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Improving Housewives' Family Resilience during the Covid-19 Pandemic: Emotion Regulation Training Strategies

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Abstract

The COVID-19 pandemic expanded rapidly to practically every country in a matter of months, and it can affect anybody, including the elderly, adults, young children, babies, pregnant women, and nursing moms. This study seeks to assess the effectiveness of emotion regulation training in increasing family resilience in housewives during the COVID-19 pandemic. The study employed a quantitative approach. It involved 50 housewives from the Muslimat NU Lampung Region as subjects determined by the purposive sampling technique. The researchers collected the data using the Family Resilience Assessment Scale (FRAS), which consists of 51 items compiled by Sixbey (2005). In addition, the researchers conducted a qualitative analysis by analyzing data

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collected through observations, interviews, and emotion regulation training. The data was analyzed using SPSS 24.0 for Windows. The results of this study show that $t = -39.617$ with Sig.0.000 (1% significance). Therefore, there was a significant difference in the family resilience of housewives before and after emotion regulation training. The findings revealed an increase in the value of family resilience before and after the study. Before the study, the average value of family resilience was 78.76, while after the study, it was 167.02. In this study, there were three categories of resilience percentage. The category of highly resilient housewives increased to 80%, the medium category dropped to 20%, and the low category fell to 0%. As a result, it is possible to conclude that the training effectively increased family resilience among housewives.

Abstrak

Hanya dalam waktu beberapa bulan, pandemi Covid-19 menyebar sangat massif hampir ke semua negara, bisa menyerang siapa saja, baik lansia, dewasa, anak-anak, bayi, termasuk ibu hamil dan ibu menyusui. Penelitian ini bertujuan untuk mengetahui efektifitas pelatihan regulasi emosi untuk meningkatkan resiliensi keluarga pada ibu-ibu rumah tangga di masa Pandemi Covid-19. Metode penelitian yang digunakan yaitu pendekatan kuantitatif. Teknik sampling pada penelitian ini menggunakan *purposive sampling* dengan subjek 50 ibu rumah tangga yang ada di Muslimat NU Wilayah Lampung. Metode pengumpulan data menggunakan menggunakan skala *family resilience Assessment Scale (FRAS)* yang berjumlah (51 Aitem) yang disusun oleh Sixbey (2005). Selain itu digunakan juga analisis kualitatif terhadap data yang diperoleh melalui observasi, wawancara, dan Pelatihan Regulasi emosi untuk meningkatkan Resiliensi Keluarga. Analisis data pada penelitian ini menggunakan bantuan *software SPSS 24.0 for windows*. Hasil penelitian ini menunjukkan nilai $t = -39.617$ dengan sig.0,000 (signifikan 1%). Artinya ada perbedaan signifikan nilai resiliensi keluarga pada ibu rumah tangga sebelum adanya pelatihan regulasi emosi dengan sesudah adanya pelatihan. Hasil penelitian menunjukkan terdapat peningkatan nilai resiliensi keluarga sebelum dengan sesudah penelitian. Nilai rata-rata resiliensi keluarga sebelum penelitian sebesar 78,76 dan nilai resiliensi keluarga setelah penelitian menjadi 167,02. Terdapat 3 kategori persentase resiliensi pada penelitian ini yaitu kategori tinggi yang dimiliki ibu-ibu rumah tangga terjadi peningkatan nilai kategorisasi menjadi 80%, sedangkan kategori sedang terjadi penurunan nilai kategorisasi menjadi 20%, dan kategori rendah terjadi penurunan nilai kategorisasi menjadi 0%. Dapat disimpulkan bahwa pelatihan yang dilakukan berhasil meningkatkan resiliensi keluarga pada ibu rumah tangga

Keywords: *Emotion regulation, family resilience, and Covid-19*

Introduction

Since the end of 2019, the world has been shaken by the appearance of a new pandemic outbreak known as COVID-19

(Corona Virus Disease 2019), which was first discovered in Wuhan, China. The name "*Corona*" is derived from the Latin word "Crown" and refers to the similarity of the spikes on a crown (Baloch et al., 2020). This virus spread rapidly and massively to practically every country in just a few months. It can infect anyone, including the elderly, adults, children, babies, pregnant women, and nursing mothers. The virus targets the respiratory system, resulting in mild to severe lung infections and mortality.

Covid-19 has harmed more than 197 nations worldwide. As a result, the World Health Organization labeled Covid-19 a pandemic on March 11, 2020. The increasing frequency of deaths in China and other countries further indicates the severity of COVID-19 (Baloch et al., 2020). According to Worldometers data, 671,778 people in Indonesia were diagnosed with COVID-19 on December 21, 2020, with 546,884 recovering and 20,085 dead (Worldometers, 2020).

Wenjun Cao et al. claimed in their research that the COVID-19 pandemic has spread throughout China and the rest of the world since December 2019. This pandemic not only poses a risk of infection-related death but also causes intolerable psychological stress (Cao et al., 2020). Along with its high infectivity and fatality rate, COVID-19 has had widespread psychosocial consequences, resulting in mass hysteria, economic hardship, and financial losses. The widespread fear of COVID-19, known as "coronaphobia," has resulted in a vast number of psychiatric problems across all levels of society (Dubey et al., 2020). Torales linked the COVID-19 phenomena to the Korean MERS-CoV outbreak in 2015 and found evidence of the emergence of psychophysical stress in humans, particularly among patients impacted by the outbreak (Torales et al., 2020)

Several research studies have been undertaken previously, including the impact of the Covid-19 epidemic on psychology. Zulfa's study found that people who are very anxious about their surroundings. Individuals who learn about Covid-19 get psychosomatic symptoms such as stress, worry, and panic (Zulva, 2020). This syndrome is similarly similar to Nurkholis' findings, which state that the psychological impact of the COVID-19 pandemic includes increased anxiety or fear, which leads to panic buying and feelings of pressure, tension, and anxiety (Nurkholis, 2020).

According to Atalan's study published in the *Annals of Medicine and Surgery* (2020), lockdown is linked to the human psyche. Stress (8.0%) and depression (16.0-28.0%) were identified as psychological responses to the COVID-19 pandemic. Confirmed

cases and deaths from the COVID-19 pandemic have an impact on mental health conditions (Atalan, 2020).

The virus's effect and rapid transmission can potentially damage all professions. Housewives who have both domestic and professional responsibilities are in danger of developing psychological difficulties daily. Fahriani et al.'s (2024) study, "Level of Depression in Housewives During the COVID-19 Pandemic," found that women may experience depression in a variety of categories while dealing with the COVID-19 pandemic. This research reinforces the importance of emotion management for women regarding family resilience during COVID-19.

Everyone must deal with the effects of the COVID-19 pandemic, especially the family, which is the smallest institution capable of protecting its members. According to Susilowati (2020), the challenges faced by families during the Covid-19 pandemic include: 1) children learning from home. The results of an online survey on parents' stress levels with children learning at home show that 75.3% belong to the moderate category, with 10.3% suffering high stress. 2) Concerns and fears about family health after exposure to the virus, particularly those who care for the elderly. 3) The family economy is also problematic due to lower family income. However, the family must always maintain health and immunity. 4) Interference with children's education explicitly concerns future school disruptions. Based on the findings of initial interviews done by researchers with various sample individuals from the population, Mrs. D (36-year-old married woman with teenage children) noted that since the pandemic, she has had to become a teacher after work. She was stressed since she was physically exhausted and had to supervise the children through their assignments. Mrs. D was also concerned about her children's intellectual growth.

Susilowati (2020) states that other issues related to the COVID-19 pandemic include fear of hearing about the growing number of victims on social media, as well as confusion about the COVID-19 pandemic, limited fulfillment of basic needs, limited personal protective equipment, and uncertain situations. These concerns also rose during emergencies, causing dread, anxiety, and stress in families. Based on the findings of the initial interview with the second subject, Mrs. E claimed that she was frequently reluctant to leave the house or travel for fear of catching Covid-19. She was terrified because her elderly parents lived at home.

The family's current situation is subject to the challenges brought on by the Covid-19 pandemic. This is consistent with resilience, which is always associated with adversity or high-risk variables. According to Schoon (2006), risk factors include genetic, biochemical, psychological, environmental, and social factors that increase the likelihood of maladjustment (Pahalani, 2014). In psychology, resilience is overcoming adversity (Lopez et al., 2018). Every individual requires resilience to obtain satisfaction from negative circumstances, such as the pandemic, particularly the family.

Individuals can develop resilience by utilizing the power of their positive emotions. Positive emotions can help individuals develop resilience to the experiences they face (Tugade & Fredrickson, 2007). Positive reappraisal leads to positive emotional experiences. Even when people are under stress, a positive emotional experience can stimulate psychological needs and help them move forward (Folkman, Susan, 2000). Emotion regulation can generate or maintain positive emotions (Tugade & Fredrickson, 2007).

Individuals must be able to regulate their emotions when dealing with daily problems. Emotion regulation is an individual's ability to control negative (anger, sadness, and anxiety) or positive (happiness, love) emotions by lowering or increasing them (Gross & Thompson, 2007). Individuals who can regulate their emotions well will be able to survive unpleasant situations and control their emotions to achieve the relief and happiness that they require. Individuals who face various challenges during the current Covid-19 pandemic, particularly in the family, require emotion regulation. Good emotion regulation is expected to help families cope with the Covid-19 pandemic.

Considering the discussion, this research is critical, as researchers want to know the impact of emotion regulation training on family resilience in Bandar Lampung and Pringsewu housewives.

Methods

This study employed a quantitative approach. The researcher also qualitatively analyzed the data gathered from observations, interviews, and diaries or homework written by the subjects. This study employed an experimental model with a one-group pretest-posttest design. One experimental group was first tested on the family resilience scale (pretest), followed by emotion regulation training. The subjects were then given a posttest using a family resilience scale.

This study's participants were housewives who were members of the Muslimat NU religious women's organization in the Lampung Region. The research sample was chosen using the purposive sampling technique, which involves selecting samples based on desired or specific characteristics. The sample size for this study was 50 people.

The instrument used to collect data is the resilience scale. Sixbey (2005) developed the FRAS (Family Resilience Assessment Scale) used in this study.

The data were analyzed using the statistical t-test (independent sample test) on the gain score (difference between pretest and posttest) in SPSS 24.0 for Windows.

Result and Discussion

The statement letter attached in the appendices evidences that the subjects (housewives) have expressed willingness to participate in the training.

The research locations were in Bandar Lampung and Pringsewu, with 50 housewives. The data collected regarding the identity of the subjects can be seen in the following table;

Table.1
Marriage Duration

No	Marriage Duration (Year)	Frequency
1	1-5	6
2	6-10	9
3	>10	35
	Total	50

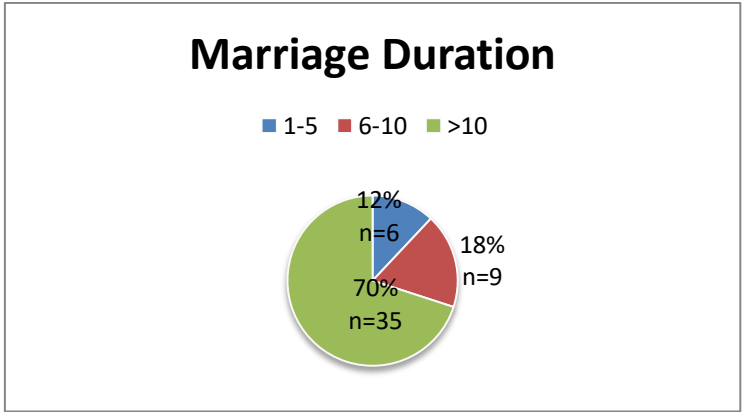


Figure 1. Marriage Duration

Table 2
Education Levels

No	Education Levels	Frequency
1	Junior High School	5
2	Senior High School	10
3	Undergraduate	34
4	Postgraduate	1
TOTAL		50

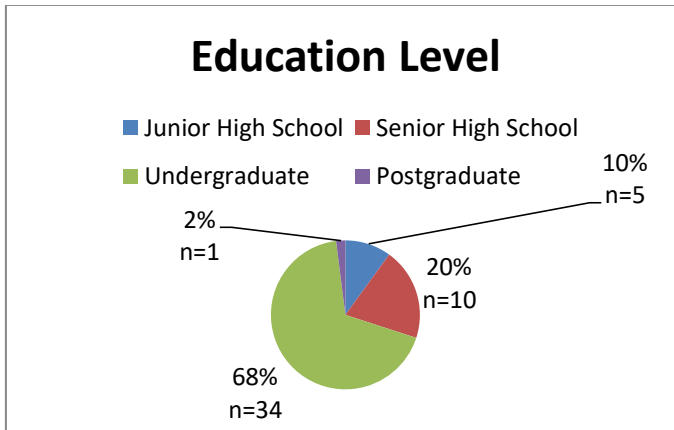


Figure 2. Level of Education

Table 2 shows that the education level of the housewives is predominantly undergraduate (34 subjects/68%).

The next step was analyzing the pretest results. The table below shows that housewives with high category family resilience are 16% (8 people), medium category is 76% (38 people), and low category is 8% (4 people).

Table 3. Resilience Categories Based on Pretest Data

Category	Score Interval	Frequency	%
High	>82	8	16 %
Moderate	76>X<82	38	76%
Low	<76	4	8%
Total		50	100 %

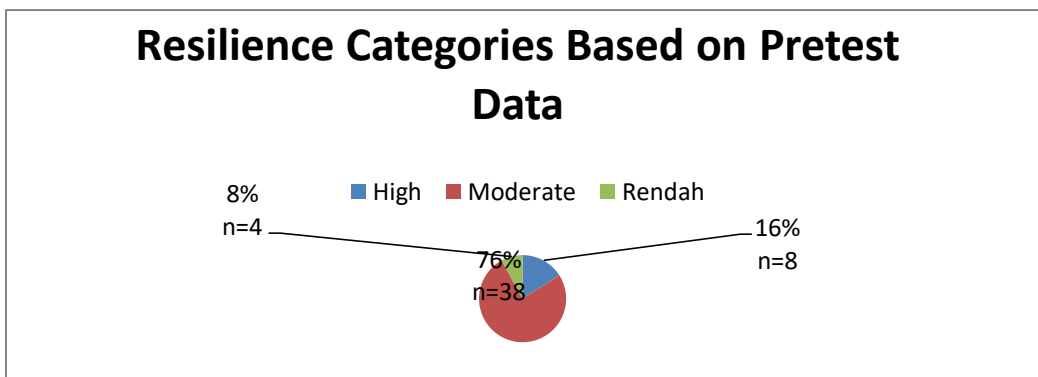


Figure 3. Pretest Score Categories

The Results of the Posttest

This research carried out in the context of training for families with housewives as the subjects of the experiment, was carried out with the one-group pretest-posttest design. Sugiyono (2012) points out that this interdisciplinary basic research does not use strict controls as experimental research demands.

The posttest results determine the success or failure of interdisciplinary basic research. Good posttest results are higher than the pretest. According to the posttest results, as shown in the table and graph below, housewives have family resilience in

the high category of up to 80% (40 people), moderate category of 20% (10 people), and low category of 0%.

Table.4 The Resilience Categories Based on Posttest

Category	Score Interval	Frequency	Persen %
High	>182	40	80 %
Moderate	153=X<182	10	20%
Low	0	0	0%
Total		50	100 %

The Resilience Categories Based on Posttest

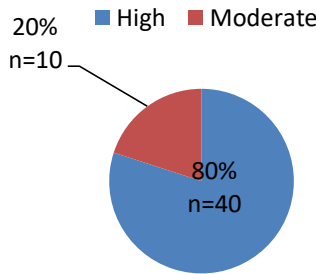


Figure 4. Posttest Score Categories

Statistical Analysis

Based on the pretest and posttest results, it is possible to determine whether the change in housewives' emotional regulation is statistically significant. Then, before data analysis, a statistical test was performed using the paired sample t-test. The values of the emotion regulation variable were first tested for assumptions, in this case the normality.

When the normality test results showed that both the pretest and posttest data had normal distributions, the paired sample t-test, assisted by SPSS 25.0, was performed.

Table 5. The Paired Samples T-Test Result

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Error Mean	Confidence Interval of the Difference					
				Lower	Upper				
Pair 1	PRETEST - POSTTEST	-88.26000	15.75295	2.22780	-92.73694	-83.78306	-39.617	49	.000

Table 6. Pretest and Posttest on Emotion Regulation

		Paired Samples Statistics			
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	PRETEST	78.7600	50	3.15297	.44590
	POSTTEST	167.0200	50	14.55670	2.05863

The tables above indicate that there was a significant difference between housewives' family resilience before and after the emotion regulation training. The mean score before the training was 78,76. After the training, the mean score improved to 167,02.

Conclusion

This research focused on emotion regulation training to improve family resilience among Bandar Lampung and Pringsewu housewives. It can be concluded that the training was valuable and successful in increasing the family resilience of housewives, as evidenced by statistical analysis data as follows:

The obtained t-value was -39.617 with a p-value of .0,000 (1% significance level). Thus, there was a significant difference between housewives' family resilience before and after the treatment (training). The average value of family resilience of housewives before the training was 78.76. After the training, the average value rose to 167.02. There was an increase in the value of family resilience before and after the study. The average value of family resilience before the study was 78.76, and the value after the study was 167.02.

The housewives' family resilience in the high category was initially 16% (8 people). After the treatment, the percentage rose to 80% (40 people). The housewives' family resilience in the moderate category was initially 76% (38 people). After the treatment, the percentage declined to 20% (10 people). Furthermore, the

housewives' family resilience in the low category was initially 8% (4 people). After the treatment, the percentage dropped to 0%.

This study's findings are consistent with previous research indicating that emotion regulation training can help families build resilience. Andriani et al. (2017) found that emotion regulation training effectively increases resilience in caregiver-family schizophrenia patients in their study "Effectiveness of Emotion Regulation Training to Increase Resilience of Caregiver-Family of Schizophrenia Patients." Although the subjects in Andriani et al.'s (2017) study differ from those in this study, this study supports the notion that emotion regulation training can increase resilience in housewives during the COVID-19 pandemic.

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