ORIGINAL ARTICLE

FACTORS THAT INFLUENCE THE RESILIENCE OF MUHAMMADIYAH MEMBER'S FAMILIES DURING THE COVID-19 PANDEMIC IN SURABAYA, INDONESIA

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ABSTRACT

COVID-19 has created uncertainty, and its impacts will undoubtedly be severe, long-lasting, and challenging from socioeconomic and psychological perspectives, particularly for families worldwide. This research identified the resilience level of Muhammadiyah members' families in Surabaya during the COVID-19 pandemic and explained the factors related to their family resilience. This research used a cross-sectional method. The samples were 289 respondents, with the inclusion criteria of either the husband or wife being a Muhammadiyah member in Surabaya. The sampling technique used stratified multistage random sampling. The research location was divided into 5 regions: Central Surabaya, North Surabaya, West Surabaya, South Surabaya, and East Surabaya. Descriptive analysis and Chi-Square statistical test were used. The results of this study indicate that the family resilience of Muhammadiyah members obtained a high score during the pandemic. The factor that influenced family resilience was the location of residence, which obtained a p-value of 0.00, which is less than 0.05. Meanwhile, gender, location of residence, age, occupation, income, and education did not affect the level of family resilience. Further research is needed to develop a family resilience intervention model to improve family resilience.

Keywords: *COVID-19, family resilience, muhammadiyah*

INTRODUCTION

For many people, the COVID-19 epidemic has impacted every part of life (Indriasari, 2022). The COVID-19 pandemic has created uncertainty, and its socioeconomic and psychosocially stress impacts will likely be profound and long-lasting, particularly for families around the world (Murdhiono & Okinarum, 2022; Xiang et al., 2020; Liu & Doan, 2020). Governments worldwide, including in Indonesia, have taken preventive measures, such as social distancing and having school and work be conducted from home. These measures have greatly affected the lives of individuals, especially families (Marzilli et al., 2021).

A survey conducted by Sunarti (2020) on family resilience in Indonesia showed that the COVID-19 resulted in food insecurity, economic demand, stress, and a decline in family welfare. Uncertain of when the pandemic will end, families are faced with several family welfare issues, including learning how to optimally do work from home while caring for and educating their children at home and preventing disease transmission, which has led to an increase in mental health problems in affected areas (Golberstein et al., 2020; Liu & Doan, 2020; Xie et al., 2020). Other factors include fear of job loss, food and housing insecurity, and concerns about children's learning and mental health (Sprunt, 2020).

Some researchers predicted that COVID-19's impact was significantly associated with family resilience and pandemic-related stressors, with higher symptoms of depression, anxiety, and stress (Chan et al., 2021; Eales et al., 2021).

However, the measurable impact of the pandemic on family resilience is currently unknown with certainty, especially for Muhammadiyah members in Surabaya.

Due to the tremendous problems households face throughout the COVID-19 pandemic, a sturdy circle of relationship management needs to be characterized using nurturing, guidance, and safety guidelines through the family resilience process (Prime et al., 2020). The family resilience approach seeks to understand how all family members, in their differences, can survive and regenerate even under stressful conditions. This approach affirms the family's potential for self-improvement and growth from crises and challenges (Walsh, 2016).

The uniqueness of this study is that the sample used is Muhammadiyah members, one of the major Islamic organizations in Indonesia. Since the beginning of the pandemic, Muhammadiyah, through the Muhammadiyah COVID-19 Command Center (MCCC), has initiated the Family Resilience Movement to provide food and economic aid (Humaidi et al, 2022). This is a form of commitment to help the community. Muhammadiyah has launched many programs to maintain family resilience during the pandemic. Thus, the researchers are interested in examining the resilience of Muhammadiyah families.

This research aims to identify the level of family resilience of Muhammadiyah members in Surabaya during the COVID-19 pandemic and to explain the factors related to the family resilience of Muhammadiyah members.

METHOD
Study Design
This research used a cross-sectional design with 289 respondents. The stratified multistage random sampling technique was used. As the Muhammadiyah members sampled live in the Surabaya, the city was divided into 5 regions: Central Surabaya, North Surabaya, West Surabaya, South Surabaya, and East Surabaya. Then, samples from the 5 areas were taken proportionally using multistage random sampling. The inclusion criteria consisted of a family (husband and wife), Muhammadiyah membership, domiciled in Surabaya, and could understand Indonesian well.

Instruments
The instrument used was the Family Resilience Questionnaire (Wahls, 2016). A Likert scale ranging from 1 to 5 (never to always) was applied to the questionnaire. A validity test on the 32 questions was performed using the Pearson product-moment correlation. An r count value of one and r count > r table was also obtained, supporting the instrument's validity. A Cronbach's alpha value of 0.895 was also obtained, showing good reliability.

Measurement indicator
Family belief systems domain

There were 13 questions to assess the families' ability to interpret crises and their choices, to encourage each other and build their resilience, and to find inspiration to renew or revise life dreams; positive future vision. The assessment uses a 5-point Likert scale from 1 = rarely/never to 5 = almost always.

Family organizational processes domain
There were nine questions to assess family flexibility in adapting to new challenges. The family should respect the needs and differences of each individual. Families can rely on support from friends, neighbors, and the community. The assessment uses a 5-point Likert scale from 1 = rarely/never to 5 = almost always.

Communication processes domain
There were 10 questions to assess whether the families were clear and consistent in what they said and did. The questions assessed whether the family can express several emotions and focus on goals and take steps to achieve them. The assessment uses a 5-point Likert scale from "1 = rarely/never", to "5 = almost always".

Data collection
The procedures for data collection are described as follows. At first, the researcher of this study contacts the prospective respondent. The researcher provided research information, informed consent, and sent the questionnaire links Questionnaires were given to 289 families of Muhammadiyah residents in Surabaya. The researcher visited the house of each family when filling out the questionnaire.

Data analysis
The data were entered into Microsoft Excel and analyzed in SPSS version 21. Descriptive analysis was used to show demographic characteristics, family resilience, and domains of family resilience. The non-parametric Chi-Square statistical test was applied to test for differences between demographic characteristics to family resilience, with $p = 0.05$ taken as the cut-off point for statistical significance.

Ethical consideration
The Health Research Ethics Committee of the Muhammadiyah University of Surabaya granted ethical approval to conduct this study with the number No.021/KET/II.3/AU/F/2022.

RESULTS
Respondent Demographics
Table 1 shows that this study consisted of 213 men (73.7%) and 76 women (26.3%). Most lived in East Surabaya (25.3%), and most were aged 46-55 (34.9%). Most of the respondents were employed as teachers at 21%. Most respondents' income amounted to > Rp. 2.000.000 (105 people or 36.3%), and most have earned bachelor's degrees (158 people or 54.7%).

Table 1. Characteristics of respondents (n = 289)

Characteristics	n (%)
Gender	
Man	213 (73.7)
Woman	76 (26.3
Location of residence	
Central Surabaya	48 (16.6)
East Surabaya	73 (25.3)
West Surabaya	72 (24.9)
North Surabaya	24 (8.3)

Table 1. Characteristics of respondents (n = 289) (continue)

Characteristics	n (%)
South Surabaya	72 (24.9)
Age (years)	
17-25	11 (3.8)
26-35	34 (11.8)
36-45	53 (18.3)
46-55	101 (34.9)
56-65	70 (24.2)
>65	20 (6.9)
Occupation	
Government employees	8 (2.8)
State apparatus	1 (0.3)
Entrepreneur	5 (1.7)
Trader	31 (10.7)
Private employee	133 (46)
Farmer	2 (0.7)
Informal sector	6 (2.1)
Housewife	34 (11.8)
Teacher	62 (21.5)
Retiree	7 (2.4)
Income (Rp)	
<500.000	31 (10.7)
500.000 - <1.000.000	29 (10)
1.000.000 - < 1.500.000	62 (21.5)
1.500.000 - < 2.000.000	62 (21.5)
> 2.000.000	105 (36.3)
Education	
Primary school	2 (0.7)
Junior high school	6 (2.1)
Senior high school	116 (40.1)
Bachelor's degree	158 (54.7)
Master's degree	7 (2.4)
Family resilience category	
Low	19 (6.6)
Moderate	105)36.3)
High	165 (57.1)

Overview of Family Resilience

This section will present data on Family Resilience based on gender, age, occupation, location, income, and educational status. Table 1 showed that 165 respondents (57.1%) had high family resilience. Of 213 male respondents (73.7%), as many as 121 (41%) of them had high family resilience. Meanwhile, of the 76 or 26.3% of female respondents, 5 had low family resilience (1.7%), 27 had moderate family resilience (9.3%), and 44 had high family resilience (15.2%).

As exhibited in Table 2, most of the respondents were aged 46-55 years (34.9%), from this data, about 32 (11.1%) respondents had high family resilience. Most respondents were private employees at 133 people (46%), 76 (26.3%) of them had high family resilience. Based on location status, most respondents lived in East Surabaya at 73 people (25.3%) and as many as 33 of them (11.4%) had high family resilience. Next, the majority of respondents had an income of > Rp. 2.000.000 at 105 people (36%), 65 (22.5%) of them had high family resilience. The family resilience by education status shows that most respondents with undergraduate education was 158 people (54.7%) and 82 (28.4%) of them had high family resilience.

Table 2. The influence of respondents' characteristics on family resilience

			Family resilience			Total	Chi-Square tests
			Low	Moderate	High		
Gender	Man	n (%)	14 (4.8)	78 (27.0)	121 (41.9)	213 (73.7)	0.98
	Woman	n (%)	5 (1.7)	27 (9.3)	44 (15.2)	76 (26.3)	
Age	17-25	n (%)	0 (0.0)	5 (1.7)	6 (2.1)	11 (3.8)	0.45
	26-35	n (%)	3 (1.0)	12 (4.2)	19 (6.6)	34 (11.8)	
	36-45	n (%)	2 (0.7)	17 (5.9)	34 (11.8)	53 (18.3)	
	46-55	n (%)	7 (2.4)	31 (10.7)	63 (21.8)	101 (34.9)	
	56-65	n (%)	7 (2.4)	31 (10.7)	32 (11.1)	70 (24.2)	
	>65	n (%)	0 (0.0)	9 (3.1)	11 (3.8)	20 (6.9)	

Table 2. The influence of respondents' characteristics on family resilience (continue)

			Family resilience			Total	Chi-Square tests
			Low	Moderate	High		
Occupation	Government employee	n (%)	0 (0.0)	4 (1.4)	4 (1.4)	8 (2.8)	0.63
	State apparatus	n (%)	0 (0.0)	1 (0.3)	0 (0.0)	1 (0.3)	
	Entrepreneur	n (%)	1 (0.3)	1 (0.3)	3 (1.0)	5 (1.7)	
	Trader	n (%)	3 (1.0)	7 (2.4)	21 (7.3)	31 (10.7)	
	Private employee	n (%)	7 (2.4)	50 (17.3)	76 (26.3)	133 (46.0)	
	Farmer	n (%)	0 (0.0)	1 (0.3)	1 (0.3)	2 (0.7)	
	Informal sector	n (%)	0 (0.0)	0 0.0%	6 (2.1)	6 (2.1)	
	Housewife	n (%)	3 (1.0)	13 (4.5)	18 (6.2)	34 (11.8)	
	Teacher	n (%)	4 (1.4)	24 (8.3)	34 (11.8)	62 (21.5)	
	Retiree	n (%)	1 (0.3)	4 (1.4)	2 (0.7)	7 (2.4)	
Location	Central Surabaya	n (%)	10 (3.5)	14 (4.8)	24 (8.3)	48 (16.6)	0.000
	East Surabaya	n (%)	2 (0.7)	38 (13.1)	33 (11.4)	73 (25.3)	
	West Surabaya	n (%)	3 (1.0)	22 (7.6)	47 (16.3)	72 (24.9)	
	North Surabaya	n (%)	0 (0.0)	15 (5.2)	9 (3.1)	24 (8.3)	
	South Surabaya	n (%)	4 (1.4)	16 (5.5)	52 (18.0)	72 (24.9)	
Income	<500.000	n (%)	2 (0.7)	12 (4.2)	17 (5.9)	31 (10.7)	0.31
	500.000 - <1.000.000	n (%)	0 (0.0)	9 (3.1)	20 (6.9)	29 (10.0)	
	1.000.000 - < 1.500.000	n (%)	7 (2.4)	22 (7.6)	33 (11.4)	62 (21.5)	
	1.500.000 - < 2.000.000	n (%)	3 (1.0)	29 (10.0)	30 (10.4)	62 (21.5)	
	> 2.000.000	n (%)	7 (2.4)	33 (11.4)	65 (22.5)	105 (36.3)	
Education	Primary school	n (%)	0 (0.0)	0 (0.0)	2 (0.7)	2 (0.7)	0.44
	Junior high school	n (%)	1 (0.3)	2 (0.7)	3 (1.0)	6 (2.1)	
	Senior high school	n (%)	7 (2.4)	37 (12.8)	72 (24.9)	116 (40.1)	
	Bachelor's degree	n (%)	11 (3.8)	65 (22.5)	82 (28.4)	158 (54.7)	
	Master's degree	n (%)	0 (0.0)	1 (0.3)	6 (2.1)	7 (2.4)	

Family resilience domain

In this section, data regarding the family resilience domain are presented to provide a descriptive overview of the data distribution. As shown in Table 3, from a total of 289 respondents, 10 (3.5%) of them are classified in the low category for family belief systems. Meanwhile, those who had high family belief systems were 163 people (56.4%). Next, as many as 12 respondents (4.2%) were in the low-category for organizational processes and 102 people (35.3%) fell into the medium organizational processes category. As many as 175 people (60.6%) had high organizational processes. For communication processes, 3 respondents were in the low category, 10 (3.5%) were in the medium category and 276 (95.5%) were in the high category.

Table 3. Description of family resilience

	Domain of family resilience		
	Family belief systems	Organizational processes	Communication processes
Category	n %	n %	n %
Low	10 (3.5)	12 (4.2)	3 (1.0)
Moderate	116 (40.1)	102 (35.3)	10 (3.5)
High	163 (56.4)	175 (60.6)	276 (95.5)
Total	289 (100.0)	289 (100.0)	289 (100.0)

DISCUSSION

Family resilience is the family's ability as a functional system to survive and rise from prolonged crises and difficulties (Walsh, 2016). This concept involves the pathways families follow when adapting to stress, initially and over time (Li et al., 2018). Families can respond positively to adverse conditions depending on the context, developmental phase, interaction of risk and protection factors, and their shared views.

Based on the data, gender did not significantly affect family resilience. This suggests that the relationship and communication patterns in the family and the closeness of the family members were not determined by gender. Some may consider female family members to have closer and better relationships than men because men tend to be more active outside the home. However, men can have the same relationships and closeness in the family. Thus, gender cannot be said to be one of the factors that had a significant influence on shaping family resilience.

According to Rohmah (2016), middle-aged family couples have the potential to increase high family resilience. Several sources that can be used to build family resilience include establishing good relationships and communication within the family, being responsible and sharing roles, giving freedom by taking into account the agreed limits in the household, and practicing religious values.

Next, a person's work status cannot be used as a factor that influences the formation of family resilience. However, it can

be an intermediary in improving the family's economic status and become one of the sources that strengthen family resilience. However, the findings of this research showed that job status did not affect family resilience. This result is in line with Fergiliia et al. (2012), who explained that dual-career families face uniquely challenging situations.

The following characteristic, location of residence, had a significant effect on family resilience. This was closely related to the environmental conditions in which they lived, as many factors played a role in forming family resilience, including social support and a religious environment or a good level of spirituality. This is because spirituality can give meaning to life and provide support when experiencing problems or stress (Fergiliia et al., 2012). A good environment can allow people to find serenity, peace, and meaning in life, thus resulting in high family resilience.

The results of this study showed that income status did not have a significant effect on family resilience. This is similar to a person's employment status, where a high income cannot guarantee a person has high family resilience. High income is always supported by one's job status. However, for individuals with high income, the potential for family conflict is quite large due to the division of roles as well as stress and depression due to low family resilience (Song et al., 2021). Several other factors contribute to family resilience for those with high incomes, such as peace, a good support system, and good relationships among family members (Chen et al., 2021).

Next, educational status did not have a significant effect on family resilience. Higher education is almost always accompanied by high knowledge, especially in overcoming various life problems. However, this was not the case in the findings of this study, which showed that educational status did not always guarantee that the family can overcome crises. Nevertheless, higher education is one of the sources that can be used to build family resilience (Sandberg, 2019).

This study found that each family resilience domain has an important role. If one of these domains is problematic, family resilience will be disrupted. People's beliefs are at the core of who they are and how they understand the experiences that occur (Li et al., 2018). Families build shared beliefs about how the world operates and their place in it (Dattilio, 2005). These paradigms or schemas influence how family members view and interpret events and their behavior. Parental demographics affects the behavior of preventing the transmission of Covid-19 in school-aged children (Astuti et al., 2022). Family belief systems provide coherence and help organize experiences to enable family members to understand crises. They provide a meaningful orientation for mutual understanding and new challenges. Shared beliefs develop and are reaffirmed or changed through the family's life cycle and occur throughout the interconnected multigenerational network (Rohmah, 2016).

The belief that we have the potential to succeed can help us unite in times of crisis. In some ways, some beliefs can be more useful than others, depending on our situation. Some beliefs can also be more desirable or socially acceptable in certain cultures. Beliefs are intertwined with the actions we take, and the consequences of that relationship can either strengthen or change our beliefs (Wright & Bell, 2009).

Families need to develop a flexible structure to function optimally in the face of adversity, as change is an inevitable part of the human condition. Families must be able to adapt to changes, developmental demands, and the environment, both normative (expected, predictable) and non-normative (rare, not timely, or unexpected). Flexibility, a dynamic balance between stability (homeostasis) and change (morphogenesis), allows a family to maintain structure while also adapting to face life's challenges (Loriedo & Di Nuovo, 2013)

Adaptive capacity to change is very important for high-functioning couples and families, especially when under pressure (Sabbath, 2013). Studies have observed that in a healthy family, the rules for its members are flexible and change according to the situation. Likewise, a study on couples conducted by Rohmah (2016) found that the capacity for adaptability, flexibility, and change predicts long-term success. Family members must grow together and overcome many internal challenges and external forces. When people hold on to rigid conceptions of marriage as an institution with immutable rules and roles, they tend to be more wary of long-term commitments.

Thirdly, this study has shown that good communication facilitates all aspects of family functioning and resilience. The complex challenges of contemporary family life make it all the more important. There will be a disruptive transition or prolonged stress in times of crisis. During these situations, communication is more likely to break down when it matters the most. Communication involves the transmission of beliefs, information, exchange, emotional expression, and problem-solving processes (Sabbath, 2013).

Many studies on couple and family interactions focused on the key elements of good communication. Olson's Circumplex Model and the FACES-IV Instrument target specific skills, such as speaking and listening, self-disclosure, clarity, continuity tracking, respect, and self-esteem. Speaking skills involve speaking for oneself and not for others. Listening skills include focused attention and empathetic responses, and self-disclosure involves sharing information and feelings about oneself, significant experiences, and relationships. In a parent-child family, parental requests for open communication may be viewed by adolescents as a disturbance (Rolland, 2016).

Therefore, efforts are needed in families who are experiencing difficulties to improve their ability to express and respond to each other's feelings, needs, and concerns. Families can negotiate approaches to solving problems and meeting the demands and needs of family members. Clear and open information and collaborative problem-solving were key processes for building family resilience (Myers-Walls, 2017).

This research has been attempted and conducted following scientific procedures. However, it still has limitations in the data collection process. The information obtained through questionnaires sometimes does not show the true opinion of respondents. This happens because of differences in thoughts, assumptions, and understanding of each respondent. In addition, other factors, such as honesty in filling respondents' opinions in the questionnaire, will affect the data obtained. Moreover, this study only focuses on observational research. Thus, further research is needed to develop a family resilience intervention model.

CONCLUSION AND RECOMMENDATION

This study shows that the location of residence had a significant effect on family resilience. The communication process also occupies the highest domain in family resilience, followed by the family organizational process and family belief system domains.

Further research is needed to develop a family resilience intervention model to improve family well-being or family welfare. The model should be applied to a large number of samples to determine its statistics and clinical effectivity and to produce a good quality study.

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