

CHAPTER 4

CHARACTERISTIC OF FAMILIES

The main aim of this chapter is to describe characteristics of participating families who provide long-term care for stroke survivors at home, which includes demographic data of participating families and stroke survivors. Data would bring the readers to easily understand the experiences of families with stroke survivors in Chiang Mai Province in the next chapter.

Demographic Data of Families

Regarding the location of all 14 families, ten were in Muang district while three were in Hang Dong and the other one in Mae Rim. Of the ten families in Muang district, three families were located in the same community around Suan Dok temple and the other seven families were spread widely in Muang district. Two of three families in Hang Dong were in the same village and also were kinship relatives which had the same family name.

All 14 families resided in the community. The general environment was surrounded by houses, commercial buildings, dormitories, department, or convenience stores, schools, health care centers and also Buddhist temples. There were main roads between downtown and those 14 families' homes. The transportation in Muang district was more available than Hang Dong and Mae Rim because there were a lot of public transportation (pick-up trucks: รถแท็กซี่) people could use. Families living in Hang Dong and Mae Rim district were out of the area of this service. However, these families could use services of inter-city trucks, which transported from Hang Dong and Mae Rim to Muang and also from Muang to Hang Dong and Mae Rim. All families' homes in this study were a

distance from the main roads, around 50 metres to two kilometres. Ten families had their private cars or trucks.

Every house of the families had modern styles, which was the same style as houses in the middle region of Thailand. They were made of wood, concrete or both. Their sizes differed from 120-800 square meters. Thirteen were single houses with single or double floors, one was a four-floor commercial building, and one was a double floor townhouse. All houses had fences. For houses located in the town, their fences were made of brick, but the fences in the country areas were mostly made of plants such as lead trees or acacia. Each house was divided into bedrooms, bathrooms, and a kitchen. Some families had space outside their houses and was mostly covered with grass and big or small trees such as longan, jackfruit, or a vegetable garden. These plants were for eating and shading.

Moreover, every family had public utilities, both water work and electricity. There was at least one type of appliance in each family such as a radio, television, refrigerator, gas oven, washing machine, microwave oven, personal computer, and etc. Types, numbers, and quality of these appliances depended on economic status of the family. It could be noticed that each family had modified the environment for supporting the stroke survivors' conditions, especially, a bedroom and toilet for that person.

Every family had medical appliances. These appliances were to help the stroke survivors move or do some activities such as wheel chair, bed-side commode, urinal, ortho-cane, triple cane, and walker. Seven families used hospital beds for the stroke survivors because they thought that these beds made it easier transferring and moving the survivors up and down. For the bedridden stroke survivors in more affluent families, family members provided alpha-beds over the mattress as protection from pressure sores. In addition, there was exercise equipment at some homes such as parallel bars, which were made of iron or bamboo and simple pullies with rope on two sides. The family's economical status and readiness were the main factors for the family to modify and prepare the environment for the survivors.

Furthermore, a shrine for the household god or spirit house could be seen at each home. They believed that it was a house of god protecting every person at the residence from bad things and illnesses. As the result, they always offered food, dessert, beverage, and flowers on the Buddhist holy days in order to show their respect. The eighth and the ninth family in Hang Dong district also had a shrine for ancestors in the home, which was called “Phi Phu Ya” (ผีปู่ย่า). It was a living place for the soul of the forbearers who had died, so they could protect and take care of their children to live happily and safely. They were given with some food, dessert, beverage, and flowers and a special worship were also performed once a year in the Thai ninth month (around September). Similarly, in Chinese families’ homes, there was “Taei Ju Aei” (โต๊ะหมู่โต๊ะ), a Chinese spirit house with red colour, located on the floor inside the homes. In addition to these spirit houses, there were images of our King Phumipol, Queen Sirikit, and/or the Thai royal family and also their fore-father located in the houses. Every family said that these shrines of the household god or spirit house and images psychologically supported them when they were faced with some difficulty events in their lives, including caring for their stroke survivors.

Regarding the type of families, it was found that the household size among these 14 families varied from three to ten persons. Eight were characterized as nuclear family type composed of three to five members living in the same household. They were a couple (husband-wife) and/or their daughter (s)/son (s) and/or relative (s). The other six families were the extended family type, which consisted of five to ten members with multi-generations living in the same house.

Two to four family members from each of these 14 families participated in this study. The total of 32 family members were participants of the research. Participating family members’ characteristics were varied, including their gender, age, marital status, educational level, occupation and income. They also differed in their roles in the family and caring role. As presented in Table 1 almost all participating family members were female and married. All of them were Buddhists. Their ages ranged from 19 to 83 years but most of the family members’ ages were more than 60 years old, followed by 51-60

years old. The educational level was mostly lower than a bachelor's degree and 16 were unemployed. Among employed family members ($n = 16$), nine were merchants and three had their own businesses, which were flexible in working time as well as income and four were full time employees working from Monday to Friday. Their incomes were varied from 100-700 bath/day to 6,000-300,000 bath/month. The majority of participating family members were adult children of the stroke survivor ($n = 13$), while others were the survivors' spouses ($n = 8$), mother of the survivor ($n = 1$), and others (3 nieces, 3 sister-in-law, 3 sister, and 1 son-in-law).

Table 1
Characteristic of participating family members

Description of family members	Number (s)
Gender	
Female	23
Male	9
Religion	
Buddhism	32
Marital status	
Single	11
Couple	22
Age (year)	
Less than 30	7
31-40	2
41-50	5
51-60	8
More than 60	10

Table 1 (continued)

Description of family members	Number (s)
Educational level	
Lower than bachelor degree	19
Bachelor degree	9
Higher than bachelor degree	4
Employment	
Unemployed	16
Employee	2
Government employee	2
Business owner	12
Income	
No income	13
Receiving income	19
per day	10
per month	9
Relationship with the stroke survivors	
Spouse	8
Adult Child	13
Mother	1
Others	10
Caring role	
Primary caregiver	12

Among these 32 family members, 12 took roles as unpaid primary caregivers of stroke survivors. All of them were female and Buddhist. Ten were married. Over a half were aged between 51-60 years old (n = 9). Most of the primary caregivers had educational

levels lower than a bachelor's degree ($n = 11$). Six primary caregivers did not work while the other four worked at home or nearby to be able to care for their survivors. So, unemployed primary caregivers had no income. The majority of all primary caregivers ($n = 5$) were the survivor's wives. Besides primary caregivers, the other 20 family members, of which, 11 were female also provided additional care for the survivor. All of them were Buddhist. Over half of them were married. Most of them were aged less than 60 years old ($n = 15$) and still worked. Their educational level was mostly higher than or equal to bachelor degree. The relationship between secondary caregivers and stroke survivors were the survivor's child ($n = 9$).

The Characteristic of Stroke Survivors

The demographic data of these 14 stroke survivors was summarized in Table 2. The majority of stroke survivors were male ($n = 9$) and married ($n = 9$). The age ranged from 36-92 years. Among these, 12 survivors were more than 60 years old. All of them were Buddhist. The highest educational level was mainly lower than a bachelor's degree ($n = 9$). Before having a stroke, almost all were employed ($n = 8$) with estimated income between 200 baht per day and 20,000 baht per month. However, none had worked or had income from work after having had a stroke, but two received pensions.

Table 2

Demographic data of the stroke survivor

Characteristics	Number (s)
Gender	
Male	9
Female	5
Marital status	
Single	5
Couples	9
Age (years)	
36	1
41-50	1
51-60	-
61-70	7
71-80	2
More than 81	3
Religion	
Buddhism	14
Educational level	
Lower than bachelor degree	9
Bachelor degree	5
Employment	
Before becoming a stroke survivor	8
After becoming a stroke survivor	-
Receiving income	
Before becoming a stroke survivor	10
After becoming a stroke survivor	2

According to the stroke survivors' health conditions as presented in Table 3, an ischemic stroke was the type of stroke which mostly occurred. Their survival duration varied from 2-9 years (3.85 years by average). Most of them (nine) had survived for 2-3 years. Before having a stroke, nine survivors had preexisting diseases, six of them had hypertension and the other three had hypertension combined with other chronic diseases including dyslipidimia, Parkinson disease, and diabetes mellitus. Among these nine survivors, four had received regular treatment while the other five were treated irregularly because their presentation no abnormal signs or symptoms to be taking medications regularly. Four survivors had never known that they had any health problem before getting a stroke because their health had never been checked. The only one survivor was regularly checked and was found to be normal.

Concerning the survivor's dependency level, no one had fully recovered their physical functionalities and also still had physical impairments in different levels, which could be classified in this study into three levels; complete dependence, partial dependence but needed more assistance, and partially dependent, but needed less assistance. Six were completely dependent, six were partially dependent but needed more assistance, and two were partially dependent, but needed less assistance.

It could be elaborated that among six completely dependent survivors, their conditions were bedridden, unable to perform any activity by themselves, and nasogastric tube fed. Four were female and the other two were male, with ages between 36-92 years old. Due to the inability to perform any activities, family members were in charge of all daily and caring activities, such as providing personal hygiene, shampooing, and cleaning after elimination. Diapers and plastic sheets were widely used for these survivors, around 1-3 sheets per day. All six survivors were nasogastric tube fed with blenderized diet 4-5 times a day with around 200-300 ml. per meal. Three of the six were fed with instant formula blenderized diet (such as Pan Enteral). Two survivors were fed with a fresh blenderized diet prepared by the primary caregivers and the other one was fed with a fresh blenderized diet prepared by the nutritionists in a university hospital. In this group, no one

could speak but they were able to express themselves non-verbally. Four of the six had tracheostomy tubes which needed wound care everyday and boiling the inner tubes 1-2 times a day. These survivors also needed to change their position every 2-3 hours in order to prevent decubitus ulcers. So, the six completely dependent survivors needed to have a family member living with and caring for them 24 hours a day.

The other six survivors who were partially dependent, still needed more help from family members to perform many activities because of their physical impairments. This group was composed of two females and four males with ages between 50-82 years old. They could use a hand or a leg on the strong side and some medical appliances for doing some easy activities, movement and walking. Activities such as going outdoor, were helped by their family members with some appliances. Family members often motivated the stroke survivors to do non/low-risk daily activities such as eating, doing personal hygiene, and exercising. All six survivors in this group could speak and answer questions correspondingly but still had communication difficulties such as unclear speaking, irregular speed in speaking, and non-smoothly talking causing difficult sometimes for the researcher to understand what they said. They could also recall remote memories and analyzed or shared their opinion about information they listened on the radio or watched on the television. No survivor was able to write. In many cases they could take medications by themselves, family members preparing medications for the survivor to take and also checking whether survivors were taking their medications regularly and at the correct dosage.

Lastly, two survivors could do many activities by themselves but needed family members to do some activities because of their physical impairments. One side of their body was still weak, but they were able to move and use it even if not as fully as normal. Both of them were male with ages between 63-70 years old. They could do many activities by themselves such as bathing, excreting and urinating in the bathroom, self dressing, taking food, and exercising. They could walk a short distance by using the medical appliances such as a cane and walker. The family members still helped with some activities such as

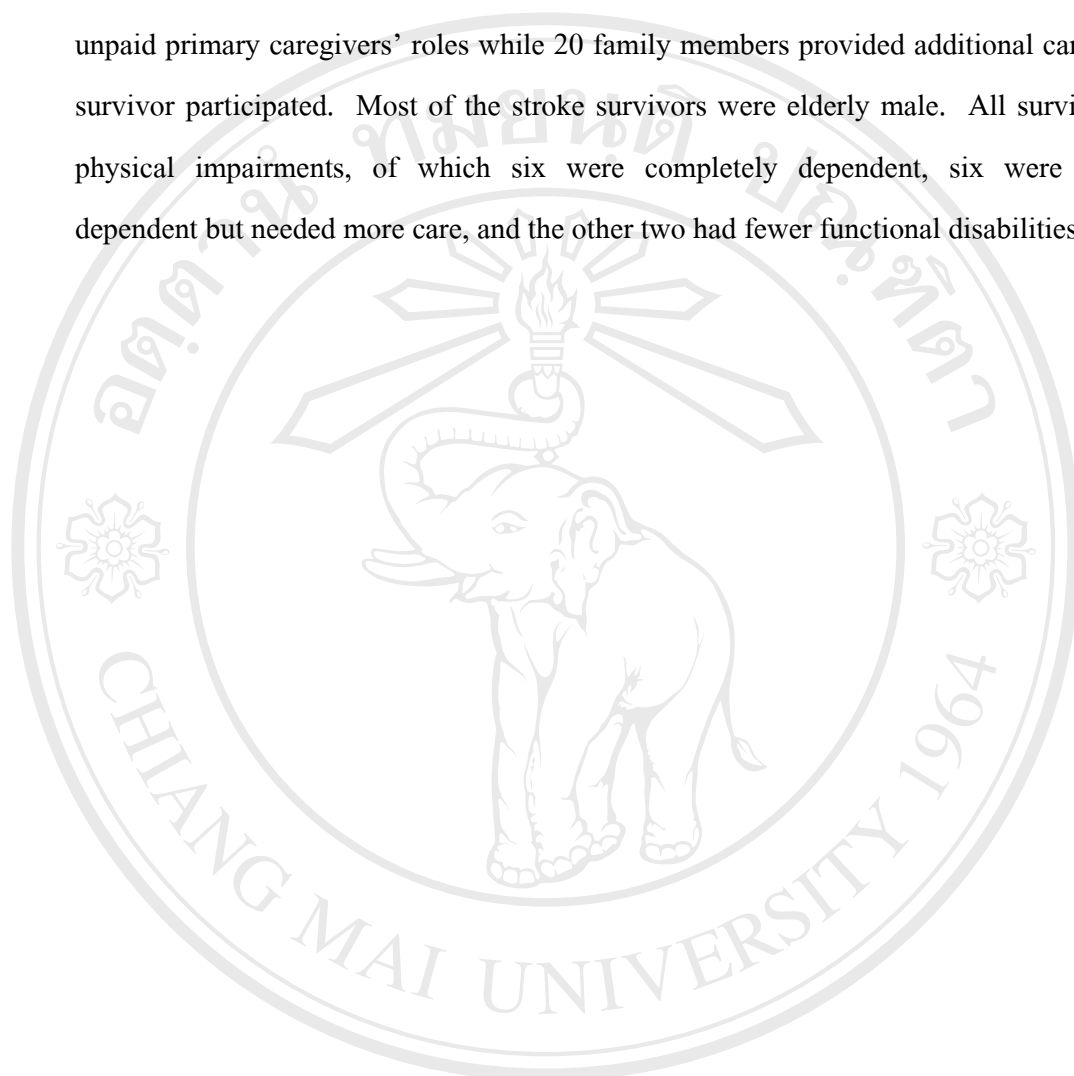
preparing food and doing laundry. Both survivors could verbally communicate and memorize. They could prepare and take all medications except for the tablet that needed dividing. Sometimes they could bite them in half if the shapes could be easily divided.

Table 3

Stroke survivors' health conditions

Health conditions	Number (s)
Type of stroke	
Ischemic stroke	8
Hemorrhagic stroke	6
Length of time since stroke (years)	
2-3	9
4-5	2
6-7	1
8-9	2
Health problems before having a stroke	
Unknown	4
No health problem	1
Hypertension only	6
Hypertension combined with other health problems	3
Self-care ability/Dependency level	
Completely dependent	6
Partially dependent, but needed more assistance	6
Partially dependent, but needed less assistance	2

In conclusion, among 14 families participating in this study, most of them were located in Muang district and were nuclear family types. Twelve family members took unpaid primary caregivers' roles while 20 family members provided additional care for the survivor participated. Most of the stroke survivors were elderly male. All survivors had physical impairments, of which six were completely dependent, six were partially dependent but needed more care, and the other two had fewer functional disabilities.



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