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RESEARCH ARTICLE

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Family Social Support Module for Stroke Patients with Attention to Local Wisdom in Malang

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ABSTRACT

Indonesia is currently experiencing changes in the epidemiology of non-communicable diseases where stroke has undergone a demographic and technological transition, causing the age prevalence of stroke sufferers that previously suffered by people aged > 50 years now shifted to a young age. Increasing the available social support can be an important strategy in reducing or preventing mental distress and warding off post-stroke depression. The role of family and people around them to provide life support for stroke sufferers will be very meaningful. The purpose of this study was to describe the attractiveness of the Family Social Support Module for Stroke Patients with Attention to Local Wisdom in Malang. This study used a research and development method with a longitudinal research design. The results of this study were that the modules compiled by the researchers succeeded in changing family behavior in the social support of stroke sufferers and most of them stated that the module was good. Social support, especially from family, plays an active role in the patient's recovery. Family social support must be maintained properly, this will help stroke patients carry out activities independently and get strong family reasons as a supporting factor for the patient's recovery.

Keywords: stroke sufferer; module; family social support

INTRODUCTION

Indonesia is currently experiencing changes in the epidemiology of non-communicable diseases where stroke has undergone a demographic and technological transition, causing the age prevalence of stroke sufferers that previously suffered by people aged >50 years now shifted to a young age⁽¹⁾. Stroke or Cerebro Vascular Accident (CVA) is a loss of brain function resulting from the cessation of blood supply to a part of the brain, where suddenly (within a few seconds) or rapidly (within hours) symptoms and signs that correspond to the disturbed focal area occur. According to Riskesdas, the prevalence of stroke in Indonesia in 2018 increased from 7% in 2013 to 10.9% in 2018. In 2008 it was estimated that 17.3 million deaths were caused by heart disease. More than 3 million of these deaths occurred before the age of 60 and could have been prevented.

Stroke sufferers often experience stress and anxiety. Many factors cause stress and anxiety in individuals, namely loss of independence so that they experience tendencies and need help from others⁽²⁾. This can affect the immune system and allow the individual's ability to decrease to resist the disease. Increasing the available social support can be an important strategy in reducing or preventing psychological distress and warding off post-stroke depression⁽³⁾. The role of family and people around them to provide life support for stroke sufferers will be very meaningful. So it must take care of the patient so as not to experience stress and then depression due to the disease he is suffering from⁽⁴⁾.

Having a family with a stroke requires a concerted effort of family support, financial support, emotional support and friendly support to help make the changes needed to cope with and survive stroke⁽⁵⁾. Several studies have shown that a high level of social support has a positive effect on participation, social and recreational activities, and post-stroke return to work. There is a positive relationship between social support and post-stroke participation. Health professionals need to include social support interventions when trying to manage individuals with stroke holistically, as this will have a positive effect on participation.

The purpose of this study was to describe the attractiveness of the Family Social Support Module in stroke patients by paying attention to local wisdom in Malang.

METHODS

This study used research and development methods. In this research, the product that will be produced is the Development of a Family Social Support Module for stroke sufferers by paying attention to local wisdom in Malang. The design used in this study is longitudinal research. The analysis used in this research is a closed

assessment questionnaire and an open assessment questionnaire that will produce qualitative data. Respondents were 50 family members from the elderly community with stroke in Malang. The sampling technique used in this research is total sampling technique. The research was conducted in March to November 2019.

RESULTS

Table 1 showed that 28 respondents (56%) were female and 22 respondents (44%) were male. Table 2 showed that 29 respondents (58%) age were > 59 years old, 20 respondents (40%) age were 40-59 years old, and 1 respondent (2%) age were < 40 years old.

Table 1. Gender of respondents

Gender	Frequency	Percentage
Female	28	56
Male	22	44

Table 2. Age of respondents

Age of Respondents	Frequency	Percentage
>59 years old	29	58
40 – 59 years old	20	40
<40 years old	1	2

Table 3. Occupation of respondents

Age of Respondents	Respondents' Work History/Current Occupation	Frequency	Percentage
> 59 years old	Retired PNS/BUMN	15	30
	Housewife	14	28
40 – 59 years old	Entrepreneur and still working	10	20
	Entrepreneur without working	3	6
	Housewife	2	4
	PNS	5	10
< 40 years old	Entrepreneur and still working	1	2
Total		50	100

Table 3 showed that 15 respondents (30%) age were > 59 years old and were retired from PNS/BUMN. 1 respondent (2%) age were < 40 years old is entrepreneur and still working.

Table 4. The results of questionnaire on the attractiveness of the family social support module for stroke patients

Category	Frequency	Percentage
Good	37	74 %
Fairly Good	11	22 %
Poor	2	4 %
Total	50	100 %

Table 4 showed 37 respondents (74%) said that the module was good, while a small proportion, 2 respondents (4%) said the module was poor.

DISCUSSION

Based on the results of the study showed that most of them as many as 37 respondents (74%) of respondents said that the module is good, while a small proportion, 2 respondents (4%), stated that the module was poor. The module compiled by the researchers was successful in changing family behavior in social support for stroke sufferers. Media development is a process used in developing a product by providing a stimulus in the learning process. Good learning implementation is if the degree of learning implementation achieved is at least in the highest or good category⁽⁶⁾. The results showed that the module is good so that it can influence the family in providing social support for stroke patients which will have an impact on the patient's enthusiasm for recovery. Good knowledge is obtained from various sources, especially the media, which is clearly easier to influence individual behavior.

Social support, especially from the family is in accordance with the family's function which is a psychological function to provide an environment that can naturally enhance personality development, in order to provide optimum psychological protection⁽⁷⁾. The prerequisite that must be fulfilled in carrying out this function is that family members must have a level of intelligence which includes appropriate knowledge, skills and experience. Rehabilitation in stroke patients aims to improve mobility and the achievement of self-care by

patients⁽⁸⁾. Stroke patient compliance with rehabilitation requires family support to achieve maximum functional results. This is in accordance with the theory of the family which plays a very important role in this recovery phase, so that from the beginning family care is involved in handling sufferers⁽⁹⁾. Supporting research has shown that there is a significant relationship between social support and self-acceptance in post-stroke patients⁽¹⁰⁾. It means that there is a positive relationship between social support and self-acceptance. The higher the social support provided to post-stroke patients, the higher the self-acceptance raised by the sufferer. The lower social support provided, the lower the self-acceptance. Other research related to family support shows that there is an effect of the patient's family support in taking anti-tuberculosis drugs⁽¹¹⁾. Family support greatly influences the level of medication adherence⁽¹²⁾.

The results showed that 2 respondents (4%) stated that module was poor because most of the respondents (30%) were aged > 59 years which can be categorized as elderly. Respondents said that the emotional support was poor chapter in module. Their families did not always support every activity they like. The characteristics of the elderly become more emotional individuals in dealing with self-change, and changes in health problems due to aging, this is in accordance with the theory of the elderly about the decline in physical conditions that occurs greatly affects the psychological condition of the elderly. This is caused by changes in appearance, decreased function of the five senses and results in the elderly feeling inferior, irritable, lonely, and feeling useless⁽¹³⁾. Individuals also experience events that change their psychosocial life, events experienced by individuals when they enter old age are more often uncertain, unknown and unwanted and become a source of stress for the elderly. These events include retirement, chronic illness, death of spouses and loved ones, functional disorders. Research also suggests that retirees who have a responsibility for their family's survival have higher rates of depression than retirees who no longer have dependents after retirement⁽¹⁴⁾.

CONCLUSION

The modules compiled by the researchers were successful in changing family behavior in the social support of families of stroke sufferers. Most of them stated that the module was good. Social support from family is an important role in patient recovery. This is evidenced by the implementation of psychological functions including stable emotions, good feelings between family members, the ability to cope with stress, and the function of education as a place to teach a skills, attitudes and knowledge.

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