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Empowering Patients through Education on Medication Use during Fasting at Martapura 2 Community Health Center

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ABSTRAK

Bulan Ramadhan menyebabkan perubahan pola makan dan jadwal konsumsi obat yang berpotensi menimbulkan kesalahan penggunaan obat sehingga diperlukan edukasi yang tepat dari tenaga kefarmasian. Peran apoteker dalam kegiatan promotif dan preventif sangat penting untuk meningkatkan pemahaman pasien mengenai penggunaan obat secara rasional selama puasa. Keterbatasan pemahaman pasien di Puskesmas Martapura 2 mendorong dilaksanakannya kegiatan edukasi kesehatan. Kegiatan diawali dengan identifikasi permasalahan dan perizinan, dilanjutkan penyusunan materi serta pembuatan leaflet edukasi, kemudian pemilihan 20 responden dengan teknik accidental sampling pada 21 Februari 2026, pelaksanaan edukasi individual menggunakan metode one-on-one disertai pre-test dan post-test, serta evaluasi melalui perbandingan skor sebelum dan sesudah intervensi. Hasil menunjukkan responden didominasi usia 20-40 tahun (50%), perempuan (70%), dan pendidikan SMA/sederajat (50%). Peningkatan pengetahuan tertinggi terdapat pada instruksi penggunaan obat selama puasa sebesar 89,47%, diikuti rute pemberian obat dan kepatuhan minum obat masing-masing 45%, sedangkan peningkatan terendah pada cara konsumsi obat sebesar 15% karena nilai awal sudah tinggi. Edukasi ini terbukti efektif dalam meningkatkan pemahaman pasien terkait pengelolaan obat selama puasa dan memiliki potensi untuk diterapkan lebih luas dengan konseling berbasis brosur dan pelaksanaan berkelanjutan.

Kata Kunci: Edukasi Farmasi, Pemberdayaan Pasien, Penggunaan Obat, Puasa, Ramadhan

ABSTRACT

Ramadan leads to changes in eating patterns and medication schedules that may increase the risk of medication use errors, thereby requiring appropriate pharmaceutical education. The role of pharmacists in promoting and preventing medication errors is essential to improving patients' understanding of rational medication use during fasting. Limited patient knowledge at Puskesmas Martapura 2 encouraged the implementation of this health education program. The activity began with problem identification and obtaining administrative permission, followed by the development of educational

materials and leaflet design, the selection of 20 respondents using accidental sampling on February 21, 2026, the implementation of individual one-on-one education accompanied by pre-test and post-test, and evaluation through comparison of scores before and after the intervention. The results showed that respondents were predominantly aged 20-40 years (50%), female (70%), and had a senior high school education (50%). The largest increase in knowledge was observed in medication use instructions during fasting (89,47%), followed by routes of administration and medication adherence (45% each), while the smallest increase was observed in medication consumption methods (15%) due to high baseline scores. This educational intervention proved effective in improving patients' understanding of medication management during fasting and has the potential to be implemented more broadly with leaflet-based counseling and sustainable programs.

Keywords: Fasting, Medication Use, Patient Empowerment, Pharmacy Education, Ramadhan

INTRODUCTION

The month of Ramadan is a holy month for Muslims around the world, including the majority of Indonesians, who are required to fast for a whole month. Muslims only eat at two times during Ramadan, before sunset and before dawn. Patients who fast often face difficulties in managing their schedules and taking their medication appropriately (Mora *et al*., 2025). Previous studies show that only 12% of chronic patients consult with pharmacists about medication adjustments during Ramadan. The majority of patients rely on information from informal sources, such as WhatsApp groups and family members. The research survey found that patients' level of understanding of high-frequency medications was very low. The percentage of patients who knew how to adjust the dosage of medication taken 4 times a day was 13%, while the understanding of sublingual medication was only 5% (Wulansari *et al*., 2025).

Medication errors are therapeutic failures with the potential to harm patients. The effects of medication errors include severe morbidity, increased length of stay (LOS) in the hospital, unnecessary examinations and treatments, and risk of death (Kurniasari *et al*., 2025). Medication consumption during fasting is limited to approximately 10,5 hours per day. Inappropriate use of medication can reduce its potency and increase the risk of side effects during fasting. Patients' eating patterns change during the fasting month, which also affects medication absorption and efficacy (Nurjanah & Ghozaly, 2024). Pharmaceutical education plays a major role in improving patients' understanding of rational drug use. Increasing public knowledge about the proper use of drugs can prevent side effects and drug abuse that often arise due to a limited understanding of drug-related information (Wardani, 2025).

The role of pharmaceutical personnel in promotional and preventive activities in health care facilities is very important in supporting improvements in public health. Pharmaceutical personnel, including pharmacists and technical pharmaceutical personnel, contribute through various interventions aimed at individuals and communities. Pharmacists, as health care professionals, have the competence to provide drug counseling, healthy lifestyle education, and continuous monitoring of patient therapy. These activities aim to prevent complications and improve patients' quality of life. Active involvement of pharmaceutical personnel also strengthens patient safety-oriented health services and supports therapeutic success (Harith *et al*., 2025).

The need for educational interventions in primary care facilities, such as the Martapura 2 Community Health Center, is increasingly urgent as the number of patients with diabetes mellitus continues to rise. According to the Banjar District Health Office (Dinas Kesehatan Kabupaten Banjar, 2024), the working area of Martapura 2 Community Health Center recorded a total of 841 patients diagnosed with diabetes mellitus (DM) in 2024. This figure reflects a substantial burden of chronic disease within the service area and indicates the urgent need for structured and targeted educational interventions, particularly during Ramadan when changes in medication schedules and dietary patterns may affect glycemic control. Targeted educational strategies are needed to improve patients' understanding of rational medication use, dietary management, and treatment adherence during fasting. Consistent and effective communication can strengthen patient awareness in maintaining glycemic control and reducing the risk of complications (Wulandari *et al*., 2025).

Martapura 2 Community Health Center is a primary health care facility that serves the community in Martapura and its surrounding areas. The services provided at this health center include the treatment of acute and chronic diseases that require long-term therapy. Patients with diabetes mellitus are among those who make regular visits for treatment and therapy monitoring. Pharmaceutical services at the health center include dispensing medication and providing patient education on medication. Initial observations were conducted through informal interviews and discussions with several patients who visited the pharmacy unit during routine services. The parameters explored included understanding of medication timing during fasting, dose adjustment during Ramadan, recognition of hypoglycemia symptoms, and management of antidiabetic therapy. The findings indicated that a number of the interviewed patients were unable to clearly explain appropriate dose adjustments or correct medication timing during fasting, suggesting that knowledge regarding therapy management during

Ramadan among the observed participants was still limited. This condition served as the basis for educational activities on therapy management during Ramadan.

The community service program was designed using interactive lectures, discussions, and leaflets to support patient understanding. The intervention aimed to enhance knowledge and promote rational therapy adherence during fasting. Evaluation was conducted using pre-tests and post-tests to measure changes in participants' knowledge levels after the educational activity. The objective of this health promotion activity was to provide education and assess the level of understanding of patients regarding therapy management during the fasting month at the Martapura 2 Community Health Center.

IMPLEMENTATION METHOD

The method for implementing this activity was designed systematically, using an individual-based health education approach (individual counseling) to increase patients' knowledge of medication use during fasting. This activity was carried out through the stages of planning, preparation, implementation, and evaluation using pre-test and post-test instruments as measures of the effectiveness of the educational intervention.

1. Preparation and Permits

Community service was carried out through preparations that began by identifying problems with medication consumption during the fasting month among patients at health care facilities. Preparations continued with the development of educational materials on medication use during the fasting month based on study literature. The activity continued with requesting permission from the Martapura 2 Community Health Center as the location for the community service activity.

2. Production of Educational Media

Educational media in the form of leaflets are designed with simple language, attractive visuals, and concise information. The material is packaged in leaflets as educational media, covering changes in diet and medication fasting status, adjustments to the frequency of medication use (1x, 2x, 3x, and 4x a day before or after meals), and types of pharmaceutical preparations that do not invalidate fasting. This educational activity is followed by a pre-test, a post-test, and a discussion to enhance patient understanding.

The materials used in this study were educational leaflets entitled "Healthy Fasting Starts with Taking the Right Medication" and mobile phones to administer the pre-test and post-test, compiled based on literature on medication use during the fasting month. The tools

used were printed leaflets, writing instruments, and mobile phones to document the education process.

3. Target Selection

Education was conducted targeting patients visiting the Martapura 2 Community Health Center on February 21, 2026, from 8:00 a.m. to 11:00 a.m. WITA. Sampling was conducted using accidental sampling, namely, patients who were found directly during activities at the health center and met the inclusion criteria. The inclusion criteria for this study were patients aged ≥ 12 years, observing fasting, and willing to participate in the entire education program

4. Activity Implementation

This community service used the individual education method (one-on-one education), delivered directly to each patient. This method was chosen because it allowed for more specific information delivery to each patient. Each respondent was given a pre-test to assess their initial knowledge. The instrument used was a questionnaire consisting of 5 true–false questions. Each correct answer was scored as 1, and each incorrect answer was scored as 0, resulting in a total possible score ranging from 0 to 5. Respondents then received education through leaflets with communicative and interactive materials, followed by a brief discussion. After the education was completed, respondents were given a post-test to determine the percentage increase in knowledge gained from the educational material

5. Activity Evaluation

The evaluation of community service activities is measured by changes in patient knowledge levels, as reflected in pre-test and post-test results. The productivity of activities is assessed based on the percentage of patients who have been successfully educated. The indicator of success in this study is an increase of at least 20% in the average post-test score compared to the pre-test (Effendi *et al*., 2025).

6. Data Analysis Techniques

Data analysis techniques are performed descriptively and qualitatively by comparing pre-test and post-test scores. The data obtained from the pre-test and post-test were analyzed using SPSS software. The pre-test and post-test scores were calculated based on the number of correct answers from five questions, with a score range of 0–5. Normality testing was performed using the Shapiro–Wilk test to determine the distribution of the data. If the data were normally distributed ($p > 0.05$), a Paired Sample T-Test was applied; otherwise, if the data were not normally distributed ($p < 0.05$), the Wilcoxon Signed Rank Test was used. This analysis aimed to determine the difference in respondents' knowledge levels before and after

the educational intervention. The results were considered statistically significant if the p-value was < 0.05 (Effendi *et al*., 2025).

7. Research Ethics

This community service activity adhered to research ethics principles. All respondents were provided with a clear explanation of the objectives and procedures of the activity prior to its implementation. Respondents who agreed to participate were asked to provide informed consent. The community service team ensured the confidentiality of all data and respondents' identities.

RESULTS AND DISCUSSIONS

Leaflet for education media contains educational material about the effects of changes medication fasting status, how to use medication before and after meals, types of medication that do not invalidate fasting, how to use medication 1x, 2x, 3x, and 4x a day during fasting, and positive affirmations to not be afraid to ask pharmacists about further medication use during fasting (Figure 1).

Figure 1. Leaflet for education media

The timing of medication intake during fasting changes along with eating patterns, resulting longer periods of fasting with empty stomach, which affects sleep patterns and body's metabolism. This can affect drug absorption, increase stomach irritation, and reduce the effectiveness of therapy if the schedule is not appropriate. During iftar, patients are advised to break their fast with water, take their medication first, and wait 30 minutes before eating a heavy meal. If medication instruction is after eat, then it should ideally be taken at 5-10 minutes after eating. If the medication schedule is in the middle of the night, patients are advised not to consume heavy meals, but rather light snacks such as a slice of bread, potato, or boiled egg.

Figure 2. Patient empowering documentations

If the medication instructions are to take it once a day, then it can be taken at dawn or dusk as long as the time is consistent every day. If the instructions are to take it twice a day, it can be taken at suhoor and iftar with a 12-hour interval. If the instructions are to take it three times a day, the intake times should be spread out at iftar, around midnight, and at suhoor. If the instructions are to take it four times a day, it can be taken at 4-hour intervals from iftar to suhoor. The Ministry of Health and the Indonesian Ulema Council (MUI) state that several types of medications do not invalidate fasting, such as suppositories, non-nutritional injections, sublingual medications, topical medications, eye drops and ear drops, mouthwashes, and inhalations (Risfiyatunnisa, 2022). Patients are encouraged to feel confident in asking their doctor or pharmacist if they have any questions about medication use during fasting.

The service at Martapura 2 Community Health Center was conducted on 20 respondents. Respondent characteristics were classified based on age, gender, occupation, and highest level of education. Respondent classification data are shown in Table 1.

The results of data collection on patient characteristics by age show that the most common age range is 20-40 years. The most common gender of respondents involved is female, showing the characteristics of visitors at Martapura 2 Community Health Center on Saturday, February 21, from 8:00 a.m. to 11:00 a.m. The results of the data collection show that the majority of respondents had a final education level of senior high school. Education can be a

factor in decision-making (Mufidah & Kesuma, 2025). Education is crucial in self-development, especially in controlling how a person thinks (Shavkidinova et al., 2023).

Table 1. Educated patients characteristics

No	Characteristics	Category	Number	Percentage
1.	Age	< 20 Years	6	30%
		21-40 Years	10	50%
		41-60 Years	1	5%
		> 60 Years	3	15%
		Total	**20**	**100%**
2.	Gender	Male	6	30%
		Female	14	70%
		Total	**20**	**100%**
3.	Education	Elementary School	2	10%
		Junior High School	5	25%
		Senior High School	10	50%
		Bachelor	3	15%
		Total	**20**	**100%**
4.	Work	Housewife	4	20%
		Student	4	20%
		University Student	3	15%
		Trader	2	10%
		Farmer	1	5%
		Private Sector Employee	3	15%
		Unemployed	3	15%
		Total	**20**	**100%**

Most respondents work as housewives and students. This finding is consistent with research conducted at Adimulyo Pharmacy in Kebumen Regency, which also reported similar respondent characteristics (Mufidah & Kesuma, 2025). Such a comparison is important to highlight that patients with secondary education backgrounds and household responsibilities represent a common demographic trend across primary health facilities. The results of this study not only reflect the local context of Martapura but also align with broader patterns, reinforcing the validity of the findings and emphasizing the need for tailored educational strategies for this demographic group.

Respondents' initial level of knowledge was measured using a pre-test method. Changes in respondents' knowledge after receiving education on medication use during fasting were measured using a post-test. The highest average increase in pre-test and post-test scores was in the category of statements regarding instructions for medication use during fasting. The results show that before receiving education, the majority of respondents did not know how to use medication during fasting. After the education was provided, the respondents' knowledge level

increased with an 89,47% in post-test scores (Table 2). The effectiveness of the education program can be measured by the increase in scores before and after the intervention. Assessment indicators can be used to measure participants' knowledge or attitudes (Kumar, 2023).

Table 2. Pre-test and post-test results based on statement categories

No	Statement Categories	Pre-test	Post-test	Increase in Value
1.	Changes to medication schedules during fasting	60	100	40,00%
2.	How to take medication during fasting	85	100	15,00%
3.	Medication administration during fasting	55	100	45,00%
4.	Medication adherence during fasting	55	100	45,00%
5.	Instructions for using medication during fasting	10	95	89,47%
	Average	**53**	**99**	**46,46%**

Pretest results on statements regarding medication administration, medication adherence, and change to medication schedule during fasting were middle-low before education was provided. These results indicate that many respondents were unaware that several routes of medication administration do not invalidate fasting. The majority of respondents delayed or even skipped taking their medication because they were afraid of breaking their fast. Respondents should understand that fasting does not affect the route of medication administration and that they do not need to break their fast just because they are taking oral medication, as the medication schedule can be adjusted. Respondents should remain adherent to their treatment schedule.

Misguided religious perceptions and a lack of understanding of the medical risks of skipping treatment require further education by health workers. The lack of detailed explanation by health workers, as well as the incorrect assumption that fasting is an obstacle to therapy, significantly influences respondents' awareness. This underscores the need for culturally sensitive pharmaceutical education that not only corrects misconceptions but also emphasizes the clinical consequences of non-adherence, such as poor glycemic control and increased risk of complications. A study in Indonesia confirmed that many patients with diabetes delayed or skipped doses during Ramadan due to these beliefs, highlighting the importance of targeted health education to improve adherence and ensure safe therapy outcomes (Nita *et al*., 2025).

The lowest percentage result was obtained in the category of statements on how to consume medication during fasting. The results did not indicate the need for additional education on this matter, as the average pre-test score for the statements on how to consume

medication during fasting was the highest at 85. These results indicate that the majority of respondents have been educated on how to take medication during fasting, so the percentage increase in respondents' knowledge after education was only 15%. Respondents can be interpreted as consistently following the rules for taking medication correctly. Basic education, such as how to take medication, is usually routinely provided by health workers, so initial knowledge is better.

The categories of statements regarding changes in medication schedules during fasting, medication administration routes during fasting, and medication adherence during fasting still require further education because the respondents' average pre-test scores were not more than 60, with an increase of less than 50%. Education on medication use during fasting is needed to improve patients' knowledge about the effectiveness of therapy when medication schedules change (Mildawati *et al*., 2023). Long-term education also needs to be implemented in other health facilities, as the sustainability of improving patient knowledge is crucial to supporting the success of therapy.

Table 3. Descriptive statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Pre	20	0	5	2.65	1.309
Post	20	4	5	4.95	.224
Valid N (listwise)	20				

Table 4. Tests of normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pre	.155	20	.200*	.944	20	.286
Post	.538	20	.000	.236	20	.000

*This is a lower bound of the true significance.
a. Lilliefors Significance Correction

Table 5. Wilcoxon signed ranks test

		N	Mean Rank	Sum of Ranks
Post - Pre	Negative Ranks	0[a]	.00	.00
	Positive Ranks	19[b]	10.00	190.00
	Ties	1[c]		
	Total	20		

a. Post < Pre b. Post > Pre c. Post = Pre

Table 6. Test statistic

	Post - Pre
Z	-3.850[b]
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test b. Based on negative ranks

The descriptive analysis showed that the average pre-test score of 2,65 increased to 4,95 in the post-test, indicating an improvement in respondents' knowledge after receiving education. Shapiro-Wilk normality test revealed that the pre-test data were normally distributed (p>0,05), while the post-test data were not (p>0,05), leading to the use of Wilcoxon Signed Rank Test. The results demonstrated that most respondents experienced score improvements without any decline. Significance obtained was p<0,05, confirming a meaningful difference between pre-test and post-test scores. These findings indicate that the educational intervention on medication use during fasting was effective in enhancing respondents' knowledge, consistent with previous studies showing that Ramadan-focused pharmaceutical education significantly improves patient adherence and understanding.

CONCLUSION

Respondents were predominantly aged 20-40 years old, female, and had a high school education or equivalent. The evaluation results showed an increase in knowledge after education, with the highest percentage increase in instructions for medication use at 89.47%. There was also an increase in the route of medication administration and medication adherence, each at 45%. The lowest increase was in medication consumption methods, at 15%, due to respondents' high prior knowledge. Overall, educational activities through leaflets were proven to increase patients' understanding of medication use during fasting.

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