PROCEEDING
The 1st International Conference on Health Sciences
Faculty of Health Sciences Universitas Nasional
14 - 15 March 2019 At Marlyn Park Hotel Jakarta
PROCEEDING
THE 1st INTERNATIONAL CONFERENCE ON HEALTH SCIENCES

“The Role of Health Professional to Improve Quality of Care in Achieving Sustainable Development Goals (SDGs)”

Jakarta, 14-15 March 2019

Penerbit:
Fakultas Ilmu Kesehatan
Universitas Nasional
Jakarta
PROSIDING
THE 1ST INTERNATIONAL CONFERENCE
ON HEALTH SCIENCES

“The Role of Health Professional to Improve Quality of Care in
Achieving Sustainable Development Goals (SDGs)”

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Cetakan Pertama, Juni 2019

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Dilarang memperbanyak karya tulis ini dalam bentuk apapun
Tanpa ijin tertulis dari Penerbit
Rector Speech

on The First Internasional Conference On Health Sciences 2019.

Assalamualaikumwrwb.

Good Morning and May God bless all of us,

On behalf of UniversitasNasional, I would like to welcome all speakers and participants of the First International Conference On Health Sciences 2019, organized by Faculty of Health Sciences UniversitasNasional.

Ladies and gentleman,

We know that the world leaders have signed a new agreement that will determine the direction of world development called the Sustainable Development Goals (SDGs). The agreement is a continuation of the world development blueprint in the Millennium Development Goals (MDGs) which ended in 2015. Indicators and target achievements of the SDGs cover three major aspects namely, ending all forms of poverty and hunger, increasing food and nutrition security, and guaranteeing the existence of healthy and prosperous by promoting human development and a sustainable environment in all countries.

Even though the development agenda has referred to the SDGs, Indonesia apparently still keeps homework that has not been achieved in the MDG indicators. All these problematic indicators are closely related to health payments. The indicators intended include reducing maternal mortality during childbirth, decreasing the prevalence of HIV and AIDS, ensuring environmental sustainability and proper sanitation for the community is still far from the target set out 15 years ago.

This policy should be a concern for health workers, who must take part in every change in society towards health, so they can contribute to the success of the SDGs. Health workers, lecturers and researcher have great potential to be involved in a variety of health policies both at regional and national levels. Indeed the degree of public health that is still not optimal is essentially influenced by environmental conditions, community behaviour, health services, and genetics.

Dear Attendees of the First International Conference On Health Sciences 2019,

SDGs are development programs involving all parties including health workers, higher education lecturers and their students, and researchers. They have a very strategic role so that coordination and support from all parties are needed by involving all components of
the nation in promoting the health paradigm to reach the SDGs target of 2030 in the health sector. Such thematic focuses are expected to provide us with more comprehensive yet specific understanding SDGs to our needs.

Thus, the Faculty of Health Sciences UniversitasNasionalcarry out an international conference with the theme "The Role of Health Professionals to Improve Quality of Care in Achieving Sustainable Development Goals (SDGs)".

In closing, I would like to convey my deepest appreciation to Faculty of Healthsciences, especially to the committee to hold the First International Conference on Health Sciences this year. We highly appreciate all experts and speakers who will share their expertise, experience and knowledge to all Conference attendees.

We sincerely hope that all attendees will enjoy and be inspired from the discussions, presentations and knowledge sharing sessions of this Conferences.

I wish The First International Conference on Health Sciences 2019 a great success!!

Thank you and
Wassalamualaikumwrwb.
Rector,
Dr. El AmryBermawiPutera, M.A.
Dean Faculty of Heath Sciences Speech
on The First Internasional Conference On Health Sciences 2019.

Assalamualaikumwrwb.

Excellencies, Rector of UniversitasNasional, distinguished guests, all speakers and participants, good morning and May God bless all of us.

First, on behalf of the Faculty of Health Sciences UniversitasNasional, I would like to thank you for coming to the First International Conference On Health Sciences 2019.

Ladies and gentlemen,

For me, It is not easy to be leader at Faculty of Health Sciences UniversitasNasional. I must always think, how the the latest faculty at UniversitasNasional always advancing in various developments in sciences, knowledge and good governance. And I was lucky because many lecturers in our faculty support the advancement of Faculty of Health Sciences.

There are a lot of progress has occurred in our faculty in two years. Many lecturers conduct researchs, community services and write articles in various journals in Indonesia or abroad. So many lecturers has academic rank, now.

Our faculty has also moved to a new building at MenaraUnas 2 Ragunan, South Jakarta. We have five floors for class rooms, laboratories and faculty office. We have held various trainings for lecturers and students to improve competencies.

And then we strategize for new achievements. And the First International Conference On Health Sciences 2019 is the new our faculty achievement. At this conference we invited some speakers. We invited The Excellency Minister of Health Republic of Indonesia, Vice Minister and as Head of Sustainable Development Goals (SDGs) Indonesia, and Director General of of Science and Technology of Higher Education at Indonesian Ministry Research, Technology &Higher Education. On behalf of Faculty of Health Sciences UniversitasNasional, I am grateful to the many experts who have come to share their knowledge and I would like to thank you for responses and coming to our invitation to speak in the conference. I am grateful to the many experts who have come to share their knowledge. I also welcome the many representatives of governments, universities, associations and NGOs who have joined us.
Ladies and gentlemen,

The organization committee have choosen the conference theme "The Role of Health Professional to Improve Quality of Care in Achieving Sustainable Development Goals (SDGs)". Why SDGs? Caused there are international conventions, national level policies and strategies that address issues targeted in the 2030 Agenda. Despite the continuous dispute around the preceding Millennium Development Goals and whether they were feasible and relevant for all countries (not just poorest), the important lesson learned derived from their implementation is that having time-bound, universal goals result in greater mobilization of the global community, strengthen collaboration and networking of stakeholders across the sectors, countries and regions, and promote innovation and sharing of expertise and best practices. And the international conference will explore the health professional to Improve Quality of Care in Achieving SDGs.

SDGs seeks to ensure health and well-being for all, at every stage of life. Major strides have been made in improving health around the world: between 2000 and 2015, the global maternal mortality ratio declined by 37 per cent, and the under-5 mortality rate fell by 44 per cent. Still, 5.9 million children under age 5 died worldwide in 2015. Most of these deaths were from preventable causes. As progress towards the SDG’s slows, the need for more health workers continues to rise. The World Health Organization estimates that the global needs-based shortage of health care workers is projected to be more than 18 million in 2030. How can we make progress on the world’s most audacious health goals if we do not have enough trained, competent health workers – doctors, nurses, midwives, community health workers, etc. – in our communities?

Improving the health outcomes of individuals and communities around us requires a strong and skilled health workforce. To reduce preventable deaths of children under the age of five, to improve access to skilled birth attendants for pregnant mothers, to ensure everyone has access to the care they need, increasing the number of health professionals must be a cornerstone of not only global policy, but more importantly, action.

Dear Attendees

I believe that all of invited speakers and all of oral presenter will share many experience, knowledge or applied sciences to us. And We hope that the international conference CHS 2019 will be held once in two years, minimal, with a lot of progress for better enforcement.

On this happy occasion, I thank to the committee who have worked so hard until this international conference was held. And I thank to all of the sponsors who provide funds.
Finally, again on behalf of Faculty of Health Sciences and the committee, I would like to thank you for your coming, discussions, presentations and knowledge sharing. I wish you every success with The First International Conference on Health Sciences 2019, and good luck to all of us and I look forward to learning about the outcome.

Thank you and wassalamualaikumwrwb.

Dean of Faculty Health Sciences.
Dr. RetnoWidowati, M.Si.
Head of Committee Speech

First of all, thanks to Almighty Allah, the most merciful, beneficent and compassionate, for His blessing that this conference could be held today. All respect and greeting to the Holy Prophet, Muhammad SAW who guided us of Allah and lead us to Islam rahmatanlilalamin.

I would like to express my greatest gratitude to Dr. El AmryBermawiPutera, M.A; Rector of UniversitasNasional, Professor IskandarFiriti; Vice Rector for academic service, Professor ErnawatiSinaga, M.S., Apt; Vice Rector for Research, Collaboration, and Community Services, Professor EkoSugiyanto; Vice Rector for Administration, Finance, and Human Resources, Dr.RetnoWidowati, M.Si; Dean of the Faculty of Health Sciences, UniversitasNasional, and all of the committee members for all of your hard work, kind help, and best effort as a solid team work, by which this event can be held successfully today.

I would like to thank all of the honourable speakers for valuable time to deliver knowledge and share scientific information regarding the topic at this conference. I believe that this opportunity will provide the valuable information for us and deliberate some new research ideas for participants of this conference. For all the participants from various institutions, I would also like to welcome you at this conference, hope you enjoy on this conference.

Welcome to the 1st International Conference on Health Sciences. It is a great pleasure to have all of you here in the 1st ICHS, which held by the Faculty of Health Sciences, UniversitasNasional, Jakarta, on this March 14-15th, 2019.

The big topic of this conference is “The Role of Health Professional to Improve Quality of Care in Achieving Sustainable Development Goals (SDGs) in Indonesia”. The SDGs, otherwise known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. SDGs built on the successes of the Millennium Development Goals. SDGs are a collection of 17 global goals set by the United Nations General Assembly in 2015 for the year 2030. Two of 17 global goals of SDGs are our concern as health professionals, they are end hunger, achieve food security, improve nutrition, ensure healthy lives and promote well-being for all at the age. These goals will be explained today by all the expertise speakers.

Furthermore, the 1st ICHS in this year focuses on some highlights topics which are medical sciences, nursing sciences, midwives, pharmacology sciences, public health sciences, and nutritional approach to prevent diseases, which have been of interest to hundreds researcher and clinicians who want to share their interesting research problems.

As a major purpose of this event, we hope that it can be an excellent chance to share and discuss interesting ideas and develop fruitful project in the future, network opportunities with old and new colleagues, coordination new partnerships which advance collaboration either about the research field or not, as well as the careers of all the participants.

The 1st ICHS is held in Jakarta, a capital city of Indonesia with rich history and culture, it is the biggest and most beautiful city in Indonesia. Please enjoy your participation in this conference and have a wonderful experience during your stay in Jakarta. That’s all my speech, as human being, I realize that I can’t avoid the mistakes, so I apologize for these and thank you very much for your nice attention. Wish you the best in all your work.

WassalamualaikumWrWb
Ns. Dayan Hisni, S.Kep., MNS
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THE CORELATION OF FAMILY SUPPORT WITH SELF CARE PATIENTS WITH NON HEMORAGIC STROKE INPATIENT AT CEMPAKA PUTIH ISLAMIC HOSPITAL JAKARTA: QUANTITAVE STUDY

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ABSTRACT

Introduction : Strokes occur when the blood supply to parts of the brain is severed or greatly reduced. Non-Hemorrhagic Stroke is a disease caused by a blockage in the blood flow in the brain. The prevalence of stroke in Indonesia had take first place in the world as the most death causes and dssability after stroke. In the Jakarta Islamic Hospital occur prevalence of stroke as much 263 patient in the past year. Dissability after stroke had impact to self care dependency, needed family support to help patient self care. Family support consist of emotional support, real support and informational support. Family support related with self care dependency level stroke’s patient. The objective of the study was knowing correlation family support with self care stroke’s patient in hospitalization Jakarta Islamic Hospital.

Method : This is analictic survei using cross sectional design. The sampel of study amount 14 patient with stroke non haemoragic. The total sampling was used in this study. The instrument of the study consisted of family support questionnaire and Barthel’s Indeks. The questionnare had validated, yielding Cronbach’s alpha coefficient of 0,93. The data were analysed using descriptive statistic was chi-square to knowing correlation between two variable.

Result : The result of the study showed that there was correlation between variable and significantly family support with self care 0,008 (p<0,05).

Conclusion : Expected nurses can more increase family support role to increase self care of non haemoragic stroke’s patient.

Keywords : Non Haemoragic Stroke, Family Support, Self Care Patients

INTRODUCTION

Stroke or CVD (Cerebro Vascular Disease) is a sudden neurological deficit in the central nervous system caused by ischemic or hemorrhagic events that have multi-complex etiology and pathogenesis and place stroke as a serious problem in the world¹. The American Stroke Association (ASA) in 2014 describe that every year in
the United States (US)> 690,000 adults experience a stroke that increases with age. It is estimated that the number of stroke patients is a complication due to neurological, psychological and social damage resulting in a decrease in health and the risk of recurrence. Indonesia has been ranked number 1 in the world for the highest number of deaths caused by strokes with the number of deaths reaching 21.2% of the total deaths that occurred in the period 2000-2012.

Pravelancy data for non-hemorrhagic stroke in brackets from July 2017 - June 2018 in the inpatient room of the Jakarta Islamic Hospital Cempaka Putih, showed non hemorrhagic strokes having pravelancy of 263 people.

Post-stroke will make a person's level of dependence increase, so people cannot afford to be independent, especially in self-care. This condition will cause patients to be depressed. Families play an important role in influencing patients not to be depressed. The family plays a supportive role during the recovery and recovery of patients. Family support plays a very important role in maintaining and maximizing physical and cognitive recovery.

Families play an important role in influencing patients not to be depressed. The family plays a supportive role during the recovery and recovery of patients. Family support plays a very important role in maintaining and maximizing physical and cognitive recovery.

Dorothea Orem's theory in 1921 focuses on independent self-care actions in an effort to preserve life and health, cure illnesses or injuries and overcome the harm they cause.

**METHODOLOGY**

This type of research is quantitative using descriptive analytic with cross sectional design. The study was carried out in the inpatient room of the Jakarta Islamic Hospital Cempaka Putih in May - August 2018. The sampling method was total sampling, with a total sample of 14 people.

The variables measured are family support and self-care, as well as the trigger variables for age, sex, employment and education. Analysis using Chi-Square statistical tests using the SPSS program. Subjects were measured using a family support questionnaire and the Barthel index.

**ETHICAL CONSIDERATION**

The study was approved by the university
RESULTS

The measurement tool for data collection used in this study is a questionnaire modified by researchers and adopted from several libraries consisted of several statements that must be chosen by respondents according to their conditions. To obtain information from respondents, researchers used a questionnaire sheet consisting of 3 types of questionnaires:

1. Demographic data questionnaire is a questionnaire that contains questions about the identity or demographic data of respondents, such as age, gender, education and occupation of the respondent.

2. The family support assessment questionnaire is a questionnaire to measure family support for the condition of the respondents. Questionnaires are measured through respondents assessments. This questionnaire contains 20 statements using a Likert scale. In this questionnaire there are 3 domains, namely statement number 1-6 is the domain of emotional support and hope, revelation number 7-15 is a real domain of support and revelation number 16-20 is an information support domain.

3. Barthell's index checklist is a tool to measure the level of ability of respondents in self-care independently. This checklist consists of 4 domains, namely the domain of mobilization which includes moving from chair to bed, walking and climbing stairs; the domain of elimination includes toileting, Urination and defecate control; the hygiene domain includes dressing, showering and personal hygiene; and the nutritional domain of eat. Measuring the level of respondents' self care ability was measured using the Scoring scale.

<table>
<thead>
<tr>
<th>Family support</th>
<th>N</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low family support</td>
<td>8</td>
<td>57.1</td>
</tr>
<tr>
<td>High family support</td>
<td>6</td>
<td>42.9</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 1 about the distribution of frequency family support respondents indicated that the frequency of low family support has the highest number of 8 respondents (57.1%), compared to the number of high family support only 6 respondents (42.9%).
Table 2 Frequency Distribution Self Care Respondents

<table>
<thead>
<tr>
<th>Self care</th>
<th>N</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy dependence</td>
<td>8</td>
<td>57.1</td>
</tr>
<tr>
<td>Mild dependence</td>
<td>6</td>
<td>42.9</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 2 about the frequency distribution of respondents self care showed that the frequency of heavy dependence has the highest number, namely 8 respondents (57.1%), compared to the number of mild dependencies only 6 respondents (42.9%).

Table 3 Frequency of Respondents Distribution by age

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early elderly</td>
<td>7</td>
<td>50</td>
</tr>
<tr>
<td>(46 - 55 years old)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early elderly</td>
<td>7</td>
<td>50</td>
</tr>
<tr>
<td>(46 - 55 years old)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 3 about the frequency distribution of respondents based on age, it showed that the frequency of the age of 46-55 years has 7 people (50%), where this value is the same as the age of > 55 years which has 7 people (50%).

Table 4 Frequency Distribution of Respondents Based on Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Man</td>
<td>9</td>
<td>64.3</td>
</tr>
<tr>
<td>Woman</td>
<td>5</td>
<td>35.7</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 4 about the frequency distribution of respondents based on sex, it showed that the frequency of men has the highest number of 9 people (64.3%), compared to the number of women.

Table 5 Frequency Distribution of Respondents Based on work

<table>
<thead>
<tr>
<th>Kind of Work</th>
<th>N</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Worked (Housewives and retirees)</td>
<td>10</td>
<td>71.4</td>
</tr>
<tr>
<td>Work (Civil servants, Private employees, entrepreneurs)</td>
<td>4</td>
<td>28.6</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 5 about the frequency distribution of respondents based on work, shows that the frequency of respondents who do not work has the highest number, namely 10 people (71.4%), compared to the number of respondents who work.

Table 6 Frequency of Respondents Distribution Based on education

<table>
<thead>
<tr>
<th>Stages of education</th>
<th>N</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Education (Middle school, high school)</td>
<td>3</td>
<td>21.4</td>
</tr>
<tr>
<td>High education (Higher education)</td>
<td>11</td>
<td>78.6</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 6 about the frequency distribution of respondents based on education, it shows that the frequency of higher education has the highest number of 11 people (64.3%), compared to the number of low education.
**Table 7 Relationship Characteristics of Respondents with Self Care Respondents**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Heavy dependence</th>
<th>Mild dependence</th>
<th>Total</th>
<th>p</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early elderly</td>
<td>2</td>
<td>14.3</td>
<td>5</td>
<td>42.8</td>
<td>7</td>
</tr>
<tr>
<td>Late elderly</td>
<td>6</td>
<td>35.7</td>
<td>1</td>
<td>7.2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>57.1</td>
<td>6</td>
<td>42.9</td>
<td>14</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td>3</td>
<td>21.4</td>
<td>6</td>
<td>42.9</td>
<td>9</td>
</tr>
<tr>
<td>Woman</td>
<td>5</td>
<td>35.7</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>57.1</td>
<td>6</td>
<td>42.9</td>
<td>14</td>
</tr>
<tr>
<td><strong>Kind of Work</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Worked</td>
<td>7</td>
<td>50</td>
<td>3</td>
<td>21.4</td>
<td>10</td>
</tr>
<tr>
<td>Worked</td>
<td>1</td>
<td>7.2</td>
<td>3</td>
<td>21.4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>57.1</td>
<td>6</td>
<td>42.9</td>
<td>14</td>
</tr>
<tr>
<td><strong>Stage of education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Education</td>
<td>1</td>
<td>7.2</td>
<td>2</td>
<td>21.4</td>
<td>3</td>
</tr>
<tr>
<td>High education</td>
<td>7</td>
<td>50</td>
<td>4</td>
<td>78.6</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>57.1</td>
<td>6</td>
<td>42.9</td>
<td>14</td>
</tr>
</tbody>
</table>

Based on Table 7, it is known that there is a relationship between age and sex variables with respondents' self care. The age variable with self care has a p value of 0.031 and the sex variable with self care has a p value of 0.016. It is known that there is an OR value of 0.067 on the variable age of the respondent, and 7 on the work variable and the value of OR 0.286.

**Table 8 Relationship between Respondents Family and Self Care Support**

<table>
<thead>
<tr>
<th>Family Support</th>
<th>Heavy dependence</th>
<th>Mild dependence</th>
<th>Total</th>
<th>p</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Low family support</td>
<td>7</td>
<td>50</td>
<td>1</td>
<td>7.2</td>
<td>8</td>
</tr>
<tr>
<td>High family support</td>
<td>1</td>
<td>7.2</td>
<td>5</td>
<td>35.6</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td>57.2</td>
<td>6</td>
<td>42.8</td>
<td>14</td>
</tr>
</tbody>
</table>

Based on Table 8, it is known that there is a relationship between self care and family support. The low family support variable with self care has a p value of 0.008 and the high family support variable with self care has a p value of 0.008. It is known that there is an OR value of 35 on the variable family support of the respondent.
Based on table 8 showed that there are 8 respondents (57.2%) with low family support experiencing dependency. While there are 6 respondents (42.8%) with high family support experiencing dependence in doing self care. Based on table 8, it can be seen that the p value of 0.008 indicates that there is a relationship between family support and self care of respondents in doing self care. It is known that there is an OR value of 35, which means the opportunity for the relationship between family support and self care is 35 times.

**DISCUSSION**

Characteristics of respondents studied were age, gender, occupation and education. The number of respondents was 14 people which were divided into two groups of early age (46 – 55 years) and final elderly age (> 55 years). The two age groups in the study had the same number of frequencies, namely 7 respondents. Where this means that not a certain age limit, a person can suffer a stroke.

The incidence of stroke increases with age, after entering the age of 55 years and over, the risk of stroke has doubled every 10 years. But does not mean strokes only occur in the elderly but strokes can also affect various age group.

This is related to the change in lifestyle, especially the modern urban population. A number of behaviors that consume fast food (fast food) that contain high fat content, smoking, alcoholic beverages, excessive work, lack of exercise, and stress, had become lifestyle even though these behaviors are risk factors to stroke.

The total respondents are 14 people have 9 male respondents and 5 female respondents. The male sex group has the most frequency in this study. Where this can mean that men suffer more strokes than women. Epidemiology of SNH often occurs in men rather than women regardless of ethnicity and national origin. Women usually get the lower attacks in adulthood than men. This pattern of attack is related to the protection of female sexual female hormones.

The highest gender of men who suffer from stroke is in line with the research conducted by Fitria Handayani, where the frequency of men is higher than that of women by comparison (2.1: 1). Malmo Sweden also stated in his research that found that men had a higher risk (1.2: 1) for the incidence of stroke than women. This study was confirmed by a study conducted by Framingham which stated that the incidence in men was 42% and women were 24% by comparison (1.7: 1).

The results of research that has been conducted, it is known that the frequency of
respondents who do not work has a higher frequency of 71.4% compared to respondents who work only 28.6%. Where respondents who do not work consist of housewives and pensions. While respondents who work are civil servants, employees and entrepreneurs. Based on the frequency above, it is known that work can affect stroke.

**CONCLUSION**

The results of the research that has been done, conclusions can be drawn in this study as follows:

The description of the family support of non-hemorrhagic stroke patients in the inpatient room of the Jakarta Islamic Hospital Cempaka Putih there are 57.1% of respondents with low family support.

The self-care picture of non-hemorrhagic stroke patients in the inpatient room at the Jakarta Islamic Hospital in Cempaka Putih, there were 57.2% of respondents with heavy dependence.

Characteristics of non-hemorrhagic stroke patients in the inpatient room at the Jakarta Islamic Hospital in Cempaka Putih, there were respondents aged 46-55 years with equal numbers, respondents with male sex 64.3%, respondents who did not work 71.4% and respondents with higher education 78.6%.

The relationship of family support with self care in non-hemorrhagic stroke patients in the inpatient room at the Jakarta Islamic Hospital in Cempaka Putih, there is a significant relationship with p value (0.008).

The relationship between the characteristics of self-care (self care), in non-hemorrhagic stroke patients in the inpatient room of the Jakarta Islamic Hospital Cempaka Putih, there is a significant relationship between the characteristics of age and sex with (self care) with p value (0.031 and 0.016).

After analysis, the study suggests providing nursing information about Orem's nursing theory, which is expected to be developed as a nursing intervention that refers to Orem's nursing theory.

Towards RSIJCP the results of the study are suggested to be able to become information for the RSIJCP agency in developing the role of family support for the self-care of SNH patients. And could be used as family nursing based nursing intervention.

For the next researcher, it is suggested to develop further research related to Orem's theory which can give influence from the existence of Orem nursing theory.
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REFERENCES


