

# The Effect of The Belief System, Family Organizations and Family Communication on Covid-19 Prevention Behavior: The Perspective of Family Resilience

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## Abstract

Family resilience plays an important role, especially in dealing with prolonged problems or crises such as the COVID-19 pandemic. The absence of family resilience might result in family breakdown, decreased family function in decision making, and destroy values in family life. This study aims to determine the effect of belief systems, organizational patterns, and family communication on COVID-19 prevention behavior within the framework of family resilience. The study focuses on factors that most likely influence COVID-19 prevention behavior. This research is a descriptive-analytic study using a cross-sectional approach. A total of 100 respondents representing households in the Banten province filled out an online questionnaire using Google Form. In this study, the multivariate analysis used is multiple logistic regression. The analysis showed that the variables that had significant relationships with COVID-19 prevention behavior were the belief system ( $p = 0.005$ ), family organization ( $p = 0.008$ ), and family communication ( $p = 0.001$ ). The results of this study also show that family communication is the most related variable with an odds ratio of 2694, which means that family communication has the greatest influence of 2-3 times of ?? in efforts to prevent COVID-19.

**Keywords:** belief system; family organization; family communication; COVID-19; prevention behavior.

## Introduction

The 2019 coronavirus disease pandemic (COVID-19) is a health problem that has spread throughout countries. The disease originates from the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes respiratory failure and results in death. Common signs and symptoms of COVID-19 infection include acute respiratory problems such as fever, cough, and shortness of breath. Severe cases of COVID-19 can cause pneumonia, acute respiratory syndrome, kidney failure, and death (Kementerian Kesehatan RI, 2020).

Currently, the number of sufferers infected with COVID-19 is increasing along with the spread of COVID-19. The government and the global community continue to strive to reduce the spread of COVID-19 by issuing policies related to the prevention and control of COVID-19. Standard recommendations to prevent COVID-19 spread include regular hand washing using soap and clean water, applying cough and sneeze ethics, avoiding direct contact with livestock and wild animals, and conducting social distancing and implementing Infection Prevention and Control (IPC) in health facilities, especially in the emergency room (Kementerian Kesehatan RI, 2020).

The COVID-19 pandemic not only affects health but also has psychological, economic, and cultural impacts. These problems are acute and may become chronic problems for both individuals and families depending on the individual and family coping mechanism.

Coping consists of cognitive and behavioral efforts that are constantly changing to manage external or internal demands that are considered burdening or exceeding one's resources. Individual coping is influenced by support and strong ties in the family and family resilience. Not all families have the same resilience level to deal with problems or stressors during the COVID-19 pandemic. Many communication factors may affect belief systems, organizational patterns, and families (Walsh, 2015).



The absence of family resilience, then a prolonged problem or crisis such as during the COVID-19 pandemic, may result in family splits, decreased family function, and decision making, and damage values in life (Davis et al., 2020).

The existence of family resilience during the COVID-19 pandemic would hold other problems. When there are problems that might damage the family system with changing rules and the family needs, family resilience becomes an important model and framework. Family resilience is needed to identify and strengthen important processes that provide capacity for families to cope with constant stress and crisis (Ganong & Coleman, 2002; Greeff et al., 2006; McCubbin & McCubbin, 2005; Walsh, 2007).

According to Walsh (2003), family resilience is developed with family stress, coping, and adaptation theories that mainly focus on the characteristics and traits of resilient families. Walsh (2003) introduces a family systems perspective on family resilience that emphasizes flexible, ecological, and developmental processes that promote family recovery and growth out of adversity.

The conceptual framework is oriented with the system of family resilience which claims that belief systems, family organizational patterns, communication, and problem-solving are linked to family resilience. By increasing the capacity of family members, their relationships, and the entire family, these processes aid in coping with changes, stress, predictable (normative) and unpredictable (non-normative) crises, and adaptation to changing living situations. The first of the major processes are belief systems, which entails assigning meaning to difficulty (family members handle the pressure as common adversity, thereby stabilizing the situation), positive outlook (focusing on their potential, enthusiasm, and trust in overwhelming misfortune), also transcendence and spirituality (attempt power in religion, connection with the environment, as well as participate in social actions). The second category is family organizational patterns, which include: adaptability (family reunion, strong family leadership), connection (mutual support, commitment), and social and economic resources (support from families or institutions, financial protection). The third category is communication and problem solving, which includes communication clarity (seeking the truth and clarifying ambiguous information, communicating clearly and coherently), open emotional expression (sharing feelings, engaging in positive interactions, and spending time together), and collaborative problem solving (creativity, collective decision making, proactive attitude) (Walsh, 1996; Walsh, 2002; Walsh, 2003; Walsh, 2013; Walsh, 2015; Sharma, 2013).

In the last few decades, social and economic problems have caused a decline in the quality of family life. Therefore, a useful conceptual model such as a family resilience framework is needed to guide efforts to strengthen family relationships. Family resilience fosters family empowerment by realizing mutual expectations, developing new and new competencies, and building mutually supportive and collaborative efforts among family members. Strengthening family resilience is parallel with building family resources to face new challenges more effectively, one of which is when facing the COVID-19 Pandemic with various forms of intervention which are also a form of preventive action.

## **Methods**

This research was an observational analytic study that seeks to see the effect between variables by analyzing the data obtained. The research design was a cross-sectional design to determine the effect of belief systems, family organization, and family communication, which positively and significantly affect COVID-19 prevention behavior.

### *Population and Sample*

This study utilized simple random sampling to obtain 100 respondents, head of household residing in Banten Province, Indonesia. The number of samples was obtained using the Slovin formula with a research degree of confidence of 90%, with an error rate of 10%.

### Data Collection Method

Data were obtained from questionnaires distributed to the participants. There were two kinds of the questionnaire. The first is a questionnaire assessing family resilience, which contains questions aimed to probe the family belief systems, organizational patterns, and communication. The next questionnaire contains a description of the head of the family in COVID-19 prevention behavior.

### Data Collection Procedure

The data collection was carried out in several stages. The initial stage includes managing research permits, coordinating with the field team to distribute questionnaires, preparing research instruments, conducting research sampling, and preparing research questionnaires. The second stage was the implementation stage includes explaining and filling in the consent form and filling out the questionnaire by the respondent.

### Data Analysis

The data were analyzed using univariate and bivariate analysis. Univariate analysis was utilized to analyze research variables and test the normality of the data. Univariate analysis was also used to obtain the characteristics of the belief system, family organization, family communication, and COVID-19 prevention behavior according to respondents' perceptions described as mean and standard deviation.

The bivariate analysis consisted of univariate, bivariate, and multivariate analyzes. Univariate analysis was carried out to obtain the frequency distribution of each belief system variable, family organization, and communication on COVID-19 prevention behavior. Bivariate analysis using the chi-square test (with  $\alpha < 0.05$ ) was carried out to determine the relationship and which variables had the most influence on COVID-19 prevention behavior. The variables analyzed in the multivariate analysis were those that obtained a p-value  $< 0.25$  in the bivariate analysis. In this study, the multivariate analysis used was multiple logistic regression tests. The significance of this study is if it meets the p-value  $< 0.05$ .

## Results

This research was conducted from November - December 2020. Respondents are families who live in Banten Province. Each respondent was given a questionnaire that was filled out via a google form distributed through the Whatsapp application. The number of respondents who participated in this study amounted to 100 people.

**Table 1.** Respondent characteristics.

Variables	Category	Frequency	Percent
Age (year)	15-45	82	82%
	46-55	17	17%
	56-80	1	1%
Residence	Kab. Pandeglang	12	12%
	Kab. Lebak	9	9%
	Kab. Tangerang	24	24%
	Kab. Serang	8	8%
	Kota Tangerang	29	29%
	Kota Cilegon	7	7%
	Kota Serang	6	6%
Gender	Kota Tangerang Selatan	5	5%
	Male	22	22%
Profession	Female	78	78%
	Civil Servant Staff	29	29%
	General employees/	24	24%

	Labourers		
	Entrepreneur / Fisherman / Farmer / Traders	16	16%
	Unemployment / Housewife	31	31%
Income/month	< 1 m IDR	31	31%
	1-5 m IDR	49	49%
	6-10 m IDR	11	11%
	>10 m IDR	9	9%
	Home Status	Personal	90
	Other people / Rent	10	10%
Number of Family Members in One House	2 people	15	15%
	4 people	50	50%
	6 people	25	25%
	> 6 people	10	10%
Tribes	Jawa	33	33%
	Sunda	43	43%
	Betawi	7	7%
	Melayu	3	3%
	Lain-Lain	14	14%

The majority of respondents were aged 15-45 years (82%), with male and female proportions of 22% and 78%, respectively. Most respondents were housewives/unemployed (31%) and civil servants (29%). The respondents' average monthly income was 1-5 million (49%) and less than 1 million (31%). Most of the respondents (90%) lived in their own house, with the majority of respondents (50%) had four family members who lived in the same house.

#### *Univariate Analysis*

As described in Table 2, the study results indicate that only the majority of respondents (range 49-54%) have good family resilience related to COVID-19 prevention behavior, where only 51% were in a good category.

**Table 2.** Overview of the Belief System, Family Organization, Family Communication and COVID-19 Prevention Behavior (n=100).

Variable	Category			
	Good		Bad	
	n <sup>a</sup>	% <sup>b</sup>	n <sup>a</sup>	% <sup>b</sup>
Belief System	54	54	46	46
Family Organization	49	49	51	51
Family Communication	54	54	46	46
COVID-19 Prevention Behavior	51	51	49	49

<sup>a</sup> frequency

<sup>b</sup> percentage

Table 3 shows that the respondent's answers related to the Family Belief System (83%) strongly agree on the statement of instilling values in the family to always good to everyone.

**Table 3.** Distribution of Respondents' response related to the Family Belief System (n=100).

NO	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
A.1	<i>Family Belief System</i>					
1	I instill values in my family to always look at everything that happens	64	33	1	2	-
2	I instill values in my family to always be kind to everyone	83	16	-	1	-
3	My family is convinced to have enough strength in facing the COVID-19 Pandemic	57	40	3	-	-
4	My family is very religious and I always bring my family closer to God	63	35	2	-	-
5	My family has goals and aspirations for the future	72	28	-	-	-
6	My family is one of those who pray diligently, especially during the COVID-19 Pandemic	54	44	2	-	-
7	My family realizes that the COVID-19 Pandemic is an important issue and the family is able to overcome the related problems	56	41	2	1	-

Table 4 shows that in the answers of respondents related to Family Organization Patterns, a small proportion (30%) gave strongly agree answers to the statement that the family had financial adequacy during the COVID-19 Pandemic.

**Table 4.** Distribution of Respondents response related to Family Organization Patterns (n = 100).

NO	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
A.2	<i>Family Organization Pattern</i>					
8	My family is a flexible family	45	50	3	1	1
9	My family can adapt to any problems such as during the COVID-19 pandemic	41	53	6	-	-
10	My family respects the needs of each family member and their partner	50	47	3	-	-
11	My family protects weak and at-risk family members during the COVID 19 Pandemic	53	43	4	-	-
12	My family has sufficient financial support during the COVID-19 Pandemic	30	57	9	3	1
13	My family always invites distant relatives and their surroundings to prevent the spread of COVID-19	53	44	2	1	-

Table 5 shows that the respondent's answers related to family communication are the largest (54%) who strongly agree on the family statement allowing each family member to speak clearly if there is something to be discussed..

**Table 5.** Distribution of Respondents' response related to Family Communication (n = 100).

NO	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
A.3	<i>Family Communication</i>					
14	I always give every family member the opportunity to speak clearly when there is something to be discussed	54	45	1	-	-
15	I always give every family member the opportunity to clarify if there is a problem that is not clear	48	49	3	-	-
16	Always open to convey something they like or don't like	48	47	5	-	-
17	Always shares sadness, happy news and something fun	48	43	9	-	-
18	Always values differences of opinion	52	43	5	-	-
19	Responsible for all behavior and does not blame each other	49	44	7	-	-

Table 6 shows that in the answers of respondents related to family communication, the largest (66%) is strongly agree on answers to statements number 7,8, and 11, namely the family always reminds my family to avoid close physical interaction with people who have symptoms, always tell the family to cover the mouth when coughing and sneezing with the inside of the upper arm or with a tissue then immediately throw it in the trash and remind the family to wash their hands immediately and always remind the family to change clothes/shower when they get home after traveling.

**Table 6.** Distribution of Respondents' response related to COVID-19 Prevention Behavior (n=100).

NO	Statement	Always	Frequently	Rarely	Never
B	<i>Prevention Behavior</i>				
1	I always remind my family to wash their hands more often with soap and water for at least 20 seconds or by using alcohol-based hand sanitizers.	60	34	6	-
2	I facilitate or set up an outdoor hand washing station or hand sanitizer for family members or anyone who will enter the house	62	25	10	3
3	I always remind family members to avoid touching their eyes, nose, and mouth with unwashed hands.	51	38	11	-
4	I always remind family members to always avoid touching their eyes, nose and mouth with unwashed hands	52	36	12	-
5	I always remind my family not to shake hands when I meet people	53	34	12	1
6	I tell my family to avoid close physical interaction with people who have symptoms	64	31	5	-
7	I always remind my family to avoid close physical interaction with people with symptoms	66	29	5	-
8	I told my family to cover my mouth when coughing and sneezing with the inside of the upper arm or with a tissue and then immediately throw it in the trash and wash hands immediately	66	31	3	-
9	I teach my family about cough etiquette by covering the mouth when coughing and sneezing with the inner upper arm or with a tissue then immediately throwing it into the trash and washing hands immediately	62	33	4	1

10	I immediately changed clothes / showered when I got home after traveling	64	30	6	-
11	I always remind my family to change clothes / shower when I get home after traveling	66	28	5	1
12	I always clean and disinfect frequently touched objects and on the surfaces of my home and furniture (tables, chairs and others), door handles and so on.	42	35	22	1
13	I always provide disinfectant to clean things in the house	46	35	18	1

#### Bivariate Analysis

Table 7 shows the results of the Chi Square statistical test with p value = 0.005 indicating a p value <0.05, which means that there is a significant relationship between Family Belief System and COVID-19 Prevention behavior.

**Table 7.** Relationship of Family Health Belief System to COVID-19 Prevention Behavior (n=100).

Family Belief System	COVID-19 Prevention Behavior				Total		P Result
	Good		Bad		n <sup>a</sup>	% <sup>b</sup>	
	n <sup>a</sup>	% <sup>b</sup>	n <sup>a</sup>	% <sup>b</sup>			
Good	35	64,8	19	35,2	54	100	0,005
Bad	17	37,0	29	63,0	46	100	
Total	52	52	48	48	100	100	

<sup>a</sup> frequency

<sup>b</sup> percentage

Table 8 shows the results of the Chi Square statistical test with p value = 0.008 showing p value <0.05, which means that there is a significant relationship between Family Organizations and COVID-19 Prevention Behavior.

**Table 8.** Relationship of Family Organization to COVID-19 Prevention Behavior (n = 100).

Family Organization	COVID-19 Prevention Behavior				Total		P Result
	Good		Bad		n <sup>a</sup>	% <sup>b</sup>	
	n <sup>a</sup>	% <sup>b</sup>	n <sup>a</sup>	% <sup>b</sup>			
Good	32	65,3	17	34,7	49	100	0,008
Bad	20	39,2	31	60,8	51	100	
Total	52	52	48	48	100	100	

<sup>a</sup> frequency

<sup>b</sup> percentage

Table 9 shows the results of the Chi Square statistical test with p value = 0.001 showing p value <0.05, which means that there is a significant relationship between Family Communication and COVID-19 Prevention Behavior.

**Table 9.** Relationship of Family Communication to COVID-19 Prevention Behavior (n = 100).

Family Communication	COVID-19 Prevention Behavior				Total		P Result
	Good		Bad		n <sup>a</sup>	% <sup>b</sup>	
	n <sup>a</sup>	% <sup>b</sup>	n <sup>a</sup>	% <sup>b</sup>			
<b>Good</b>	36	66,7	18	33,3	54	100	0,001
<b>Bad</b>	16	34,8	30	65,2	46	100	
<b>Total</b>	52	52	48	48	100	100	

<sup>a</sup> frequency

<sup>b</sup> percentage

#### Multivariate Analysis

Multivariate analysis is carried out to assess which family resilience factors most influence COVID-19 prevention behavior. Table 10 shows the effect of the three independent variables: belief system, family organization, and

family communication individually on COVID-19 prevention behavior with a p-value <0.25, so the three variables can be continued in a multivariate analysis. Several independent variables that are related to the dependent variable is a belief system, family organization, and family communication are simultaneously included in the computation of the Enter method logistic regression test.

**Table 10.** The effect of Independent Variables and Bound Variables Using the Logistic Regression Test (Enter Method).

Independent Variable	B	Wald	Sig.	Exp(B)	95% C.I. for EXP(B)	
					Lower	Upper
Belief System	1.145	7.513	0.006	3.142	1.386	7.126
Family Organization	1.071	2.335	0.010	2.918	1.293	6.582
Family Communication	1.322	9.751	0.002	3.750	1.636	8.597

Table 11 shows the analysis results simultaneously get the belief system, family organization, and family communication variables p value > 0.05. For variables with p value > 0.05, the model is excluded one by one, starting from the variable with the greatest p-value. For example, in highest p-value is the family organization variable in the table above, so it is excluded from the mode.

**Table 11.** The effect of belief system variables, family organization and family communication on COVID-19 prevention behavior.

Independent Variable	B	Wald	Sig.	Exp(B)	95% C.I. for EXP(B)	
					Lower	Upper
Belief System	0.648	1.465	0.226	1.911	0.669	5.456
Family Organization	-0.070	0.011	0.918	0.933	0.247	3.515
Family Communication	1.032	2.672	0.102	2.806	0.020	9.664

Table 12 shows the results of the simultaneous analysis of the belief system variable and family communication, the belief system variable with p-value = 0.205, and family communication with p-value: 0.045 with OR <10%. These data indicate the variable elimination process is complete.

**Table 12.** The effect of belief system variables and family communication on COVID-19 prevention behavior.

Independent Variable	B	Wald	Sig.	Exp(B)	95% C.I. for EXP(B)	
					Lower	Upper
Belief System	0.627	1.609	0.205	1.871	0.711	4.926
Family Communication	0.991	4.028	0.045	2.694	1.023	7.094

The multivariate analysis showed that the variable that had a significant relationship with COVID-19 prevention behavior was family communication. The analysis results showed that the Odds Ratio (OR) of the family communication variable was 2.69 (95% CI: 1.02 -7.09). Family communication has the greatest effect in efforts to prevent COVID-19, which is 2-3 times.

## Discussion

### *The effect of belief system family on COVID-19 prevention behavior*

The results showed that most families in this research have a good Belief System in preventing COVID-19 by 54%. This is because some families have good values and norms in the family. Cultivating good values in the family is a form of social support that influences one another. This is illustrated by the respondents' answers showing that most families (83%) answered strongly agree that instilling values in the family is always done. good to anyone.



Other research also states that the family belief system in dealing with the dangers of drugs is in a high category (72%). This study shows that the respondents' family belief system can face dangers / bad effects, especially drugs (Pribowo & Subarkah, 2020). The results of this study are in line with Walsh (1998), which states that the existence of values and norms affects individual behavior. Social support will also help families maintain the courage to face bad situations, encourage existing relationships and build trust in family members. With the belief that each family member can do the best, it will strengthen individual efforts to strengthen relationships with other members of the family (Kaakinen et al., 2010).

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In line with the behavior theory presented by Green et al. (2009) that behavior is determined or formed from 3 factors. These factors include i) predisposing factors that are manifested in knowledge, attitudes, beliefs, and values; ii) supporting factors manifested in the physical environment, the availability or non-availability of facilities or facilities; and iii) driving factors manifested in the attitudes and behavior of officers who are the reference group for community behavior.

Families have an important role to play in preventing the spread of COVID-19. This is because the family has several functions in it. Functions that can be done to deal with and prevent the spread of the epidemic. On the other hand, the family has a complementary relationship with health for its members in building a healthy lifestyle and preventing all forms of the disease and the function it has in improving the quality of health for its members. Therefore, it is inevitable for families to carry out these functions (Ashidiqie, 2020).

#### *The effect of family organization on COVID-19 prevention behavior*

The results showed that most families had a low-income family organization pattern in preventing COVID-19 (51%). This is because economic factors most influence the pattern of family organization in Indonesia. Respondents' data show that as many as 31% of respondents have an income of fewer than 1 million rupiahs, and 49% of respondents have an income of 1- 5 million per month, which indicates that economic resources are still not optimal. This is in line with the answers of respondents who stated that only a small proportion of families (30%) had financial/financial adequacy during the COVID-19 Pandemic.

A person's socioeconomic status can also influence a person's health behavior. A person's socioeconomic status influences motivation and means of healthy behavior. Groups with lower socioeconomic status have more stress levels than high socioeconomic status. An understanding of the benefits of healthy behavior as a long-term benefit and higher life expectancy. Factors related to stress, limited benefits, class differences, and knowledge of risks emphasize how socioeconomic status shapes a person's motivation to behave healthily (Pampel et al., 2010). This can be illustrated in the research conducted. The economic factors of respondents can also influence the behavior of preventing COVID-19 in families in Banten Province.

The bivariate analysis shows that there is a significant relationship between Family Organizations and COVID-19 Prevention Behavior. Walsh (1998) also conveyed that family resilience is also affected by economic tensions. Economic resources should not be neglected when considering family resilience in adverse situations. For example, if the family's sole breadwinner is sick, the family may meet economic demands and lose their home, vehicle, and life as they once knew. Scarcity of resources in times of difficulty burdens the family and has an impact on resilience.

Other opinions regarding the importance of family resilience during the COVID-19 pandemic are reflected in Prime et al.'s (2020) research. Apart from considering the family structure (individuals, partners, and the whole family), there is a process the primary mediation within the family that channels and modifies the risks arising from social disruption into individual adaptations.

The form of social support in the form of providing information on the importance of COVID-19 prevention behavior, Bantuan Sosial Tunai (BST) that the state has provided to communities with low economies that encourage a sense of security during the COVID-19 pandemic, as well as solidarity and increased community activities, especially religious communities. Increasing the Family Organization Pattern, especially in this pandemic.

#### *The effect of family communication on COVID-19 prevention behavior*

The results showed that most of the families have good communication (54%). It can be influenced because family culture has an open communication pattern. The Data is supported by the results of the respondents' statements. Most of the families (54%) provided the opportunity for each family member to speak clearly if something was to be discussed.

Pribowo & Subarkah (2020) have researched the communication process of the respondent's family is facing the dangers of 70% high category drugs. This shows that the communication process built by the respondent's family can face the dangers of drugs. The Communication Process aspect is in the high category. Good communication is important in family functioning and resilience. Communication has two functions, namely 1) the content aspect means that communication functions to convey real information, opinions, or feelings; 2) the aspect of the relationship means that communication determines the nature of the relationship. There are three important aspects in communication, namely, clarity, expressing emotional feelings, and collaborative problem solving.

Clear and consistent messages are invaluable in the family communication process. Clear and consistent delivery of messages is important for explaining ambiguous information and seeking truth. Walsh (2003) states that clarity and conformity in messages make it easier for families to function effectively. Clarifying and sharing important information about crises and future expectations, such as medical prognosis, facilitates meaning-making, authentic gathering, and informed decision-making. At the same time, ambiguity or confidentiality can hinder understanding, closeness, and mastery. Mutual acknowledgment of realities and painful circumstances promotes healing in the family.

The bivariate analysis shows that there is a significant relationship between Family Communication and COVID-19 Prevention Behavior. Furthermore, after carrying out the multivariate test, it was found that family communication had the greatest influence in efforts to prevent COVID-19, namely 2-3 times.

COVID-19 prevention behavior is influenced by communication as an important and dominant factor. It is in line with research conducted (Kaddi et al., 2020) that family communication used by parents and children is very useful in preventing COVID-19 in Central Sulawesi. The process of delivering messages related to the dangers of COVID-19 by parents can change children's understanding and behavior so that preventive action occurs.

The family has a function and a role that each member of the family plays. Roles are built in a family, developed utilizing discussion, dialogue, and negotiation between family members (Galvin, 2006). The role of the family and the rules of communication in a family are two things that are interrelated and influence each other. The role of each family member that is carried out properly will also have a good impact on the stability of the family system. Cangara (2002) explains that the communication function in the family will foster "human relations," avoid and overcome personal conflicts in the family, reduce the uncertainty of something, and share knowledge and experiences with others. Communication in the family can improve human relations between communicating parties, both in family life, community, and even as a state (Kuswanti et al., 2020).

The potential vulnerability to a decrease in the quality of family communication can have implications for family disharmony, which results in family dysfunction. There needs to be social support from various elements that have the same goal, namely the creation of good family communication aspects to support family resilience to anticipate family dysfunction (Pribowo & Subarkah, 2020).

The government, in this case, also needs to promote family resilience programs by prioritizing communication aspects, campaigning for open communication within the family in communicating the problems faced by each family member. It is hoped that it can increase family resilience and increase family members' role in looking after themselves and their families, especially during the COVID-19 pandemic. The heart-to-heart communication strategy as a solution has a positive influence on spirit, soul, and feelings, which has a positive effect on attitudes and will have a good effect on behavior, especially COVID-19 prevention behavior during this pandemic (Lestari & Paripurno, 2020).

#### *COVID-19 prevention behavior*

The results showed that most families have good COVID-19 Prevention Behavior in the Family (54%). Good COVID-19 prevention behavior is directly proportional to the number of respondents who are women, with a total of 78 respondents (78%).

COVID-19 prevention behavior is influenced by gender. Research conducted on adolescents, female respondents behaved better than men (96.6%), and more bad behavior was shown by male respondents (12.1%) (Setyawati & Ningrum, 2021). Another study states a relationship between maintaining distance and gender, where women are 3.4 times better than men (Syadidurahman, 2020). Respondents with prevention of COVID-19 transmission were mostly female (76.1%), while the poor prevention of COVID-19 transmission was male (33.3%). (Suharmanto, 2020).

Gender is not the main factor that underlies better COVID-19 prevention behavior in women than men. Cultural factors are also a factor where women have better health behaviors. Eastern culture places more emphasis on women maintaining cleanliness and the environment (Wati & Rido, 2020).

Research conducted in Hubei China, by measuring KAP, found that women have a level of knowledge, attitudes and optimistic behavior in dealing with the COVID-19 pandemic compared to men. In addition, health education to increase knowledge about COVID-19 strongly supports an optimistic attitude and the maintenance of safe health (Zhong et al., 2020).

This is based on Walsh's (2015) family resilience framework, family welfare is conceptualized by three comprehensive processes: (a) communication (clear information, emotional sharing, collaborative problem solving, handling of children and families), (b) organization (adaptability, connectedness, and access to social and economic resources), and (c) belief systems (making meanings, hopes, and spirituality). This process will be disrupted or changed in many families during a pandemic. It can also serve as a source of resilience.

The important role of the family in the prevention of corona disease will be very well done when the father and or mother can take a position as a driving force and motivation. Father or Mother is people who are imitated and made into figures by other family members.

## **Conclusions**

The family has a function and a role that each family member plays. Roles are built in a family, developed through discussion, dialogue, and negotiation between family members. (Galvin et al. 2006). The role of the family and the rules of communication in a family are two things that are interrelated and influence each other. The role of each family member that is carried out properly will also have a good impact on the stability of the family system.

There is a relationship between belief system, family organization, and family communication on COVID-19 Prevention Behavior in Banten Province, with a p-value <0.05. Family communication influences belief systems, family organizations, and family communication on COVID-19 Prevention Behavior in Banten Province. Based on this, it is hoped that the government program in preventing COVID-19 can optimize aspects of family resilience in improving more sustainable COVID-19.

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