

FAMILY KNOWLEDGE ABOUT COVID-19 AND FAMILY ATTITUDE TOWARDS FAMILY MEMBERS SUFFERING WITH COVID-19

Siti Maghfiroh, Triana Arisdiani*, Setianingsih

Sekolah Tinggi Ilmu Kesehatan Kendal, Jln Laut 31 Kendal, Central Java 51311, Indonesia

*[trianaarisidiani@stikeskendal.ac.id](mailto: trianaarisidiani@stikeskendal.ac.id)

ABSTRACT

Family knowledge about Covid-19 is the beginning of an effort to provide a conducive climate for family members being treated for Covid-19. The family is the most important source of treatment for sick family members and greatly helps increase immunity for family members who are infected with Covid-19. The purpose of knowing family knowledge about Covid-19 and family attitudes towards family members who suffer from Covid-19 at Dr.H. Soewondo Kendal. This study used a descriptive survey study design, a sample of 65 samples, the sampling technique used consecutive sampling. The questionnaire used was family knowledge about Covid-19 and a family attitude questionnaire towards family members who suffered from Covid-19. Statistical analysis using univariate analysis. This research has been declared ethically feasible according to 7 WHO standards with ethically appropriate information number 24/KEPK- RSUD/EC/VII/2021. The results showed that the average age of the respondents was 39 years, the minimum age was 28 years and the maximum age was 58 years, the majority were educated. SMA as much as 55.45%, male 55.4%, working as an employee 26.2%, status in the family of children as much as 43.1%, having good knowledge as much as 49.2%, having a good attitude as much as 75.4%. The results of this study are expected to be used as a basis for implementing health promotions to increase family knowledge about Covid-19 so that families are able to determine and make decisions on how to behave towards family members who are infected with Covid- 19.

Keywords: attitude; covid-19; family; knowledge

INTRODUCTION

Coronaviruses are a large family of viruses that cause illness ranging from mild to severe symptoms. Two types of coronavirus are known to cause disease that can cause severe symptoms, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Saifullah Abdulgani, 2020). Corona Disease 2019 (Covid-19) is a new type of disease that has never been previously identified in humans (Kemenkes, 2020). SARS-CoV triggered a large-scale epidemic starting in China, involving 24 countries with 8000 cases and 800 deaths, then MERS-CoV which started in Saudi Arabia around 2,500 cases and 800 deaths and still causes sporadic cases. Covid-19 is a new virus that is highly contagious and has spread rapidly globally. SARS-CoV-2 (Covid- 19), since its outbreak in Wuhan, has had a global impact throughout the world. The World Health Organization (WHO) declared an International Emergency on 30 January 2020 followed by a declaration as a 'pandemic' on 11 March 2020.

Currently there is no treatment for Covid-19, The number of people infected and those who died is increasing day by day so the family is worried if there is a family member being treated with Covid-19 (Lu Chatterjee, Pranab Anand, Tanu Singh, Kh Rasaily, Reeta Singh, Ravinder Das, Santasabuj Singh, Harpreet Praharaj, Ira Gangakhedkar, Raman Bhargava, Balram Panda, Samiran., 2020). Family knowledge about COVID-19 is the start of an effort to provide a

conducive climate for family members being treated for COVID-19. Family is the most important source of treatment for sick family members and support for patients (Ina, 2017).

In addition to family knowledge of family members who suffer from COVID-19, the attitude given by the family greatly influences the healing process and in providing care to family members who experience COVID-19. Good attitudes by family and social support can reduce the impact of stress, anxiety and directly strengthen the mental health of individuals. A good attitude from the family is an important coping strategy for individuals to have when suffering from stress from a family affected by COVID-19. A good attitude from the family can also serve as a preventive strategy to reduce stress and negative consequences (Ina, 2017). The impact of Covid - 19 is so great, the real impact is loss of life or death, economic decline and slowdown (recession), disrupted educational, economic and social activities, and most worrying about the psychological impact and behavior change on society. (Nasution, 2020).

Research conducted by Soleh Ahmad Suwarni, Suwarni Yasirudin, Novia Triana (2020) In RT 15 RW 03, Rawa Makmur Permai Sub-district, Muara Bangkahulu District, Bengkulu City, it was found that many people did not understand very well about the Covid-19 disease so they became very panicked if a family member was attacked by Covid-19. Families who are affected by Covid-19 will suffer from anxiety disorders, panic, and depression. The Covid-19 virus outbreak spreads very quickly, this is very worrying and causes many people to experience symptoms of anxiety. In a survey conducted by the American Psychiatric Association (APA) of more than 1000 adults in the United States, it was found that 48% of respondents felt anxious about contracting the corona virus. Around 40% are worried that they will become seriously ill or die from Covid- 19, and 62% are worried that their family or loved ones will be infected. More than a third of respondents said the Covid-19 pandemic had a serious impact on their mental health, and the effect was quite severe on their daily lives. The highest anxiety among respondents regarding this pandemic is the impact on finances, lack of food, medicine, and other needs (Rosyanti & Hadi, 2020).

This is in accordance with the opinion Iqbal Eubank, S. Eckstrand, I. Lewis, B. Venkatramanan, S. Marathe, M. Barrett (2020), explained that the quality of relationships in the family plays an important role in the psychological condition of each family member. An intimate family can strengthen a person's ability to manage positive emotions. In addition, high emotional attachment in the family can also prevent depression and anxiety when a person is faced with strong stressors, such as the Covid-19 outbreak that everyone is currently facing. People who have good knowledge also have good attitudes and behavior. In addition, this high level of knowledge is also supported by the education level of most of the respondents being higher education. A person's high level of education will make it easier to get access to information about a problem (Utami, 2020). Research conducted by Yanti (2020) which states that 99% of Indonesians have good knowledge about Covid-19.

This fear in the family is especially true for pregnant women, the elderly and the elderly and if anyone has small children. Families are afraid if a family member who is infected with Covid-19 dies. Knowledge of family members who have been attacked by Covid-19, namely that it turns out that Covid causes different symptoms, the attitude of this respondent is influenced by the respondent's good knowledge where someone who already knows about certain information, then he will be able to determine and make decisions on how he should deal with it. In other

words, when a person has information about Covid-19, he will be able to determine how he should behave towards Covid-19. Family support really helps increase immunity for family members who are affected by Covid-19 (Nasrullah, D, 2020). Instilling the right attitude in dealing with Corona disease whose impact cannot be underestimated for families, communities, nations and countries. The attitude in question is to remain patient and trustful that this disease is a trial from God Almighty, so that no family members complain, blame each other or blaspheme other people/government because they are considered incompetent to handle this disease.

Responses that appear in families of patients waiting for family members who are treated in isolation rooms due to covid-19 are very different for each individual, some families feel sad, pounding, and have difficulty sleeping, confused, restless, difficult to concentrate, afraid of family members dying or afraid of losing family because of covid-19 (Azis, 2020). Responses that appear in families in patients treated in isolation rooms due to COVID-19 include an adaptive response range and have not led to a mal-adaptive response. (Astuti & Sulastri, 2020).

METHOD

This study used a descriptive survey study design, a sample of 65 samples, the sampling technique used consecutive sampling. The questionnaires used were family knowledge about covid-19 and family attitude questionnaires towards family members who suffered from Covid-19. Statistical analysis using univariate analysis. This research has been declared ethically feasible according to the 7 WHO standards with an ethical statement number 24/KEPK-RSUD/EC/VII/2021.

RESULTS

Table 1.
Characteristics of Respondents Based on Age (n=65)

Median	Minimal	Maksimal	95% confidence interval	
			Lower	Upper
39,00	28	58	38,02	42,35

The table above shows the median age of the respondents 39 years, the minimum age is 28 years and the maximum age is 58 years.

Table 2
Characteristics of Respondents Based on Education, Gender, Occupation, Status in Family (n=65)

Characteristics	f	%
Education		
Bachelor	8	12,3
Diploma	4	6,2
Senior High School	36	55,4
Junior High School	8	12,3
Primary School	9	13,8

Characteristics	f	%
Gender		
Male	36	55,4
Female	29	44,6
Work		
Employee	17	26,2
Private	8	12,5
Entrepreneur	12	18,5
Government employees	4	6,2
Salesman	15	23,1
Farmer	9	13,8
Status in family		
Child	28	43,1
Parent	9	13,8
Sibling	4	6,2
Husband	12	18,5
Wife	12	18,5

The table 2 shows the majority of respondents with high school education as many as 36 (55.45), male gender as many as 36 (55.4%), working as employees as many as 17(26.2%), status in the family of children as many as 28 (43 ,1%).

Table 3.
Family Knowledge about Covid-19 (n=65)

Family Knowledge about Covid-19	f	%
Good	32	49,2
Enough	18	27,7
Not enough	15	23,1

The table above shows that the majority of families have good knowledge of 32 (49.2%).

Table 4.
Family Attitude (n=65)

Family attitude towards family members who suffer from Covid-19	f	%
Good	49	75,4
Not good	16	24,6

The table above shows that the majority of families have a good attitude as many as 49 (75.4%)

DISCUSSION

Age

The results showed that the medianage of the respondents was 39 years, the minimum age was 28 years and the maximum age was 58 years. Middle adulthood, where this age is considered mature enough in life experience and mental maturity to care for family members with COVID-19 disease. according to (Notoatmodjo, 2012a) The age that is considered optimal in making

decisions is the age above 20 years. According to (Siagian, 2018) argues that the older a person is, the more capable of showing mental maturity, the wiser in making decisions, able to think rationally and able to control emotions and be more tolerant of others. according to (Notoatmodjo, 2012a) Age is the number of years from birth to the last year a person performs an activity. Age is one of the internal factors that contribute to the emergence of family anxiety where family members are being cared for due to COVID-19, some even argue that the young age factor is easier to experience anxiety because family members are confirmed to have COVID-19 than old age.

Age is seen as a condition that forms the basis of a person's maturity and development. This happens because at the age of 30-50 years, a person is mature in thinking and dealing with problems, the lower a person's age is <30 years, the higher the level of anxiety he experiences and the maturity of the individual can be seen directly objectively with the age period, so that various processes experience, knowledge, skills, independence are related to the increasing age of the individual and the anxiety experienced by the families of patients whose family members suffer from COVID-19 (Lestari, 2015)

Education

The results showed that the majority of families with high school education were 36 (55.45%), this is in line with the research of Toulasik & Maria (2019) that the majority of family members who were hospitalized had high school education (42.1%). according to (Notoatmodjo, 2012a) the higher the level of education, the easier it is for a person to accept new things and adapt easily. The level of education of a person or individual will affect the ability to think, the higher the level of education, the easier it will be to think rationally and capture new information, including in describing new problems (Stuart & Sundeen, 2012). Families of patients who have higher education have high socialization with sick family members, so their sense of empathy for their families is also high, but they are hit by their work so that it affects less time for family. Similar research on the factors that affect the level of anxiety of family members by (Maryaningtyas, 2015), shows that the educational factor is one of the external factors that can contribute to a person's anxiety during the care of their child in the hospital.

Gender

The results showed that the majority of the family were male as many as 36 (55.4%), gender was a sex difference that was obtained from birth which was distinguished between men and women. The same research was conducted by (Yasa, 2019) found that the majority of family support is female by 64.6%. While different research conducted by (Bisnu & Kepel, 2017) discussed that women and men have different responses in dealing with problems, men tend not to care, do not pay attention to family members being treated while women are more concerned about family members being treated for COVID-19. Women are more likely to experience anxiety and stress while waiting for family members to be hospitalized compared to men. This is because women are considered to be more sensitive to problems, so women's coping mechanisms are less good than men (Gunarso, 2015).

Work

The results showed that most of the families worked as employees as many as 17 (26.2%). Family members who are waiting to work as employees because employees can apply for leave

to wait. The family just waited outside, and were not allowed to enter. Work is a time-consuming activity so that work has an influence on the family in providing care (Wawan, A. & M., 2016). In general, this work will be related to providing support to families who are hospitalized, both emotional support, information support, instrumental support and assessment support in caring for family members with COVID-19, families who do not work of course have enough free time to care for them. family members with covid-19 disease compared to families or respondents who work.

Status in Family

The results showed that most of the family status in the child's family as many as 28 (43.1%), children have responsibilities to parents who are being cared for because of covid-19. The results of this study are in accordance with the phenomenological research conducted (Riasmini, NM; Sahar, J; Resnayati, 2013), that the reason why children take care of their sick parents is because of their responsibilities, namely their duties as family members, reciprocation and being the sole caregiver, who care for their parents, namely parents, children and grandchildren. Research conducted by (Sahar, 2012) it was found that the reason for caring for responsibility was (26.8%), and wanting to provide better care (19.5%). While the research results (Laubunjong, 2018), it was found that the reasons for being a caregiver varied, namely because they wanted to care, did not work and there were no other family members to care for them. The majority of respondents as children, children have the responsibility to take care of their parents, but because their parents are confirmed to have COVID-19, they feel anxious, because they cannot accompany and care for them every day. They can only communicate through cell phones and nurses on duty.

Family Knowledge about Covid-19

The results showed that most of the families had good knowledge as much as 32 (49.2%) and a small portion had less knowledge about COVID-19 as much as 15 (23.1%). Knowledge is good because families are looking for information about Covid-19 so they bring sick family members to the hospital. Because families are afraid that the Covid-19 virus can cause death to their family members and many respondents answered that Covid-19 is a disease that is transmitted through intermediaries, shortness of breath is one of the common symptoms of Covid-19. Most human knowledge is obtained through the eyes and ears. Knowledge is needed as support in generating self-confidence as well as attitudes and behavior every day, so it can be said that knowledge is a very important domain for the formation of one's actions. (Notoatmodjo, 2012).

Knowledge is an impression in the human mind as a result of using the five senses which are known based on the experience gained by every human being (Mubarak, 2019). Respondents' knowledge was obtained from experience, health education and information from health workers. The information provided is when the patient is being treated through communication with the cellphone and during discharge planning to the family. Good knowledge from respondents because respondents have received health education and are looking for information about the Covid-19 which is currently trending. A person's information and knowledge has the ability to change an individual's thoughts, behavior and attitudes (Diva Putra et al., 2020)

Family knowledge about COVID-19 is the start of an effort to provide a conducive climate for family members being treated for COVID-19. Family is the most important source of treatment for sick family members and support for patients (Ina, 2017). In addition to family knowledge of

family members who suffer from COVID-19, the attitude given by the family greatly influences the healing process and in providing care to family members who experience COVID-19.

Family attitudes towards family members who suffer from Covid-19

The results showed that the majority of families had a good attitude towards their family members who suffered from Covid-19 as many as 49 (75.4%) and a small portion had a bad attitude as many as 16 (24.6%). Good attitude by bringing family members to the hospital for treatment. My family accompanied physically and psychologically to my family members when they were suffering from covid-19 by paying attention to the health protocol and the family still gave attention and affection to family members affected by covid-19. A good attitude from the family is that I guide family members affected by covid-19 to always pray to God who protects 55 (84.6%), The respondent's answer from the attitude is that the family continues to physically and psychologically accompany my family members when suffering from covid-19 by paying attention to the health protocol, the family continues to give attention and affection to family members affected by covid-19, the family gives praise to my family members who regularly take medication and vitamin supplements and their families provide advice on appropriate health facilities to check the health status of family members. Good attitude by family and social support can reduce the impact of stress, anxiety and directly strengthen the mental health of individuals. A good attitude from the family is an important coping strategy for individuals to have when suffering from stress from a family affected by COVID-19. A good attitude from the family can also serve as a preventive strategy to reduce stress and negative consequences (Ina, 2017). The impact of Covid - 19 is so great, the real impact is loss of life or death, economic decline and slowdown (recession), disrupted educational, economic and social activities, and most worrying about the psychological impact and behavior change on society (Nasution, 2020).

Instilling the right attitude in dealing with the Corona disease whose impact cannot be underestimated for families, communities, nations and countries. The attitude of the family in question is to remain patient and trusting that this disease is a trial from God Almighty, so that no family members complain, blame each other or blaspheme other people/government because they are considered incompetent to handle the covid-19 disease. The majority of respondents have a good attitude towards their family members who suffer from Covid-19, a good attitude to their family members who are being treated for COVID-19 is one way to reduce the patient's anxiety level, patients are happier and feel cared for from their discharge. Families provide support to patients who are confirmed to have COVID-19. The good attitude of family members, this is a better adaptation process and the family brings their family members to the hospital for treatment because of Covid-19.

CONCLUSION

The results showed that the median age of the respondents was 39 years, the minimum age was 28 years and the maximum age was 58 years, high school education was 55.45%, male 55.4%, worked as an employee 26.2%, status in the family of children. as much as 43.1%, have good knowledge as much as 49.2%, and have a good attitude as much as 75.4%.

REFERENCES

Astuti, N., & Sulastris, Y. (2012). Tingkat Kecemasan Keluarga Pasien Saat Menunggu Anggota Keluarga Yang Dirawat Di Ruang Icu Rumah Sakit Islam Ibnu Sina Pekanbaru. Photon:

- Jurnal Sain Dan Kesehatan. <https://doi.org/10.37859/jp.v2i2.139> Azis, M. A. (2018). Kecemasan keluarga Pasien Di Ruang Intensive Care
- Unit (ICU) Rumah Sakit Islam Sakinah Kabupaten Mojokerto. Stikes Bina Sehat PPNI Mojokerto.
- Bisnu, M. I. K. H., & Kepel, B. J. (2017). Ranomuut Kota Manado. 5.Diva Putra, A. I. Y., Pratiwi, M. S. A.,Yani, M. V. W., Gunawan, G. R. D., Ganesha, G. M., Evelyn Aminawati, A. M. A., Aryana, I. P.G. D. W., & Suryawati, I. G. A. A. (2020). Gambaran Karakteristik Pengetahuan, Sikap dan Perilaku Risiko Covid-19 Dalam Kerangka Desa Adat di Desa Gulingan, Mengwi, Bali. Jurnal Kesehatan Andalas, 9(3), 313.<https://doi.org/10.25077/jka.v9i3.1402>
- Gunarso. (2015). Psikologi Praktis: Anak, Remaja dan Keluarga (Jakarta: Gunung Mulia (ed.)).
- Ina. (2017). 20 Peran Ibu dalam Keluarga Menurut Psikologi. DosenPsikologi.Com.
- Iqbal, Z., Aslam, M. Z., Aslam, T., Ashraf, R., Kashif, M., & Nasir, H. (2020). Persuasive power concerning COVID-19 employed by Premier Imran Khan: A socio- political discourse analysis. Register Journal.<https://doi.org/10.18326/rgt.v13i1.208-230>
- Kemenkes. (2020). Protokol Kesehatan bagi masyarakat di tempat dan fasilitas umum dalam rangka pencegahan pengendalian corona virus disease 2019 (covid-19).
- Laubunjong. (2018). The Pattern of Caregiving to the Elderly by Their Families in Rural Communities of Suratthani Province. ABAC Journal, 28(2), 64–.
- Lestari. (2015). Hubungan Antara Usia Ibu Dengan Kejadian Penyulit Persalinan DRSUD Banyumas. Universitas Muhammadiyah Purwokerto. [i:http://repository.ump.ac.id/id/eprint/2710](http://repository.ump.ac.id/id/eprint/2710)
- Lu, H., Stratton, C. W., & Tang, Y. W. (2020). The Wuhan SARS-CoV-2—What’s next for China. In Journal of Medical Virology. <https://doi.org/10.1002/jmv.25738>
- Maryaningtyas. (2015). Pengalaman Kecemasan Orang tua Pada Saat Anak di Rawat di Rumah Sakit.
- Mubarak. (2019). Promosi Kesehatan Masyarakat untuk Kebidanan.
- Nasrullah, D, dkk. (2020). Dampak Psikologis Tenaga Kesehatan dalam Upaya Menghadapi Pandemi Corona Virus (Covid-19) di Indonesia. Ristek-Brin.
- Nasution, D. A. D., Erlina, E., & Muda,
- I. (2020). Dampak Pandemi COVID-19 terhadap Perekonomian Indonesia. Jurnal Benefita. <https://doi.org/10.22216/jbe.v5i2.5313>
- Notoatmodjo. (2012a). Promosi Kesehatan & Ilmu Perilaku. In Jakarta: Rineka Cipta.
- Notoatmodjo, S. (2012b). Promosi Kesehatan dan Perilaku Kesehatan. In Journal of Chemical Information and Modeling.<https://doi.org/10.1017/CBO9781107415324.004>

- Riasmini, NM; Sahar, J; Resnayati, Y. (2013). Pengalaman keluarga dalam penanganan lanjut usia di masyarakat dari aspek budaya indonesia. *Jurnal Berkala Epidemiologi*, 4(2), 213–224.
- Rosyanti, L., & Hadi, I. (2020). Dampak Psikologis dalam Perawatan dan Layanan Kesehatan Pasien. *Jurnal Penelitian Informasi Kesehatan*.
- Sahar. (2012). Supporting family carers in caring for older people in the community in Indonesia. University of Technology, School of Nursing. Centre for Nursing Research.
- Saifullah Abdulgani. (2020). UPDATE INFO COVID-19, ACEH-SENIN, 20 APRIL 2020, PUKUL 15.00 WIB. Dinkes Provinsi Aceh.
- Siagian. (2018). *Manajemen Sumber Daya Manusia* (Edisi. Pertama).
- Soleh, A., Suwarni, S., & Yasirudin, N.T. (2020). COVID-19 DAN Upaya Pencegahan Penyebaran Di Rt 15 Rw 03 Kelurahan Rawa Makmur Permai Kecamatan Muara Bangkahulu Kota Bengkulu. *Jurnal Pengabdian Masyarakat Bumi Raflesia*. <https://doi.org/10.36085/jpmbr.v3i2.899>
- Stuart, G. W., & Sundeen. (2012). *BukuSaku Keperawatan Jiwa*. In *Local Responses to the English Reformation*.
- Utami, R. A., Mose, R. E., & Martini, M. (2020). Pengetahuan, Sikap dan Keterampilan Masyarakat dalam Pencegahan COVID-19 di DKI Jakarta. *Jurnal Kesehatan Holistic*. <https://doi.org/10.33377/jkh.v4i2.85>
- Wawan, A. & M., D. (2016). Teori dan Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia. In *Teori dan Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia*.
- Yanti, B., Mulyadi, E., Wahiduddin, Novika Hatta, R. gama, Arina Da'at, Y. M., Martani Sri, N., & Nawan. (2020). Pengetahuan Masyarakat, Sikap, Dan Perilaku Menuju Kebijakan Jarak Jauh Sosial Sebagai Pencegahan Transmisi Covid-19 Di Indonesia. *Jurnal Administrasi Kesehatan Indonesia*.
- Yasa, M. (2019). Hubungan Motivasi Keluarga dengan Selfcare Management pada Penderita Hipertensi di Wilayah Kerja Puskesmas Sawan II. *Jurnal Keperawatan STIKes Buleleng*

