Case Report Paper

Relationship between Family Health Behavior with Improving Patient Functional Capacity Post Stroke in the Dwikora Area

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Abstract: Stroke is the biggest disease that causes paralysis of the limbs. Stroke patients require comprehensive treatment, including long-term recovery and rehabilitation efforts, even for the rest of the patient's life. The family plays an important role in this recovery phase, so from the start of treatment the family is expected to be involved in patient care. Family knowledge in the care of post-stroke patients is very important to be able accelerate the independence of post-stroke patients. This study aims to analyze the relationship between family health behavior and increasing the functional capacity of post-stroke patients in the Dwikora Area. The research was conducted in October 2021 - February 2022 the type of research is cross sectional. The study population was a family of post-stroke patients, totaling 30 people. The sampling technique used total sampling. Data collection in the study was carried out by distributing questionnaires directly to families. The statistical test used is the spearman rank. Based on the results of research conducted in the Dwikora Region, the majority of family knowledge in increasing the functional capacity of post-stroke patients was sufficient, 15 people 56.7%, both 13 people 43.3% and less than 2 people 6.7%. The attitude of the family in increasing functional capacity after stroke was a good majority of 15 people 50%, quite a number of 11 people 36.7% and less a number of 4 people 13.3%. Family action in increasing unctional capacity after stroke is sufficient for the majority of 17 people 56.7%, good for 11 people 36.7% and less for 2 people 6.7%, It is hoped that the family will carry out its role by increasing knowledge, attitudes and actions, so that the patient can independently carry out his own activities.

Keywords: Family Health Behavior, Functional Capacity, Stroke.

1. Introduction

Stroke is a disorder of blood flow to the brain. Stroke in developed countries is the third leading cause of death after heart disease and cancer in the elderly, while in Indonesia it ranks first [1]. Based on data from the World Health Organization (WHO), 15 million people in the world suffer from strokes, with 5 million deaths and 5 million others experiencing permanent disability each year. In Indonesia, the number of people affected by stroke reaches 500,000 people every year. 125,000 people died and the rest were mildly or severely disabled [2].

Stroke patients cannot be cured completely, but if handled properly it will ease the burden on the sufferer, minimize disability and reduce dependence on other people in activities [3]. Stroke patients require comprehensive treatment, including long-term recovery and rehabilitation efforts, even for the rest of the patient's life [4].

A person's knowledge is closely related to the action he will take, because with this knowledge he has reasons and a basis for making a choice. Caring for post-stroke patients by the family at home requires knowledge and understanding of things that patients need to do and should not do [5]. Based on a preliminary study in the Dwikora Area, it is known that the number of hypertension sufferers recorded in 2022 is a risk factor for stroke by 250 people, and there are 80 stroke patients and 65 of them are dependent on family members to fulfill their daily activities.

2. Literature Review

Knowledge is the result of knowing and this occurs after people sense a certain object [6]. Knowledge is the result of knowing humans about something or all human actions to understand a certain object [7].

Attitude is a reaction or response that is still closed from someone to a stimulus or object. Attitude actually shows the connotation of an appropriate reaction to certain stimuli which in everyday life is an emotional reaction to social stimuli [8]. Newcomb, one of the social psychologists, stated that attitude is a readiness or willingness to act, and not an implementation of certain motives [9].

An attitude that is not yet optimistic is manifested in an action (overt behavior). In order to manifest an attitude into a real action, supporting factors or a condition that allows it, including facilities, are needed. A mother's positive attitude towards immunization must be confirmed by her husband, and there are easily accessible immunization facilities, so that the mother immunizes her child [10]. In addition to the facility factor, support factors are also needed from other parties, for example from husband or wife, parents or in-laws, and others [11].

Family is "The family a group of related individuals who live together and cooperate as a unit". The family is a group of individuals who are related, live together and work together in a unit [12]. The family is also an indicator in society whether the community is healthy or sick [13].

Stroke is a condition that occurs when some brain cells die due to interruption of blood flow due to blockage or rupture of brain blood vessels [14]. Stroke or Cerebro Vascular Accident (CVA) injury, is a loss of brain function caused by the cessation of blood supply to parts of the brain [15]. In simple terms, stroke is defined as a disease of the brain due to cessation of blood supply to the brain due to blockage or bleeding, with symptoms of weakness/paralysis for a moment, or severe symptoms leading to loss of consciousness, and death [16].

3. Methodology

This study uses a quantitative design with a correlation method with a cross sectional approach [17]. The research was carried out in October 2021 - February 2022. This research was carried out in the Dwikora area, Medan. The population and sample in the study were all 30 families who cared for post-stroke patients at the Dwikora Area. The data collection method in this study was carried out by survey [18]. Where researchers directly collect data from respondents. The instrument used is a questionnaire. The measurement scale used is the Guttman scale. Data analysis used the Spearman Rank Test [19].

4. Finding and Discussion

4.1. Knowledge of Respondents

Table 1 describes the frequency distribution of family knowledge in increasing the functional capacity of post-stroke patients in the Dwikora Area, (N=30)

Based on Table 1, it can be seen that the 30 respondents. Describes the frequency distribution of family knowledge in increasing the functional capacity of post-stroke patients in the Dwikora Area

the majority adequate of which is 15 people (56.7%), majority good of which is 13 people (43.3%), majority less of which is 2 people (6.7%).

Table 1. Knowledge of Respondents in Dwikora Area (N=30)

No	Level of Knowledge	F	%
1.	Less	2	6.7
2.	Adequate	15	50.0
3.	Good	13	43.3
	Total	**30**	**100**

Family knowledge in increasing the functional capacity of post-stroke patients in the Dwikora Area in 2022 is sufficient. Adequate knowledge can gradually increase the functional capacity of post-stroke patients and minimize family assistance to stroke patients at home. Knowledge is a very important domain for the formation of one's actions, because behavior based on knowledge and awareness will be better than behavior that is not based on knowledge because if the behavior is not based on knowledge and awareness then the behavior will not last long.

4.2. Attitude of Respondents

Table 2 describes the frequency distribution of respondents' attitudes in increasing the functional capacity of post-stroke patients in the Dwikora Area.

Table 2. Attitude of Respondents in Dwikora Area (N=30)

No	Attitude	F	%
1.	Less	4	13.3
2.	Adequate	11	36.7
3.	Good	15	50.0
	Total	**30**	**100**

From the Table 2, the frequency distribution of respondents' attitudes in increasing the functional capacity of post-stroke patients in the Dwikora Area. The majority was good 15 people (50.0%), the majority was adequate 11 people (36.7%) the majority was less 4 people (13.3%).

The attitude of the family in the care of post-stroke patients should be good because it can accelerate the activities of post-stroke patients. In conclusion, if the knowledge is sufficient, attitudes and actions will be better supported to increase the independence of post-stroke patients. The open attitude of the family towards post-stroke patients will get a stimulus and response from post-stroke patients. This case to minimize the immobility of post-stroke patients it will be better but on the contrary if the attitude of the family is closed then to minimize post-stroke immobility it will take longer.

The attitude of the family must accept and respect family members who are being treated and foster good family relationships in order to realize the healing of post-stroke patients. The family must also be responsible for all the needs needed by post-stroke patients, the family provides motivation or support to family members who are being treated at home [20].

4.3. Actions of Respondents

Table 3 illustrates the frequency distribution of respondents' actions in increasing the functional capacity of post-stroke patients in the Dwikora Area, (N=30)

From Table 3, the frequency distribution of respondents' actions in increasing the functional capacity of post-stroke patients in the Dwikora Area. The majority was Adequate, 17 people (56.7%), the majority was good, 11 people (36.7%), and the majority was low i.e 2 people (6.7%).

Table 3. Actions of Respondents in Dwikora Area (N=30)

No	Action	F	%
1.	Low	2	6.7
2.	Adequate	17	56.7
3.	Good	11	36.7
	Total	**30**	**100**

Actions taken by families who care for post-stroke patients must be positive, in order to accelerate the independence of post-stroke patients to carry out activities. On the other hand, if the actions taken by the family are negative, it will take longer to make post-stroke patients independent and post-stroke activities. Families must recognize the actions taken for post-stroke patients and make it a good experience. If the family takes the correct action automatically to minimize post-stroke patient immobility it will be even better.

5. Conclusion

Based on the results of research on the relationship between family knowledge and attitudes and actions in increasing the functional capacity of post-stroke patients in the Dwikora Area in 2022, which was carried out in October 2021 - February 2022, the following conclusions were obtained, Family knowledge in increasing the functional capacity of post-stroke patients in the Dwikora Area was sufficient 15 people 56.7%, both 13 people 43.3% and less 2 people 6.7%, Family attitudes in increasing the functional capacity of post-stroke patients in Dwikora Area is sufficient 11 people 36.7%, both 15 people 50% and less 4 people 13.3%, family action in improving the functional capacity of post-stroke patients in Dwikora Area is sufficient 17 people 56.7%, both 11 people 36.7% and less 4 people 6.7%, the relationship between family knowledge and attitude is strong with a value of (r2=0.6) and (P = 0.0), the relationship between family knowledge and action is sufficient value of (r2 = 0.5) and (P = 0.04), the relationship between attitude and action is sufficient with a value of (r2=0.3) and (P=0.04+ [13].

Families are expected to continue to increase functional capacity in post-stroke patients, to the community, it is hoped that they will be able to provide information to the community so that post-stroke patients can be independent in their activities with good and propere home care, for community nurses in the work in the Dwikora Area, it is hoped able to improve the handling of post-stroke patients at home, to minimize disability and even to restore body functions as optimally as possible for post-stroke sufferers.

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