

RESEARCH ARTICLE

The family dynamics of COVID-19 survivors: The perspectives of parents and their children

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Abstract

Objective: To explore the family dynamics of coronavirus disease-2019 survivors from the perspective of parents and children.

Method: The descriptive, qualitative study was conducted from May 27 to December 7, 2021, in Surabaya, East Java, Indonesia, and comprised parents and children of individuals who survived a coronavirus disease-2019 infection. Data was collected through in-depth interviews. Data was analysed using thematic analysis.

Results: Of the 18 subjects, 10(55.5%) were parents and 8(44.5%) were children of the survivors. Among the parents, 4(40%) were aged 30-40 years and 6(60%) were aged >40 years, while among the children, 6(75%) were aged 7-12 years and 2(25%) were aged 12-18 years. The three themes identified were factors shaping family response, response and problem-solving, and requiring care and social support.

Conclusion: Coronavirus disease-2019 patients, in addition to medical support need psychosocial support for better health outcomes.

Keywords: Psychosocial, COVID-19, Adaptation, Psychological, Social problems, Health. (JPMA 73: S-80 [Suppl. 2]; 2023)

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Introduction

Indonesia has ranked among the 10 countries in terms of coronavirus disease-2019 (COVID-19) mortality in the world¹ with the highest number of infections in Jakarta (25.05%), followed by West Java (13.1%), Central Java (11.7) and East Java (10.6%).² The increase of family clusters for COVID-19 transmission affected family roles and functions, leading to family crisis or disruption of family wellbeing.

The pandemic negatively influenced several aspects of life, such as education, economy, health and lifestyles. Studies done globally have discussed the impact of COVID-19 on the learning process,³⁻⁵ the challenges and burdens for parents or families⁶⁻¹⁰ and students' knowledge about COVID-19.¹¹ In Indonesia, the aspect of family dynamics with COVID-19 exposure needs to be explored so that COVID-19 care service programmes may include parent and child perspectives. The current study was planned to fill the gap by exploring the family dynamics dealing with COVID-19 from the individual perspectives of parents and their children.

Subjects and Methods

The descriptive, qualitative study was conducted from May 27 to December 7, 2021, in Surabaya, East Java, Indonesia. After approval from the Health Research Ethics Commission, the sample was raised using purposive sampling and theoretical sampling techniques till the point

of data saturation.

Those included were parents (a mother or a father or both) who experienced COVID-19 and had child or children aged 7-18 years

After taking informed consent from the subjects, data was collected using semi-structured interviews lasting 30-60 minutes either online using WhatsApp calls, phone calls, X-Recorder platforms, or face-to-face. The interviews explored feelings, behaviours and activities related to suffering from and dealing with COVID-19. Identity of the subjects was ensured throughout the study, with parents being identified as 'R' and children as 'A'.

Data was transcribed and analysed using thematic analysis.¹²

Results

Of the 18 subjects, 10(55.5%) were parents and 8(44.5%) were children of the survivors. Among the parents, 4(40%) were aged 30-40 years and 6(60%) were aged >40 years, while among the children, 6(75%) were aged 7-12 years and 2(25%) were aged 12-18 years (Table). The three themes identified were factors shaping family response, response and problem-solving, and requiring care and social support.

Factors shaping a family response was the first theme, indicating the socioeconomic status (SES) was a critical factor. The middle SES of the participants positively contributed to the provision of care for their children

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Table: Characteristics of the study subjects.

Parents' profile	n
Age range of family members	
– 30-40 years	4
– >40 years	6
Employment background of family members	
– Government employees	3
– Private employees	5
– Housewives	2
Educational background of family members	
– University	8
– High school	2
Children's profile	n
Gender	
– Females	5
– Males	3
Age range of children	
– 7-12 years old	6
– >12-18 years old	2

during the pandemic. The care given included supplying nutritious food and multivitamins, delivering information about the risk of transmission, implementing health protocols, and seeking help from healthcare services.

"... I explained about COVID-19 and implemented health protocol during the pandemic to my kid. At home, we also consumed multivitamins and honey in addition to fruits, and ate enough nutritious food to increase our immunity." (R2)

Spiritual belief was a factor, helping the participants overcome their difficulties and challenges.

"... I sincerely believe in God, and all happens because of God's destiny ... He already gave me everything ... being sick with COVID-19 hopefully will reduce my sins." (R4)

Another participant (R3) perceived that having an illness is a time when individuals need rest.

Response and problem-solving, which was the second theme, represented how the families reacted and acted when confirmed as a positive COVID-19 case, and how they coped with the illness. According to participants' perspectives, the response was related to their effort in overcoming the problems they faced, such as how they looked for resources to support their care, and how they conducted their roles and functions in the family during the illness. The theme had two sub-themes, cognitive and affective responses and problem-solving.

Most of the participants showed negative emotional response to the COVID-19 confirmed diagnosis, such as shock, sadness, confusion, anger, thinking of death due to some of their friends having died of COVID-19, and telling a lie because of the fear of stigma from the community.

"At being diagnosed, I hated my husband because he was the one who infected me and I was sad because my mom has also died of COVID-19 at that time." (R5)

"When mum was sick, we often ordered food online through apps, but the food was not as tasty as mama's food. I love mama's food." (A2)

"When both mum and daddy were in the hospital, I lived with my aunt. I felt sad and cried whenever I watched their photos in my iPad." (A4)

A mother (R1) said she hoped her neighbours would not know about her illness, and she told a lie by saying she was staying in her dorm due to working far away from where she lived. Initially, she felt lonely when she was self-quarantined until she joined a WhatsApp group with her COVID-19 survivor friends.

"I was shocked and cried when I was confirmed as a COVID-19 case. I did not have any signs and symptoms ... I did not tell my neighbours because I was afraid of stigma and discrimination. At that time, COVID-19 cases were not as many as nowadays in which many people know about it." (R1).

While most participants experienced negative emotions at the time of diagnosis, they finally accepted their condition due to the support of friends, peers, families and the use of spirituality in their care.

The second sub-theme was problem-solving which was the ability of the participants to resolve problems and any circumstances due to COVID-19. Most of the families experienced physical and non-physical problems. Regarding physical problems, most of the participants experienced high fever, cold, joint pain, diarrhoea, dizziness, and loss of smell and taste. Some participants who were hospitalised experienced shortness of breath and pneumonia. Most participants who had early signs and symptoms of COVID-19 developed their independent self-care by maintaining adequate food intake, taking multivitamins, drinking honey or propolis, warm ginger, body massage, coin therapy, buying drugs from a pharmacist without prescription for initial treatment, taking COVID-19 testing, such as polymerase chain reaction (PCR) test or antigen swab, and implementing health protocols at home.

"... I had high fever and joint pain ... I ate a lot, drank milk, warm ginger, honey, took a multivitamin, and had body massage and coin therapy ... Then I rang a friend of mine who is a doctor. He advised me to take azithromycin and multivitamin ..." (R4)

Of the 10 parents, 4(40%) were hospitalised for 14-20 days, during which 1(25%) lost her husband. The rest of the participants were in self-isolation and quarantine at home.

The participants dealt with parenting issues, such as challenges to support children's learning and fulfilling their child's nutritional needs. Most hospitalised cases asked for help from their families to look after their children at home. Others received food supplies from neighbours, friends and families, and medicines from the local public health centre or hospital. All participants reported having practised spirituality, and communicated online with friends and family members that gave them the strength to solve their problems.

The third theme, requiring care and social support, indicated that the participants, both hospitalised and self-isolated, not only needed medical attention, but also social support from friends, family members, and communities in the form of physical, emotional, spiritual, communication, and health education support for optimal health outcome.

"When I was hospitalised in the intensive care unit (ICU), nurses facilitated me in having a video call with my wife who was hospitalised in a different ward. I was grateful ..." (R10)

Moreover, participants recommended that COVID-19 health education needed to be given in society because negative perception still existed.

"I treated myself at home and did not go to a hospital or public health centre till I was diagnosed with COVID-19 ... the hospital would receive funds from the government due to the number of COVID-19 patients admitted." (R3)

Additionally, R1, a mother who was a nurse, recommended that besides COVID-19 health education, public health centres should build a partnership with the relevant government department to discuss model prevention and treatment programmes for COVID-19.

Discussion

To the best of our knowledge, the current study is the first to explore family life during COVID-19 based on the perspective of parents and their children in Indonesia.

Families play an important role in maintaining care and support for children's daily routines, enhancing children's outcome.¹³ However, social disruption associated with COVID-19 negatively caused psychological, parenting and mental health distress for the families.¹⁴

The current study found that families with middle SES along with their spiritual beliefs formed positive attitudes while addressing the issues caused by COVID-19. A similar study was done in Hong Kong.¹⁵ SES led to the right attitudes and practices, showing a good level of knowledge and adding to family resilience.¹³ Spiritual beliefs also was a key factor in this regard.¹⁴

At the time of initial diagnosis, participants experienced negative feelings, which is similar to the findings reported from Canada, the United States, Spain and Italy.^{7,9,16,17} Mental health issues have also been found associated with household conflict, low SES, self-isolation and exposure to social media and news.¹⁸ Moreover, due to inadequate communication and coping, high parental conflict and low SES are risk factors for child abuse and neglect during the pandemic.¹⁹ Participants in the current study also faced psychological problems, but used problem-solving skills, like recourse to spirituality and seeking care, treatment and social support to reduce mental health problems. Maintaining communication with friends and family members by using WhatsApp audio or video calls also supported the participants. An earlier study²⁰ also supported the use of technology during the pandemic. Having friends and maintaining social networks and relationships reduced stress during the pandemic.²¹

The ability and capacity of the families to adjust to their problems improved family resilience in the current study, but it also depends on individual characteristics and support from others.²² Hence, the examples of participants' activities can be applied by healthcare professions, especially nurses, as an alternative adaptive intervention in anticipating mental health problems. The provision of social support is essential because it helps reduce psychological hardship. A study described that the implementation of holistic COVID-19 care practice reduced mental health issues and increased patient satisfaction.²³ Other studies have explained that bio-psycho-socio-spiritual care could effectively support the continuity of care, enhancing patients' wellbeing.^{24,25}

The current study has a limitation as it had a small sample size, and the findings, therefore, may not be generalisable. However, the aim of the study was not to quantify data, but to obtain information in detail and depth.

On the basis of the findings, the study recommends that care should be well-coordinated.

Conclusion

COVID-19 patients, in addition to medical support, needed psychosocial support for better health outcomes. SES, spiritual care, community support, seeking care and treatment behaviour, and communication increased the chances of positive outcome.

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References

1. WHO. WHO Coronavirus (COVID-19) Dashboard 2021 [cited 2021 December 17]. Available from: <https://COVID19.who.int/table>.
2. <https://covid19.go.id>. Peta Sebaran: <https://COVID19.go.id/peta-sebaran>; 2021 [cited 2021 January 31].
3. Arief YS. Editorial: Impact of Covid-19 on Children's Health and Development. *Pedimaternatal Nursing Journal*. 2020;6.
4. Putri A, Setiawati Y, Shieh Y-T, Lin S-H. High-Risk Internet Addiction In Adolescents During Pandemic Covid-19 And Parents' Role. *Jurnal Berkala Epidemiologi*. 2022;10:10.
5. Ricky Indra Alfaray, Lionardy Yodianto, Kartika Afrida Fauzia, Astri Dewayani, Armyta DN, Yudith Annisa Ayu Rezkitha, et al. Correlation between Knowledge of the City of Residence And Covid19 on Youth Generations in Surabaya. *Jurnal Layanan Masyarakat (Journal of Public Service)*. 2021;5:116-22.
6. Walsh F. Loss and Resilience in the Time of COVID-19: Meaning Making, Hope, and Transcendence. *Family Process*. 2020;59(3):898-911.
7. Russell BS, Hutchison M, Tambling R, Tomkunus AJ, Horton AL. Initial Challenges of Caregiving during COVID-19: Caregiver Burden, Mental Health, and the Parent-Child Relationship. *Child Psychiatry & Human Development*. 2020;51:671-82.
8. Araujo LA, Veloso CF, Souza MC, Azevedo JMC, Tarro G. The Potential Impact of the Covid-19 Pandemic on Child Growth and Development: A Systematic Review. *Jurnal de Pediatria*. 2020(921): 109.
9. Presti G, mchugh L, Gloster A, Karekla M, Hayes Sc. The Dynamics of Fear at the Time Of Covidd-19: A Contextual Behavioral Science Perspective. *Clinical Neuropsychiatry*. 2020;17:65-71.
10. De Luca CD, Esposito E, Cristiani L, Mancino E, Nenna R, Cortis E, et al. Covid-19 in Children: A Brief Overview After Three Months Experience. *Paediatric Respiratory Reviews*. 2020;35:9-14.
11. Yamani LN, Astutik E, Khairunisa SQ, Nadzifah YN, Puspitasari NI. Improving High School Student's Knowledge About Covid-19 And Its Vaccinations. *Jurnal Pengabdian Masyarakat Dalam Kesehatan*. 2022;4: 46 - 52.
12. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3:77-101.
13. Rachmawati DS, Nursalam N, Amin M, Hargono R. Developing Family Resilience Models: Indicators and Dimensions in the Families of Pulmonary TB Patients in Surabaya. *Jurnal Ners*. 2020;14:165-71.
14. Prime H, Wade M, Browne DT. Risk and Resilience in Family Well-Being During the COVID-19 Pandemic. *American Psychological Association*. 2020;75:631-43.
15. Wong BY-M, Lam T-H, Lai AY-K, Wang MP, Ho S-Y. Perceived Benefits and Harms of the COVID-19 Pandemic on Family Well-Being and Their Sociodemographic Disparities in Hong Kong: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*. 2021;18:1-14.
16. Mariani R, Renzi A, Di Trani M, Trabucchi G, Danskin K, Tambelli R. The Impact of Coping Strategies and Perceived Family Support on Depressive and Anxious Symptomatology During the Coronavirus Pandemic (COVID-19) Lockdown. *Frontiers in Psychiatry*. 2020;11:587724.
17. Orgiles M, Espada JP, Delvecchio E, Francisco R, Mazzeschi C, Pedro M, et al. Anxiety and Depressive Symptoms in Children and Adolescents during COVID-19 Pandemic: A Transcultural Approach. *Psicothema*. 2021;33:125-30.
18. Bell K. The Psycho-Social Impacts of Covid-19: A Review of the Literature. 2020.
19. Roje Đapčić M, Buljan Flander G, Prijatelj K. Children Behind Closed Doors Due to COVID-19 Isolation: Abuse, Neglect and Domestic Violence. *Archives of Psychiatry Research*. 2020;56:181-92.
20. Settersten RA, Bernardi L, Härkönen J, Antonucci TC, Dykstra PA, Heckhausen J, et al. Understanding the Effects of Covid-19 through a Life Course Lens. *Advances in Life Course Research*. 2020;45:1-11.
21. McKinley GP. We Need Each Other: Social Supports During Covid 19. *Social Anthropology*. 2020;28:319-20.
22. Masten AS, Motti-Stefanidi F. Multisystem Resilience for Children and Youth in Disaster: Reflections in the Context of COVID-19. *Adversity and Resilience Science*. 2020;1:95-106.
23. Kotwani P, Patwardhan V, Patel GM, Williams CL, Modi E. A Holistic Care Approach to Combat the Covid-19 Disease. *Journal of Family Medicine and Primary Care*. 2021;10:844-9.
24. Qur'aniati N, Sweet L, De Bellis A, Hutton A. Construction of a conceptual model of comprehensive care for Indonesian children with human immunodeficiency virus. *Journal of pediatric nursing*. 2022;64:e52-e60.
25. Setyawan FEB, Lestari R. A Holistic-Comprehensive Approach: Best Practices to Improve Health Policy for COVID-19 Pandemic. *National Public Health Journal*. 2020;15:37-42.