The influence of religious coping on family resilience in family interactions during the COVID-19 pandemic

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Background: Religious coping is very important in overcoming difficult problems in the family. This study aims to analyze the influence of religious coping on family resilience in family interactions during the COVID-19 pandemic.
Methods: The research design used is descriptive with a cross-sectional survey approach. Two hundred and forty-two villagers in East Java Province, Indonesia were respondents in this study. Data collection by questionnaire, data analysis using binary logistic regression and multivariate logistic regression. The degree of freedom used is 95% with a standard error of 0.05.
Result: Religious coping and education influence family resilience in interacting. Families with adequate religious coping will have 1 time chance of having resilience in interacting compared to families with inadequate religious coping (OR: 1.059; 95% CI: 1.019 – 1.101). Families who work will have a 0.8 times chance of having resilience in interacting compared to families who do not work (OR: 0.759; 95% CI: 0.572 – 1.006). Conclusion: Religious coping factors strongly influence family resilience in utilizing socioeconomic resources. Strengthening the community with a religious approach is needed to support the family's line of defense against this pandemic condition.

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INTRODUCTION

COVID-19 is a disease caused by the new SARS CoV-2 virus which is a single-coated positive-sense RNA virus originating from Wuhan-China and has spread to all countries in the world (Onyeaka et al., 2021). During the COVID-19 pandemic, most people have had to face various restrictions such as lockdowns which made them fearful, insecure and isolated (Büssing et al., 2020). The COVID-19 pandemic has been shown to have the potential to trigger mental health problems, including anxiety, stress, and depression (Shah et al., 2021). Globally, from 21 to 27 February 2022, the number of COVID-19 cases and deaths continued to decline by 16% and 10% respectively compared to the previous week with more than 433 million confirmed cases and more than 5.9 million deaths. reported globally as of 27 February 2022 (WHO, 2022). At the regional level, the Southeast Asia region reported a decrease in the number of new weekly cases by about 37% and a decrease in the number of weekly deaths by about 9% (WHO, 2022).

To contain widespread viral infections and reduce morbidity and mortality, physical or social distancing is enforced (Chu et al., 2020). A study showed a positive relationship between social distancing, isolation, and other experiences during the COVID-19 pandemic and fear and anxiety (Koenig, 2020), as well as various mental health problems (Hossain et al., 2020). This physical distancing policy has led to various short-term and long-term psychosocial and mental health implications for all family members which can have an impact on family resilience in family interactions (Gayatri & Irawaty, 2021).

Family resilience is the capacity of the family to maintain or improve its function in the context of challenges that have three main processes, namely family communication patterns, belief systems, and organizational processes (Isaacs et al., 2020; Walsh, 2016). According to research from (A. et al., 2020), the COVID-19 pandemic can have a positive impact on families such as the more free time that can be spent with all family members, but this pandemic can also disrupt family relationships. During quarantine, everyone will lose the ability to have face-to-face connections and social interactions, and many of them perceive this crisis as a very stressful phenomenon (Zhang et al., 2020).

The pandemic has changed the structure and routine of the family so that it has an impact on changes in several domains such as physical, mental health problems, and family resilience problems (Ameis et al., 2020; Gayatri & Irawaty, 2021). An epidemiological study conducted during the COVID-19 pandemic has reported a drastic increase in mental health problems, such as depression, anxiety, increased feelings of loneliness, and feelings of disconnection from others during COVID-19 which negatively impact family resilience (Godara et al., 2021). The COVID-19 pandemic has had a major impact on society globally, especially families around the world who have had to adapt to a new lifestyle dominated by the uncertainty that is testing the resilience of their families (Mariotti et al., 2021). To overcome various health challenges during the COVID-19 pandemic, everyone will adopt various steps to overcome them (Fullana et al., 2020). Usually, everyone copes with their stress by engaging in creative activities, recreation, sports, work or online study, yoga, meditation, and prayer or religious coping (Fatima et al., 2020).

Religious coping (RC) is an individual's way of using cognitive or behavioral strategies based on religious beliefs or practices to deal with stress and life problems which can be divided into 2 types, namely positive religious coping (reading scriptures, seeking advice from religious leaders, and reducing stress). unpleasant thoughts) and negative religious coping (maladaptive coping that interprets life's problems as God's punishment) (Francis et al., 2019; Rego et al., 2020; Zarrouq et al., 2021). In one study, it was seen that positive religious coping was associated with reduced stress (Pirutinsky et al., 2020). However, COVID-19 and government regulations related to social distancing, isolation, and prohibitions on other forms of crowding make religious coping difficult (Digregorio et al., 2021). Previous studies have shown that natural disasters have long-term effects on religiosity that are spread from generation to generation (Sinding Bentzen, 2019). The long-term effect of COVID-19 on religiosity is feared to be one of the risk factors for impaired family resilience given the positive relationship between religious coping and family resilience scores in previous studies.

Research related to religious coping shows the uniqueness of this type of coping compared to other coping, as well as its important role in dealing with stress (David A. Bowlus, 2018). Many studies have confirmed the effectiveness of religious coping behaviors in helping individuals manage their feelings of depression and anxiety because this coping can enable individuals to overcome guilt, submit completely to God's will, see things from the positive side, and control their fears (Rababa et al., 2021). The increase in religious coping scores also greatly influences the increase in family resilience scores (Saputro et al., 2021). This is supported by research from (Ebrahim & Alothman, 2021) which states that there is a significant positive correlation between family resilience in family interactions and religious coping.

Previous research work (Zhuang et al., 2021) which examined the impact of the COVID-19 pandemic on family members of adolescents who tend to have health problems in Hong Kong, showed that 30.6% and 11.5% of respondents reported moderate levels of psychological distress. and almost double the weight compared to before the COVID-19 pandemic, this is considered a risk factor for family resilience. This is supported by a study from (Eales et al., 2021) which examined the effect of the COVID-19 pandemic on family resilience in the United States found that 10.4% of the studied families reported worsening family relationships during the pandemic, 45% reported poor relationships. unchanged, and another 44.5% reported an improved relationship.

Since the beginning of the COVID-19 pandemic, many studies have been conducted to evaluate the impact of COVID-19 on family coping and family resilience (Eales et al., 2021; Marzilli et al., 2021), but there are still few studies that discuss the relationship between religious coping. (RC) on family resilience in family interactions during the COVID-19 pandemic. In addition, based on the previously described data related to religious coping and family resilience during the COVID-19 pandemic, this is what makes researchers interested in knowing the effect of religious coping on family resilience in family interactions, especially in Indonesia. The main purpose of this study is to analyze the influence of religious coping on family resilience in family interactions.

Method

Design and Participants

This cross-sectional survey study was conducted from 2021 - to February 2022. The sample in this study were

residents of Tamanharjo Village, Singosari District, Malang Regency which was determined by G Power version 3.1 with z test, logistic regression, odds ratio 1.5, power 80%, and probability error of 0.05 obtained a sample size of 243 respondents from the total population of all residents. Sampling was done by non-probability sampling with an accidental sampling technique.

Measures

Independent Variable

The main independent variable is religious coping. There are 9 items of questionnaire questions with a score range of 1 – 4 (1 = rarely done to 4 = often done). Some questions are as follows; "How often do you do individual prayers? How often do you go to the mosque or place of worship to pray?" The minimum and maximum scores for this questionnaire are 9 – 36. Furthermore, they are categorized into 2, namely good (> median), and poor (<median). The instrument of this research is based on (Cruz et al., 2016), after being translated by the researcher, it was then re-tested by 20 respondents and the results of the reliability test obtained Cronbach's alpha 0.912 and were valid.

In addition to the main variable, there are other independent variables including age, education, family type, income, occupation, family resilience in interaction (family connectedness), and religious coping. Age was categorized into 6 categories (1= 17 – 25 years; 2 = 26 – 35 years; 3 = 36 – 45 years; 4 = 46 – 55 years; 5 = 56 – 65 years; 6 = >65 years). Education includes: 0: no school; 1: SD; 2: Middle school; 3: high school; 4: PT. Family types are divided into: nuclear family = 1; extended family = 2; and single parent = 3. Income is divided into 2, namely: less than 3 million = 1; more than 3 million = 2. Jobs. Family resilience questionnaire in interaction is based on research (Nadrowska et al., 2021), Cronbach's alpha for this entire scale is 0.912, Family Connectedness item (FC, = 0.70, with 6 items), there is a 4-point scale (1 – strongly disagree to 4 – strongly agree). The higher the yield, the higher the level of family resilience.

Dependent Variable

The dependent variable of this study is family resilience in family interactions. There are 6 question items including appreciation, acceptance, love, and others. The questionnaire uses a Likert scale of 1 – 4 (1 = disagree; 4 = strongly agree). The composite score is between 12 – 108. Furthermore, it is categorized into 2, namely adequate (> median), and inadequate (<median).

Procedure

The researcher designed the survey in the form of an electronic questionnaire using a google form. Participants will get a link from the electronic survey. Preparation takes 30 minutes to fill out the questionnaire. During filling out the questionnaire, participants will be assisted to fill out the survey if there are difficulties in filling out survey. To increase participation, incentives were given to participants after filling out the questionnaire.

Ethical Consideration

This study received ethical approval from the Health Research Ethics Commission of the University of Muhammadiyah Malang with protocol number E.5.a/007/KEPK-UMM/I/2022. Participants provided written consent for participation before data collection.

Data Analysis

All data were analyzed using SPSS (Statistical Package for Social Science) version 21 (IBM USA). Descriptive analysis was used to identify religious coping, age, age, education, family type, income, occupation, and family resilience with frequency and percentage. Logistic binary analysis was used to select candidate variables. Variables with $p < 0.25$) were included in the modeling. Multivariate analysis was used to analyze the effect of candidate variables on family resilience in communication and problem solving during the COVID-19 pandemic. The degree of freedom used is 95% with a standard error of 0.05.

Result

Most of the ages ranged from 46 to 55 years as much as 30.9%, with a high school education level (47.7%). The most common type of family is the nuclear family (66.7%). Some residents earn less than 3 million rupiahs (90.5%). Residents who work by 33.3%. Good religious coping 58.4% and adequate family resilience in family interactions 51% (table 1).

Table 1 Characteristics of Respondents (N=243)

Characteristics	N	Percentages
Age		
17-25	19	7.8%
26-35	57	23.5%
36-45	56	23.0%
46-55	75	30.9%
56-65	27	11.1%
>65	9	3.7%
Education		
No school	1	0.4%
SD	46	18.9%
junior high school	55	22.6%
senior High School	116	47.7%
PT	25	10.3%
Family type		
Nuclear family	162	66.7%
Extended family	60	24.7%
Single parent	21	8.6%
Income		
<3 million	220	90.5%
>3 million	23	9.5%
Work		
Work	81	33.3%
Does not work	162	66.7%
Religious coping		
Poor	101	41.6%
Good	142	58.4%
Resilience interaction		
Inadequate	119	49.0%
Adequate	124	51.0%

Figure 1 shows the resilience of families in interacting during the COVID-19 pandemic in the form of mutual love and affection (85.2%). Mutual acceptance in the family (79%), it is not important to interfere in the affairs of neighbors (76.2%).
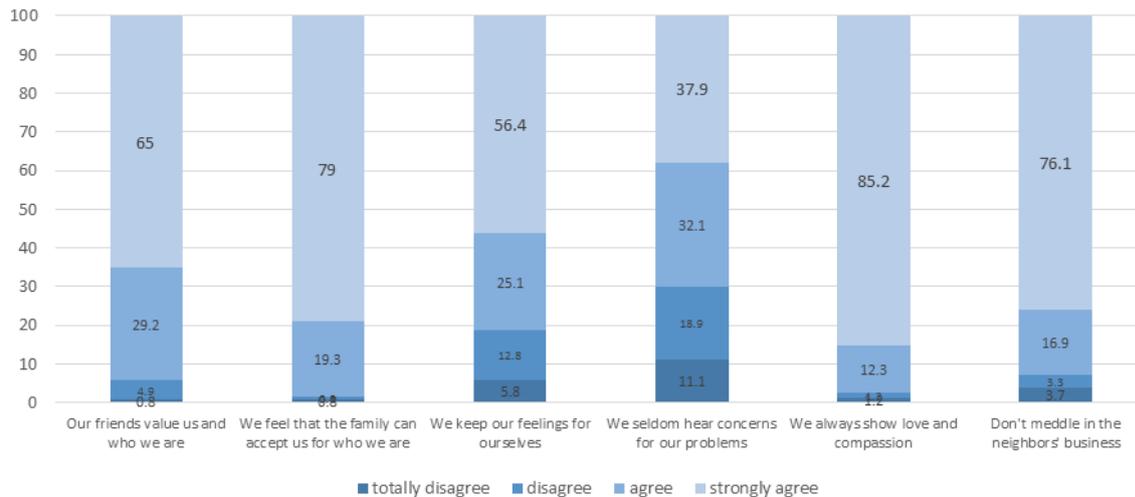
Figure 1. Family resilience in family interaction during the COVID-19 pandemic

Factors that influence family resilience in interacting are religious coping and education. Families that have adequate religious coping will have 1-time opportunity to have resilience in interacting compared to families whose religious coping is inadequate (OR: 1.059; 95% CI: 1.019 – 1.101). Families who work will have a 0.8 times chance of having resilience in interacting compared to families who do not work (OR: 0.759; 95% CI: 0.572 – 1.006) (table 3).

Table 3 The final multivariate logistic regression model of family resilience in socio-economic benefits

Variable	B	SE	Wald	p-value	OR	95%CI for Exp (B)	
						Lower	Upper
Pendidikan	-0.276	0.144	3.682	0.050	0.759	0.572	1.006
Religious coping	0.058	0.020	8.647	0.003	1.059	1.019	1.101
Constant	-2.190	1.063	4.247	.039	0.112		

Selection of candidates who entered the model were religious coping, education, and age with p value < 0.25 respectively 0.000, 0.050, 0.189, while the variables were not included in the model because they had p value > 0.25, namely family type (p: 0.835), income (p:0.730), Work (p:0.618).

Discussion

The results of this study explain that there is a relationship between religious coping and family resilience in family interactions during the COVID-19 pandemic. Interaction, in this case, is illustrated by appreciation from friends, acceptance from family, keeping feelings for oneself, listening to concerns about one's problems, showing love and affection, and not interfering in neighbors' affairs.

The COVID-19 pandemic has led to increased levels of stress and anxiety experienced by many people around the world (Agbaria & Abu-Mokh, 2022). Not only presenting a global medical health crisis, but the COVID-19 pandemic has also created a family welfare and mental health crisis (Prime et al., 2020). Several problems that have occurred due to the COVID-19 pandemic show that resilience plays an important role in maintaining family stability (CASMINI, 2020). Faced with ambiguity and difficulties, humans usually prefer to use religion to find comfort and explanations for what is happening (Fatima et al., 2020). This study aims to analyze the influence of religious coping on family resilience in family interactions during the COVID-19 pandemic.

In this study, it was found that during the COVID-19 pandemic, religious coping could affect family resilience in interacting. This is indicated by the data results, that families who have adequate religious coping will have one chance to have resilience in interacting compared to families who have inadequate religious coping (OR: 1.059; 95% CI: 1.019 – 1.101). The results of this study are supported by the opinion of (Somos, 2020) which states that there is a strong positive correlation between positive religious coping and resilience. In addition, research from (Saputro et al., 2021) also reports that religious Islamic coping can encourage individuals to have positive behavior towards themselves and others, to increase resilience. This can be caused because a high level of spirituality allows families to be able to overcome or explore problems and return problems to God so that families will feel inner relief (Sriyono et al., 2020).

According to research (Ekwonye et al., 2021), participants in his research get meaning from social relationships, life goals, religious beliefs, services, and good health that comes from relationships. A relationship can positively contribute to a person when experiencing a negative event such as COVID-19. During a pandemic, individuals tend to feel lonely, lost, isolated, and angry, which affects a person's ability to interact with others. Some people view relationships as part of a value system, self-development, satisfaction, happiness, joy, pleasure, and inner well-being (Wissing et al., 2020). When interactions in relationships are interrupted, there will be hopelessness, meaninglessness, and defeat. High spirituality will improve a person's well-being and his relationship with the surrounding environment (Borges et al., 2021).

In addition to its relationship with religious coping, family resilience is also influenced by work. This is evidenced by the results in this study, where working families have a 0.8 times chance of having resilience in interacting compared to families who do not work (OR: 0.759; 95%CI: 0.572 – 1.006). The implementation of a lockdown that causes an

increase in the number of unemployed and disrupts transportation routes can have an impact on local and international supply chains (Dasgupta & Robinson, 2022). Some of the consequences of the economic crisis, such as unemployment, increased workload or work reorganization, and reduction of staff and wages can turn into stress factors that can hurt mental health (Marazziti et al., 2021). Unemployment is one of the risk factors that can develop mental symptoms, especially depression during the pandemic period (Lei et al., 2020). The existence of a relationship between family resilience and work can be caused because aspects of family resilience come from psychological, economic, health, and psychosocial aspects which are interrelated and cannot be separated from one another (CASMINI, 2020). The reported decline in life and social interactions during the COVID-19 pandemic may be associated with decreased quality of life as well as increased depression (Lebrasseur et al., 2021). Visitation restrictions also have a serious negative impact on the well-being and health of family members (Creutzfeldt et al., 2021). Some of the problems related to these visit restrictions can be overcome with technology, but these solutions still cannot replace real face-to-face presence (Mercadante et al., 2020).

This study found that the factors of family type, income, and education did not affect family resilience during the COVID-19 pandemic. This is not in line with previous research which states that family resilience is significantly influenced by awareness of personal financial management, working conditions of parents or caregivers, average monthly income or family income level, number of human resources owned by the family, number of siblings, and level of education (Saputra et al., 2021; Xie et al., 2022; Yang et al., 2021). The COVID-19 pandemic has an impact on the socio-economic aspect, according to research from (de Almeida et al., 2020), 55.1% of participants in this study experienced a decrease in family income, 70% had no income, and 25.8% lost their profession. Loss of a job or a large lack of income can lead to violence between parents which can result in all kinds of child abuse (Wong et al., 2021).

According to (Pinchoff et al., 2021), loss of income in adults associated with skipping meals, depressive symptoms, domestic tension or violence, and neglect of health care can result in food insecurity and worsening depressive symptoms. This could be because, during the pandemic, there are problems in balancing work with childcare or homeschooling and financial instability are key factors that can affect family stress (Carroll et al., 2020). Families with low socioeconomic backgrounds can increase food insecurity during the COVID-19 pandemic (Singh et al., 2021). Research from (Santana et al., 2021) found that 614% of respondents who have a monthly income of less than or equal to 70 dollars can be more at risk of experiencing food insecurity and can be classified as a group at high risk of experiencing psychological stress. In addition, the most common type of family in this study was the nuclear family as much as 66.7%. According to research conducted by (Rana et al., 2021), the culture of living in a nuclear family environment was greatly shaken during the COVID-19 pandemic. This could be because, during the COVID-19 pandemic, nuclear family types tend to face challenges in caring for sick or disabled family members, caring for their children, supporting children in distance learning, and continuing their work activities. seems to have led to a sort of retreating in the family itself (Mazzucchelli et al., 2020). Research from (Tok & Ünal, 2020) states that there is a relationship between education level and family resilience, this is because with increasing education level, parents' attitudes become more democratic, as well as parents' socio-emotional development, such as communication, empathy, and protective relationships can be further supported.

This study also did not find any influence of the age factor on family resilience during the COVID-19 pandemic. This is similar to the study (Hawryluck et al., 2004; Mazza et al., 2020), where no association was found between participants' age and depression during the SARS quarantine period. In addition, the age range of most of the respondents between 46 - 55 years, can also affect the results of this study. The age range of 45 – 64 years can be categorized as the middle-aged adult age group (Backonja et al., 2018; Okoro et al., 2018). This could be because, in every aspect of the mental health test conducted by (Pieh et al., 2020), older adults (over 35 years of age) seemed to be able to handle situations beyond expectations better than the younger age group of older adults. less than 35 years. In addition, other studies have also stated that the younger age group can be associated with higher levels of anxiety during the COVID-19 pandemic (Mazza et al., 2020).

Conclusion and Recommendation

Family resilience in interacting is strongly influenced by religious coping factors. Strengthening the community with a religious approach is needed to support the family's line of defense against this pandemic condition. Similar research can be carried out in other countries with more customs and various religions so that the picture of religious coping described and practiced is broader. This research was conducted in Indonesia where the majority of the population is Muslim. In addition, further research can be carried out to develop coping models and religious interventions to overcome related problems, especially during the pandemic period by taking into account the influencing factors above.

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Conflict of Interest

The authors declare no conflicts of interest in this study.

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Author Contribution

YBP: Conceptual, study design, analysis, data interpretation, and overall guidance; DPS: Data collection, article writing under the supervision of all authors; FR: Consultant in the field of religious and conceptual research frameworks; NLM: supervision from research conception to final approval of the proposed version; NMZ: Compilation of

articles, overall guidance and facilitation in article revision for content accuracy

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