

The Effectiveness of the BAHAGIA Package on the Subjective Well-Being of Post-Stroke Patients

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ABSTRACT

Background: stroke can leave symptoms or further impacts in all aspects of life such as loss of doing activities and changing roles. Changes that occur in post-stroke patients need to be given home care therapy, one of which is using the "BAHAGIA" Package which consists of a series of words BINGAH, AYEM, HANDOKO, ABIYASA, GALIH, IGUH, and APIK.

Purpose: to determine the effectiveness of the BAHAGIA Package on the Subjective Well-Being of post-stroke patients in the Cempaka Putih Public Health Center, Banjarmasin.

Methods: this study used quantitative research with Pre-Experimental pre-post test design and purposive sampling technique, totaling 30 people. The data collection instrument used a questionnaire.

Results: based on research results from Subjective Well-Being respondents in the medium category as many as 2 people (7%) and high as many as 28 people (93%). The results of the Wilcoxon test obtained a significance value of $0.000 < 0.05$ indicating that there is an effectiveness of the BAHAGIA Package on the Subjective Well-Being of post-stroke patients.

Conclusion: based on the results of the study, it can be concluded that there is an effectiveness of the BAHAGIA Package on the Subjective Well-Being of post-stroke patients in the Work Area.

Keywords:

Post-stroke; BAHAGIA package; subjective well-being.

BACKGROUND

Stroke is a condition of a person in which a part of the brain is functional or wholly suffers a sudden and acute disturbance that occurs for more than 24 hours where the cause is a disturbance in blood flow in the brain (Esti and Johan, 2020). Stroke is also a major cause for long-term disability, post-stroke disability makes patients limited in carrying out daily activities and ability to work (Mohtar SM, 2019).

Post-stroke disability is generally assessed by the patient's ability to resume functioning as before the illness and the patient's ability to be independent. For post-stroke fighters, the suffering is not over. Stroke can leave symptoms or further impacts in all aspects of life (Suiraoaka, 2012). Stroke sufferers need treatment/care that is not a little expensive, post-stroke it is recommended to carry out programs or therapies that can restore function to live a happy life in every aspect of their life (Widyanto, 2009: 118).

From the symptoms or impacts caused by the stroke, it is necessary to evaluate and assess the life satisfaction experienced by post-stroke patients. Life satisfaction in question is in the form of a state of well-being or heart satisfaction which is a pleasant heart condition, if the needs and expectations are met (Desi et al., 2019). Subjective Well-Being is very much needed by post-stroke patients to be able to carry out their functions again and can be a reference for post-stroke patients to process better in the future by maintaining or improving the state of well-being that has been achieved (Desi et al., 2017).

The World Health Organization (2018) suggests that stroke is the second most common cause of death and the third leading cause of disability in the world (Aryanto, 2020). Based on data from the World Stroke Organization (2019), every year as many as 13.7 million new cases of stroke and about 5.5 million deaths occur due to stroke, about 70% of stroke and 87% of deaths and disabilities due to stroke occur in low-income countries and medium. Over the last 4 decades the incidence of stroke in low- and middle-income countries has more than doubled, while the incidence of stroke has decreased by 42% in high-income countries.

The prevalence of stroke sufferers in Indonesia ranks first in Asia (Wulandari, 2020). The prevalence of stroke patients in Indonesia who were diagnosed by doctors according to Basic Health Research Data (2018) reached 10.9% where the highest prevalence of stroke sufferers was in East Kalimantan province at 14.7% followed by DI Yogyakarta province at 14.6% while the prevalence in the province of South Kalimantan is 12.7% (Kemenkes RI, 2018). Stroke sufferers in South Kalimantan in 2019 were 7,192 people, where the highest prevalence was in Banjar Regency at 35.8%, then in second place followed by Banjarmasin City at 33.8% while the lowest number of stroke sufferers was in Balangan Regency at 0.57%. (Department of Communication and Information Technology of South Kalimantan Province, 2020).

A person who has had a stroke (post-stroke) will feel changes in aspects of his life such as losing the ability to carry out activities, the inability to work as before, changing roles, and a relatively long recovery period in the early stages of stroke recovery (Dharma, 2020). The initial reaction felt by post-stroke patients is generally related to

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the fear of death or separation from loved ones. However, not all post-stroke patients show prolonged negative reactions to changes that occur in all aspects of their lives. In fact, there are still many out there who have positive emotions about the changes experienced after a stroke such as hope and optimism from the social support provided by loved ones resulting in them (post-stroke patients) having the ability to adapt to changes in their lives. Positive and negative affect is one component of a person's Subjective Well-Being in his life (Widhigdo, 2018).

Subjective Well-Being is a broad concept regarding the evaluation form of a person's life or emotional experience, which is a combination of high life satisfaction (life satisfaction), high positive affect (positive affect) and low negative affect (negative affect) (Iharasati, dewi dan Nasywa, 2019). Someone who has a high level of Subjective Well-Being is able to regulate emotions and deal with problems well. On the other hand, people who have low levels of Subjective Well-Being tend to feel that their lives are not happy, full of negative feelings and thoughts, causing anxiety, anger, and even risk of depression (Diener et al., 2015).

Changes in bio, psycho, socio and spiritual aspects that occur in post-stroke patients need home care therapy. One of the therapies given to post-stroke patients at home is using the "BAHAGIA" package. The BAHAGIA package contains stroke information, treatment guidelines and progress monitoring in stroke patients. The BAHAGIA package is the goal of therapy which consists of a series of words BINGAH (happy), AYEM (not depressed), HANDOKO (strong and not weak), ABIYASA (smart and has information), GALIH (understands own feelings), IGUH (trying), and APIK (good condition) (Handayani et al., 2020).

Based on a preliminary study conducted by researchers at the Cempaka Putih Health Center Banjarmasin, it was found that the highest number of 10 diseases from January to December 2020 in terms of number was occupied by Hypertension as many as 3,129 people, CHD as many as 297 people and Stroke as many as 304 people. From the number of new cases of stroke from January to December 2020 as many as 33 people and from the number of old cases as many as 271 people.

The results of a preliminary study conducted by researchers on post-stroke patients through a simple interview on January 26, 2022, found 3 post-stroke patients who experienced a decrease in Subjective Well-Being, namely in the form of expectations of post-stroke patients to recover and carry out activities as usual, the hope of never getting hit again. recurrent stroke and hopes to be able to carry out their role in the family and also have feelings of worry if the disease burdens those around them, feel stressed thinking about wanting to recover quickly from stroke, and feel happy after going through a stroke. From the results of a preliminary study conducted by researchers, it is stated that Banjar Regency is the first place with the highest prevalence for stroke sufferers, Banjarmasin City ranks second and Balangan Regency ranks the lowest for stroke prevalence. The reason the researchers conducted research in the city of Banjarmasin is because the city of Banjarmasin ranks second for the data that is quite a lot of stroke patients and the Cempaka Putih Health Center was chosen because it is a

place of research that has never been done with the BAHAGIA package therapy. Therefore, researchers are interested in conducting research in this place.

Based on the background and preliminary studies, there are post-stroke patients who are still experiencing a decrease in Subjective Well-Being so that researchers are interested in conducting research at one of the Puskesmas located in the East Banjarmasin area, precisely at the Cempaka Putih Health Center.

OBJECTIVE

To determine the effectiveness of the BAHAGIA Package on the Subjective Well-Being of post-stroke patients in the Cempaka Putih Public Health Center, Banjarmasin.

METHODS

The research method used in this research is quantitative with Pre-Experimental pre-post test design. This research was conducted in the working area of Cempaka Putih Health Center Banjarmasin. The population used in this study were post-stroke patients in the working area of the Cempaka Putih Health Center Banjarmasin, amounting to 304 people. The sample used in this study was 30 respondents, this sampling was in accordance with the inclusion and exclusion criteria that had been determined by the researcher.

The data collection instrument used in this study was the BAHAGIA Package SOP (which contained a video of the BAHAGIA Package giving) which was carried out for 3x1 week with a duration of \pm 20 minutes and the SPANE (Scale of Positive and Negative Experience) and SWLS (Satisfaction with Life Scale) questionnaires. To determine the positive and negative affect and the level of life satisfaction of post-stroke patients in the working area of the Cempaka Putih Health Center Banjarmasin, it can be known by measuring the results of the answers from the respondents. The effectiveness of the BAHAGIA Package on the Subjective Well-Being can be seen from the significance value.

RESULTS

Table 1. Based on the demographic data of respondents

No.	Respondent Characteristics	N	%
1.	Gender		
	Male	6	20
	Female	24	80
2.	Age		
	40 – 50 year	6	20
	51 – 60 year	18	60
	61 – 70 year	4	13
	>70 year	2	7

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No.	Respondent Characteristics	N	%
3.	Level of Education		
	SD	14	47
	SMP	6	20
	SMA	10	33
4.	Disease History		
	Cholesterol	3	10
	Diabetes	0	0
	Hypertension	27	90
6.	Long History of Stroke		
	< 1 year	4	13
	> 1 year	26	87
7.	Marital Status		
	Marry	25	83
	Divorce	5	17

Table 2. Subjective well-being of respondents before being given the bahagia package

No	Subjective Well-Being	Pre		Post	
		N	%	N	%
1.	Low	1	3	0	0
2.	Medium	29	97	2	7
3.	High	0	0	28	93

Table 3. Distribution of the average pre-post subjective well-being

No.	Variable	Mean	SD	SE
1.	Pretest <i>Subjective Well-Being</i>	20,43	2,979	544
2.	Posttest <i>Subjective Well-Being</i>	33,47	4,554	831

Table 4. Normality test results

No.	Variable	p-value	Note. Data	The Statistical Test Used
1.	Pretest <i>Subjective Well-Being</i>	0,038	Normal	Shapiro Wilk
2.	Posttest <i>Subjective Well-Being</i>	0,003	Normal	

Table 5. Wilcoxon statistical test results

No.	Variable	p-value	Note
1.	Pretest <i>Subjective Well-Being</i>	0,000	There's a Difference / Effectiveness
2.	Posttest <i>Subjective Well-Being</i>		

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DISCUSSION

Characteristics of Post-Stroke Patients in the Work Area of Cempaka Putih Health Center Banjarmasin

Based on the characteristics (Table 1) obtained in this study, the average gender in post-stroke patients in this study was mostly female (80%). This shows that women experience greater positive thinking with the aim of self and family welfare, thus causing a higher percentage of women than men (Runi, 2021).

Based on the characteristics (Table 1) obtained in this study, the average age of the majority of respondents is 51-60 years (60%). The older a person gets, the higher the level of emotional experience and life satisfaction. Age also affects a person's subjective well-being, where a younger age experiences more joy or positive thoughts, while parents have more positive thoughts for their lives (Runi, 2021).

Based on the characteristics (Table 1) obtained in this study, the average post-stroke patient education was elementary school (47%). This shows that a person's knowledge of the level of life satisfaction is closely related to his education. Low education can make a person feel dissatisfied with his life, otherwise a person's high education can feel satisfied with his life. According to Diener et al (in Fakhrunnisak, 2015) suggest that the effect of demographic factors (income, gender, age, education, marital status and religion) on Subjective Well-Being is usually small. The extent to which demographic factors can increase Subjective Well-Being depends on one's values and goals, personality and culture.

Based on the characteristics (Table 1) obtained in this study that the average history of the disease is hypertension (90%). This shows that the history of hypertension on the level of satisfaction depends on each individual to accept and change the history of the disease/trigger factors that lead to stroke. Another explanation regarding the relationship between demographic factors and Subjective Well-Being according to Gatari is to use social comparison theory, where the theory explains that individual satisfaction depends on whether the individual compares himself with other individuals whose status is above or below (in Ningsih, 2013).

Based on the characteristics (Table 1) obtained in this study, the average length of stroke history was > 1 year (87%). This is because the safety of a person suffering from a stroke will have an impact on social, economic and psychological conditions in post-stroke patients. The impact is caused by changes in the daily activities of the patient so that this affects the level of Subjective Well-Being of the patient. A person with a high level of Subjective Well-Being can manage their emotions and handle problems well, while people with a low level of Subjective Well-Being often consider their life to be unhappy, full of negative emotions and thoughts, causing anxiety, anger and even the risk of depression (Atmadja). & Kiswantomo, 2020).

Based on the characteristics (Table 1) obtained in this study, the average post-stroke patient had marital status, namely married (83%). This shows that someone who is married is happier than a couple who is not married but lives together or someone who doesn't have a partner. This research is in line with Sahlan's research (in Fita Kusuma,

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2020) which states that a person who is married can increase Subjective Well-Being in a person so that they are able to meet the needs of their respective partners, increase harmony with their partners and minimize conflicts with their partners.

The Effect of Before and After Giving the BAHAGIA Package on the Subjective Well-Being of Post-Stroke Patients in the Work Area of the Cempaka Putih Health Center Banjarmasin

Based on table 2 above, it was found that the Subjective Well-Being of post-stroke patients before being given the BAHAGIA Package was 29 people (97%) with moderate Subjective Well-Being levels and for low Subjective Well-Being levels amounted to 1 person (3%). Meanwhile, Subjective Well-Being after being given the BAHAGIA Package through the provision of the BAHAGIA Package video SOP for 7 days with a duration of ± 20 minutes per day there was an increase of 28 people (93%) with a high level of Subjective Well-Being and a moderate level of Subjective Well-Being amounting to 2 people (7%).

Table 3 shows that before being given the HAPPY Package, *Subjective Well-Being* respondents have a value with a mean of 20.43 and SD = 2.979 and SE = 544. After being given the HAPPY Package, the respondents' Subjective Well-Being experienced an increase with a mean of 33.47 and SD = 4.554 and SE = 831.

According to Handayani (2019) in his research entitled The Effect of the "HAPPY Package" on the Incidence of Post Stroke Depression in Ischemic Stroke Patients After Three Months of Attacks, he said that there was an effect of the BAHAGIA Package on the incidence of post stroke depression.

The Effect of the BAHAGIA Package on the Subjective Well-Being of Post-Stroke Patients in the Work Area of the Cempaka Putih Health Center Banjarmasin

Based on the Wilcoxon test (Table 4), the pretest and posttest values obtained are p value = 0.000 which means that the BAHAGIA Package is effective on the Subjective Well-Being of Post-Stroke Patients in the Work Area of the Cempaka Putih Health Center Banjarmasin. So it can be concluded that there is an effectiveness of the BAHAGIA Package on the Subjective Well-Being of Post-Stroke Patients in the Work Area of the Cempaka Putih Health Center Banjarmasin.

CONCLUSION

There is an effectiveness of the BAHAGIA Package on the Subjective Well-Being of post-stroke patients in the Working Area of the Cempaka Putih Health Center Banjarmasin.

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