

# Family Support for Anxiety in Adults Facing Covid-19 Pandemic

Fajri Eka Tyassari\*, Evin Novianti

*Study Program of Nursing Graduate Degree, Pembangunan Nasional University Veteran Jakarta Faculty of Health,  
Limo, Depok, 16515, Indonesia.*

*\*Corresponding author. Email: [fajriekatyas@gmail.com](mailto:fajriekatyas@gmail.com)*

## ABSTRACT

Covid-19 pandemic is a worldwide coronavirus spread. WHO stipulates that covid-19 is an international health emergency and has psychological effects, especially on adults. In the face of the covid-19 pandemic, family support is very important order to manage psychological effects, especially anxiety as an impact of covid-19 pandemic. This study aims to determine the relationship of family support with anxiety in adults facing the covid-19 pandemic as a non-natural disaster in RW 005 Limo Village. This research is a quantitative study with a cross sectional design. The sampling technique was random sampling. The number of research samples were 146 respondents. Data analysis in this study used the chi-square test. The study results obtained p value = 0.000 (<0.05) which means there is a relationship between family support and anxiety in adults facing the covid-19. Therefore, the nurses as one of the healthcare professionals are educated the society about the importance of families support to reduce the anxiety during covid-19 pandemic.

**Keywords:** *Adults, Anxiety, COVID-19, Pandemic, Support family*

## 1. INTRODUCTION

The World Health Organization established covid 19 as a non-natural disaster. It was a pandemic on March 11, 2020. According to [1].

pandemic is an abrupt and high-rise case of disease that spreads in many countries and generally infected many people. COVID 19 disease is an infectious disease caused by coronaviruses that attack the respiratory system. Older people who have a history of the accompanying diseases are more easily infected with the disease COVID 19 and have a greater risk of death. The confirmed Data for COVID 19 cases on April 21, 2020, globally indicates that there are 213 countries. A total of 2,397,216 positive COVID 19 and 162,956 died due to the virus [2] Indonesia is one of the countries infected with COVID 19 with data obtained on 21 April 2020 contained 7135 Positive cases COVID 19 and 616 passed away [3].

China preventive measure to suppress the spread of a COVID 19 outbreak by conducting quarantine of residents to stay at home and restrict all activities outside. Therefore, it affects the aspect of human life and causes various psychological impacts[4]. All social restrictions

make significant routine changes like work at home and uncertain economic activity to educational activities conducted at home with an online system. Distance restriction is enforced for children, adolescents, adults to the elderly.

An emotional state without a certain object accompanied by vague feelings of fear, feelings of unwillingness, helplessness, isolation, and insecurity are called anxieties [5]. A survey entitled the impact of COVID 19 on the mental health of American anxiety conducted by the American Psychiatric Association against 1004 adults showed that 36% of the respondents said the COVID 19 pandemic had a serious impact on mental health, 40% were worried about severe illness or died due to COVID 19. Moreover, 48% of respondents felt anxious about contracting the 57 virus, 59% of respondents admitted that COVID 19 had an impact on daily life and had an effect on their finances and 62% were anxious if families and loved ones contracted coronavirus.

If anxiety on the COVID-19 pandemic cannot be resolved, it can cause other psychological impacts such as sleep quality, regular exercise, and psychological support, for

example having a good relationship with the closest people, including family.

Anxiety in pandemic COVID 19 if not resolved can pose a share of other psychological impacts then from necessary preventive strategies such as healthy lifestyles, good quality of sleep, regular exercise, and the presence of psychological support as an example has a good relationship with people nearby including family support. It must be done every day to increase immunity in the fight against COVID-19[6]. Family support is the process of interacting in social relations between family members performed all times and done throughout the life of human beings where family members always support, giving help and assistance if needed [7].

The design of research uses a crosssectional approach. In this study, the samples were adults aged 18 & > 60 years of RW 005 Limo village as many as 146 respondents, using a random sampling data retrieval technique. The research instruments used in this study include demographic data questionnaires, HARS questionnaires, family support questionnaires that have been tested its validity and reliability (reliability 0.951) Through these phenomena and descriptions, researchers are interested to analyzing family support with anxiety on adults facing covid-19 pandemic as a non-natural disaster in rw 005 limo village

**2. METHODS**

The method in this research is descriptive study with cross sectional. The population in this study were adults aged 18 to 60 years and over. The sample in study were 146 adults. The data collection used was a questionnaire used to measure anxiety variable from Hamilton Anxiety Rating Scale (HARS) by Max Hamilton in 1956 wich consisted of 14 items which are anxious mood, tension, fears,insomnia,intellectual,depressed mood, somatic (muscular),somatic (sensory), cardiovascular symptoms, respiratory symtomp, gastrointestinal symtomp, genitourinary symptoms, autonomic symptom and behavior at interview

**3. RESULTS**

**Table 1.** Respondent Characteristics Frequency Distribution (n = 146)

| characteristic | Frequency | Percentage |
|----------------|-----------|------------|
| Age            |           |            |
| a. 18-40       | 78        | 53.4%      |
| b. 41 & > 60   | 68        | 46.6%      |
| Gender         |           |            |
| a. Female      | 80        | 54.8%      |
| b. Male        | 66        | 45.2%      |
| Educationa     |           |            |
| a. Low         | 31        | 21.2%      |
| b. Higher      | 115       | 78.8%      |

|                         |    |       |
|-------------------------|----|-------|
| Occupational            |    |       |
| a. Yes                  | 64 | 43.8% |
| b. No                   | 82 | 56.2% |
| Marital status          |    |       |
| a. Menikah              | 90 | 61.6% |
| b. Belum Menikah        | 56 | 38.4% |
| Type family             |    |       |
| a. Nuclear Family       | 99 | 67.8% |
| b. Extand Family        | 23 | 25.8% |
| c. Single Parent Family | 24 | 16.4% |
| Family support          |    |       |
| a. Yes                  | 78 | 53.4% |
| b. No                   | 68 | 46.4% |
| Anxiety                 |    |       |
| a. Normal               | 65 | 44.5% |
| b. Mild                 | 35 | 24.0% |
| c. Moderate-severe      | 46 | 31.5% |

A characteristic description of 146 respondents in adults facing pandemic COVID 19 in RW 005 in Limo village shows that most respondents are aged 18-40 years (n = 53.4%). The majority of the respondents were female (n = 44.8%). The most recent education taken by respondents was mostly highly educated (n = 78.8%). The last education taken by respondents was mostly highly educated (n = 78,8%). More respondents were not working (n = 56,2%) and is married as much as (n = 61,6%). The majority of respondents' family types were nuclear families (n = 67.8%). Family support during a pandemic has good support (n = 53.4%). The majority of respondents did not experience anxiety (n = 44.5%) (table 1).

The results of statistical tests showed that there was a relationship between age and anxiety (p value 0.000), there was a relationship between education and anxiety (p value 0.000), there was a relationship between marital status and anxiety (p value 0.000) and there was a relationship between family support and anxiety with a P value. 0.000 (p <0.05) so it can be concluded that there is family support with anxiety in adults facing the COVID-19 pandemic as a non- natural disaster in RW 005 Desa Limo. but there is no relationship between gender, work status and family status with anxiety.

**4. DISCUSSIONS**

**Table 2.** Relationship between Age and Anxiety Facing the Covid-19 Pandemic

| Age (years) | Anxiety |      |      |      |                   |      | Total |     | P-value |
|-------------|---------|------|------|------|-------------------|------|-------|-----|---------|
|             | Normal  |      | Mild |      | Moderate - severe |      | n     | %   |         |
|             | n       | %    | n    | %    | N                 | %    |       |     |         |
| 18-40       | 52      | 66.7 | 17   | 21.8 | 9                 | 11.5 | 78    | 100 | 0.000   |
| 41 & > 60   | 13      | 19.1 | 18   | 26.5 | 37                | 54.4 | 68    | 100 |         |
| Total       | 65      | 44.5 | 35   | 24.0 | 46                | 31.5 | 146   | 100 |         |

The study showed that respondents who suffered severe anxiety were found in the age of the category more than 41 years old it was probably because older adults have suffered cognitive decline or dementia that give impacts to be angrier, more anxious, stressed. Sadly, during a pandemic they have to stay at home, therefore emotional support from their families is indispensable [8]. Older adults are more susceptible to COVID-19 due to limited source of information, decreased body immunity, solitude, higher mortality rates of older adults who have a concomitant illness, so attention for older adults is a crucial factor. It will increase the sense of fear and anxiety for older adults with no support systems.

The protective factors consist of the existence of supporting resources, effective coping, and self-efficacy. Someone who gets good support sources from family and friends can make the individual feel calm. It can be a factor that causes 18-40 years of age to experience mild anxiety [5]. Adulthood is a determination in achieving stability, socioeconomic and live a better life expecting happiness so that to achieve these goals maximum energy is needed. Therefore, it often causes psychological disorders[9].

**Table 3.** Relationship between gender and Anxiety Facing the Covid-19 Pandemic

| Gender | Anxiety |      |      |      |                 |      | Total |     | P-value |
|--------|---------|------|------|------|-----------------|------|-------|-----|---------|
|        | Normal  |      | Mild |      | Moderate-Severe |      | n     | %   |         |
|        | n       | %    | n    | %    | n               | %    |       |     |         |
| Female | 37      | 46.3 | 18   | 22.5 | 25              | 31.3 | 80    | 100 | 0.868   |
| Male   | 28      | 42.4 | 17   | 25.8 | 21              | 31.8 | 66    | 100 |         |
| Total  | 65      | 44.5 | 35   | 24.0 | 46              | 31.5 | 146   | 100 |         |

Based on the table 3, the highest anxiety is the male respondent in the medium-heavy anxiety category of 21 people (31.8%). The results of the analysis (P value > 0.05) indicate that there is no relationship between sex and anxiety in the Covid-19 pandemic.

There were no significant differences found between women and men concerning the psychological impact during pandemic. the research data shows the same results among them (2,2%). COVID-19 pandemic is affecting both men and women. The results stated that anxiety in men was higher (25,8%). while the anxiety felt by women is 22,5% [10]. A man has a responsibility in his family to make a living and support his family members' needs, so often this becomes a burden on him. As a result of the COVID-19 pandemic, many people have experienced layoffs that impact the economy, workloads, and their minds. This statement is supported by the theory from Perry and Potter, the workload and responsibility of men are greater than women that triggering higher stress and anxiety[11].

In Indonesia, men are responsible as head of the family. Thus, the causative factor in RW 005 Kelurahan Limo is that most of the adult population is male because the burden received as a man is heavier. Especially as a man who has a family after earning a living, he has to help take care of the house, this makes a person have a dual role. theory of states that a person experiences a dual role between working and taking care of other things tends to increase in activities that cause weary and stress[5].

**Table 4.** Relationship between educational and Anxiety Facing the Covid-19 Pandemic

| Education | Anxiety |      |      |      |                   |      | Total |     | P-value |
|-----------|---------|------|------|------|-------------------|------|-------|-----|---------|
|           | Normal  |      | Mild |      | Moderate - severe |      | N     | %   |         |
|           | n       | %    | n    | %    | n                 | %    |       |     |         |
| Low       | 6       | 19.4 | 6    | 19.4 | 19                | 61.3 | 31    | 100 | 0.000   |
| Higher    | 59      | 51.3 | 29   | 25.2 | 27                | 23.5 | 151   | 100 |         |
| Total     | 65      | 44.5 | 35   | 24.0 | 46                | 31.5 | 46    | 100 |         |

Based on the table above there are 31 people (61.3%) with low education. This indicates that the low-educated person tends to experience moderate-weight anxiety with the most amount. The results of the analysis (P-value of < 0.05) were concluded that there was a relationship between the education and anxiety of adults facing the COVID-19 pandemic. The study was similar to Stanton shows that anxiety relates to the level of education [10]

People with less-education more sensitive to feel the effects of psychological health including anxiety as much as 18.63% and only 15.5% of highly educated people feel anxious. This is due to the good awareness facing the COVID-19 pandemic someone will maintain a healthy lifestyle and can explore various information about the control and prevention of the infection coronaviruses so that one can protect themselves [12]

The higher education of person, the easier to solve a problem and face it better. The impact of this pandemic on people with higher education can control their anxiety more than people with low education who experience severe anxiety[13]. This theory in line with the research between anxiety education in the RW 005 village of Limo which shows many highly educated adults who do not feel anxious

**Table 5.** Relationship between occupational and Anxiety Facing the Covid-19 Pandemic

| Occupational | Anxiety |      |      |      |                 |      | Total |     | P-value |
|--------------|---------|------|------|------|-----------------|------|-------|-----|---------|
|              | Normal  |      | Mild |      | Moderate-Severe |      | n     | %   |         |
|              | n       | %    | n    | %    | n               | %    |       |     |         |
| Yes          | 27      | 42,2 | 15   | 23,4 | 22              | 34,4 | 64    | 100 | 0.798   |
| No           | 38      | 46,3 | 20   | 24,4 | 24              | 29,3 | 82    | 100 |         |
| Total        | 65      | 44,5 | 35   | 24,0 | 46              | 31,5 | 146   | 100 |         |

Based on the table above, there are 22 people who work higher experiencing anxiety in the moderate-severe category (34.4%). The results of the analysis (P-value > 0.05) can be concluded that there is no relationship between work and anxiety facing the COVID-19 pandemic.

Someone who works experiences more anxiety than someone who does not work. This is in line with the a research which states that someone who works experiences a high increase in anxiety by 31.89% due to concerns about being exposed to the COVID-19 virus at work or on public transportation, they feel afraid if they are late for work and the salary cuts that cause high anxiety[4].

**Table 6.** Relationship between marital status and Anxiety Facing the Covid-19 Pandemic

| Marital Status | Anxiety |      |      |      |                 |      | Total |     | P-value |
|----------------|---------|------|------|------|-----------------|------|-------|-----|---------|
|                | Normal  |      | Mild |      | Moderate-Severe |      | n     | %   |         |
|                | n       | %    | n    | %    | n               | %    |       |     |         |
| Married        | 25      | 27,8 | 25   | 27,8 | 40              | 44,4 | 90    | 100 | 0.000   |
| Never Married  | 40      | 71,4 | 10   | 17,9 | 6               | 10,7 | 56    | 100 |         |
| Total          | 65      | 44,5 | 35   | 24,0 | 46              | 31,5 | 146   | 100 |         |

According to the table of marital status shows that married people have moderate-weight anxiety at the highest of 40 people (44.4%). The result of the analysis (P of < 0.05), It can be concluded that there is a relationship between marital status and anxiety.

**Table 7.** Relationship between type family and Anxiety Facing the Covid-19 Pandemic

| Type family          | Anxiety |      |      |      |                 |      | Total |     | P-value |
|----------------------|---------|------|------|------|-----------------|------|-------|-----|---------|
|                      | Normal  |      | Mild |      | Moderate-Severe |      | n     | %   |         |
|                      | n       | %    | n    | %    | n               | %    |       |     |         |
| Nuclear Family       | 43      | 43,4 | 25   | 25,3 | 31              | 31,3 | 99    | 100 | 0.898   |
| Extand Family        | 12      | 52,2 | 5    | 21,7 | 6               | 26,1 | 23    | 100 |         |
| Single Parent Family | 10      | 41,7 | 5    | 20,8 | 9               | 37,5 | 24    | 100 |         |
| Total                | 65      | 44,5 | 35   | 24,0 | 46              | 31,5 | 146   | 100 |         |

There was a relationship of marital status with anxiety caused by the increase of financial pressure in married adults by 60.9% compared with unmarried adults, 47.8% (p-value = 0,003). Then there is also increased stress of married adults 68.4% this weary is much larger than the unmarried adult 54.2% [12]. Covid-19 pandemic period impacts activity changes such as work at home, children who study at home so that adults who are married and have a school child get higher workloads

Based on the table, 9 people (37.5%) with single parent families experience the highest anxiety level in the medium-heavy category. The results of the analysis (P-value > 0.05) can be concluded there is no relationship between the type of family with anxiety facing COVID-19 pandemic.

The factor of solitude is a risk of increased anxiety because they feel less of caring that they do all their activities and do not have friends to tell the problems and difficulties faced during the COVID-19 pandemic[14].

Type of large family by combining two families to stay in one home tend to get better support system because the number of members is quite a lot so that it can take care of the family members so that someone who has a type of large families experiences the least severe anxiety among other family types (26.1%).

This research is supported by Nurhidayti who explains that in dealing with disasters such as non-natural disasters due to the Covid-19 pandemic, a person cannot be separated from assistance and support between family members[15]. Especially for the elderly who are vulnerable to living alone coupled with inadequate economic conditions and deteriorating physical health. so this problem greatly affects their lives in the face of the COVID 19 pandemic.

**Table 8.** Relationship between family support and Anxiety Facing the Covid-19 Pandemic

| Support Family | Anxiety |      |      |      |                 |      | Total |     | P-value |
|----------------|---------|------|------|------|-----------------|------|-------|-----|---------|
|                | Normal  |      | Mild |      | Moderate-severe |      | n     | %   |         |
|                | n       | %    | n    | %    | n               | %    |       |     |         |
| Yes            | 54      | 69,2 | 20   | 25,6 | 4               | 5,1  | 78    | 100 | 0.000   |
| No             | 11      | 6,2  | 15   | 22,1 | 42              | 61,8 | 68    | 100 |         |
| Total          | 65      | 44,5 | 35   | 24,0 | 46              | 31,5 | 146   | 100 |         |

Based on the table, the results show that people with less family support will experience higher anxiety with a moderate-weight category (61.8%). The results of the analysis (P-value of  $< 0.05$ ), concluded that there is a relationship between family support with anxiety in adults facing the Covid-19 pandemic.

Pandemic causes mental health disorders including uncertain anxiety. Covid-19 pandemic causes mental health disorders since it affects the economic sector, limits the mobilization of people, various fields of health so that a person feels anxious and cannot predict how life will be in the future[16]. The family's emotional support is significantly associated with anxiety because the family provides the material needs and provides the facilities needed during a pandemic [14]

There is high family support of 62.7% and less than 37.3% of the family support in this study was found when a person gained good family support then the level of anxiety, worries, and fear would be low during the COVID-19 pandemic with a ratio of 0.64%. The study also explained that the majority of respondents who felt lonely found it difficult to handle the various pressures they experienced during the pandemic. Loneliness and low support will have an impact on severe anxiety[14].

This study states that people with good family support still experience moderate-severe anxiety (5.1%) and mild anxiety (25.6%), this shows that not only are good family support needed in overcoming anxiety but internal factors in themselves. Individuals must also pay attention to including coping rules, how to deal with a problem that is under stress, whether the person has other sources of support such as peer support to be friends telling stories when faced with troublesome things and sad experiences in the past. A previous history of anxiety or depression or mental illness was significantly associated with anxiety [17].

## 5. CONCLUSION

Based on the results of the analysis that has been done on the relationship of family support with anxiety facing the Covid-19 pandemic conducted 146 respondents, it can be concluded that there is a relation between the family support relationship with anxiety in adults facing Covid-19 as a non-natural disaster in RW 005. Besides that From

the characteristics that have been studied show that there is a relationship between characteristics of age, education level and marital status with anxiety facing Covid-19

While several other characteristics such as gender, occupation and type / family type has no relationship with anxiety facing Covid-19.

The suggestions that researcher can give to adults are expected to apply family support in facing the Covid 19 pandemic and knowing the importance of family members who experience anxiety or other psychological impacts in

dealing with disasters. Health workers are expected to be able to educate the public regarding the importance of family support in facing problems or in difficult life phases so that it can provide motivation for someone.

## REFERENCES

- [1] S. Taylor, *The Psychology of Pandemics*. 2019.
- [2] WHO, "Data Kasus Covid 19 Secara Global," 2020. [Online]. Available: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
- [3] KEMENKES, "Data Kasus Covid 19 Indonesia," 2020. [Online]. Available: <https://www.kemkes.go.id/article/view/20012900002/Kesiapsiagaan-menghadapi-Infeksi-Novel-Coronavirus.html>.
- [4] J. Qiu, B. Shen, M. Zhao, Z. Wang, B. Xie, and Y. Xu, "A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations," *Gen. Psychiatry*, vol. 33, no. 2, pp. 19–21, 2020.
- [5] G. W. STUART, *PRINSIP DAN PRAKTIK KEPERAWATAN KESEHATAN JIWA* STUART, Indonesia. Elsevier Singapura Pte Ltd, 2016.
- [6] S.-W. Kim and K.-P. Su, "Using psychoneuroimmunity against COVID-19," *Brain. Behav. Immun.*, 2020.
- [7] Friedman, *Buku Ajar Keperawatan Keluarga*. Jakarta: EGC, 2010.
- [8] C. Wang *et al.*, "Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China," *Int. J. Environ. Res. Public Health*, vol. 17, no. 5, 2020.
- [9] Brunner and Suddarth, *Keperawatan Medical Bedah*, 8 Vol 2. Jakarta: EGC, 2010.
- [10] R. Stanton *et al.*, "Depression, anxiety and stress during COVID-19: Associations with changes in physical activity, sleep, tobacco and alcohol use in Australian adults," *Int. J. Environ. Res. Public Health*, vol. 17, no. 11, pp. 1–13, 2020.
- [11] Potter and Perry, *Fundamental Keperawatan*, 7th ed. Jakarta: Salemba Medika, 2009.
- [12] S. M. El-Zoghby, E. M. Soltan, and H. M. Salama, "Impact of the COVID-19 Pandemic on Mental Health and Social Support among Adult Egyptians," *J. Community Health*, no. 0123456789, 2020.
- [13] S. Notoatmodjo, *Pendidikan dan Perilaku Kesehatan*. Jakarta: Rineka cipta, 2010.

- [14] C. H. Liu, E. Zhang, G. T. F. Wong, S. Hyun, and H. “Chris” Hahm, “Factors associated with depression, anxiety, and PTSD symptomatology during the COVID-19 pandemic: Clinical implications for U.S. young adult mental health,” *Psychiatry Res.*, vol. 290, no. April, 2020.
- [15] Nurhidayti and Ratnawati, “Kesiapsiagaan Keluarga Dengan Lanjut Usia pada Kejadian Letusan Merapi di Desa Belerante Kecamatan Kemalang,” vol. 7 No. 1 Ma, 2018.
- [16] “Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company’s public news and information,” no. January, 2020.
- [17] J. Zhu *et al.*, “Prevalence and Influencing Factors of Anxiety and Depression Symptoms in the First-Line Medical Staff Fighting Against COVID-19 in Gansu,” *Front. Psychiatry*, vol. 11, no. April, pp. 1–6, 2020.