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*Strengthening Maternal,
Child and Family Wellbeing Through
Bridging Research and Practice*

October 19 - 20, 2016



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“Strengthening Maternal, Child and Family Wellbeing Through Bridging Research and Practice”

Reviewer:

Janet Hirst

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Cesa Septiana Pratiwi

Andari Wuri Astuti

Indriani

Endang Koni Suryaningsih

Fitri Siswi Utami

Dwi Prihatiningsih

Ery Khusnal



Hall 4 'Aisyiyah University Yogyakarta, Yogyakarta Indonesia

19 - 20 October 2016



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International conference of 'Aisyiyah University of Yogyakarta with the theme "Strengthening Maternal, Child, and Family Wellbeing through Bridging Research and Practice" is held as the media to share information of research results and scientific experiences. The goals of the international conference are as follow:

1. Conducting one day seminar, presented by topic experts to gain more understanding of maternal, child and family health matters.
2. Conducting workshop to improve research quality and impacts in maternal, child and family wellbeing

The gratitude is also addressed to the Rector of 'Aisyiyah University of Yogyakarta and her staffs, the committees of the conference, and all parties who have participated and given the supports for the success of this international conference. However, this proceeding is still far from perfect. Thus, it is expected that there will be positive suggestion for further development of the proceeding in the future. It is also expected that the proceeding will give positive contribution for the development of health professionals in Indonesia. Please, enjoy the international conference.

Wassalamualaikum warahmatullah wabarakatuh

Yogyakarta, Oktober 2016

Head of LPPM 'Aisyiyah University of
Yogyakarta

Sarwinanti, M.Kep., Sp.Kep.Mat

TABLE OF CONTENT

Acknowledgment.....	iii
Table of Content.....	iv
ACADEMIC LEVEL OF RESILIENCE IN NURSING STUDENT AT UNIVERSITY OF PADJADJARAN (Ayu Prawesti, Etika Emaliyawati, Titin Sutini, Mira Rahmawati)	1
FOOD SERVICE QUALITY, AND PATIENTS SATISFACTION OF FOOD SERVICES IN DR. SARDJITO GENERAL HOSPITAL, YOGYAKARTA (Agil Dhiemitra Aulia Dewi^{1,a)}, Toto Sudargo^{2, b)}, B.J. Istiti Kandarina³, Yeni Prawiningdyah⁴).....	11
THE EFFECT OF POST-PLACENTAL INTRA UTERINE INSERTION TO THE POST PARTUM DURATION (Istri Utami, Mochammad Anwar, Herlin Fitriana Kurniawati)...	19
THE EFFECT OF EARLY INITIATION BREAST FEEDING COUNSELING TOWARD KNOWLEDGE IN PREGNANT WOMEN (Suyani).....	24
CORRELATIVE FACTORS OF CHRONIC ENERGY DEFICIENCY ON PREGNANT WOMEN (Hafifah Wijayanti¹, Luluk Rosida²).....	34
EARTHQUAKE MITIGATION TRAINING IMPROVES THE PREPAREDNESS OF RED CROSS YOUTH MEMBERS (Erlia Pratiwi & Dwi Prihatiningsih).....	43
BATHING BABY (SPONGING AND DYEING METHOD) AND UMBILICAL CORD CARE (WET AND DRY METHOD) TO THE RELEASE RATES OF UMBILICAL CORD (Dian Nurafifah).....	51
THE CORRELATION BETWEEN EDUCATION AND OCCUPATION AND EARLY MARRIAGE IN SLEMAN YOGYAKARTA 2015 (Dewi Rokhanawati¹, Arimbawati²).....	59
THE INFLUENCE OF DATE FRUIT ON HEMOGLOBIN LEVEL OF PREGNANT WOMEN IN THEIR SECOND TRIMESTER IN SLEMAN YOGYAKARTA (Atik Nur Istiqomah¹, Mohammad Hakimi², Mufdlilah³).....	67
FAMILY CHARACTERISTICS AND QUALITY OF CHILDCARE HOME ENVIRONMENT IN IODINE DEFICIENCY DISORDER ENDEMIC AREA(Diah Yunitawati¹ & Leny Latifah¹).....	75
THE EFFECT OF LISTENING AL QURAN THERAPY TO PREVENT POSTPARTUM BLUES ON POSTPARTUM WOMEN AT DR. SOETARTO HOSPITAL YOGYAKARTA (Maulita Listian Eka Pratiwi, Nur Azizah).....	85
THE CORRELATION BETWEEN MENOPAUSE PHASE AND ANXIETY RATE IN SEXUAL INTERCOURSE IN MENOPAUSAL WOMAN (Dwi Laely Mei Antika, Hanifa Andisetyana Putri).....	94
ANALISED BULLYING TO SELF-ESTEEM FOR YUNIOR HIGH SCHOOL STUDENT (Hidayatus Sya'diyah, S.Kep.,Ns., MKep, Nur Fadilah Alfianti).....	106
THE INFLUENCE OF TYPE OF JOB, INCOME, EDUCATION AND RELIGIOSITY TO VASECTOMY ACCEPTORS' QUALITY OF LIFE (Elly Dwi Masita).....	133
THE CORRELATION BETWEEN WOMEN'S EDUCATION AND PARITY AND KNOWLEDGE ABOUT THE TREATMENT OF LOW BIRTH WEIGHT (LBW) BABIES AT WATES HOSPITAL (Sri Ratna Ningsih, Purnomo Suryantoro, Evi Nurhidayati).....	139
STUDY ON CHILDREN'S NUTRITION STATUS AND OBESITY TRENDS AMONGST PRE-SCHOOL CHILDREN IN YOGYAKARTA (Indriani¹ Novita Fitriyani²).....	149

THE COMPARATIVE STUDY: EFFECTIVENESS OF GINGER TEA AND GINGER SWEET TO TREAT EMESIS GRAVIDARUM (Faizatul Ummah).....	158
EFFECT OF CONSUMPTION OF GUAVA ON HEMOGLOBIN LEVELS AND FERRITIN LEVELS OF PREGNANT FE IN SAWIT II HEALTH CARE, BOYOLALI DISTRICT (Erinda Nur Pratiwi¹, Etni Dwi Astuti², Retno Wulandari³, Reni Sumanti⁴, Rizkia Amilia⁵).....	165
FACTORS RELATED TO UPTAKE OF VISUAL INSPECTION WITH ACETIC ACID (VIA) IN BANTUL YOGYAKARTA PROVINCE (Mitha Risti,Fitria Siswi Utami).....	176
LOW USE OF LONG-TERM CONTRACEPTIVE METHOD AMONG WOMAN IN GUNUNGKIDUL (Eminur Itri Sari & Evi Nurhidayati).....	181
THE ROLE OF PEER GROUP IN INFLEUNCING BULLYING BEHAVIOR ON SCHOOL AGED CHILDREN (Annisa'i Rohimah, Mamnu'ah).....	190
THE USE OF GC-MS INSTRUMENTS TO DETERMINATION OMEGA-3 FATTY ACIDS LEVELS IN BREAST MILK (Titin Aryani, Fitria Siswi Utami).....	203
CORRELATION BETWEEN FAMILY SUPPORT and PREGNANT WOMEN'S ATTITUDE on EARLY INITIATION of BREASTFEEDING at JETIS PRIMARY HEALTH CENTER YOGYAKARTA (Dwi Ernawati).....	208
EFFECT AUDIOVISUAL CONCEPTION AND NUTRIENTS COUNSELING TO THE NUTRIENT IMPROVEMENT MOTIVATION ON PREGNANT MOTHERS (Yekti Satriyandari, Amalia Indah Puspitasari).....	218
THE CORRELATION BETWEEN TEETH-BRUSHING BEHAVIOR AND DENTAL CARIES CASE ON THE PRIMARY SCHOOL STUDENTS (Siti Nurhidayati¹, Nurul Shoimah²).....	234
THE EFFECT OF CONSELING OF MATURATION AGE OF MARIAGE TO THE ATTITUDE OF EARLY-AGE MARIAGE DECISION (Anjarwati , Nurul Husna).....	243
CORELATION BETWEEN PARENTS' ROLE AND TEMPER TANTRUM AMONG CHILDREN IN BENDUL MERISI SURABAYA (Lela Nurlela, Dhian Satya Rachmawati,Ita Nurdiana).....	253
THE EFFECT OF STORY TELLING USING FINGER PUPPET TOWARD FINGERNAIL HYGIENE OF PRESCHOOLERS (Ihda Mauliyah, Ratih Indah Kartikasari).....	282
THE ROLE OF PEERS AND PORNOGRAPHIC MEDIA EXPOSURE WITH SEXUAL BEHAVIOR AMONG ADOLESCENTS IN VOCATIONAL SENIOR HIGH SCHOOL TUNAS BANGSA SUBANG DISTRICT (Rany Muliany Sudirman¹,Heru Pradjatmo², Wenny Artanty Nisman³).....	291
THE ASSOCIATION OF EARLY BREASTFEEDING INITIATION AND UTERINE INVOLUTION (Rizki Amalia).....	302
PERCEIVED BENEFITS OF ACTION AND SITUATIONAL INFLUENCES OF NURSES/HEALTH WORKERS IN PMTCT (Edy Suprayitno¹, Suharto², Purwaningsih³).....	309
EFFECTS OF HEALTH EDUCATION WITH DEMONSTRATION METHOD ON FIRST AID KNOWLEDGE OF FOOD POISONING (Eka Saptaningrum, Widaryati).....	315
THE CORRELATION BETWEEN NUTRITIONAL STATUS AND MENSTRUATION LENGTH WITH ANEMIA ON ADOLESCENT(Eka Vicky Yulivantina, Luluk Khusnul Dwihestie).....	329
THE CORRELATION BETWEEN KNOWLEDGE LEVEL AND PREVENTIVE BEHAVIOR OF PATHOLOGICAL LEUCORRHOEAMONG SIXTH SEMESTER STUDENTS AT SCHOOL OF NURSING 'AISYIYAH UNIVERSITY OF YOGYAKARTA (Ilda Aprilia Anggraini, Yuni Purwati).....	339

THE EFFECT OF DYSMENORRHEA GYMNAS TIC EXERCISE ON DYSMENORRHEA PAIN OF PHYSIOTHERAPY STUDENT (Galuh Mahendra Febriawan Sadjarwo ¹ , Sarwinanti ²).....	346
THE DIFFERENCES ON THE EFFECTS BETWEEN GIVING BRAIN GYM EXERCISE AND EDUCATIONAL GAME TOOLS TO INCREASE THE FINE MOTOR SKILLS OF CHILDREN AGED 4-5 YEARS (Ratri Heta Kharisma ² , Siti Khotimah ³).....	355
THE RELATIONSHIP BETWEEN MOTHER'S OCCUPATION AND DEVELOPMENT STIMULATION (Rosmita Nuzuliana).....	369
RELATIONSHIP BETWEEN THE ROLE OF PEERS AND READINESS MENARCHE FOR STUDENT AT MUHAMMADIYAH KARANGWARU ELEMENTARY SCHOOL YOGYAKARTA (Nurul Kurniati).....	377
MATERNAL CHARACTERISTICS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING (Kharisah diniyah ¹ , Bekti Catur Utami ²).....	384
THE RELATIONSHIP BETWEEN WOUND PERINEA CARE TO HEALING PERINEA AT POST PARTUM MOTHER IN RODLIYAH ACHID HOSPITAL PEMALANG (Nuli Nuryanti Zulala).....	388
ANALYSIS OF CARDIAC REHABILITATION FITNESS LEVEL OF PATIENTS POST PTCA (Meiana Harfika).....	393
HEALTH BELIEFE MODELS ON MOTHER WITH HIV/AIDS IN PREVENTING PERINATAL TRANSMISSION RISK: A QUALITATIVE STUDY (Sri Wahyuni ¹ , Etika Khoiriyah ²).....	419
EMPOWERMENT OF WOMEN IN RURAL AREA IN MALUKU, INDONESIA (Sugiarti., Sherly S. Turnip).....	429
THE ASSOCIATION OF MATERNAL-FETAL ATTACHMENT AND MOTHER'S EDUCATION LEVEL AMONG PREGNANT WOMEN IN INDONESIA (Endang Koni Suryaningsih ¹).....	435
FAMILY SUPPORT RELATIONSHIPS WITH SCHOOL AGE CHILDREN'S NUTRITIONAL STATUS AT MERANTI ISLAND, RIAU PROVINCE (Safri, Nurul Huda).....	440
THE RELATIONSHIP BETWEEN THE LEVEL OF FAMILY SUPPORT AND PATIENT'S ACCEPTANCE LEVEL OF THE DIAGNOSIS OF DIABETES MELLITUS TYPE II IN NEGROS ISLAND (Febtian Cendradevi Nugroho, Tita Q.Dumalag).....	452
THE CORRELATION BETWEEN NUTRITIONAL STATUS AND THE INCIDENCE OFDIARRHEA IN UNDER-FIVE-YEAR-OLD CHILDREN (Siti Fatimah, Enny Fitriahadi).....	471
EFFECTIVENESS OF WOUND CARE USING POVIDON IODINE AND CHLORHEXIDINE GLUKONATE FOR HEALING POSTPARTUM PERINEAL WOUND (Evi Wahyuntari, Maulita Listian Eka).....	478
THE EFFECT OF SITTING DURATION TO NECK PAIN OF UPPER TRAPESIUS MUSCLE ON STUDENTS (Veni Fatmawati).....	483
“VEE DOUGH” EDUCATIONAL TOYS THAT SAFE AND AFFORDABLE FOR CHILDREN (Vivian Nanny Lia Dewi ¹ , Putri Utami Sukmawardani ¹ , Septiyani Istinganah ¹).....	491
CARE FOR CHILD DEVELOPMENT (CCD) TRAINING ON CADRE CAN IMPROVE THE NUTRITIONAL STATUS ON CHILDREN (Eka Oktavianto ¹ , Rina Triasih ² , Fitri Haryanti ²).....	498

THE CORRELATION BETWEEN KNOWLEDGE LEVEL AND PARITY TOWARD REGULAR ANTENATAL CARE VISITS ON PREGNANT WOMEN (Enny Anggraeny, Yuni Purwati ³).....	507
RELATIONSHIPS NUTRITION BEHAVIOR TO NUTRITION STATUS OF SCHOOL AGE CHILDREN IN MERANTI ISLAND, RIAU PROVINCE (Nurul Huda ¹ , Safri ²).....	516
RELATIONSHIP OF PREPAREDNESS IN SELF CARE AND STRESS LEVEL AMONG STROKE PATIENTS (Merina Widyastuti).....	526
FACTORS RELATED TO THE QUALITY OF LIFE OF ELDERLY (Lutfi Nurdian Asnindari; Suryani).....	545
THE CORRELATION BETWEEN RELATIONSHIP STATUS AND ATTITUDE TOWARD FREE SEX ON TEENAGER AT ALUN-ALUN KIDUL YOGYAKARTA (Nurfitri ¹ , Andri Nur Sholihah ²).....	555
CORRELATION BETWEEN ELECTRONIC MEDIA USAGE AND PREMARITAL SEX BEHAVIOR AMONG TEENAGERS (Dwi Muyassaroh, Herlin Fitriana Kurniawati)...	565
THE RELATIONSHIP BETWEEN MOTHER'S KNOWLEDGE AND DEVELOPMENTAL STIMULATION BEHAVIOR AGED 3-5 YEARS AT KAMBOJA MOTHER AND CHILD HEALTH SERVICE IN KALONGAN VILLAGE, MLATI SLEMAN (Lusi Yunita Sari, Herlin Fitriana Kurniawati).....	578
THE INFLUENCE OF SADARI/ COUNSELLING TOWARDS THE KNOWLEDGE LEVEL AND ATTITUDE OF EARLY DETECTION OF BREAST CANCER (Ismarwati & Indah Puji Astuti).....	588
THE RELATIONSHIP BETWEEN EDUCATION LEVEL AND THE CHOICE OF BIRTH ATTENDANT ON TRIMESTER III IN LENDAH 2 PRIMARY HEALTH CENTER, KULONPROGO YOGYAKARTA (Diyah Ambarini, Menik Sri Daryanti).....	601
PREMENSTRUAL SYNDROME CARE AMONGST FEMALE TEEGANERS (Elviati, Laily Nikmah).....	615
FACTORS RELATED TO THE ATTENDANCE OF MOTHERS WHO HAVE UNDER FIVE CHILDREN TO INTEGRATED HEALTH SERVICE (Retno Mawarti ¹ , Rekina Endi Firmaningrum ²).....	622
EFFECT OF IRON SUPPLEMENTATION ON HEMOGLOBIN LEVELS IN ADOLESCENTS (Fitri Giyanti & Sri Wahtini).....	632
THE CORRELATION BETWEEN MOTHER'S OCCUPATION AND EXCLUSIVE BREAST FEEDING ON MOTHER'S WITH 6-12 MONTHS OLD BABIES AT DANUREJAN I YOGYAKARTA PRIMARY HEALTH CENTER IN 2016 ¹ (Tri Wahyuning Pujiastuti ¹ , Rolita Efriani ²).....	644
THE EVALUATION of MOTHER'S ABILITY TO BREASTFEED AFTER EARLY INITIATION of BREASTFEEDING (Siti Istiyati).....	655
THE EFFECT OF GREEN GRASS JELLY (<i>CYCLEA BARBATA MIERS</i>) ON THE BLOOD PRESSURE OF MENOPAUSE WOMEN WITH HYPERTENSION (Siti Zakiah Zulfa ¹ , Eka Fitriyanti ²).....	662
THE CORRELATIONS BETWEEN NUTRITIONAL STATUS AND OBEDIENCE TO TAKE FE TABLET AND ANEMIA IN 3 rd TRIMESTER PREGNANT MOTHER AT PLERET PRIMARY HEALTH CENTER BANTUL(Hartati Himawan ² , Fathiyatur Rohmah ³).....	671
THE CORRELATION BETWEEN INDUCTED PARTUM, PROLONGED PARTUM, AND MACROSOMIA BABIES WITH POSTPARTUM HAEMORRHAGE AT PANEMBAHAN SENOPATI PUBLIC HOSPITAL BANTUL (Sholaihah tyas).....	684

**DURATION OF USE CONTRACEPTIVE INJT 3 MONTHS RELATED TO
DESCRIPTION of LIBIDO'S ACCEPTORS at BPS YAYUK ISMAIL SIDOESMO
JAGIR SURABAYA (Puji Hastuti, Dya Sustrami, Bunga Puji Rahayu)..... 693**



**RELATIONSHIP STRESS LEVEL OF PREPAREDNESS IN SELF CARE IMPROVING
STROKE PATIENTS IN THE STROKE UNIT NAVY HOSPITAL
DR. RAMELAN SURABAYA**

**Merina Widyastuti S.Kep.,Ns.,M.Kep
Lecture in STIKES Hang Tuah Surabaya**

ABSTRACT

Background : Stroke is a disease that strikes anyone with very sudden occurrence and is one cause of death and major neurological disability in Indonesia. Paralysis is the most common disability experienced by patients with stroke, characterized by paralysis on one side of the body (hemiparesis) and paralysis may also occur in various parts of the body, from the face, hands, feet, tongue and throat. Some stress conditions will influence the attitudes and behavior of stroke patients to improve self-care, this study aims to determine the relationship of stress levels by increasing the readiness of self-care in stroke patients.

Methods : This study was used a an observational analytic method of "cross-sectional" by measuring levels of stress and improve self-care preparedness research conducted in January 2016 in the stroke unit navy hospital Ramelan Surabaya. The population used was that stroke patients treated since the month of October to November 2015 by 23 votes with sample random sampling. These researches independent variable is the level of stress and the dependent variable is the readiness of self-care. Measuring instrument used to measure the level of stress is DASS while for preparedness using DSCAI. Data were analyzed with chi square test with significance level $<0:05$.

Results : The results showed that the level of stress in patients with stroke in Rumkital dr. Ramelan Surabaya are subjected to mild stress while increasing the readiness of self-care in patients with stroke in Navy hospital dr. Ramelan Surabaya largely sufficient and less. Statistical analysis showed p 0.768, it can be concluded there is no relationship with the stress level of readiness improve self-care in patients with stroke in stroke unit Navy hospital dr. Ramelan Surabaya.

Conclusion : This research is expected to provide an alternative to enter the associated stress reduction that patients with stroke may be susceptible to stressors associated disturbance fulfillment of their activities so as to affect the readiness of care themselves independently

Keywords: Stroke, stress, readiness

INTRODUCTION

Stroke is a disease that strikes anyone with very sudden occurrence and is one cause of death and major neurological disability in Indonesia (Tarwoto, Wartonah & Suryati, 2007: 85). Paralysis is a defect most commonly experienced by patients with stroke, characterized by paralysis on one side of the body (hemiparesis) and may also occur paralysis in various parts of the body, from the face, hands, feet, tongue and throat (Lingga, 2013: 71). Stroke patients are no longer able to do any physical activity, all the activities and needs help from others dependent and

requires the attention of someone who cared for him (Lingga, 2013: 72).

Some stress conditions will influence the attitudes and behavior of stroke patients to improve self-care, lack of knowledge about the disease will result in penderita stroke stroke can not perform activities independently and can be complications of the disease.

The state of stroke patients are very diverse, can be recovered perfectly, recovered with mild disabilities, cured with disabilities may experience moderate or even severe disabilities, especially in stroke patients over the age of 45 years (Junaidi, 2011: 55). The initial attack

strokeumumnya be a disturbance of consciousness, unconsciousness, headaches, difficulty concentrating, disorientation or in other forms. Disturbance of consciousness can appear in other forms such as the feeling of wanting to sleep, hard to remember, blurred vision. In the next few hours disturbance of consciousness will continue the decline in muscle strength and coordination, stroke patients will have difficulty to arrange the words or unable to perform their daily work such as standing, walking, or taking / holding cups, spoons and forks, what held will fall. Other disorders such as inability to control urination and large, lost the ability to feel, have difficulty swallowing and breathing (Junaidi, 2011: 24).

Stroke patients will be people who depend on those around him, including the family and significant others, then many patients who can not independently or minimize the help of others. Restrictions on activities during the acute phase, is the cause of the patient becomes dependent on others to do the activity day living. Once past the acute phase patients should increase physical activity, modifying the diet and orderly in consuming drugs - drugs in order to support the recovery process. Stroke patients who are not able to improve self-care it is possible to run a deficit of self-care and disease complications (Goldszmidt and Caplan, 2013: 84).

Independence that flows out of stroke patients is critical in accelerating the recovery process defect in the suffering, not only ease the burden on surrounding areas but also can cultivate the spirit for stroke patients (Lingga, 2013: 133). Research that examines how the relationship between stress levels by increasing the readiness of stroke patients in self-care has never been done, so the researchers are interested to examine the purpose of basic human needs can be met as before the stroke even with all the limitations experienced by stroke patients.

METHODE

In this study using design methods observational research with cross sectional design. Where researchers take measurements / observations stress levels

by increasing the readiness of self-care in patients with stroke in Space Nerves Rumkital dr. Ramelan Surabaya This research was carried out in January 10, 2016 until January 20, 2016 in Space Nerves Rumkital dr. Ramelan Surabaya.

The population in this study were all Patients with stroke in Space Nerves Rumkital dr. Ramelan Surabaya number of 24 Patients in the span of a month in January 2015 to May 2015, using a sample of Probability sampling technique as much as 23 respondents. Inclusion criteria were hospitalized stroke patients in Space Nerves Rumkital dr. Ramelan Surabaya, willing to become respondents in this study. Exclusion criteria Patients stroke in the second attack, stroke patients who underwent surgery and is still installed drainage., Stroke patients without accompanied the family. Variable in the study was the readiness of patients in self-care as measured using Denyes Self Care Activity Instrument (DSCAI) and stress levels were measured using the instrument DASS. The hypothesis is there are significant research with patient readiness Health education in self-care and health education there is the influence of the stress

RESULT AND DISCUSSION

RESULT

Research result

General data

1. Characteristics of respondents by age

Age	f	%
50-55	5	21,7
56-60	2	8,7
61-65	11	47,8
66-70	5	21,7
Total	23	100%

2. Characteristics of respondents by sex

Sex	f	%
Male	8	34,8%
Female	15	65,2%
Total	23	100%

3. Characteristics of respondents by education

Education	F	%
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SMP	9	39,1%
SMA	14	60,9%
Total	23	100%

The results of measurements of stress levels in stroke patients stroke unit in navy hospital Dr. Ramelan Surabaya.

Skor tingkat stres	f	(%)
Normal	0	0
Light	13	56,5
moderate	4	17,4
Weight	6	26,1
Very heavy	0	0
Jumlah	23	100

Results of the readiness of self-care in stroke patients in navy hospital Ramelan Surabaya

Score	f	%
Good	1	4,4
Enough	11	47,8
Less	11	47,8
Jumlah	23	100

Relations with the stress level of readiness self care on stroke patients in navy hospital Ramelan Surabaya

Level of stres	the readiness of self-care			
	Good	Enough	less	total
Normal	1	5	7	13
Light	0	2	2	4
moderate	0	4	2	6
Total	1	11	11	23

P = 0,768 ; = 0,05

DISCUSSION

The results of the measurement of stress levels stroke patients in navy hospital Ramelan Surabaya

Stress begins with an imbalance between demands and resources owned by the individual, the higher the gap occurs, the higher the stress levels in natural and will feel threatened. Stress is a reaction to physical, mental, and chemicals from the body of the situation scary, surprising, confusing, dangerous, and worrying someone (Mc Nerney, 1984). Stress is a condition that is created when the transaction is someone who is experiencing stress and things considered stressful to

make people concerned see a mismatch between the state or condition and system resources is biological, psychological, social and what is (Hardjana, 1994).

The term stress and depression can not be separated from one another. Any issues that impinge on the life of a person (psychosocial stressors) can lead to impaired function / organ physiology. The reaction of the body (physical) called stress, and when the function of organs sami disturbed then called distress, psychological reactions are closely related to stress is anxiety. When the demands on oneself surpass it, then such a state can be called distress. Menurut Fortuna (1984) as well as physical disorders, response to threats is also at risk of emotional and cognitive, people experience stress will show a decrease in concentration, attention, and memory deterioration. This situation can cause errors in problem solving and decrease kemampuan in planning action. Influence on cognitive and emotional promotes behavior change in people suffering from prolonged stress. These changes included a decrease in interest and activity, decreased energy. Stress in stroke patients related to the fear of death and could not continue the plans of life, changes in self-image, confidence, changes in social role and lifestyle as well as issues related to the financial and physical impact on the nature of the disease and treatment procedures were performed (Konginan, 2008).

Results of the readiness of self-care in stroke patients in navy hospital Ramelan Surabaya

Researchers expect the stroke patients were able to perform self-care by using a better knowledge about health. When there is a deficit of care, the role of nurses as nursing agency helps to maximize the capabilities of the implementation of the self-care of stroke patients through health education, to improve the ability or independence in the implementation of self-care stroke patients (self care agency) against self-care needs of stroke patients (self care demand), such as the ability to meet the nutrition and fluids, mobilization, personal hygiene, elimination.

Age 61-65 years as many as 11 people (47.8%) and had a flat, and the age of 66-70 years as many as five people (21.7%) 50-55 years as many as five people (21.7%) and the minority age 56 -60 years as many as 2 (8.7%). Readiness self care is also available based on experience. Self-care is done by repeating the experience gained in solving problems in the past. However, please note that not all personal experience can lead one to draw conclusions from the experience with the absolutely necessary critical thinking and logical (Ahmad, 2014: 27).

Stroke patient education also affect the readiness of patients where the patients with higher levels of education will be able to receive education and running the programs, the present study found terbanyakpendidikan education past high school as many as 14 people (60.9%) and SMP were 9 people (39 , 1%). Changes in behavior with education will produce effective change, health knowledge as the basis of their behavior gained a steady and deeper and eventually obtained a reference behavior for the behavior of others (Notoatmojo, 2014: 90).

The state of stroke patients are very diverse, can be recovered perfectly, recovered with mild disabilities, cured with disabilities may experience moderate or even severe disabilities, especially in stroke patients over the age of 45 years (Junaidi, 2011: 55). The initial attack stroke generally be a disturbance of consciousness, unconsciousness, headaches, difficulty concentrating, disorientation or in other forms. Disturbance of consciousness can appear in other forms such as the feeling of wanting to sleep, hard to remember, blurred vision. In the next few hours disturbance of consciousness will continue the decline in muscle strength and coordination, stroke patients will have difficulty to arrange the words or unable to perform their daily work such as standing, walking, or taking / holding cups, spoons and forks, what held will fall. Other disorders such as inability to control urination and large, lost the ability to feel, have difficulty swallowing and breathing (Junaidi, 2011: 24).

Stroke patients will be people who depend on those around him, including the family and significant others, then many patients who can not independently or

minimize the help of others. Restrictions on activities during the acute phase, is the cause of the patient becomes dependent on others to do the activity day living. Once past the acute phase patients should increase physical activity, modifying the diet and orderly in consuming drugs - drugs in order to support the recovery process. Stroke patients who are not able to improve self-care does not rule out the possibility of self-care deficit.

Relations with the stress level of readiness self care on stroke patients in navy hospital Ramelan Surabaya

Results of the 23 respondents, of the 13 respondents with mild stress levels, 7 of them have the readiness score less, 5 score enough readiness and preparedness 1 score well. Furthermore, from 6 respondents with severe stress, 4 of which have a score of readiness self sufficient and 2 readiness and last less than 4 respondents with moderate stress, 2 respondents have a self-sufficient readiness and preparedness 2 respondents have less. From the chi square test obtained sig (2-tailed) of 0.768. So it can be concluded there is no relationship between the level of stress the readiness of self care on stroke patients in navy hospital Ramelan Surabaya

Why is not there a relationship when in theory we agree that stress begins with an imbalance between demands and resources owned by the individual, the higher the gap occurs, the higher the stress levels in natural and will feel threatened. Stress is a reaction to physical, mental, and chemicals from the body of the situation scary, surprising, confusing, dangerous, and worrying someone (Mc Nerney, 1984). Thus, the data in the field shows that there is no relationship. It is probably due to that stress triggers and motivation to further improve preparedness and for others the stress due to the inability and limitations lead to feelings of depression. Stress is a condition that is created when the transaction is someone who is experiencing stress and things that are considered to bring stress makes people concerned see a mismatch between the state or condition and system resources is biological,

psychological, social and what is (Hardjana, 1994).

Another thing that affects also the possibility for knowledge. Patients and families are better able and increased knowledge about self-care is demonstrated by the increase in knowledge about health, mood, attention to health better use of energy that is not too great in performing self-care.

Measures patient health as determined by the knowledge of the person or people concerned, availability of facilities, the behavior of health workers to the health and strengthened will also support the formation of an action such as an increase in the readiness of self-care. Patients who did not experience an increase in self-care could be because the patient did not yet know the importance of self-care. Another cause may be due to officials or other public figures around him never to provide education on self-care.

Theory Lawrence Green, as quoted by Notoatmodjo (2014: 76), analyzing the human attitude of soundness. The health of a person or community is influenced by two main factors, namely the attitude factor and factors beyond attitude. Furthermore, the behavior itself is determined or formed from three factors: predisposing factors, enabling factors, and factors driving. It was concluded that a person's attitude or public health is determined by knowledge.

Two-thirds of stroke survivors are those aged 65 years. The aging process of cells as age and illness experienced by parents increase the risk of stroke in old age. Entering the age of 50 years, the risk of stroke becomes double every 10 years of age increased (Lingga, 2013: 21). Usia also affect the behavior in people with stroke, behavioral health of a person or society is determined by the intentions of the health of the object, the presence or absence of support from the community surroundings, whether there is information about the health, the freedom of individuals to make decisions, and situations in which a person behaves or not (Notoatmojo, 2014: 78). The forms of individual behavior change one of them is a willingness to change, occur when there is innovation in society, which often happens is that some people are very quick to accept the change and partly slow to accept change (Notoatmojo,

2014: 89). A person with old age would be difficult to accept the changes

Damage to physical mobility in stroke patients will experience a decrease in self-care needs that require post-stroke patients become dependent on others, at least for the time until the physical and mental condition improves. Stroke patients with limited physical mobility requires the help of others to do the activity day living that can not be done alone (Lingga, 2013: 93). The role of care as educators should be optimized to provide health education to patients and families in order to improve the readiness of improving self-care.

Limitations

Limitations of the weaknesses and barriers in research. In this study, some of the limitations faced by researchers are:

1. In filling the questionnaire, respondents are likely to know that he was being assessed, so that answers can be changed does not correspond to reality.
2. The instrument used is an adaptation of a foreign language so that many respondents were confused, so need assistance in filling out the questionnaire.
3. Many of the respondents who have difficulty in deciding vote on each question.
4. Variations in the characteristics of respondents due to the clinical manifestations of the disease.
5. Calculation results are also experiencing difficulties due to lack of literature and journals in guiding calculation DCSAI questionnaire.

Conclusions

The level of stress in stroke patients are subjected to mild stress and improve self-care preparedness largely sufficient and less and no association with the stress level of readiness improve self-care in patients with stroke in stroke unit in navy hospital. Ramelan Surabaya.

Suggestions

1. Stroke patients are expected to perform self-care so that no further complications.
2. Especially in the field of nursing, is expected to further develop health education and discharge planning.
3. For further research is expected to

conduct research and study more about the analysis of the factors affecting the level of preparedness in improving self-care.

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