https://www.jurnal-umbuton.ac.id/index.php/Pencerah
https://doi.org/10.35326/pencerah.v11i3.7545

Open Access

SANG PENCERAH
Jurnal Ilmiah Universitas Muhammadiyah Buton

E-ISSN: 2621-6159, P-ISSN: 2460-5697 Volume 11, No 3, Year 2025

Participation in the Chronic Disease Management Program (*Prolanis*) and Its Impact on Elderly Quality of Life

Haslina[1]*, La Ode Asrianto[2], Wa Ode Binawarti[3]

[1,3]Prodi S-1 Keperawatan, Sekolah Tinggi Ilmu Kesehatan (STIKES) IST Buton, Indonesia
[2]Prodi Kesehatan Masyarakat, Sekolah Tinggi Ilmu Kesehatan (STIKES) IST Buton, Indonesia
*Korespondensi: asriantostikes@gmail.com

Article Info

Received 07 July 2025

Approved 10 August 2025

Published 25 August 2025

Keywords: Knowledge; Attitude; Nutrition Education; Preference for Eating Fish

Abstrak

This study originates from the issue of the crucial role of the Chronic Disease Management Program (Prolanis) for the elderly, considering that older adults are vulnerable to health deterioration that affects their quality of life. The program is expected to improve the physical, psychological, and social conditions of the elderly through structured routine activities. The main objective of this research is to analyze the extent to which elderly participation in the Prolanis program contributes positively to a better quality of life. This is important to ensure that community-based health activities are truly effective and relevant to the needs of the elderly. The research employed a quantitative approach with a cross-sectional design. Primary data were obtained through questionnaires distributed to all respondents involved. The sampling technique used was total sampling, meaning that the entire population became part of the study. Data analysis was conducted using univariate methods to describe the distribution of variables and bivariate methods to examine the relationships between the studied variables. The results show that the level of elderly participation in Prolanis activities is relatively good and is directly proportional to the improvement in their perceived quality of life. These findings indicate a significant relationship between elderly involvement in Prolanis and their quality of life, suggesting that this program can be regarded as an effective strategy to improve the well-being of older adults in the community.

1. Introduction

The Chronic Disease Management Program (Prolanis) is part of the healthcare service system that adopts a proactive and integrated approach, involving both participants and healthcare facilities under the Social Security Administration for Health (BPJS Kesehatan). The main objective of this program is

to maintain the health conditions of patients with chronic diseases so that they can achieve an optimal quality of life without being burdened by high healthcare costs. Prolanis also aims to improve quality of life through success indicators, one of which is that 75% of participants make visits to Primary Healthcare Facilities with evaluation results classified as “good” (Ministry of Health of the Republic of Indonesia, 2023).

According to the World Health Organization (WHO), by 2030, it is estimated that one in six people worldwide will be elderly. The number of individuals aged over 60 is projected to reach 2.1 billion by 2050, a significant increase from 1.4 billion in 2020. Meanwhile, the population aged 80 years and above is expected to triple between 2020 and 2050, reaching approximately 426 million. In the same report, WHO also noted that the global prevalence of hypertension stands at 54%, yet only 42% receive treatment, and of those, only 21% manage to control their blood pressure effectively (WHO, 2024).

According to the 2023 Indonesia Health Survey released by the Ministry of Health of the Republic of Indonesia, the country’s population reached more than 270.6 million, with 1.386 million deaths caused by non-communicable diseases. Compared to the previous year, the incidence of non-communicable diseases showed an increasing trend. This rise is reflected in the prevalence of hypertension, which increased from 25.8% to 34.1%, diabetes mellitus which rose from 6.9% to 8.5%, and secondary hypertension which surged from 7% to 10.9% (Ministry of Health, 2023).

Chronic diseases fall into the category of degenerative illnesses that persist over a long period, typically more than six months, and may lead to functional limitations for sufferers. Treatment efforts require continuous care over an extended duration (Ginting et al., 2020). Hypertension and diabetes mellitus have become the government’s primary focus, as both conditions carry the risk of severe complications if not managed properly (BPJS Kesehatan RI, 2014). In response, the government, through BPJS Kesehatan in collaboration with healthcare providers, designed and implemented the Chronic Disease Management Program (Prolanis) as a structured intervention strategy to improve the quality of chronic disease management in Indonesia (Wicaksono & Fajriyah, 2018).

Elderly individuals suffering from diabetes mellitus (DM) and hypertension are at high risk of experiencing a decline in quality of life, which may affect physical, psychological, social, and spiritual aspects. They face the reality that these diseases are chronic and incurable, with potential complications that require long-term treatment and strict adherence to dietary regulations. The inability to accept such conditions may trigger psychological disturbances, such as pessimism, reduced self-confidence, and difficulties in enjoying daily life. From an economic perspective, the elderly bear the burden of significant medical expenses along with decreased income. On the social dimension, negative perceptions, feelings of despair, and disrupted activities may lead to discomfort in interacting with their surroundings (Apriyan et al., 2020).

Diabetes mellitus (DM) and hypertension are types of chronic diseases that can actually be prevented by identifying their risk factors and adopting a healthier lifestyle. To address this challenge, the government has undertaken various efforts, including an integrated approach to non-communicable disease (NCD) risk factors

at the primary care level, such as community health centers (Puskesmas). In addition, the Integrated Non-Communicable Disease Post (Posbindu PTM) has been established as a community empowerment platform to enhance early awareness and monitoring of NCD risk factors, including DM and hypertension. Furthermore, the government, through the Social Security Administration for Health (BPJS Kesehatan), in collaboration with healthcare facilities, has designed an integrated program based on chronic disease management for participants suffering from DM and hypertension, known as Prolanis (Chronic Disease Management Program) (BPJS Kesehatan RI, 2014).

The Prolanis program is designed to support the management of chronic diseases through healthy lifestyle changes, with greater effectiveness when supported by the family environment. The role of the family is crucial in encouraging patients to adopt positive habits such as maintaining a balanced diet and engaging in regular physical activity, while also facilitating the utilization of Prolanis services. Families that actively provide education about the urgency and benefits of Prolanis can help patients make more informed decisions regarding their health management. Studies have shown that hypertensive patients who receive informational support from their families are more likely to utilize Prolanis effectively, feel more confident, and have better knowledge about their disease (Wulandari, 2021).

The lack of participation of patients with hypertension and diabetes mellitus in chronic disease management programs can lead to serious consequences. Without optimal management, controlling blood pressure and blood glucose levels becomes difficult, thereby increasing the risk of complications such as stroke, heart failure, kidney damage, neuropathy, and retinopathy. In addition, patients' quality of life may decline due to untreated symptoms, limitations in daily activities, and potential psychological disorders such as anxiety and depression. Non-participation also implies higher medical costs due to the need for intensive care to treat emerging complications. Overall, this condition can contribute to increased morbidity and mortality. Therefore, participation in chronic disease management programs is a crucial step in preventing more severe health impacts (Ministry of Health, 2020).

Based on the urgency and relevance of non-communicable diseases (NCDs), particularly hypertension and diabetes mellitus, which continue to show an upward trend in Baubau City, data from the Health Office revealed that in 2023 there were 13,590 cases of hypertension and 2,659 cases of diabetes mellitus, while by September 2024, there were 12,220 cases of hypertension and 2,485 cases of diabetes mellitus. This condition reflects a significant public health burden. In the working area of Sulaa Community Health Center (Puskesmas Sulaa), the number of hypertension and diabetes mellitus cases also remains high, despite a decline in 2024 compared to the previous year. However, the participation of elderly individuals in Prolanis activities has been fluctuating and relatively low. Findings from preliminary surveys conducted at community health posts (Posyandu) indicate that some elderly individuals have not participated due to forgetfulness, lack of family support, and limited health education.

Prolanis is one of the strategies initiated by the government through BPJS Kesehatan to prevent chronic disease complications, improve quality of life, and optimize healthcare costs. Therefore, it is essential to examine the extent to which

elderly participation in Prolanis is associated with their quality of life, particularly in the working area of Puskesmas Sulaa, which still faces challenges in community participation and health education.

2. Methods

This research is a quantitative study with an observational analytic design aimed at identifying the relationships between variables. The approach employed is the cross-sectional method, which examines the correlation between independent and dependent variables, where each participant is observed only once within the same period of time. The population is defined as the generalization area consisting of subjects or objects with specific characteristics and qualities determined by the researcher, which become the focus of the study for drawing conclusions (Sugiyono, 2018). The population in this study included all elderly individuals who participated in the Chronic Disease Management Program (Prolanis) in 2024 within the working area of UPTD Puskesmas Sulaa, Baubau City, totaling 56 people. The sample refers to the research subjects selected to represent the entire established population (Notoatmodjo, 2018). The sampling technique used was total sampling, in which all members of the population were included as research samples. Thus, the total number of samples used in this study was 56 individuals.

The instrument used in this study was a questionnaire developed based on the predetermined indicators of the independent and dependent variables. The questionnaire served to measure the level of elderly participation in the Chronic Disease Management Program (Prolanis) activities and to assess their quality of life. The questions were structured to objectively reflect the respondents' conditions. The selection of a questionnaire as the research instrument was based on practical considerations, ease of administration, and its ability to collect quantitative data, making it suitable for the study's objective of analyzing the relationship between variables.

The data collection process was carried out by directly distributing questionnaires to all research respondents, namely 56 elderly individuals registered in the Prolanis program within the working area of UPTD Puskesmas Sulaa, Baubau City. This method was chosen to ensure the acquisition of accurate primary data relevant to the variables under study. Prior to distribution, respondents were provided with explanations regarding the research objectives and instructions for completing the questionnaire to ensure proper understanding. The collected data were then verified to avoid errors or incomplete responses, thus maintaining the quality of the data. The collected data were analyzed in two stages: univariate and bivariate analysis. Univariate analysis was used to describe the characteristics of respondents through the frequency distribution and percentage of each research variable, both independent and dependent. This analysis provided an initial overview of elderly participation and their quality of life. Subsequently, bivariate analysis was conducted to examine the relationship between elderly participation in Prolanis activities and their quality of life. The Chi-Square statistical test was employed at this stage to determine whether there was a significant relationship between the variables, thereby forming the basis for drawing research conclusions.

3. Findings and Discussions

3.1 Findings

The findings of this study indicate that most elderly participants were actively involved in the Chronic Disease Management Program (Prolanis), and this condition had a positive impact on their quality of life. Elderly individuals who actively participated in the program were more likely to demonstrate good quality of life compared to those with lower levels of involvement. The program provides tangible benefits through regular health checkups, physical activities, and health education that support the management of chronic diseases. Statistical analysis further confirmed a significant relationship between the level of participation in Prolanis and the quality of life of the elderly. Accordingly, the higher the participation, the greater the opportunity for elderly individuals to enjoy a healthy, independent, and prosperous life. These findings affirm that Prolanis is not only a routine medical activity but also an essential strategy for improving the overall well-being of older adults.

Participation of Respondents in Prolanis Activities

The results of the study regarding the level of respondent participation in the Chronic Disease Management Program (Prolanis) showed that elderly participation varied between good and low categories. The level of participation is important to observe, as it reflects the extent to which respondents are actively involved in health activities designed to improve their quality of life. This general overview is presented in a distribution table to provide clearer information on the number and percentage of respondents in each participation category.

Table 1. Distribution of Respondents Based on Participation in Prolanis Activities

Participation in Prolanis Activities	Number (n)	Percentage (%)
Good	34	60.7
Poor	22	39.3
Total	56	100

Based on the table above, it can be seen that the majority of respondents demonstrated good participation in the Chronic Disease Management Program (Prolanis), with 34 individuals or 60.7 percent of the total respondents. This indicates that most elderly participants were fairly active in engaging with the series of activities implemented in the program, such as routine health checkups, group exercise, and health education sessions. Meanwhile, there were 22 respondents or 39.3 percent who fell into the low participation category. This condition reflects that some elderly individuals were not yet optimally involved in Prolanis activities, which may be due to health factors, limited mobility, or personal motivation. Overall, this distribution suggests that the level of elderly participation in Prolanis activities within the working area of UPTD Puskesmas Sulaa tends to be positive, although there remains a group that requires greater attention in order to improve their level of participation.

Quality of Life of Respondents

The findings of the study on respondents' quality of life revealed variations in the level of well-being experienced by the elderly. Quality of life is an important indicator for assessing the success of health programs, particularly Prolanis, as it

encompasses physical, psychological, social, and functional independence in carrying out daily activities. A general overview of the respondents' quality of life is presented in a distribution table to provide a clearer description of the number and percentage of respondents categorized as having good or poor quality of life.

Table 2. Distribution of Respondents Based on Quality of Life

Quality of Life	Number (n)	Percentage (%)
Good	47	83.9
Poor	9	16.1
Total	56	100

Based on the table above, it can be seen that the majority of respondents had a good quality of life, namely 47 individuals or 83.9 percent of the total respondents. Meanwhile, only 9 respondents or 16.1 percent were categorized as having a poor quality of life. These results indicate that most elderly individuals in the working area of UPTD Puskesmas Sulaa were able to maintain their health, well-being, and social aspects that support daily life. Nevertheless, there remains a small proportion of elderly individuals whose quality of life has not yet reached an optimal level, thereby requiring greater attention, either through increased participation in the Prolanis program or through stronger support from family and the surrounding environment.

The Relationship Between Participation in the Chronic Disease Management Program (Prolanis) and the Quality of Life of the Elderly

The analysis showed that elderly individuals who actively participated in the Chronic Disease Management Program (Prolanis) tended to have a better quality of life compared to those with lower participation. Active involvement in the program provided opportunities for the elderly to receive health guidance, engage in regular physical activities, and benefit from education on chronic disease management. Thus, optimal participation in Prolanis contributes to improvements in physical, psychological, and social conditions, which ultimately have a positive impact on quality of life.

Table 3. Relationship Between Participation in the Chronic Disease Management Program and the Quality of Life of the Elderly

Participation in Prolanis Activities	Quality of Life		Total	p-value
	Good (n / %)	Poor (n / %)	n / %	
Good	32 (94.1)	2 (5.9)	34 (100)	0.021
Poor	15 (68.2)	7 (31.8)	22 (100)	
Total	47 (83.9)	9 (16.1)	56 (100)	

From the 34 respondents who actively participated in the Prolanis program, 32 individuals (94.1 percent) reported a good quality of life, while 2 individuals (5.9 percent) reported a poor quality of life. Meanwhile, among the 22 respondents with low participation in Prolanis, 15 individuals (68.2 percent) demonstrated a good quality of life and 7 individuals (31.8 percent) reported a poor quality of life. The results of the statistical test using the Exact Sig. (2-sided) value showed $\rho = 0.021$, which is smaller than $\alpha = 0.05$. Therefore, Ho was rejected, and it can be concluded that there is a significant relationship between participation in Prolanis activities and the quality of life of the elderly in the working area of UPTD Puskesmas Sulaa.

The statistical test also confirmed that there is a significant relationship between the level of participation in Prolanis and the quality of life of the elderly. This means that the greater the involvement of an elderly individual in the program, the higher their likelihood of achieving a better quality of life. These findings affirm that Prolanis is not merely a routine health program but also an important strategy for improving the overall well-being of older adults. Therefore, support and encouragement for the elderly to be more actively engaged in Prolanis activities are essential to maintaining and enhancing their quality of life.

Table 4. Chi-Square Test Results

Statistical Test	Chi-Square Value (χ^2)	df	Sig. (p-value)
Pearson Chi-Square	5.289	1	0.021
Continuity Correction	3.684	1	0.040
Likelihood Ratio	5.741	1	0.017
N of Valid Cases	56		

Based on the results of the Pearson Chi-Square test, the significance value (p-value) obtained was 0.021, which is smaller than $\alpha = 0.05$. This indicates a significant relationship between elderly participation in Prolanis activities and their quality of life. Thus, it can be concluded that the greater the involvement of the elderly in the Prolanis program, the higher their likelihood of achieving a good quality of life. These findings reinforce the view that community-based health interventions such as Prolanis are not only clinically beneficial but also contribute to improving overall quality of life. Elderly individuals who consistently participate in program activities tend to have better abilities in adapting to their health conditions, feel more independent, and maintain more positive social interactions. Therefore, elderly participation in Prolanis can be regarded as an important factor in enhancing their well-being, as well as a basis for healthcare providers to continue encouraging active involvement in the program.

3.2 Discussions

Participation in the Chronic Disease Management Program (Prolanis)

The results of the study, obtained from 56 respondents, showed that the majority participated well in Prolanis activities, with 34 respondents (60.7 percent), while a smaller proportion, 22 respondents (39.3 percent), demonstrated lower participation. These findings indicate that most respondents (60.7 percent) were actively engaged in the program. Several factors contributed to this level of participation, including awareness of the importance of chronic disease management, where respondents understood the benefits of the program in maintaining their health. In addition, support from healthcare facilities such as regular health education, routine monitoring, and medical consultations encouraged active participation in Prolanis activities. The perceived benefits of the program, such as improved quality of life, better disease control, and prevention of complications, also served as strong motivations for respondents to remain active in the program. Social support and motivation from healthcare providers as well as fellow participants further helped them stay committed to adopting healthy lifestyle practices recommended by Prolanis. Easy access to healthcare services, in the form of routine checkups and consultations, also played a role in increasing participation levels. Overall, good participation in Prolanis reflects respondents'

clear understanding of the program's benefits, supported by adequate healthcare systems and a positive social environment.

This condition may be caused by several factors, such as lack of time or busy schedules, where respondents have other activities that make it difficult for them to participate regularly. Low motivation and limited awareness of the importance of the program may also be reasons, particularly among those who feel that their health condition is still stable or who do not fully understand the long-term benefits of Prolanis. Accessibility barriers, including distance to healthcare facilities, limited transportation, or insufficient supporting infrastructure, may also hinder participation. Some respondents may experience discomfort or reluctance in joining group activities, whether due to personal, social, or cultural reasons. Health-related limitations that reduce mobility, such as physical weakness or the presence of other illnesses that make it difficult for respondents to be actively involved, may also contribute to the low level of participation.

The findings of this study are consistent with the theory proposed by Notoatmodjo (2019), which states that active responses are demonstrated through concrete actions that can be observed or measured in the form of participation, existence, or attendance. One example of such an active response is participation in the Prolanis club. By being actively engaged in group activities, participants are able to experience the social support provided by the group. Prolanis activities are held once a month. The activities include exercise sessions, health education, medical consultations or sharing experiences among Prolanis participants, medical examinations by doctors, blood glucose checks and treatment, as well as family gatherings held twice a year by BPJS Kesehatan at the district level. Through these activities, interactions are naturally established among participants, thereby supporting the achievement of the program's goals, namely the prevention of complications and the attainment of optimal quality of life (BPJS Kesehatan RI, 2014).

The findings of this study are consistent with previous research. Wardana (2019) reported that out of 62 respondents who participated in Prolanis activities, 43 elderly participants (70 percent) had good levels of participation, while 19 elderly participants (30 percent) had poor levels of participation. Similarly, the study by Kusumaningrum and Nasrudin (2024) showed that most respondents were categorized as active in Prolanis activities, with 56 respondents (93 percent) classified as active and only 7 percent classified as less active. Meanwhile, research conducted by Nisa et al. (2024) revealed that the participation of elderly individuals in Prolanis demonstrated that out of 72 respondents, 50 elderly participants (69.4 percent) were actively engaged in activities, while 22 elderly participants (30.6 percent) were not active.

Quality of Life of the Elderly

The results of the study, obtained from 56 respondents, showed that the majority had a good quality of life, namely 47 respondents (83.9 percent), while a smaller proportion, 9 respondents (16.1 percent), had a lower quality of life. Based on these findings, most respondents (83.9 percent) demonstrated a good quality of life as a result of their participation in Prolanis activities. This can be attributed to the direct benefits of the program, such as health education, regular monitoring, and more effective disease management. By actively participating in Prolanis,

respondents were able to better control their health conditions, thereby reducing the risk of complications and improving both physical and mental well-being. In addition, social support from healthcare providers and fellow participants also played an important role in enhancing quality of life. The motivation and encouragement gained from peer groups helped respondents remain disciplined in maintaining healthy lifestyle practices. Easier access to healthcare services, such as medical consultations and regular checkups, further supported their health conditions. Compliance with Prolanis recommendations, including consuming healthy foods, exercising regularly, and managing stress, also contributed to improvements in quality of life. With a better understanding of chronic diseases and how to manage them, respondents were able to live healthier and more productive lives. These findings indicate that active participation in Prolanis has a significant positive impact on the quality of life of its participants.

On the other hand, a smaller proportion of respondents (16.1 percent) demonstrated a lower quality of life despite their participation in Prolanis. This may be caused by several factors, such as non-compliance with program recommendations, including a lack of discipline in maintaining diet, exercising, or taking medications as prescribed by healthcare providers. Furthermore, more complex health conditions or existing complications may influence their quality of life even while following the program. Other contributing factors include low motivation and insufficient social support, whether from family, healthcare providers, or the surrounding community. Respondents who felt a lack of support tended to face difficulties in consistently adopting healthy lifestyle practices. Limited access to healthcare services, such as distance to facilities, transportation constraints, or financial barriers, may also hinder them from fully benefiting from the program. Furthermore, psychological factors such as stress, anxiety, or feelings of hopelessness in dealing with chronic illness may also influence respondents' perceptions of their quality of life. A lack of understanding regarding the long-term benefits of Prolanis may also explain why some respondents do not perceive significant changes in their lives. Therefore, further approaches are needed, such as improving health education, providing psychosocial support, and ensuring easier access to healthcare services, in order to help enhance respondents' quality of life.

Age is another factor that affects quality of life, as the aging process brings about changes including physical, mental, and psychosocial alterations that impact an individual's ability to carry out daily activities and consequently affect quality of life. Elderly individuals also experience psychosocial changes such as reduced independence and psychomotor function, which in turn influence their quality of life (Kusumaningrum and Nasrudin, 2024). The findings of this study are consistent with previous research. Wardana (2019) reported that out of 62 respondents, 44 elderly participants (71 percent) had a good quality of life, while 18 elderly participants (29 percent) had a poor quality of life. Similarly, the study by Kusumaningrum and Nasrudin (2024) showed that most respondents had a good quality of life, with 38 respondents (63 percent) categorized as good and 22 respondents (37 percent) categorized as poor. Research by Nisa et al. (2024) also revealed that the quality of life of elderly individuals with hypertension and diabetes mellitus in the Prolanis program showed that out of 72 respondents, 38 elderly participants (52.8 percent) had a good quality of life, 20 elderly participants (27.8

percent) had a moderate quality of life, 7 elderly participants (9.7 percent) had a very good quality of life, and 7 elderly participants (9.7 percent) had a poor quality of life.

The Relationship Between Participation in the Chronic Disease Management Program (Prolanis) and Quality of Life

The results of the study showed that among 34 respondents who actively participated in Prolanis activities, 32 respondents (94.1 percent) had a good quality of life, while 2 respondents (5.9 percent) had a lower quality of life. This outcome may be attributed to several factors, including the positive impacts of the Prolanis program such as health education, physical activities, regular health monitoring, and social support, all of which contribute to the improvement of participants' quality of life. Furthermore, adherence to the program played an important role, as respondents who consistently maintained a healthy lifestyle, including proper diet, regular exercise, and compliance with medical treatment, tended to have better quality of life. Social support and motivation from fellow participants in the Prolanis group also provided positive effects on their mental and physical well-being. In addition, routine health monitoring enabled participants to manage their chronic conditions more effectively, thereby reducing the risk of complications and improving their overall quality of life. On the other hand, the two respondents who had lower quality of life were likely affected by other factors, such as the severity of their illness, limited social support, or psychological issues including stress and depression, which may have hindered improvements in their quality of life despite their participation in the program.

The study also found that among 22 respondents who were less active in participating in Prolanis activities, 15 respondents (68.2 percent) still reported a good quality of life. Respondents who maintained good quality of life despite lower participation in Prolanis benefited from other supporting factors, such as independently practicing healthy lifestyle habits, having good access to healthcare services, and receiving strong social support from family or their environment. In addition, their health conditions were still relatively well controlled, which meant that irregular participation in the program did not have a significant negative impact on their quality of life. There were seven respondents who reported a lower quality of life, which was influenced by insufficient health monitoring, limited information regarding chronic disease management, and lack of motivation in maintaining their health. Irregular participation in Prolanis may lead to low awareness of healthy lifestyle practices, suboptimal adherence to treatment, and minimal social support, all of which ultimately result in a decline in respondents' quality of life.

The quality of life of participants in the Chronic Disease Management Program (Prolanis) at community health centers demonstrated significant improvement, particularly among individuals with chronic diseases such as diabetes mellitus and hypertension. The program is designed to enhance awareness, independence, and adherence to health maintenance through education, physical exercise, and regular health monitoring. By taking part in Prolanis activities, participants are able to better understand how to manage their illnesses, adopt healthy lifestyle habits, and reduce the risk of complications. This contributes positively to their quality of life, both physically, psychologically, and socially. According to Wahyuni (2020), active participation in the Prolanis program

at community health centers significantly improves patients' quality of life, especially in terms of happiness and daily productivity.

The consequences of not participating in chronic disease management programs among individuals with hypertension and diabetes mellitus may be severe. Without proper disease management, blood pressure and blood glucose levels become difficult to control. As a result, the risk of complications such as stroke, heart failure, kidney damage, neuropathy, and retinopathy increases. Patients may also experience a decline in quality of life due to uncontrolled symptoms, limited daily activities, and the risk of mental health issues such as anxiety and depression. Non-participation in the program can also lead to increased healthcare costs, as complications often require more intensive treatment. In fact, this condition can elevate morbidity and mortality rates caused by poorly managed chronic diseases. Therefore, participation in chronic disease management programs is essential in preventing adverse health outcomes (Ministry of Health, 2020).

The results of the statistical test using the Exact Sig. (2-sided) value showed $\rho = 0.021 < \alpha = 0.05$, therefore Ho was rejected. This means that there is a relationship between participation in the Chronic Disease Management Program (Prolanis) and the quality of life of the elderly in the working area of UPTD Puskesmas Sulaa. The findings of this study are consistent with the research conducted by Darmila and Dewi Rhosma (2019), in which the Chi-Square analysis showed a p-value of 0.00 with $\alpha < 0.05$. This result indicated a significant relationship between active participation in Prolanis and the quality of life of elderly individuals with hypertension in the working area of Pakusari Health Center, Jember. Most elderly participants in that study were found to have a good quality of life, and their activeness in Prolanis was positively associated with their well-being. Similarly, Wardana (2019) reported statistical results using the Chi-Square test with SPSS, showing $p = 0.000$, which means $p < 0.05$. This indicates a significant relationship between participation in Prolanis activities and the quality of life of the elderly in Kebonsari Health Center, Surabaya. The analysis also showed an Odds Ratio (OR) of 50.000 (CI 95% 9.992–250.209), suggesting that respondents with good participation had 50 times greater odds of having a good quality of life compared to those with poor participation. Furthermore, Nisa et al. (2024) found a significance value of 0.03, which is $\leq \alpha$ 0.05, confirming that there is a relationship between the participation of elderly individuals with hypertension and diabetes mellitus in Prolanis and their quality of life.

4. Conclusion

Based on the processes of data collection, processing, analysis, and interpretation, it can be concluded that the majority of elderly participants demonstrated good involvement in the Chronic Disease Management Program (Prolanis). This finding indicates that most respondents were actively engaged in the activities organized, although there remains a smaller group whose participation was not yet optimal. In addition, the study also revealed that the majority of elderly participants had a good quality of life, which means they were able to maintain their health, well-being, and independence in daily activities, despite a small proportion who still reported lower quality of life. Furthermore, the statistical test results confirmed a significant relationship between participation in Prolanis activities and the quality of life of the elderly. This proves that active

involvement in the program can provide tangible benefits in improving the physical, psychological, and social conditions of older adults. Therefore, the greater the participation of elderly individuals in Prolanis, the higher their likelihood of achieving a better quality of life. These findings emphasize the importance of sustaining and strengthening the implementation of Prolanis as a strategic effort to enhance the well-being of the elderly in the working area of UPTD Puskesmas Sulaa.

References

Akbar, J. M., Gondodiputro, S., & Raksanagara, A. S. (2020). Elderly satisfaction on chronic disease management program at public health center, Bandung City, West Java, Indonesia. *International Journal of Integrated Health Sciences*, *8*(1), 14-21.

Apriyan, N., Kridawati, A., & Rahardjo, T. B. W. (2020). Hubungan Diabetes Mellitus Tipe 2 Dengan Kualitas Hidup Pralansia dan Lansia Pada Kelompok Prolanis. *Jurnal Untuk Masyarakat Sehat (JUKMAS)*, *4*(2), 144–158.

BPJS Kesehatan RI. (2014). *Buku Panduan Praktis BPJS Kesehatan - Program Pengelolaan Penyakit Kronis (Prolanis)*.

Darmila, A., & Dewi Rhosma, S. (2019). Hubungan Keaktifan Dalam Mengikuti Prolanis Dengan Kualitas Hidup Lansia Penderita Hipertensi Di Wilayah Kerja Puskesmas…. *J. Ilmu Keperawatan*, *1*(1).

Ginting, R., Hutagalung, P. G. J., Hartono, H., & Manalu, P. (2020). Faktor-Faktor Yang Mempengaruhi Pemanfaatan Program Pengelolaan Penyakit Kronis (Prolanis) pada lansia di Puskesmas Darussalam Medan. *Jurnal Prima Medika Sains*, *2*(2), 24–31.

Kemenkes RI. (2020). *Pedoman Pengelolaan Penyakit Tidak Menular di Indonesia. Jakarta: Kementerian Kesehatan RI.*

Kemenkes RI. (2023). *Survei Kesehatan Indonesia (SKI). https://www.badankebijakan.kemkes.go.id/hasil-ski-2023*.

Kusumaningrum, U. A., & Nasrudin, N. (2024). Hubungan Keaktifan Dalam Clup Prolanis Dengan Kualitas Hidup Lansia. *Jurnal EDUNursing*, *8*(1), 11–18.

Lionthina, M., Wiwaha, G., Gondodiputro, S., Sukandar, H., Arya, I. F. D., & Sunjaya, D. K. (2020). Elderly quality of life and its predictors in chronic disease management program: Indonesian version of WHOQOL-BREF and WHOQOL-OLD. *Majalah Kedokteran Bandung*, *52*(1), 28-34.

Luksita, A. C., & Vionalita, G. (2020). *Factors Associated with the Participation of Hypertensive Patients on Chronic Disease Management Program (Prolanis) in Puskesmas North Larangan Year 2019*.

Maarif, S., Setiaji, B., Noviansyah, N., & Pratiwi, D. U. (2021). The Factors that are Related to Visiting Participants of the Chronic Disease Management Program to the Prolanis Aerobic Club in Lampung Central Regency, 2020. *Journal for Quality in Public Health*, *4*(2), 38-48.

Misnaniarti, M., Budi, I. S., & Ainy, A. (2019). Effectiveness of Chronic Disease Management Program in Improving the Quality of Life under National Health

Insurance. *International Journal of Recent Technology and Engineering*, *8*(2), 245-250.

Nisa, S. I., Basuki, S. P. H., & Setiyabudi, R. (2024). Hubungan Keaktifan Lansia Hipertensi dan Diabetes Melitus pada Prolanis dengan Kualitas Hidup. *Jurnal Keperawatan*, *16*(1), 347–362.

Notoatmodjo, S. (2018). Metodologi Penelitian Kesehatan. *Jakarta: Rineka Cipta*.

Notoatmodjo, S. (2019). Pengantar Ilmu Perilaku Kesehatan. In *Jakarta: Rineka Cipta*.

Rachmawati, S., Prihhastuti-Puspitasari, H., & Zairina, E. (2019). The implementation of a chronic disease management program (Prolanis) in Indonesia: a literature review. *Journal of basic and clinical physiology and pharmacology*, *30*(6), 20190350.

Said, S. M., & Said, F. B. M. (2024). The Relationship between Participation in the Prolanis Program for Managing Chronic Diseases and the Level of Self-Efficacy in Hypertensive Patients at the Depok Jaya Health Center, Indonesia. *The Malaysian Journal of Nursing (MJN)*, *16*(Supplementary 1), 122-128.

Sugiyono. (2018). *Metode Penelitian Kombinasi (Mixed Methods). Bandung: CV Alfabeta*.

Wahyuni, S. (2020). *Pengaruh Program Prolanis terhadap Kualitas Hidup Pasien Penyakit Kronis. Jurnal Kesehatan Masyarakat, 15(2), 123-131.*

Wardana, O. A. K. (2019). *Hubungan Keikutsertaan Kegiatan Program Pengelolaan Penyakit Kronis (Prolanis) Terhadap Kualitas Hidup Lansia Di Puskesmas Kebonsari Surabaya*. stikes hang tuah surabaya.

WHO. (2024). *The WHO Global Report 2023 on Hypertension Warning The Emerging Hypertension Burden in Globe and its Treatment Strategy. https://www.nature.com/articles/s41440-024-01622*.

Wicaksono, S., & Fajriyah, N. N. (2018). Hubungan Keaktifan Dalam Klub Prolanis Terhadap Peningkatan Kualitas Hidup Diabetisi Tipe 2. *Jurnal Ilmiah Kesehatan*, *11*(1).

Wulandari, R. (2021). *Hubungan Dukungan Informasi Keluarga dengan Pemanfaatan Prolanis. Jurnal Kesehatan Masyarakat, 12(2), 45-52.*