

The role of family communication: Family health and welfare during pandemic covid

Maulana Rezi Ramadhan¹, Dewi Kurniasih Soedarsono², Retno Setyorini³

^{1,2,3}Telkom University, Bandung, Indonesia

ABSTRACT

The Covid-19 pandemic causes psychological stress, such as fear and anxiety, and requires exceptional recovery. Such conditions can lead to mental disorders and the risk of developing physical health even in a healthy person without a medical history. The purpose of this study was to find a theoretical model of the relationship between family communication, physical resilience, and family economic well-being, to describe the role of the family in maintaining family health during the pandemic, and describe the role of the family in maintaining family economic well-being during the COVID-19 pandemic. This study uses a quantitative method with a descriptive and correlational approach. The population in Rancatungku Village, Bandung Regency, West Java Province, is an area affected by COVID-19, with a total sample of 420 respondents. The results obtained that Family Communication affects Family Physical Resilience, with an effect of 40% due to positive communication and direct interaction with family members as a protective factor for facilities and the needs of family members. The existence of an atmosphere of mutual protection means that the family must be a safe, comfortable, and reassuring place for all its members. Family communication does not affect Family Economic Resilience, with a contribution of only 10%; this is related to the strategy and quick decision-making by the family to think about recovery from the situation. Family Communication affects the Pandemic Impact on Families by 80%. Communication is critical as a protective function of changes that arise from the pandemic and is seen as a family management system. In addition, the pandemic was declared to impact work activities and social activities but had no impact on activities at home or emotional and physical activities.

Keywords: Family communication; physical resistance; economic resilience, pandemic; covid-19

Peran komunikasi keluarga: Kesehatan dan kesejahteraan keluarga selama pandemi covid

ABSTRAK

Pademi Covid-19 mengakibatkan tekanan psikologis, seperti ketakutan, kecemasan dan membutuhkan pemulihan khusus. Kondisi seperti ini dapat mengakibatkan gangguan mental dan risiko mengembangkan kesehatan fisik bahkan pada seseorang yang sehat tanpa riwayat medis. Tujuan penelitian ini adalah untuk menemukan model teoritis dari hubungan antara komunikasi keluarga, ketahanan fisik dan kesejahteraan ekonomi keluarga, mendeskripsikan tentang peran keluarga dalam memelihara kesehatan keluarga selama masa panemik, serta mendeskripsikan tentang peran keluarga dalam menjaga kesejahteraan ekonomi keluarga selama masa pandemik COVID-19. Penelitian ini menggunakan metode kuantitatif dengan pendekatan deskriptif dan korelasional, dengan polulasi masyarakat di Desa Rancatungku, Kabupaten Bandung, Provinsi Jawa Barat yang merupakan daerah terdampak COVID-19 dengan jumlah sample sebanyak 420 responden. Hasil yang didapat Komunikasi Keluarga berpengaruh terhadap Ketahanan Fisik Keluarga, dengan pengaruh sebesar 40% karena adanya komunikasi positif dan interaksi langsung dengan anggota keluarga sebagai faktor pelindung fasilitas dan kebutuhan anggota keluarga. Adanya suasana saling melindungi berarti keluarga harus menjadi tempat yang aman, nyaman dan menenangkan bagi seluruh anggotanya. Komunikasi Keluarga tidak berpengaruh terhadap Ketahanan Ekonomi Keluarga, dengan kontribusi hanya sebesar 10%, hal ini terkait dengan strategi dan pengambilan keputusan yang cepat oleh keluarga untuk memikirkan pemulihan dari keadaan tersebut. Komunikasi Keluarga berpengaruh terhadap Dampak Pandemi bagi Keluarga, dengan pengaruh sebesar 80% dikarenakan komunikasi sangat penting sebagai fungsi pelindung dari perubahan yang muncul akibat situasi pandemi dan dipandang sebagai sistem manajemen keluarga. Selain itu Pandemi dinyatakan berdampak pada aktivitas kerja dan aktivitas sosial, namun tidak berdampak kepada aktivitas di rumah maupun kepada aktivitas emosi dan fisik.

Kata-kata Kunci: Komunikasi keluarga ; ketahanan fisik ; ketahanan ekonomi; pandemi; covid-19

Correspondence: Retno Setyorini, S.T., M.M, Universitas Telkom. Jl. Telekomunikasi No. 1 Bandung 40257. Email: retnosrini@telkomuniversity.ac.id

Submitted: April 2022, Revised: MJune2022, Accepted: June 2022, Published: June 2022

ISSN: 2303-2006 (print), ISSN: 2477-5606 (online). Website: <http://jurnal.unpad.ac.id/jkk>

Register with CC BY NC SA license. Copyright © 2022, the author(s)

INTRODUCTION

The rate of infection and death caused by COVID-19 continues to increase throughout the world, including Indonesia, which on May 16, 2020, has recorded more than 1,089 deaths and 17,025 confirmed positive, with five provinces, the highest is Jakarta, West Java, Banten, East Java and Central Java (Galih, 2020; Organization, n.d.; *Press Release: Menteri PP dan PA: Hapuskan Diskriminasi Pada Penyandang Disabilitas*, 2016). In dealing with this outbreak, the World Health Organization (WHO) announced that COVID-19 is a pandemic and issued several protocols to support mental and social well-being (Brahma, 2020; Cucinotta & Vanelli, 2020) which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The results of a survey on the existence of crimes against Children with Disabilities involving physical and sexual violence showed an increase in the number of findings of cases of violence against persons with disabilities, and the latest findings in 2019 reported as many as 9.9 million people with Children with Disabilities of sexual crimes) with the most prominent victims of sensory Children with Disabilities (as well as the emergence of discrimination and stigmatization of Children with Disabilities indicating that this phenomenon related to Children with Disabilities social problems has become essential to complete (Galih, 2020; Indonesian Disability Convention Team, 2017; kemenpppa, 2016; Lampung Geh, 2019).

Although government policies and the disability observer community have opened up space for support for the equality and quality of life of Children with Disabilities, which has been stated explicitly in policies that guarantee the fulfillment of the rights of persons with disabilities from Constitution Number 39 of 1999; Constitution Number 19 of 2011; and Constitution Number 8 of 2016, as well as the mandate of Constitution Number 52 of 2009, which focuses on the family as the leading role involved in nurturing, guiding and assisting persons with disabilities in building the quality of life; in fact, this Children with Disabilities group often experiences social problems. West Java Province is currently still one of the provinces in Indonesia that has a high rate of violence against women and children, some

of the causes of the high number of social problems and violence against women and children in West Java; according to Department for Empowerment, Child Protection, and Population Control West, Java Province leads to a factor of weak family resilience (Petersilia, Foote, Crowell, & National Research Council, 2001).

The social impact of this epidemic outbreak is that it is easy to experience psychological stress such as fear and anxiety and requires exceptional recovery. However, this new routine is prone to various mental disorders and can pose a risk of developing physical health even in a healthy person without a medical history (Fowler, 2020; Pappas, Kiriaze, Giannakis, & Falagas, 2009).

Some information shows that social distancing and isolation restrictions during the COVID-19 pandemic have caused the household economy to deteriorate, difficulties in making a living, and affected government policies on the economy (Decree of the Minister of Health of the Republic of Indonesia, 2020; Editor Team, 2020; Nuraini, n.d.).

From the explanation above, there has been a disturbance in family life that has led to the issue of family resilience during the COVID-19 pandemic. So the problem needs to be studied through a study of the role of family communication in resilience to situations that occur. Family communication refers to exchanging verbal and non-verbal information between family members that involves what other people think and feel (N. B. Epstein, Bishop, Ryan, Miller, & Keitner, 1993). Through communication within the family, members must express their needs, wants, and concerns to one another. Through communication, family members can resolve unavoidable problems to increase mutual resilience.

Meanwhile, family resilience is defined as the adaptive stabilization of the family and its organization according to the level of disturbance caused by these difficulties. In other words, when adversity is severe, chronic, or both, it can strain the family's regulatory capacity and make establishing a new balance and maintaining functioning difficult. Thus, the process of maintaining function and developing in the face of significant adversity constitutes resilience.

The COVID-19 pandemic situation

requires a period of isolation and recovery to adjust to the family; however, it will cause changes in the family environment to maintain balance and this regulatory process is a form of family maintenance in maintaining values and hope in this pandemic situation (Macphee, Lunkenheimer, & Riggs, 2015). Based on empirical studies addressing family problems in this pandemic, there has been no description of family communication strategies related to family physical and economic resilience in this COVID-19 pandemic.

Family communication is seen as an essential attribute in explaining the process of family resilience, considering that family interaction and support can balance the family's protective and determine the effectiveness of socialization, self-esteem, and family problem solving against difficulties experienced (Fitzpatrick, 1993). Based on empirical studies addressing family problems in this pandemic, there has been no description of family communication strategies related to family physical and economic resilience in this COVID-19 pandemic. On the other hand, family communication is one of the critical variables in maintaining family cohesiveness and adaptation toward family resilience (Walsh, 2016).

Citarum and vulnerable to flood inundation due to extreme rainfall. In addition to physical contact, the spread of the virus is also caused by environmental factors such as climate. Several previous studies have shown that extreme weather contributes to the spread of the West Nile virus in the United States and Europe humidity and wind speed are variables that determine the survival and transmission of the SARS virus, and significant weather changes correlated with changes in mortality from pneumonia (Bull, 1980; P. R. Epstein, 2001; Yuan et al., 2006). In addition, transmission can also be influenced by several factors, including population density (Dalziel et al., 2018). A special alert for the village of Rancatungku, Pamengpeuk District, Bandung Regency, a sub-district area positively affected by COVID-19, located in an area near the river.

This study will focus on how the family strategy in improving the health of family members to be free from various diseases and economic welfare in meeting the needs of family members, with the ultimate goal of obtaining a role model of family communication in the

physical and economic resilience of families during the COVID-19 pandemic. This six-month research was conducted in Rancatungku Village, Pamengpeuk District, Bandung Regency, West Java Province.

The concept of communication is to consider the idea of that family communication is part of the resilience process (Ahlerlert & Greeff, 2012; McDermott, Cobham, Berry, & Stallman, 2010; Shin, Choi, Kim, & Kim, 2010; Walsh, 2016). On the other hand, communication is a critical variable that can keep families together and a key variable in separating families. Another idea that has given rise to researchers' thoughts on family resilience is in one study that resilience is based on and through communication processes that enhance people's ability to create a 'new normal' (COVID-19) (Buzzanell, 2010).

The concept of communication considers the idea that family communication is part of the resilience process (McDermott et al., 2010; Walsh, 2016). On the other hand, communication is a critical variable that can keep families together and is also a key variable in separating families. Another idea that has led researchers to think about the concept of family resilience is in one that resilience is based on and through communication processes that enhance people's ability to create a 'new normal' (COVID-19) (Buzzanell, 2010). The concept of family communication related to family resilience has not been widely discovered, so the lack of findings that mention directions or guidelines on how family resilience communication should look needs to be explored in-depth, especially in changing current situations.

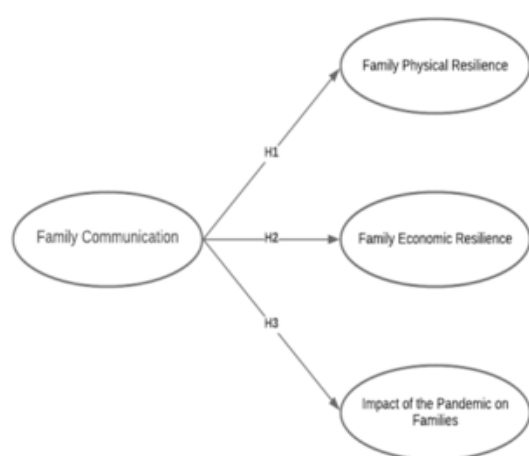
Family resilience stems from the perspective that children who grow up in high-risk situations can develop into healthy adults. There have been several studies on family resilience throughout the last twelve years, explicitly examining the concept of family resilience using a family resilience measurement scale and family function and depression (Chew & Haase, 2016; Nam, Kim, DeVlyder, & Song, 2016). Then the study of family resilience focused on the condition of parents with dementia, children with Down syndrome, children with cancer with schizophrenia, women victims of human trafficking, and parents who have a mental impairment (Deist & Greeff, 2015; N. B. Epstein et al., 1993; Van Riper, 2007; Ye et al., 2017) South Africa. The

sample was comprised of families in which a spouse ($n = 44$). Family resilience studies have also been linked to the nurse's role in the care of prisoners' families and in the context of nature (Ellis, Gergen, Wohlgemuth, Nolan, & Aslakson, 2016; Markson, Lösel, Souza, & Lanskey, 2015) this topic has rarely been addressed in prospective longitudinal studies of resettlement processes. This study gathered interview data from 39 family pairs of British male prisoners and their (ex-. From the results of the above review, there have been no studies that specifically apply family resilience in the COVID-19 pandemic situation. From the history of the study, after reviewing the literature, this research needs to find ideas so that new realities can then be found, with considerations; (1) communication is a broad concept that covers all aspects of human life so that the role of communication (and barriers) can explain the social problems experienced by families in the current COVID-19 pandemic situation, (2) there is a lack of findings of the concept of family communication and family resilience, primarily physical and economical, thus giving rise to ideas that focus on how family communication can play a role in increasing family physical and economic resilience (Stephen W. Littlejohn, Foss, & Oetzel, 2016).

Hypothesis 1: Family Communication Affects Family Physical Resilience

Hypothesis 2: Family Communication Affects Family Economic Resilience

Hypothesis 3: Family Communication Affects the Impact of the Pandemic on Families



Source: own research, 2021

Figure 1 Research Framework

RESEARCH METHOD

This study uses quantitative methods with correlation and descriptive approaches. The primary data were collected through questionnaires and short interviews as data reinforcement in assessing the variables of family communication, physical resilience, and economic resilience during the COVID-19 pandemic. This study uses data from 420 respondents who physically filled out questionnaires collected from 11 Neighborhood Units in Rancatungku Village.

While the inferential analysis was conducted to test the proposed hypothesis, namely the influence between research variables, including 1) The Effect of Family Communication on Physical Resilience, 2) The Effect of Family Communication on Economic Resilience, and 3) The Effect of Family Communication on the Impact of the Pandemic for Self and Family. Inferential analysis was performed using the Structural Equation Model (SEM) method using SmartPLS software.

By using the Family communication variable consisting of the Conversation Orientation sub-variables (Listening to Opinions, Empathy, Understanding, Solution, Moral Support, Giving advice, Explain, Inquired, Confirm, Reflect) and Conformity Orientation (Authority, Rule, Organize, Complementary, Uniformity, Positive Attitude, Attachment, Avoiding conflict, Dependency, Aggressive).

Physical Resilience variables consist of sub-variables Food Adequacy (Nutritional Adequacy), Family Health (Family Health, Drug Access, Sports activities) and Place Availability (Availability of Residence, Availability of Bedroom Location, Bathroom Availability).

While the Economic Resilience variable consists of sub-variables Residence (Residential Ownership), Family Income (Family Per capita Income, Sufficient Income and Sports activities), Children's Education Financing (Children's Education Financing Ability, Continuity of Children's Education) and Family Guarantee (Family Savings, Family Health Insurance).

For the Pandemic Impact Variable, the variables are Work Activities, Home Activities, Social activity, Emotional and Physical Activity, Positive Change.

RESULTS AND DISCUSSION

Respondents collected were 420 respondents with the characteristics of respondents in filling out this survey dominated by fathers as the head of the family with the highest percentage of respondents being fathers (68.8%), mothers (29.3%) and children (1.9%).

With marital status, have been married for 1-10 years (46%), 11-20 years (23.80%), 21-30 years (17.60%), 31-40 years (6.20%), 41- 50 years (3.80%) and more than 50 years (2.60%).

The number of family members consists of Don't have children yet (2.10%); 1 Child (35.00%), 2 Child (27.40%), 3 Child (14.30%), 4 Child (6.00%), 5 Child (2.90%), 6 Child (1, 20%), 7 Child (0.50%), and 8 Child (0.70%).

Therefore, it can be concluded that the majority of respondents are young couples who are still productive. For further information, the following is a profile of the respondent's parents.

In the family communication variable, two dimensions are used in this study, namely the Conversation and Conformity Dimensions. The A1 dimension (conversation) stated that it was running very well with an average continuum line value of 4.20. Because, in family communication, there is communication by giving advice, empathy among family members, understanding the attitudes of family members, and providing full support to family members.

Meanwhile, the A2 dimension (conformity orientation) went well with an average continuum value of 3.97. Due to the high altitude of helping the difficulties and needs of each family, their compliance with what the family rules are and parents carrying out the role as holders of family power so that there is cohesiveness and uniformity.

In the Family Physical Resilience Variable, most of the respondents are classified as Partial Enough with an average continuum line value of 1.86; while what is still considered good is ventilation and air entering the house is still good, the availability of electricity in the village results in lighting in the room of the house to be better.

The variable of family economic resilience in most respondents is classified as Insufficient with an average continuum line value of 1.54. This is very much felt during Covid-19; many

residents' income is reduced so that the ability to pay for monthly operations is hampered or even unpaid.

The pandemic is declared to impact work and social activities but does not impact activities at home or emotional and physical activities. On the one hand, the pandemic was declared to have had a positive impact on most respondents.

In the analysis phase of the measurement model (outer model), there are two things to be analyzed, namely validity analysis (Convergent Validity, Discriminant Validity). Validity testing is carried out to determine whether the measuring instrument used can perform its function correctly. Validity describes a measure that can accurately describe the concept to be measured. To measure the validity in SmartPLS, it can be seen on the value of the loading factor for each dimension and for each variable seen from the results of Convergent Validity, which dimensions and variables are considered valid if they have a correlation value of more than 0.7. However, for research in the early stages of developing a measurement scale, the loading value of 0.5 to 0.6 is still accep. At the same time, the Discriminant Validity Test or Discriminate Validity is used to prove whether the dimensions of a construct will have a more excellent value in the construct that is formed than the value with other constructs.

In table 1 The results were obtained after retesting twice; in the first test results, 2 of 34 dimensions were declared invalid. Invalid statements are found in Work Activities (D1) and Social Activities (D3) on the epidemic Impact variable for families. After the results are obtained, the loading value has exceeded the specified standard (0.5) so that all dimensions are declared valid and can be continued to the next stage of analysis.

The second Convergent Validity measure is the Average Variance Extracted (AVE) value, where the variable is declared valid if the AVE value exceeds 0.5. Based on the results of the AVE in table 2 it can be concluded that the four latent variable constructs have good validity ($AVE > 0.5$), which means that the information in each latent variable can be reflected through its manifest variables (dimensions).

In table 3 The cross-loading value is obtained by comparing the magnitude of the relationship of each dimension to the variable,

Table 1 Convergent validity Test/outer loading Model

Latent variables	Indicators	Loading Factor	Standard	Result
X. Family Communication	Conversation Orientation (A1)	0,919	> 0,5	Valid
	Conformity Orientation (A2)	0,865	> 0,5	Valid
	Availability of breakfast at home (B01)	0,721	> 0,5	Valid
	Lunch availability (B02)	0,741	> 0,5	Valid
	Availability of dinner (B03)	0,748	> 0,5	Valid
	Nutritional quality/food nutrition (B04)	0,671	> 0,5	Valid
	Stock of medicines at home (B05)	0,668	> 0,5	Valid
	Sports activities (B06)	0,684	> 0,5	Valid
Y1. Physical Resilience	Lamp/room lighting (B07)	0,789	> 0,5	Valid
	Bedroom comfort (B08)	0,815	> 0,5	Valid
	Cleanliness of the bathroom (B09)	0,815	> 0,5	Valid
	Ventilation/air entering the house (B10)	0,754	> 0,5	Valid
	Availability of clean water (B11)	0,713	> 0,5	Valid
	Availability of electricity (B12)	0,718	> 0,5	Valid
	Telephone signal at home (B13)	0,681	> 0,5	Valid
	Internet facilities and data packages (B14)	0,608	> 0,5	Valid
	Children's learning support facilities (B15)	0,635	> 0,5	Valid
	Cleanliness of the home environment (B16)	0,749	> 0,5	Valid
	Father's income (C01)	0,784	> 0,5	Valid
	Maternal income (C02)	0,654	> 0,5	Valid
	Total family income (C03)	0,769	> 0,5	Valid
	Ability to buy food (C04)	0,74	> 0,5	Valid
	Ability to buy credit/data packages (C05)	0,878	> 0,5	Valid
Y2. Economic Resilience	Ability to pay children's tuition fees (C06)	0,834	> 0,5	Valid
	Ability to pay citizen dues (C07)	0,811	> 0,5	Valid
	Ability to pay electricity bills (C08)	0,716	> 0,5	Valid
	Ability to pay credit (C09)	0,752	> 0,5	Valid
	Adequate family savings (C10)	0,802	> 0,5	Valid
	Ability to pay BPJS (C11)	0,75	> 0,5	Valid
	Activities at home (D2)	0,609	> 0,5	Valid
Y3. Pademic Impact (Y3)	Emotional and Physical Activity (D4)	0,775	> 0,5	Valid
	Positive Change (D5)	0,915	> 0,5	Valid

Source: Research Result, 2021

Table 2 Average Variance Extracted Test (Convergent Validity)

Latent variables	AVE
X. Family Communication	0,797
Y1. Physical Resilience	0,521
Y2. Economic Resilience	0,599
Y3. Pandemic Impact	0,603

Source: Research Result, 2021

Table 3 Discriminant Validity

Dimension	X	Y1	Y2	Y3
A1	0,919			
A2	0,865			
B01		0,721		
B02		0,741		
B03		0,748		
B04		0,671		
B05		0,668		
B06		0,684		
B07		0,789		
B08		0,815		
B09		0,815		
B10		0,754		
B11		0,713		
B12		0,718		
B13		0,681		
B14		0,608		
B15		0,635		
B16		0,749		
C01			0,784	
C02			0,654	
C03			0,769	
C04			0,74	
C05			0,878	
C06			0,834	
C07			0,811	
C08			0,716	
C09			0,752	
C10			0,802	
C11			0,75	
D2				0,609
D4				0,775
D5				0,915

Source: Research Result, 2021

or as reflected by the factor loading value, with the magnitude of the relationship of each dimension to other variables. To get valid results, the magnitude of the relationship of each dimension to the variable must be greater than the relationship of each dimension to other variables. From table 5. it is found that the factor loading of each dimension on the latent variable is proven to be greater than the relationship to the other latent variables, so it can be concluded that discriminant validity is met.

After the validity test is met, the next step will be to test the reliability of the measurement model by taking into account two criteria, namely Cronbach's Alpha & Composite Reliability, obtained by looking at the output overview of the results of the SmartPLS algorithm. The recommended value to meet the reliability of the measurement structure is above 0.700. The following are the results of Cronbach's Alpha & Composite Reliability test on each research variable

Table 4 shows that Cronbach's Alpha & Composite Reliability test results are declared reliable where all variables have values exceeding the recommended values; this shows that the measurement model has good reliability. Based on the test results above, it can be stated that the measurement model is valid and reliable.

Hypothesis testing is used to test the presence or absence of the influence of the independent variable on the dependent variable in SmartPLS to test the significance of the path coefficient using bootstrap with a significance level of 5%. The results of the calculations to test the hypothesis are presented in the following figures 2 and tables 5.

Description:

X: Family Communication

Y₁: Physical ResilienceY₂: Economic ResilienceY₃: Pandemic Impact

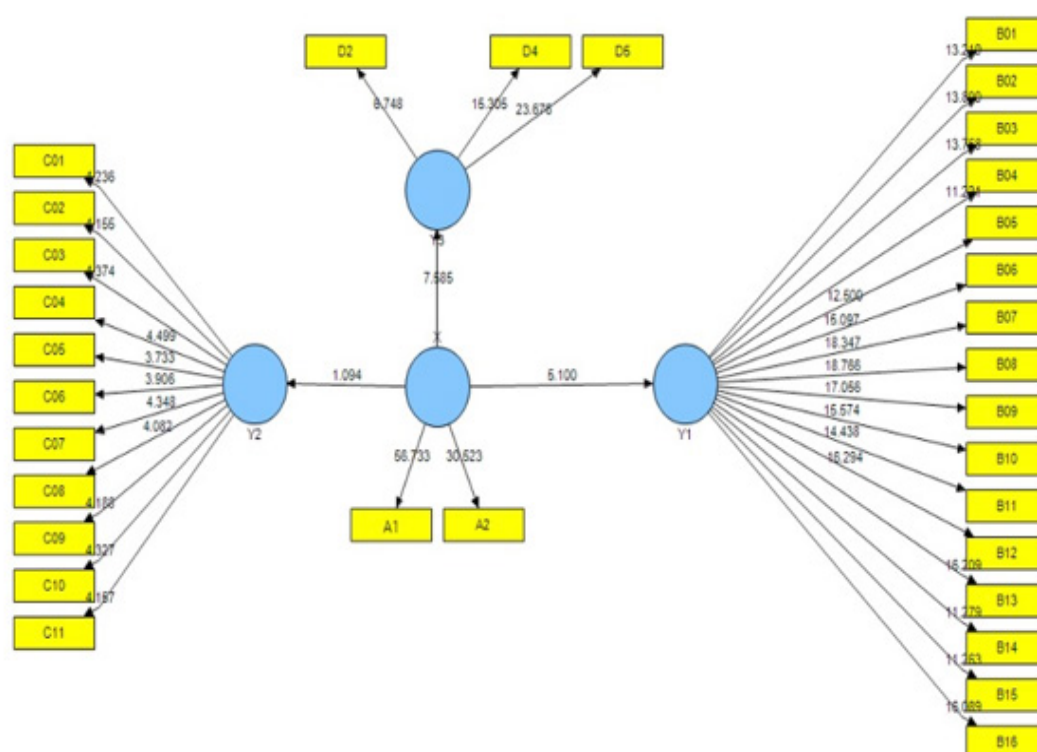
Table 5 can be seen with a significance level of 5%; it can be seen from the original sample value of 0.199. The resulting statistical T value of 5.100 is greater than the t-table value ($\pm 1,960$) and P-Value 0.000 < 0.05. Thus, the testing results for hypothesis 1 are H₀ rejected, and H_a accepted, meaning that Family Communication affects Family Physical Resilience.

While in hypothesis 2, the original sample

Table 4 Test Cronbach's Alpha & Composite Reliability

Latent variables	Cronbach's Alpha	Composite Reliability	Recommended Value	Result
X. Family Communication	0,748	0,887	> 0,700	Reliable
Y1. Physical Resilience	0,94	0,945	> 0,700	Reliable
Y2. Economic Resilience	0,937	0,942	> 0,700	Reliable
Y3. Pademic Impact	0,706	0,816	> 0,700	Reliable

Source: Research Result, 2021



Source: Research Result, 2021

Figure 2 Calculated T Value (Inner Model)

Table 5 Hypothesis Test

Hypothesis	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	Standard Error (STERR)	T Statistics (O/STERR)	p-value	Result
X \square Y1	0,199	0,215	0,039	0,039	5,1	0	Accept Ha
X \square Y2	0,101	0,107	0,092	0,092	1,094	0,275	Reject Ha
X \square Y3	0,282	0,291	0,037	0,037	7,585	0	Accept Ha

Source: Research Result, 2021

value is 0.101. The resulting statistical T value of 1.094 is between the two t table values (± 1.960) and P-Value $0.275 > 0.05$. Thus, the testing results for hypothesis 2 are H_0 accepted, and H_a rejected, meaning that Family Communication does not affect Family Economic Resilience.

Hypothesis 3, the original sample value was 0.282. The resulting statistical T value of 7.585 is greater than the t table value (± 1.960) and P-Value $0.000 < 0.05$. Thus, the testing results for hypothesis 3 are H_0 rejected and H_a accepted, meaning that Family Communication affects the Impact of the Pandemic on Families.

The results of hypothesis testing using a significance level of 5% showed that family communication affected the physical resilience of the family, so the hypothesis was accepted. The results of previous studies; Positive communication such as listening to the opinions of family members, empathy and understanding the feelings of family members, understanding attitudes, providing solutions, support, and advice can be used as a measure of family achievement in carrying out roles, functions, and responsibilities for the welfare of all family members (McDermott et al., 2010; Musfiroh, Mulyani, Cahyanto, Nugraheni, & Sumiyarsi, 2019; Walsh, 2016). The head of the family has an important role in opening positive communication between family members as each family member increases, and when family communication is more tenuous, it requires strong resilience from each family member from outside influences. Families always face the threat of fragility/vulnerabilities that come from within and external forces, which can cause damage. Disturbances/threats from these various aspects, both social, economic, and natural environment, can cause family fragility in various aspects, such as social, economic, and environmental. Positive communication such as listening to the opinions of family members, empathy, and understanding the feelings of family members. The existence of an atmosphere of mutual protection means that the family must be a safe, comfortable, and reassuring place for all its members. If the family functions well, the family will be able to provide physical resilience for its members and can optimize the growth and development of children.

From the results of hypothesis testing, it was found that family communication

patterns did not affect family economic resilience, with a contribution value of 10%. This means that the communication pattern between family members is seen from how the communication is formed, which is influenced by the educational background and work of the head of the household (Ramadhana, 2020) using family demographic groups, namely family type, parent's occupational type, and a residential area used as study variables. The sample came from 318 overseas student families who had reunited with families from 23 cities and districts in West Java Province. Simple frequency data analysis were used to present related situations. The results of the study showed that family type, family socioeconomic (parents' occupation. Meanwhile, family economic resilience is the output of the head of the family to meet all the needs of his family members. Family economic resilience during the Covid 19 pandemic is related to strategies and quick decision-making by families to think about recovering from the situation. Families with middle to lower economic levels get social assistance from the government. Families must pay attention to the availability of income and access to food, basic services, social safety nets, and assets in order to create stability. In the process of forming economic resilience, it does not seem to be important how communication in the family plays a role because the role of the head of the family is responsible for directing the family economy. Some of the opportunities offered, such as entrepreneurship or home-based businesses, are strategies for strengthening the family economy. Although family resilience is seen as an output, the process that leads to economic resilience through the family system can use the figure of who makes the decisions (Father and Mother or both). This effort may be able to produce more significant findings if it is related to the family structure or the allocation of power in the family. The structure in the family as a unified system with interrelated main elements, such as social status, social roles, and norms, and the three elements in the functional structure can identify patterns of interaction in the family. The process of interaction within the family can appear in the form of conversations in reducing the burden of 3 expenses and discussing adjustments to the purchase of food and other basic needs. In addition, the type of family also needs to be grouped by type that can

show differences in the family's economy, for example, high or low level of expenditure. This effort may be able to produce more significant findings if it is related to the family structure or the allocation of power in the family.

Meanwhile, the hypothesis 3 test results showed an influence of family communication patterns on the impact of the pandemic. This strengthens the research results, which state that emotional reactions during pandemic times often appear; this is, of course, related to aspects of the interaction between family members (Braithwaite, Suter, & Floyd, 2018; Ramadhana, 2020) "title": "Engaging Theories in Family Communication: Multiple Perspectives (2nd ed.. The relationship between communication and changes in family activities has attracted the attention of many researchers. The influence of family communication on the impact of the pandemic may occur in changes in parental care or the application of parental attitudes in the psychological development of family members, which is manifested through relational interactions. Communication is very important as a protective function from changes that arise due to the pandemic situation and is seen as a family management system. So that by building positive communication between family members, you can overcome the impact of the pandemic felt by family members by building the strength of stories, relationships, and creativity so that they can help each other survive the Covid-19 pandemic.

CONCLUSION

The results showed that family communication on the conversational dimension was stated to function very well, while the conformity dimension functioned well because of the strong factors in helping the difficulties and needs of each family. The family's physical resilience in most respondents is classified as Partial Enough, considering that there are still many residents of Rancatungku village belonging to the lower-middle-class economy, so adequate facilities have not been fulfilled. The family's economic resilience in most respondents is classified as Insufficient; this happens due to reduced income or because some occupations have lost their livelihoods due to the Covid-19 pandemic.

The relationship between variables shows that family communication affects family physical resilience by 40% and 80% in work activities and social activities due to the pandemic period. However, family communication does not directly affect the economic resilience of the family and still requires further research to describe family groups in the category of family systems and structures.

Basically, the stronger communication between family members in Rancatungku Village shows an increase in family physical resilience, work activities, and social activities, which can illustrate the importance of family-centered recovery. The implication is that the Rancatungku village government is expected to make routine health programs and campaigns with a preventive approach by re-applying the role of the family in health and social functions, as well as intensively providing counseling to family heads regarding increasing productivity in daily life, home and maintain the integrity of the members. The results of this study provide an overview of how families respond to adversity and the factors that can facilitate or hinder an effective response and provide insight into what drives resilience in families, enabling them to grow together as they emerge from the crisis.

REFERENCES

- Ahlert, I. A., & Greeff, A. P. (2012). Resilience factors associated with adaptation in families with deaf and hard of hearing children. *American Annals of the Deaf*, 157(4), 391–404. <https://doi.org/10.1353/aad.2012.1629>
- Brahma, B. (2020). Oncologists and COVID-19 in Indonesia: What can we learn and must do? *Indonesian Journal of Cancer*, 14(1), 1. <https://doi.org/10.33371/ijoc.v14i1.728>
- Braithwaite, D. O., Suter, E. A., & Floyd, K. (2018). *Engaging theories in family communication: multiple perspectives (2nd ed.)*. Routledge. (Second Edi; D. O. Braithwaite, E. A. Suter, & K. Floyd., Eds.). Retrieved from <https://www.taylorfrancis.com/books/edit/10.4324/9781315204321/engaging-theories-family-communication-dawn-braithwaite-elizabeth-suter-kory-floyd?refId=e95df092-a934-49fe-b41c-e00155fa6765&context=ubx>

- Bull, G. M. (1980). The weather and deaths from pneumonia. *The Lancet*, 315(8183), 1405–1408. [https://doi.org/10.1016/S0140-6736\(80\)92666-5](https://doi.org/10.1016/S0140-6736(80)92666-5)
- Buzzanell, P. M. (2010). Resilience: talking, resisting, and imagining new normalcies into Being. *Journal of Communication*, 60(1), 1–14. <https://doi.org/10.1111/j.1460-2466.2010.01469.x>
- Chew, J., & Haase, A. M. (2016). Psychometric properties of the family resilience assessment scale: A Singaporean perspective. *Epilepsy and Behavior*, 61, 112–119. <https://doi.org/10.1016/j.yebeh.2016.05.015>
- Cucinotta, D., & Vanelli, M. (2020). WHO declares COVID-19 a pandemic. *Acta Biomedica*, 91(1), 157–160. <https://doi.org/10.23750/abm.v91i1.9397>
- Dalziel, B. D., Kissler, S., Gog, J. R., Viboud, C., Bjørnstad, O. N., Metcalf, C. J. E., & Grenfell, B. T. (2018). Urbanization and humidity shape the intensity of influenza epidemics in US cities. *Science*, 362(6410), 75–79. <https://doi.org/10.1126/science.aat6030>
- Decree of the Minister of Health of the Republic of Indonesia. *Prevention and control of corona virus disease 2019 (Covid-19)*. , Pub. L. No. MenKes/413/2020, 2019 207 (2020).
- Deist, M., & Greeff, A. P. (2015). Resilience in families caring for a family member diagnosed with dementia. *Educational Gerontology*, 41(2), 93–105. <https://doi.org/10.1080/03601277.2014.942146>
- Editor Team. (2020). SMRC survey: Impact of covid-19, 59 percent of respondents think household economy will deteriorate. Retrieved May 12, 2020, from Kompas.com, 12 Mei website: <https://nasional.kompas.com/read/2020/05/12/15280211/survei-smrc-dampak-covid-19-59-persen-responden-anggap-ekonomi-rumah-tangga?page=all>
- Ellis, B. L., Gergen, J., Wohlgemuth, L., Nolan, M. T., & Aslakson, R. (2016). Empowering the “cheerers”: role of surgical intensive Care unit nurses in enhancing Family Resilience. *American Association of Critical-Care Nurses*, 25(1), 39–45.
- Epstein, N. B., Bishop, D., Ryan, C., Miller, I., & Keitner, G. I. (1993). The McMaster model: View of healthy family functioning. In *Guilford Family Therapy Series. Normal family processes, 2nd ed.* (pp. 138–160). New York, NY, US: The Guilford Press.
- Epstein, P. R. (2001). West Nile virus and the climate. *Journal of Urban Health : Bulletin of the New York Academy of Medicine*, 78(2), 367–371.
- Fitzpatrick, M. A. (1993). *Communication in family relationship*. New Jersey: Prentice Hall.
- Fowler, D. (2020). Virus corona: Efek psikologis setelah kehilangan pekerjaan selama pandemi Covid-19. Retrieved April 28, 2022, from Bbc website: <https://www.bbc.com/indonesia/vert-cap-52408458>
- Galih, B. (2020). UPDATE May 16: There are 17,025 Covid-19 cases in Indonesia, 529 more. Retrieved from Kompas.com website: <https://nasional.kompas.com/read/2020/05/16/15463951/update-16-mei-ada-17025-kasus-covid-19-di-indonesia-bertambah-529>
- Indonesian Disability Convention Team. (2017). *Laporan bayangan Indonesia : Implementasi konvensi pbb hak-hak penyandang disabilitas*. Retrieved from [https://www.sigab.or.id/sites/default/files/field/attachment/Laporan Bayangan CRPD Indonesia - versi Bahasa Indonesia.pdf](https://www.sigab.or.id/sites/default/files/field/attachment/Laporan%20Bayangan%20CRPD%20Indonesia%20-%20versi%20Bahasa%20Indonesia.pdf)
- kemenpppa. (2016). *Press release: menteri PP dan PA : hapuskan diskriminasi pada penyandang disabilitas*. Retrieved from <https://www.kemenpppa.go.id/index.php/page/read/29/111/press-release-menteri-pp-dan-pa-hapuskan-diskriminasi-pada-penyandang-disabilitas>
- Lampung Geh. (2019). 9,9 Juta anak disabilitas menjadi korban kejahatan seksual. Retrieved from <https://kumparan.com/lampunggeh/9-9-juta-anak-disabilitas-menjadi-korban-kejahatan-seksual-1551366208275112332>
- Macphee, D., Lunkenheimer, E., & Riggs, N. (2015). Resilience as regulation of developmental and family processes. *Family Relations*, 64(1), 153–175. <https://doi.org/10.1111/fare.12100>
- Markson, L., Lösel, F., Souza, K., & Lanskey, C. (2015). Male prisoners’ family relationships and resilience in resettlement. *Criminology and Criminal Justice*, 1–19. <https://doi.org/10.1177/1748895814566287>

- McDermott, B. M., Cobham, V. E., Berry, H., & Stallman, H. M. (2010). Vulnerability factors for disaster-induced child post-traumatic stress disorder: The case for low family resilience and previous mental illness. *Australian and New Zealand Journal of Psychiatry*, 44(4), 384–389. <https://doi.org/10.3109/00048670903489916>
- Musfiroh, M., Mulyani, S., Cahyanto, E. B., Nugraheni, A., & Sumiyarsi, I. (2019). Analisis faktor-faktor ketahanan keluarga Di kampung Kb Rw 18 Kelurahan Kadipiro Kota Surakarta. *PLACENTUM: Jurnal Ilmiah Kesehatan Dan Aplikasinya*, 7(2), 61–66. <https://doi.org/10.20961/placentum.v7i2.32224>
- Nam, B., Kim, J. Y., DeVlyder, J. E., & Song, A. (2016). Family functioning, resilience, and depression among North Korean refugees. *Psychiatry Research*, 245, 451–457. <https://doi.org/10.1016/j.psychres.2016.08.063>
- Nuraini, T. N. (n.d.). Inilah dampak panjang dari virus corona bagi kesehatan tubuh. Retrieved December 10, 2021, from <https://www.merdeka.com/trending/inilah-dampak-panjang-dari-virus-corona-bagi-kesehatan-tubuh-kln.html>
- Organization, W. H. (n.d.). Coronavirus disease (COVID-19) pandemic. Retrieved from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Pappas, G., Kiriaze, I. J., Giannakis, P., & Falagas, M. E. (2009). Psychosocial consequences of infectious diseases. *Clinical Microbiology and Infection*, 15(8), 743–747. <https://doi.org/10.1111/j.1469-0691.2009.02947.x>
- Petersilia, J., Foote, J., Crowell, N. A., & National Research Council. (2001). *Crime victims with developmental disabilities report of a workshop*. Washington DC: National Academy Press.
- Ramadhana, M. R. (2020). Mempersiapkan ketahanan keluarga selama adaptasi kebiasaan baru di masa pandemi covid-19. *Jurnal Kependudukan Indonesia*, 61–68. <https://doi.org/10.14203/jki.v0i0.572>
- Shin, S. H., Choi, H., Kim, M. J., & Kim, Y. H. (2010). Comparing adolescents' adjustment and family resilience in divorced families depending on the types of primary caregiver. *Journal of Clinical Nursing*, 19(11–12), 1695–1706. <https://doi.org/10.1111/j.1365-2702.2009.03081.x>
- Stephen W. Littlejohn, Foss, K. A., & Oetzel, J. G. (2016). Theories of human communication eleventh edition. In *Waveland Press, Inc.* (Eleventh e, Vol. 53). <https://doi.org/10.1017/CBO9781107415324.004>
- Van Riper, M. (2007). Families of children with down syndrome: Responding to “a change in plans” with resilience. *Journal of Pediatric Nursing*, 22(2), 116–128. <https://doi.org/10.1016/j.pedn.2006.07.004>
- Walsh, F. (2016). Family resilience: a developmental systems framework. *European Journal of Developmental Psychology*, 13(3), 1–12. <https://doi.org/10.1080/17405629.2016.1154035>
- Ye, Z. J., Qiu, H. Z., Li, P. F., Liang, M. Z., Wang, S. N., & Quan, X. M. (2017). Resilience model for parents of children with cancer in mainland China-An exploratory study. *European Journal of Oncology Nursing*, 27, 9–16. <https://doi.org/10.1016/j.ejon.2017.01.002>
- Yuan, J., Yun, H., Lan, W., Wang, W., Sullivan, S. G., Jia, S., & Bittles, A. H. (2006). A climatologic investigation of the SARS-CoV outbreak in Beijing, China. *American Journal of Infection Control*, 34(4), 234–236. <https://doi.org/10.1016/j.ajic.2005.12.006>