief that the threat of these consequences would approach them. This belief makes individuals encouraged to make health recommendations such as a healthy diet because of the many benefits gained.

One that affects one's health belief according to Rosentrock is gender. The result of cross tabulation between sex and health beliefs shows a sig of 0.680, which means that there is no influence of health beliefs with the gender of patients with decreased kidney function. This is in line with research Hayati (2011) , which says that sex does not indicate compliance with taking medication in pulmonary tuberculosis patients . From cross tabulation data with health beliefs, it is stated that more women have negative health beliefs than men. According to Korin, et al (2017) , women pay more attention to their health before being exposed to the disease, while men pay more attention to their health after being exposed to the disease. This is because women's mindsets that change after living a healthy lifestyle remain affected by the disease. H acyl research Ulum, Widyawati, & Kusnanto (2014) states that men are more adherent to treatment miletus 2 diabetes because the number of respondents in the study is more dominant.

Besides gender, according to Rosenstock (1974) , another demographic factor that influences health beliefs is age. The cross tabulation between age and health belief shows sig. (p) as much as 0.573 (p> 0.05) which means that there is no relationship between age and health beliefs of patients with decreased kidney function. According to WHO (2003) , said that age and sex have no relationship with patient compliance following the doctor's advice in several places. In addition, Hayati (2011) also said that there was no relationship between age and adherence to the taking of tuberculosis patients in pulmonary tuberculosis patients . From cross tabulation data between age and health belief shows that the early adult and middle age groups had more negative health beliefs and in the late adult group more patients had positive health beliefs . This is in line with the statement of Budiman, Khambri & Bachtiar (2013) , who said that age can affect one's motivation to adopt a healthy lifestyle, the more age the higher the level of one's compliance with medication or therapy.

The findings in this study are social support in this study is high but patients have low health beliefs , it is suspected because it is influenced by age factors on respondents. Where respondents in this study more middle adulthood, which in theory (Hurlock, 2003) , said that in middle adulthood both men and women are having an increasingly warm relationship with their environment but this period is also a transition period from middle adulthood to old age and at that time physical health began to decline but someone has not been able to accept it.

Conclusion

Based on research that has been done, it can be concluded that there is an influence of social support on health belief in patients with decreased kidney function with sig (p). 0,000 (p <0.05). With the results of the linear regression equation Y = 45.195 + 0.308x shows the coefficient of the variable (x) of +0.308 which means that social support has a positive effect on health belief which means the hypothesis is accepted. It states that the higher the social support the more positive the patient's health beliefs decline in kidney function, and vice versa the lower the social support, the lower the health beliefs owned by the patient's decline in kidney function. Based on the value of $R2^{2}$ shows a result of 0.164 or 16.4%, which means social support has an influence of 16.4% on the health beliefs of patients with decreased kidney function.

From the results of this study more patients decreased kidney function who had negative health beliefs by 51% compared to positive. From the results of the cross tabulation shows that there is no relationship between sex with one's health beliefs , but the data shows that men have more positive health beliefs because the number of respondents in this study is dominated by men. This research also shows that age has no relationship to the health beliefs of patients with decreased kidney function

Bibliography

Alam, S., & Hadibroto, I. (2007). *Gagal Ginjal*. Jakarta: PT Gramedia Pustaka Utama.

Budiman, A., Khambri, D., & Bachtiar, H. (2013). Affecting's factor to medication adherence of patient with Tamoxifen after surgery. *Jurnal FK Universitas Andalas*, *2*(1), 20–24.

Gidion, H. (2010). *Dukungan Sosial dengan Resiliensi Pada Subyek yang Menderita Stroke* (skirpsi tidak diterbitkan) Fakultas Psikologi Universitas Indonesia, Depok.

Hayati, A. (2011). *Evaluasi Kepatuhan Berobat Penderita Tuberkolosis Paru Tahun 2010-2011 di Puskesmas Kecamatan Pancoran Mas Depok*. (Skirpsi Fakultas Matematika dan Ilmu Pengetahuan Alam Universitas Indonesia). Diambil

dari http://lib.ui.ac.id-20205393-S121-Evaluasi-Kepatuhan/

Hurlock, E. B. (2003). *Psikologi Perkembangan: Suatu Pendekatan Sepanjang Rentang Kehidupan (Edisi 5)*. Jakarta: Erlangga.

Irnawati, N. M., Siagian, I. E. T., & Ottay, R. I. (2016). Pengaruh Dukungan Keluarga Terhadap Kepatuhan Minum Obat pada Penderita Tuberkulosis di Puskesmas Motoboi Kecil Kota Kotamobagu. *Jurnal Kedokteran Komunitas Dan Tropik*, *IV*, 59–64.

Janz, N. K., & Becker. (1984). The Health Belief Model: A Decade Later reprint requests to. *Health Education Quarterly*, *11*(1), 1–47. Retrieved from https://journals.sagepub.com/doi/pdf/10.1177/109019818401100101

Khotimah, M. (2014). Hubungan Antara Dukungan Keluarga dan Peran Petugas Kesehatan dengan Kepatuhan Minum Obat Kusta di Kabupaten Blora Tahun 2011. *Unnes Journal of Public Health*, *3*(2), 1–5. Retrieved from http://journal.unnes.ac.id/sju/index.php/ujph

Korin, M. R., Chaplin, W. F., Shaffer, J. A., Butler, M. J., Ojie, M. J., & Davidson, K. W. (2017). Public Access NIH Public Access. *Health Educ Behav*, *32*(7), 736–740. https://doi.org/10.1371/journal.pone.0178059

Maulana, D. H. (2015). *Pengaruh dukungan sosial dan health belief model terhadap perilaku diet sehat pada wanita dewasa awal*. (Skripsi Fakultas Psikologi Universitas Negeri Syarif Hidayatullah). Diambil dari http://repository.uinjkt.ac.id/

Nugraha, S., & Nurhayati, R. (2011). Hubungan Health Belief dengan Perilaku Compliance pada Pasien Gagal Ginjal Kronis di RSUD Al Ihsan. *Prosiding Penellitian Civitas Akademika Unisba (Sosial Dan Humaniora)*, *2*, 30–39. https://doi.org/10.1017/CBO9781107415324.004

Potret Sehat Indonesia dari Riskesdas 2018. (2018, November). *Depkes.Go.Id*. Retrieved from http://www.depkes.go.id/

Purba, T. A. (2019, March). Hari Ginjal Sedunia, Ayo Cegah Penyakit Ginjal Sejak Dini. *Bisnis.Com*. Retrieved from https://lifestyle.bisnis.com/

Riset: Indeks Hidup Sehat Penduduk Indonesia Terendah di Asia Pasifik. (2018, December). *Kumparan.Com*. Retrieved from https://kumparan.com/

Rosenstock, I. M. (1974). The Health Belief Model and Personal Health Behavior. *Health Education Monographs*, *2*(4), 354–386. https://doi.org/10.1177/014572178501100108

Rossa, V. (2018, November). Hasil Riskesdas 2018, Penyakit tidak menular semakin meningkat. *Suara.Com*. Retrieved from https://www.suara.com/health/2018/11/02/101437/hasil-riskesdas-2018-penyakit-tidak-menular-semakin-meningkat

Sarafino, E. P. (2002). *Health Psychology: Biopsychosocial Interactions*. New York: John Wiley & Sons Inc.

Sarafino, E. P. (2011). *Health Psychology: Biopsychosocial Interactions* (7th ed.). United States of America: John Wiley & Sons Inc.

Smet, B. (1994). *Psikologi Kesehatan*. Jakarta: Grasindo.

Tandra, H. (2018). *Dari Diabetes Menuju Ginjal*. Jakarta: Gramedia Pustaka Utama.

Ulum, Z., Widyawati, I. Y., & Kusnanto. (2014). Kepatuhan Medikasi Penderita Diabetes Mellitus Tipe 2 Berdasarkan Teori Health Belief (HBM) Di Wilayah Kerja Puskesmas Mulyorejo Surabaya. *Jurnal Keperawatan*, *3*(1), 64–74.

WHO. (2003). *Adherence to long-term therapies: Evidence for action* (Vol. 2). https://doi.org/10.1016/S1474-5151(03)00091-4

Widyaningsih, T. H. (2018). *Gambaran Health Belief Pengkonsumsi Mie Insan Pada Mahasiswa* (skripsi tidak diterbitkan) Fakultas Psikologi Universitas Esa Unggul, Jakarta

Zurmeli., Bayhakki., & Utami, G. T. (2006). Hubungan Dukungan Keluarga Dengan Kualitas Hidup Pasien Gagal Ginjal Kronik Yang Menjalani Terapi Hemodialisis Di Rsud Arifin Achmad Pekanbaru. *Jurnal Keperawatan*. 670-681. diambil dari http://jom.unri.ac.id