

FAMILY RESILIENCE IN PREVENTING COVID-19 PANDEMIC

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Abstrak

Corona Virus Disease 2019 atau yang kita kenal dengan (Covid-19) telah membuat dampak yang sangat signifikan terhadap tatanan kehidupan di masyarakat bahkan di seluruh dunia. Keluarga memiliki peranan yang sangat penting dalam pencegahan Covid-19. Tujuan penelitian ini adalah untuk menyusun model ketahanan keluarga melalui keyakinan, manajemen keluarga, komunikasi dan kepedulian sosial dalam menghadapi Pandemi Covid-19. Penelitian ini menggunakan desain cross-sectional dengan memberikan penjelasan (explanatory research) menggunakan sampel dari populasi sebanyak 96 keluarga. Hasil penelitian menunjukkan bahwa terdapat pengaruh ketahanan keluarga beberapa faktor diantaranya: keyakinan dengan nilai 14,972 (t -value > 1.96), komunikasi dengan nilai 13,784 (t -value > 1.96), manajemen dengan nilai 23,071 (t -value > 1.96) dan terakhir layanan sosial dengan nilai 8,200 (t -value > 1.96). Dengan demikian bahwa ketahanan keluarga akan sangat dipengaruhi oleh cara keluarga dalam memahami pelayanan yang diberikan oleh keluarga satu dengan anggota keluarga lainnya, sehingga akan memberikan kontribusi setiap ada kondisi yang memerlukan perlakuan yang semestinya.

Kata kunci: ketahanan, kepercayaan, komunikasi, manajemen, pelayanan sosial

Abstract

Corona Virus Disease 2019, often known as Covid-19, has had a profound effect on society, even globally, including Indonesia. The family is the smallest entity that interacts directly with the people in it; hence, it plays a crucial role in preventing Covid-19. This study employs a cross-sectional design, which involves selecting a sample of 96 households from a population and employing a questionnaire as a tool for gathering fundamental information by examining the impact of the four variables—belief, management, communication, and social services—on the resilience of families during the Covid-19 pandemic. The results show that there is a relationship between family resilience and family beliefs during the Covid-19 pandemic with a t -statistic value of 14,972 (t -value > 1.96), family resilience and family communication with a t -statistic value of 13,784 (t -value > 1.96), family resilience and family management with a t -value of 23,071 (t -value > 1.96) and the last family resilience and social services with a t -statistic value of 8,200 (t -value > 1.96). Thus, family resilience will be greatly influenced by the way of how the family understands the services provided among family members, so that it will contribute whenever there are conditions that require proper treatment.

Keywords: Resilience, Belief, Communication, Management, Social Services

1. INTRODUCTION

The Corona Virus Disease 2019 or what we know as (Covid-19) has made a very significant impact on life in society, even throughout the world, its impact is also felt in Indonesia. The outbreak of the Covid-19 virus which has claimed many lives was caused by a zoonotic event. Covid-19 is a virus from the Orthocoronavirinae subfamily in the Coronaviridae family and the order Nidovirales that cause disease ranging from mild to severe symptoms (Suprayoga, 2020).

The family has a very important role in preventing Covid-19, this is because the family is the smallest unit that directly intersects with the individuals in it. Considering that the community is the main actor, this control can be carried out from the smallest unit, namely the role of the family so that it must be responsible for carrying out health care and taking care of each other, From the results of the Community Compliance Survey by the Center for Research and Development of Humanities

and Health Management, Research and Development Agency, although 96.6% of 19,654 respondents understand to keep their distance, but in practice only 54.29% of respondents obey. Rusmiyati states that in order to undergo campaign for progress, it must be carried out massively (Kementerian Kesehatan RI, 2015). To carry out prevention, two sides must be carried out where healthy and sick people must wear masks in their activities, as well as carry hand sanitizers and maintain a safe distance in accordance with the provisions. When finishing some activities, we suppose to clean ourselves first before doing other activities at home. The existence of a wrong perception in the community blinds some health workers in the community being ignored by the community, so that when conducting education there is less attention in the community. Therefore, in order to change the behavior of the community, we should be able to explain briefly and of course it can relate to their understanding so that the public can be aware of the dangers of this Covid-19 being able to break the chain of spread. Therefore, this role is central to the prevention of Covid-19 within the family and in society (Labib & Ashidiqie, 2020).

Good family resilience, including the resilience of legality and family integrity, physical resilience, economic resilience, psychological social resilience, socio-cultural resilience (Musfiroh, Mulyani, Cahyanto, et al., 2019). According to Curtis, social services are divided into two groups, namely: 1. Social services are very complex and comprehensive so that it is difficult to determine their identity. These services include education, social assistance in the form of money by the government, medical care and public housing. 2. Social services with clear scope and services although they are always changing.

Therefore, the family approach method by way of the ball is a good method in providing education to families. A family is the smallest unit in a society that is able to control the individuals in it, which makes the role of the family becomes more real (Sumakul, 2015).

Communication within the family also needs to be built thoroughly so that between family members can be open to other

members in all aspects of life, a family that is able to apply all aspects of openness within the family will of course make the family more responsible for problems. Communication that occurs in the family must occur in two directions this implies that the family is able to communicate well so that the family is able to address every problem that exists where the end of it all is the ability of the family to make every right decision with the right solution so that problem can be solved well.

The purpose of this study was to develop a model of Family Resilience through Confidence, Family Management, Communication and Social Concern in facing the Covid-19 Pandemic.

2. RESEARCH METHOD

This study uses survey research methods with a cross-sectional design, namely research that is determined by taking a sample of 96 families. The researcher determines the respondents using the purposive sampling method. This study uses a questionnaire as an instrument for collecting basic data. This study also measures the relationship variables based on respondents' answers by looking at the influence of the four variables (belief, management, communication, and social services) on resilience of the Families during the Covid-19 pandemic.

Researchers reached an agreement with the subject regarding the time and place to disseminate the questionnaire. In this study, the dependent variable is family resilience during the Covid-19 pandemic. The independent variables are family beliefs, family management, family communication, and social services. A descriptive analysis is used to obtain an overview of the respondents' characteristics of research from various aspects, such as the independent variable. This descriptive analysis is carried out by analysing the frequency distribution by calculating the frequency. This descriptive analysis is also intended to describe respondents' perceptions of the indicators of each research variable which based on the respondents' responses to the questions in the research instrument. Conclusion; To obtain the correlation coefficient and level of significance, the smart PLS program is used

in the hypothesis testing process which is set to 0.05 for Alpha. There is an effect if the correlation coefficient is larger than or equal to alpha, which also compares the T statistic value. If the significance level is less than alpha, which is the opposite of the former, there is no effect (Sugiyono, 2016). The study's ethical permission has been granted by a related local official ethical board commission from the Faculty of Health Science, University of Hafshawaty, with number: 008/KEPK-UNHASA/I/2024.

3. RESULT AND DISCUSSION

The results of the research on the Family Resilience Model through belief, management, communication, and social attention during the Covid-19 pandemic period in Probolinggo include general data covering gender, respondent's age, and education. The specific data are: management, social service, communication, and beliefs. The outcomes are as follows:

Table 1. Frequency distribution by Gender, Age and Family Education

No.	Variable	N	(%)
1.	Gender		
	Male	32	34
	Female	64	66
2.	Age (Years)		
	20-30	26	27
	31-40	31	32
	> 40	39	41
3.	Level Education		
	Junior or Senior High School	65	68
	University	31	32

Table 1 reveals that 66% of the population is female, 41% of the population is older than 40, and 68% of the population

has completed junior high or senior high school.

Table 2. Frequency Distribution Based on Belief and Family Management Regarding the Covid-19 Pandemic in Probolinggo

No.	Variable	Category							
		Good		Considerate		Poor		Total	
		f	%	f	%	f	%	f	%
1.	Family Belief								
	Meaning	36	37	35	36	25	26	96	100
	Positive Hope	32	33	45	47	19	20	96	100
	Spirituality	21	22	37	38	38	40	96	100
2.	Family Management								
	Flexibility	15	16	45	47	26	27	96	100
	Connecting	19	20	33	34	44	46	96	100
	Social Support	27	28	44	46	25	26	96	100

According to Table 2, the majority of respondents said that families' attempts to find meaning during the Covid-19 pandemic were mostly successful, at 37%. Most families have high expectations for themselves, up to 47%. Family spirituality decreased by 40% on average during the

pandemic, while the family management variable for flexibility is at considerate level, up to 47%, and family connectivity during the pandemic period is at poor level, up to 46%. During the Covid-19 epidemic, family and social assistance were generally at considerate level, 46%.

Table 3. Frequency Distribution Based on Family Communication and Social Services During the Covid-19 Pandemic in Probolinggo

No.	Variable	Category							
		High		Considerate		Low		Total	
		f	%	f	%	f	%	f	%
1.	Communication								
	Clear	26	27	28	29	42	44	96	100
	Emotion	37	38	36	38	23	24	96	100
	Problem Solving	19	20	41	43	36	37	96	100
2.	Social Service								
	Challenge	28	20	43	45	25	26	96	100
	Freedom	11	11	41	43	44	46	96	100
	Attention	29	30	43	45	24	25	96	100

According to table 3, just 44% of family communication during the Covid-19 pandemic was clear. Most family members have high emotions, up to 38%. 43% of people can solve problems with ease. During the Covid-19 epidemic, family social

services made about 45% of the total. 46% of families report having little or no freedom. Family involvement in social services is generally at considerate level, up to 45%.

Table 4. T-Statistic Value in The Inner Model After Reconstruction

Association Between Family Resilience With All Variable	Path Parameters Coefficient	Sample Mean (M)	Standard Deviation (STDEV)	T Statistic	P Value	Information
Family Resilience (X1) → Family Belief (X1.1)	0.740	0.750	0.049	14.972	0.000	Sign
Family Resilience (X1) → Family Communication (X1.3)	0.770	0.770	0.056	13.784	0.000	Sign
Family Resilience (X1) → Social Service (X1.4)	0.700	0.693	0.085	8.200	0.000	Sign
Family Resilience (X1) → Family Management (X1.2)	0.822	0.830	0.036	23.071	0.000	Sign

Based on the test results in Table 4, it can be concluded as follows:

Hypothesis 1: There is an effect of family resilience on family belief during the Covid-19 pandemic. The results of the analysis show that the effect of family resilience on belief has a T-statistic value of 14.972 (T value > 1.96).

Hypothesis 2: There is an influence of family resilience on family communication. The results of the analysis show the effect of family support on family communication, with a T-statistic value of 13.784 (T value > 1.96). which means that there is an influence of family resilience on family communication.

Hypothesis 3: There is an effect of family resilience on family management. The results of the analysis show the effect of

family resilience toward family management during the Covid-19 pandemic, with a T-statistic value of 23.071 (T value > 1.96).

Hypothesis 4: There is an effect of family resilience on social services. The results of the analysis show that there is an effect of family resilience on social services during the Covid-19 pandemic, with a T-statistic value of 8,200 (T value > 1.96).

Discussion

a. The Effect of Family Resilience on Family Belief during the Covid-19 Pandemic

Based on the results of the study, it shows the effect of family resilience on family confidence during the Covid-19 pandemic. The table shows the effect of family resilience on belief with a T-statistic

value of 14.972 (T-value > 1.96). Therefore, the hypothesis is confirmed, indicating that family resilience during the Covid-19 pandemic influenced family views. It will cause people to believe that someone will always be protected, just like the idea of believing in God. This kind of conviction is crucial in the midst of a worrying pandemic, it goes without saying. Every family member will experience tranquillity as a result of this conviction, allowing the unit to remain resilient. that family disputes may result from the challenging conditions brought on by the Covid-19 epidemic. The search for solutions will then be carried out collaboratively with a strong attachment amongst family members, with the expectation of providing the best for all family members (Samiasih et al., 2021).

The family is the fundamental unit that provides for the health of its members; hence, family function is crucial. Furthermore, Friedman outlined how the family's role in providing healthcare is related to health (Sagita et al., 2020). This function attempts to preserve the health state of family members, but it also serves other fundamental and important roles in the family that go beyond just that. Families offer medical treatment for sick members of the family as well as preventive care (Samiasih et al., 2021; Li & Xu, 2020). Family beliefs include meaning, positive hope, and spirituality. There are two kinds of expectations in this role, namely: first, the individual as the role holder has expectations of the community or the people associated with him in carrying out his role or obligations. Second, the expectations of the community or the people associated with it from the role holders. For example, in this context, the family has its own role, which is owned by its members. Even more so, in the family, there is a role and function of its own to carry out the wheels of life, especially in the development of its members (Hoda et al., 2021).

b. The Effect of Family Resilience on Family Communication

Conditions of Family Resilience's Effect on Family Communication With a t-statistic value of 13.784 (t-value > 1.96), the table illustrates the relationship between family support and family communication. H1 is therefore accepted, indicating that

there is a relationship between family resilience and family communication. In order to maximize the patient's activities, excellent support circumstances will have an impact on a good culture (Wardani, 2021). Nurses will gain from these beneficial actions. So that the community can continue to be a part of the initial conditions anticipated by the suffering, all community members are asked to sustain the current conditions. The family is the first social group in which a person learns to interact with others and asserts himself to be a social being (Samiasih et al., 2021). In order to have a strong connection and need for one another, communication must be encouraged. The family is the most significant primary social unit in society. It is made up of the relationship between men and women, which is the least sustainable in terms of having and rearing children. Father, mother, and kids make up the family in its most basic form, which is a social group (Saefullah et al., 2018). Communication within the family can also be seen as the willingness to discuss everything, either good or bad, in an open and sincere manner, as well as the willingness to use these conversations to resolve conflicts (Rahmat, 2015; Suarmini & Rai, 2016).

c. The Effect of Family Resilience on Family Management

The results showed the effect of family resilience on family management. Table 4 shows the effect of family resilience on family management during the Covid-19 pandemic with a t-statistic value of 23.071 (t-value > 1.96). So H1 is accepted, which means that there is an influence of Family Resilience on family management during the Covid-19 Pandemic. The family approach is one of the ways for the Puskesmas to increase target coverage and access to health services in its working area by visiting families. The Puskesmas does not only provide health services inside the building but also outside the building by visiting families in its working area (Musfiroh, Mulyani, E., et al., 2019). Family Management is based on three things including: flexibility, connectedness and social support.

Education status affects the opportunity to obtain information about disease management. The distribution of

respondents according to education shows that most of the respondents are at a low level of education, so the ability of families to understand about leprosy and the treatment system is low (Liberty et al., 2021). All four types of social support (i.e., emotional support, instrumental or tangible support, informational support, and appraisal support) are involved in an interactive process between an individual's social network (i.e., family and peers) and an individual with heart failure to maintain care behaviors. self that promotes health and well-being. However, further research is needed, in particular longitudinal and experimental designs, to determine the effectiveness of social support on self-care behavior in individuals with heart failure, as this review revealed mostly cross-sectional, correlational studies that limited the ability to infer causality (Safitri & Safrudin, 2020).

d. Effect of Family Resilience on Social Services.

The study's findings highlight the impact of family resilience on social services. With a t-statistic value of 8.200 (t -value > 1.96), the table illustrates the impact of family resilience on social services during the Covid-19 pandemic. The theory is thus confirmed, indicating that family resilience impacted social services during the Covid-19 pandemic. Social services are divided into two groups, namely: 1. Social services are very complicated and comprehensive, so it is difficult to determine their identity (Safitri et al., 2020). These services include education, social assistance in the form of money provided by the government, medical care, and public housing. 2. Social services with a clear scope and services, although they are always changing. This service can stand alone, for example, for child welfare and family welfare, but can also be part of other institutions, such as social work in schools, medical social work, social work in public housing, and social work in industry. Social service, in a broad sense, is any service that is intended to improve human social welfare, while in a narrow sense, it is a service provided to some people who are less fortunate (Perhimpunan Dokter Paru Indonesia, 2020), (Ariliani & Nurwati, 2020) where the symptoms of Covid-19 can appear or be known within 2-14 days after a

person is infected with the virus (Yang et al., 2021); (Li & Xu, 2020).

This is based on the incubation period of the MERS-CoV virus case. Furthermore, the CDC explained that the spread of Covid-19 can occur through close contact (about 2 meters) from person to person through respiratory droplets that occur when a person infected with Covid-19 coughs or sneezes. Splashes from coughing or sneezing then land in the mouth or nose of people who are nearby (Wignjosasono, 2022).

In addition, transmission can also be caused by touching objects that contain Covid-19, then the person touches their nose, eyes or mouth. According to (Ausrianti, 2020) this condition increasing knowledge about Covid-19 and how to overcome psychological problems in the midst of the Covid-19 pandemic (Santarpia et al., 2020; Gadermann et al., 2021). In addition to physical and psychological conditions, attention must be paid to including indications of respiratory protection for the community, health workers, and sick patients (source control). community use of masks by healthy people in high-transmission settings such as household or college settings. There is benefit to society if it is used early, with hand hygiene, and where appropriate (Raina et al., 2020). This supports the suggestion that the healthcare environment poses a risk to healthcare workers even when not performing aerosol-generating procedures or treating patients with known infections. Specifically for Covid-19, there is growing evidence to suggest aerosolization of the virus for healthcare workers and to support the use of preventive measures (Ariliani et al., 2020; Samiasih et al., 2021). Thus, family resilience will be greatly influenced by the way the family understands the services provided by one family to other family members, so that it will contribute whenever there are conditions that require proper treatment (Cindrakasih, 2021; Addiarto et al., 2023).

4. CONCLUSION AND SUGGESTION

According to the findings of the study on family resilience in the midst of the Covid-19 pandemic, family resilience has an impact on family beliefs during the pandemic. Additionally, during the Covid-19 pandemic, to social services.

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