



The Effect of Family Resilience on the Quality of Life in Women with Toddlers during the COVID-19 Pandemic

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Abstract

Many studies on quality of life have been carried out on vulnerable groups such as people with certain diseases, health workers, the elderly, pregnant women, and children; and they show declining results. Women with children under five have the same high level of vulnerability, but studies on their quality of life are rarely carried out. This study aims to explain the effect of family resilience on the quality of life in women having toddlers during the implementation of level 4 community activity restrictions in Depok City, Indonesia. The study was conducted from November 2022 to January 2023 with a cross-sectional design in which 473 women with children under five were selected randomly. We conducted a reliability test of the questionnaire trial, and the Cronbach alpha results obtained a result of 0.947. The statistical techniques used Chi-square tests and odds ratios. The results of the Chi-Square test showed that there was a relationship between family resilience and quality of life in mothers with toddlers ($P=0.000$) and an OR of 4,291 with a 95% OR Confidence Interval of 2,921 – 6,304. It can be concluded that women having toddlers with high family resilience are at risk of 4.291 times having a better quality of life.

Keywords: *Quality of Life; Family Resilience; Women with Toddlers; COVID-19*

Introduction

The COVID-19 pandemic has had a significant impact on human life. Not only in the health sector but the policies are taken by the government to prevent the transmission of COVID-19 also brought significant impacts on various other aspects of life such as the economy and society. The current economic conditions are connected and integrated, causing economic shocks in various countries to occur simultaneously (Baldwin & di Mauro, 2020). It was estimated that the economic crisis caused by the COVID-19 pandemic was far greater than the financial crisis that occurred in 2008/2009 (Baker et al., 2020) and it got worse when it happened in developing countries (Loayza & Pennings, 2020), including

Indonesia. The number of layoffs in Indonesia in 2020 reached 1,943,916 people from 114,340 companies (Yamali & Putri, 2020). The impact on the social sector was in the form of decreased mobility (Saha et al., 2020) and the emergence of psychological problems such as stress, anxiety, and depression (Li et al., 2020; Wang et al., 2021). This condition caused vulnerable people to experience a decrease in quality of life.

Quality of life is a person's perception of the position of their living conditions (CDC, 2001; Group, 1998; Megone, 1990). In vulnerable groups such as COVID-19 survivors (Mahmoudi et al. 2021;); people with certain diseases (Ciążyńska et al. 2020; Cleaton et al. 2021); and health workers (Korkmaz et al., 2020) worse quality of life. A decrease in the quality of life also occurs among working mothers (Limbers, McCollum, and Greenwood 2020); pregnant mothers (Dule et al. 2021); menopausal women (Coronado et al., 2021). Studies on women who have toddlers are rarely carried out even though they have high levels of stress (Kenzelmann, 1992).

In Depok, when level 4 community activity restrictions were imposed, the restrictions were very strict. Most of the work and study were done from home. Women at home carried out multiple roles, domestic needs, and productive economic activities (Astuti, 2013). Women play a major role in fulfilling family welfare, but their welfare is lower than that of their partners (Andrade et al., 1999).

Quality of life is influenced by the internal environment of the individual as well as the surrounding environment, especially the family as the closest system and having interaction directly. Family resilience is interpreted as a process of coping and adaptation carried out by families when facing crisis and stress phases both now and all the time (Collins et al., 2012; Walsh, 2006). The purpose of this article was to further analyze the effect of family resilience on the quality of life of mothers with toddlers in Depok during Level 4 community activity restrictions were implemented.

Methodology

Quantitative research with a cross-sectional design was conducted from November 2022 to January 2023. The population in this study were women with toddlers living in Tapos District, Depok City, West Java, Indonesia, totaling 14,825 families. Meanwhile, the inclusion criteria of this study were: married status; productive age; and living in Depok City for at least 1 year. This study applied a sample size calculation developed by (Ogston et al., 1991) to obtain a sample size based on the proportion estimation formula. This study took 2 stages, then the sample size was multiplied by design effect to obtain 473 respondents.

The study included family resilience as the independent variable and quality of life as the dependent variable. The family resilience variable was measured by the Walsh family Resilience Questionnaire which had been shown to have strong validity (above 0.8) (Dadashi Haji et al., 2018) and had been used in many countries (Walsh, 2015). The measurement results were divided into 2: high (≥ 131) and low (≤ 130). Quality of life variables was measured using the WHOQOL-100 questionnaire consisting of 6 domains and 23 facets (1 facet regarding social support was not used in this study). The measurement results were divided into 2, namely good (≥ 95.58) and bad (≤ 95.57). Meanwhile, the results of the reliability test showed 0.947.

The questionnaire was filled by conducting direct interviews with mothers selected as respondents. Data analysis employed the Chi-square test and Odd Ratio. This research had been declared to have passed the research ethics due diligence by the Research Ethics Committee of the Department of Social Welfare Science, University of Indonesia with letter number S-264/UN2.F9.D1/PPM.00.04/2022.

Result

The results of the descriptive analysis and demographic characteristics showed that respondents had relatively the same level of quality of life (good = 236 people and bad 237 = 237 people). In table 1 it can be seen that the age range was from late adolescence to late adulthood and most were in the early adult category. In the late adolescent category, 56.8% of them had a poor quality of life.

Table 1. Demographic Conditions of Women with Toddlers in Tapos District, Depok

Demographic Factors	Category	quality of life			
		good (n=236)		bad (n=237)	
		n	%	n	%
Age	Late Adolescence	16	43.2	21	56.8
	Early Adult	141	50.5	138	49.5
	Late Adult	79	50.3	78	49.7
Main Employment Status	Housewife	193	49	201	51
	Working Mother	43	54.4	36	45.6
Education	Base	51	45.1	62	54.9
	Intermediate	112	46.1	131	53.9
	High	73	62.4	44	37.6
Income	<1.000.000	9	47.4	10	52.6
	1.000.000-5.000.000	167	49.4	171	50.6
	5.000.001-10.000.000	37	50.7	36	49.3
	>10.000.0000	23	53.5	20	46.5
Covid positive maternal history	Never	199	51.3	189	48.7
	Once	37	43.5	48	56.5

In the group of working mothers, 54.5% of them had a good quality of life. In the group of women having toddlers with higher education levels, 62.4% had a good quality of life. Likewise, women having toddlers with an income level of more than IDR 10,000,000.00 showed 53.5% of them had a good quality of life. In addition, women with toddlers who never tested positive for Covid-19 showed that 51.3% of them had a good quality of life.

Table 2. The Effect of Family Resilience and Covid History on the Quality of Life of Women with Toddlers

Variable	Category	Quality of Life				P	OR (95% CI)
		Good		Bad			
		n	%	n	%		
Family Resilience	High	158	67.5	76	32.5	<0.001	4.291 (2.921 - 6.304)
	Low	78	32.6	161	67.4		
Covid history	Never	199	51.3	18	48.7	.240	1.366 (0.851 – 2.191)
	Once	37	43.5	48	56.5		

The results of the association test between a positive history of Covid-19 in women with toddlers had no significant relationship to quality of life ($P>0.240$). The results of the association test between family resilience to the quality of life of women with toddlers showed that there was a significant relationship ($P<0.01$). The odds ratio test results showed that women with a high quality of life were at risk of 4.291 times having a good quality of life with a 95% OR Confidence Interval of 1.921 – 6.304. Unfortunately, this condition did not apply to all women with toddlers.

Table 3 The Effect of Family Resilience on the Quality of Life of Women with Toddlers According to Demographic Conditions

Demographic Factors	Category	P	OR (95% CI)
Age	Late Adolescence	.255	2.708 (0.708 – 10.360)
	Early Adult	<0.001	5.039 (3.031 – 8.377)
	Late Adult	<0.001	3.643 (1.885 – 7.040)
Main Employment Status	Housewife	<0.001	4.314 (2.829 – 6.579)
	Working Mother	0.006	4.060 (1.578 – 10.4440)
Education	Basic	0.10	2.976 (1.367 – 6.477)
	Intermediate	<0.001	4.085 (2.388 – 6.987)
	High	<0.001	5.545 (2.409 – 12.766)
Income	<1,000,000	.515	3.200 (0.419 – 24.417)
	1,000,000-5,000,000	<0,001	4.327 (2.739 – 6.835)
	5,000,001-10,000,000	.012	4.051 (1.461 – 11.238)
	>10,000,0000	0.10	7.125 (1.755 – 28.923)
Covid positive maternal history	Never	<0.001	3.898 (2.555 – 5.949)
	Once	<0.001	10.667 (3.519 – 32.333)

In table 3 above, it can be seen that for women having toddlers in early and late adulthood, with secondary and tertiary education, an income of IDR 1-5 million had a significant relationship to quality of life ($P=<0.05$). Early adulthood women with high family resilience were 5.039 times at risk (with a 95% OR Confidence Interval (CI) 3.031 – 8.377) to have a good quality of life. Likewise, in the group of women having toddlers with high education levels, the risk was 5.545 (CI = 2.409 - 12.766) times to have a good quality of life. Women having toddlers with an income level of more than IDR 10 million had a risk of 7.125 (CI = 1.755 - 28.923) times having a good quality of life. This risk was higher in the group of women having toddlers and having experienced Covid-19 positive. They were at risk of 10.667 (CI=3.519 - 32.333) times having a good quality of life. Unfortunately, this association was not found in women who had toddlers in their late adolescence; basic education; income less than and more than IDR 1,000,000.00 ($P=>0.05$).

Discussion

Previous studies have shown that people who experienced COVID-19 with mild or severe symptoms tended to experience a decrease in quality of life (Ordinola Navarro et al., 2021). Nevertheless,

it is not supported by the results of this research. Women having toddlers and having experienced COVID-19 had no significant relationship with quality of life ($P>0.240$). This can be explained by the family resilience of women with toddlers. The results of the chi-square test showed that there was a significant relationship between family resilience and the quality of life of women with toddlers ($P<0.001$).

Decreased quality of life in positive patients with COVID-19 was caused by fear of COVID-19 (Naghizadeh & Mirghafourvand, 2021), conditions of insomnia, PTSD, and negative stigma (Mahmoudi et al., 2021), anxiety (Korkmaz et al., 2020) and depression (Al-Shannaq et al., 2021). When a stressor occurs that disturbs the family as a whole or one of the family members, the family actively responds so that each family member can adapt and achieve complete well-being. (Walsh, 2006). This condition illustrates that the family provides protective factors that can increase the resilience of its family members (Van Breda, 2001). The results of this study indicate that women with toddlers have high family resilience. Resilient families are families that when faced with stress and crisis conditions, have strengths and resources that can help them overcome difficulties and coping mechanisms (Collins et al., 2012).

The crisis that occurs in the family has two opposing sides, it can be both a threat and an opportunity. All of this will return to how the family sees and responds to the crisis. In this study, it can be seen that mothers who were positive for COVID-19 with high family resilience had 10,667 times the risk of having a good quality of life. This risk is very high when compared to women who had never been positive for COVID-19 with high family resilience, they are 3,898 times at risk of having a good quality of life. This condition further strengthens the study conducted by (Walsh, 2006) that in times of crisis, families that have high resilience will find positive events and further strengthen the bonds among family members. Stress in a resilient family does not necessarily become a threat that can disrupt the family but can be a catalyst to bring out the best in the family. This is also inseparable from one's point of view regarding the family. If someone considers that his/her family is important and meaningful, then he/she will have a lot of time to spend together with the family (Jamal & Zakari, 2020). The dynamics that occur in the family then lead to an increase in the welfare conditions of the family and its family members. This can be seen from the value of their quality of life which remains good, not declining as in previous studies.

In terms of the age of the women with toddlers, family resilience is significantly related to the group of women with toddlers in early and late adulthood, not in the group of women at the late adolescent level ($P=0.255$). This is inseparable from the characteristics at that age as well as family conditions. In this age range, the main characteristic that emerges is the ego which is still strong towards pleasure (Permata, 2014) so when there is a crisis condition there is a tendency to deal with it with more difficulty. In addition, women with toddlers in the late adolescent category show that they marry at a very young age because, in the 18-25 year age period, they already have toddlers. Another study shows that even though teenagers have a positive view of marriage, they are still not ready for marriage (Martin et al., 2003). When there are problems in the family, they are still unstable, cannot handle problems properly, and tend to separate (Permata, 2014). This study further strengthens the Indonesian Government's policy as stipulated in Law Number 16 of 2019 that the minimum age for marriage should be 19 years.

This condition is different from women with toddlers in the adult age category, in which family resilience has a significant effect ($P<0.001$) on quality of life. In women who have toddlers who are early adults, the OR is 5.039 (CI = 3.031 – 8.377). Compared to other age categories, women with toddlers in this age group are at higher risk of having a good quality of life. Apart from the age factor, this condition is also related to the age of marriage. In this period, women with toddlers had a longer marriage age. This condition indicates that the longer a person's marriage, the better the adjustment between partners and other family members. As previous studies have shown that living together with good adjustments can

maintain marriage (Herawati, 2016). Moreover, back again referring to the definition of family resilience, a resilient family is a family that can adapt to stressors that arise in the family (Walsh, 2006).

Judging from the educational background of women with toddlers, the effect of family resilience on quality of life applies to women having toddlers with middle and high education levels ($P < 0.001$) and does not apply to women who have toddlers with low education ($P = 0.10$). This shows that the level of education plays a role in how the condition of family resilience. The OR test results were 5.545 (CI=2.409 - 12.766), meaning that women with toddlers with high education levels had a higher risk than women with toddlers with low education levels (OR=2.976 with CI=1.367 - 6.477) and secondary education (OR=2.976 with CI=1.367 - 6.477) OR=4.085 with CI=2.388 - 6.987). This reinforces previous studies that women with higher education make them better prepared to build a family (Tsanias et al., 2015).

The results of this study indicate that family resilience has a significant effect on the quality of life for women with toddlers with middle-income levels, IDR 1-5 million ($P < 0.001$). This can be explained further that when the COVID-19 Pandemic occurred, the crisis occurred not only in health conditions but also in the economy. Declining production and consumption (Fernandes, 2020) lead to termination of employment (Wren-Lewis, 2020). In Indonesia in 2020, the unemployment rate reached 1,943,916 people (Yamali & Putri, 2020). Conditions that cause family resilience do not affect the quality of life. Families with very low incomes, in the end, depend more on social assistance, both provided by the government and non-government. A similar condition had occurred to this group before the COVID-19 pandemic occurred, they were used to receiving social assistance. The results of the OR test show that women with toddlers with an income level of less than IDR 1 million have the smallest OR value among the others (OR=3.200 CI=0.419 - 24.417). Meanwhile, for women who have toddlers with higher incomes, the OR value is higher. For women who have toddlers with high-income levels (more than 10 million), the OR test results are 7.125 (CI = 1.755 - 28.923). This condition shows that women having toddlers with high family income are at risk of 7.125 times having a good quality of life. This happened because, during the Covid-19 pandemic, the role of the family remained good. After all, there was a possibility that they would be saved by the savings or assets they already owned.

Conclusion

This study shows that family resilience has a significant relationship with the quality of life of women with toddlers. The negative impact of the crisis due to the Covid-19 pandemic on the quality of life of women with toddlers can be minimized because families have high resilience. This study also found that the variables age, education level, family income level, and history of Covid-19 for women with toddlers were the co-founding variables.

Reference

- Adıbelli, D., & Sümen, A. (2020). The effect of the coronavirus (COVID-19) pandemic on health-related quality of life in children. *Children and Youth Services Review*, 119, 105595. <https://doi.org/10.1016/j.chilyouth.2020.105595>.
- Al-Shannaq, Y., Mohammad, A. A., & Aldalaykeh, M. (2021). Depression, coping skills, and quality of life among Jordanian adults during the initial outbreak of COVID-19 pandemic: Cross-sectional study. *Heliyon*, 7(4), e06873. <https://doi.org/10.1016/j.heliyon.2021.e06873>.

- Andrade, C., Postma, K., & Abraham, K. (1999). Influence of Women's Work Status On the Well-Being of Indian Couples. *International Journal of Social Psychiatry*, 45(1), 65–75. <https://doi.org/10.1177/002076409904500108>.
- Astuti, A. W. W. (2013). *Peran ibu rumah tangga dalam meningkatkan kesejahteraan keluarga (suatu kajian pemenuhan kebutuhan pendidikan anak pada 5 ibu pedagang jambu biji di desa bejen kecamatan bejen kabupaten temanggung)*. Journal of Nonformal Education and Community Empowerment, 1(2). <https://doi.org/10.15294/jnece.v1i2.2816>.
- Baker, S., Bloom, N., Davis, S. J., Kost, K., Sammon, M., & Viratyosin, T. (2020). The unprecedented stock market reaction to COVID-19. *Covid Economics: Vetted and Real-Time Papers*, 1(3). <https://doi.org/10.1093/rapstu/raaa008>.
- Baldwin, R., & di Mauro, B. W. (2020). Economics in the Time of COVID-19. *A VoxEU. Org Book, Centre for Economic Policy Research, London*. Accessed, 26. https://fondazionecerm.it/wp-content/uploads/2020/03/CEPR-Economics-in-the-time-of-COVID-19_-A-new-eBook.pdf.
- Centers for Disease Control and Prevention (CDC). (2001). *Measuring healthy days: Population assessment of health-related quality of life*. <https://pesquisa.bvsalud.org/portal/resource/pt/LISBR1.1-4401>.
- Ciążyńska, M., Pabianek, M., Szczepaniak, K., Ułańska, M., Skibińska, M., Owczarek, W., Narbutt, J., & Lesiak, A. (2020). Quality of life of cancer patients during coronavirus disease (COVID-19) pandemic. *Psycho-Oncology*. Coronavirus Research Database. <https://doi.org/10.1002/pon.5434>.
- Cleaton, N., Raizada, S., Barkham, N., Venkatachalam, S., Sheeran, T., Adizie, T., Sapkota, H., Singh, B., & Bateman, J. (2021). COVID-19 prevalence and the impact on quality of life from stringent social distancing in a single large UK rheumatology centre. *Annals of the Rheumatic Diseases*, 80(6), e93. Health & Medical Collection; SciTech Premium Collection. <https://doi.org/10.1136/annrheumdis-2020-218236>.
- Collins, D., Jordan, C., & Coleman, H. (2012). *Brooks/Cole empowerment series: An introduction to family social work*. Cengage Learning.
- Coronado, P. J., Fasero, M., Otero, B., Sanchez, S., Viuda, E. de la, Ramirez-Polo, I., Llana, P., Mendoza, N., & Baquedano, L. (2021). Health-related quality of life and resilience in peri- and postmenopausal women during Covid-19 confinement. *Maturitas*, 144, 4–10. <https://doi.org/10.1016/j.maturitas.2020.09.004>.
- Dadashi Haji, M., Karaminia, R., Salimi, S. H., & Ahmadi Tahour, M. (2018). Translation and validation of the “Walsh Family Resilience Questionnaire” for Iranian families. *International Journal of Behavioral Sciences*, 12(2), 48–52. http://www.behavsci.ir/article_81973_a955e13860379a86d27fddd5b4e0d770.pdf.
- Dule, A., Hajure, M., Mohammedhussein, M., & Abdu, Z. (2021). Health-related quality of life among Ethiopian pregnant women during COVID-19 pandemic. *Brain and Behavior*, 11(4). Coronavirus Research Database; Health & Medical Collection; Psychology Database; Publicly Available Content Database; Research Library. <https://doi.org/10.1002/brb3.2045>.
- Fazeli, S., Mohammadi Zeidi, I., Lin, C.-Y., Namdar, P., Griffiths, M. D., Ahorsu, D. K., & Pakpour, A. H. (2020). Depression, anxiety, and stress mediate the associations between internet gaming disorder, insomnia, and quality of life during the COVID-19 outbreak. *Addictive Behaviors Reports*, 12, 100307. <https://doi.org/10.1016/j.abrep.2020.100307>.

- Fernandes, N. (2020). Economic effects of coronavirus outbreak (COVID-19) on the world economy. Available at SSRN 3557504. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3557504.
- Group, T. W. (1998). The World Health Organization quality of life assessment (WHOQOL): Development and general psychometric properties. *Social Science & Medicine*, 46(12), 1569–1585. [https://doi.org/10.1016/S0277-9536\(98\)00009-4](https://doi.org/10.1016/S0277-9536(98)00009-4).
- Herawati, N. (2016). *The influence of couple harmony and marital adjustment to marital happiness*. <http://hdl.handle.net/11617/7387>.
- Jamal, A. F. B., & Zakari, M. (2020). Articulations of Family Life and Organization for Happy Life. *International Journal of Social Science Research and Review*, 3(4), 22–30. <https://doi.org/10.47814/ijssrr.v3i4.55>.
- Kenzelmann, R. M. (1992). The adjustment of working mothers in coping with work/family role conflict [Ph.D., United States International University]. In *ProQuest Dissertations and Theses* (304051165). ProQuest Dissertations & Theses Global. <https://www.proquest.com/dissertations-theses/adjustment-working-mothers-coping-with-work/docview/304051165/se-2?accountid=17242>.
- Korkmaz, S., Kazgan, A., Çekiç, S., Tartar, A. S., Balcı, H. N., & Atmaca, M. (2020). The anxiety levels, quality of sleep and life and problem-solving skills in healthcare workers employed in COVID-19 services. *Journal of Clinical Neuroscience*, 80, 131–136. <https://doi.org/10.1016/j.jocn.2020.07.073>.
- Li, S., Wang, Y., Xue, J., Zhao, N., & Zhu, T. (2020). The Impact of COVID-19 Epidemic Declaration on Psychological Consequences: A Study on Active Weibo Users. *International Journal of Environmental Research and Public Health*, 17(6), 2032. <https://doi.org/10.3390/ijerph17062032>.
- Loayza, N. V., & Pennings, S. (2020). *Macroeconomic policy in the time of COVID-19: A primer for developing countries*. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3586636.
- Ma, Y.-F., Li, W., Deng, H.-B., Wang, L., Wang, Y., Wang, P.-H., Bo, H.-X., Cao, J., Wang, Y., Zhu, L.-Y., Yang, Y., Cheung, T., Ng, C. H., Wu, X., & Xiang, Y.-T. (2020). Prevalence of depression and its association with quality of life in clinically stable patients with COVID-19. *Journal of Affective Disorders*, 275, 145–148. <https://doi.org/10.1016/j.jad.2020.06.033>.
- Mahmoudi, H., Saffari, M., Movahedi, M., Sanaeinasab, H., Hojat Rashidi-Jahan, Pourgholami, M., Poorebrahim, A., Barshan, J., Ghiami, M., Khoshmanesh, S., Potenza, M. N., Chung-Ying Lin, & Pakpour, A. H. (2021). A mediating role for mental health in associations between COVID-19-related self-stigma, PTSD, quality of life, and insomnia among patients recovered from COVID-19. *Brain and Behavior*, 11(5). Coronavirus Research Database; Health & Medical Collection; Psychology Database; Publicly Available Content Database; Research Library. <https://doi.org/10.1002/brb3.2138>.
- Martin, P. D., Specter, G., Martin, D., & Martin, M. (2003). Expressed attitudes of adolescents toward marriage and family life. *Adolescence*, 38(150), 359–367. Health & Medical Collection. <https://www.proquest.com/scholarly-journals/expressed-attitudes-adolescents-toward-marriage/docview/195935276/se-2>.
- Naghizadeh, S., & Mirghafourvand, M. (2021). Relationship of fear of COVID-19 and pregnancy-related quality of life during the COVID-19 pandemic. *Archives of Psychiatric Nursing*, 35(4), 364–368. <https://doi.org/10.1016/j.apnu.2021.05.006>.

- Ogston, S., Lemeshow, S., Hosmer, D., Klar, J., & Lwanga, S. (1991). Adequacy of Sample Size in Health Studies. Vol. 47. *World Health Organization. West Sussex, England: John Wiley & Sons Ltd, 347.*
- Ordinola Navarro, A., Cervantes-Bojalil, J., Cobos Quevedo, O. de J., Avila Martínez, A., Hernández-Jiménez, C. A., Pérez Álvarez, E., González Gil, A., Peralta Amaro, A. L., Vera-Lastra, O., & Lopez Luis, B. A. (2021). Decreased quality of life and spirometric alterations even after mild-moderate COVID-19. *Respiratory Medicine, 181*, 106391. <https://doi.org/10.1016/j.rmed.2021.106391>.
- Permata, H. M. (2014). Perbedaan Penyesuaian Perkawinan antara Suami dan Istri yang Menikah pada Usia Remaja Akhir di Surabaya. *Jurnal Psikologi Klinis Dan Kesehatan Mental, 3*(03), 127. <http://journal.unair.ac.id/download-fullpapers-jpkka8f7593095full.pdf>.
- Saha, J., Barman, B., & Chouhan, P. (2020). Lockdown for COVID-19 and its impact on community mobility in India: An analysis of the COVID-19 Community Mobility Reports, 2020. *Children and Youth Services Review, 116*, 105160. <https://doi.org/10.1016/j.childyouth.2020.105160>.
- Shamblaw, A. L., Rumas, R. L., & Best, M. W. (2021). Coping during the COVID-19 pandemic: Relations with mental health and quality of life. *Canadian Psychology/Psychologie Canadienne, 62*(1), 92–100. APA PsycArticles®. <https://doi.org/10.1037/cap0000263>.
- Tsania, N., Sunarti, E., & Krisnatuti, D. (2015). Karakteristik keluarga, kesiapan menikah istri, dan perkembangan anak usia 3-5 tahun. *Jurnal Ilmu Keluarga & Konsumen, 8*(1), 28–37. <https://doi.org/10.24156/jikk.2015.8.1.28>.
- Van Breda, A. D. (2001). *Resilience theory: A literature review*.
- Walsh, F. (2006). *Strengthening Family Resilience. Guilford Publications*.
- Walsh, F. (2015). *Strengthening family resilience*. Guilford publications.
- Wang, J., Wang, Z., Liu, X., Yang, X., Zheng, M., & Bai, X. (2021). The impacts of a COVID-19 epidemic focus and general belief in a just world on individual emotions. *Personality and Individual Differences, 168*, 110349. <https://doi.org/10.1016/j.paid.2020.110349>.
- Wren-Lewis, S. (2020). The economic effects of a pandemic. *Economics in the Time of COVID-19*, 109–112.
- Yamali, F. R., & Putri, R. N. (2020). Dampak Covid-19 Terhadap Ekonomi Indonesia. *Ekonomis: Journal of Economics and Business, 4*(2), 384–388. <http://dx.doi.org/10.33087/ekonomis.v4i2.179>.

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