Thematic Review of Factors That Contribute to Family Well-Being During Movement Control Order (MCO)

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ABSTRACT

Family well-being is critically essential in shaping a sustainable healthy society and nation. This is important when the nation is struck with disasters such as the pandemic covid 19. Family units must be strong in facing the adverse effects of the pandemic. Preserving family well-being is consistent with the 11th Malaysia Plan (RMK 11) which sets one of its targets to improve the well-being of society. Therefore, the goal of this thematic review is to synthesize literature from 2020-2022 on the family well-being during COVID-19 using ATLAS.ti 8. A keyword search, followed by a filter using inclusion criteria from SCOPUS, WoS, and Mendeley databases, identified 50 peer-reviewed journal articles. However, after the inclusion and exclusion process, only 39 articles were used as the final articles to be reviewed. A thematic review of these articles identified 63 initial codes characterizing family well-being during pandemic COVID-19, grouped into 5 clusters: 1) spiritual and psychological needs 2) building resilience during COVID-19 3) negotiation 4) motivation and 5) emotional well-being. The results may benefit future studies on family well-being during pandemics and can be a guideline for developing family happiness.

Keywords: family well-being, factors, MCO, thematic review

INTRODUCTION

The outbreak of the pandemic covid 19 had caused various implications to families not only for its morbidity but also mortality. The pandemic had led to mandatory control measures such as total lockdown, quarantine, and social distancing, which affected the the-being of the families. Consequently, the family routine must change to adopt the new normal. The lockdown, for example, had resulted in many working parents working from home and their children having online learning. This increases the burden on parents in terms of roles and responsibilities including childcare and household chores while working from home. During the pandemic, many parents have experienced increased pressures and erosions to social support with implications for their depression. Most parents expressed that during the pandemic, they concern about finances, social isolation, criticism from others, as well as emotional experiences of sadness and loneliness, and these were affecting their parenting (Lee SJ, Ward KP. (2020). Globally, school, and childcare closures and the hiatus of after-school activities have added to parental pressure to balance responsibilities, including becoming the sole providers of supervision and education for their children. All of these had heightened financial and emotional stress. Cluver L, Lachman JM, Sherr L, et al. (2020).

Generally, families are affected by the disruptions of the pandemic. However, these pressures disproportionately affect those who experience health and social inequities, including fewer financial and social resources, crowded homes, and limited technology and internet access (Shim RS, Compton MT. (2020). The collision of these stressors has contributed to increases in domestic violence, and emerging studies have shown an increased frequency of shouting and physical abuse of children since the pandemic began. However, from a positive aspect, the lockdown provided opportunities for families to spend more time together, even some of them venture into family entrepreneurship (Eddy Soeryanto Soegoto et al, 2021), and this created opportunities to build stronger relationships among family members.

This meant that families, particularly those within the same household, would strengthen their bonding and enjoy their happy time together. Consequently, communication in the family has improved as lockdown provided opportunities for families to share and talk about their emotions and feelings as parents and children were spending more time together. The preceding discussion implied that MCO due to pandemic may result in positive and negative consequences thereby leading to the different status of family

wellbeing. This caused one to ponder on what could be the influencing factors for the well-being of a family during a pandemic. Thus, this qualitative study aims to find out the common factors of family well-being during pandemic COVID-19 as discussed in the literature dated from 2020–2021.

MATERIALS AND METHODS

This study employs thematic analysis in a literature review. Clarke and Braun (2013) defined thematic analysis as identifying patterns and developing themes through extensive reading on the subject. The thematic review is conducted using ATLAS-ti 8 as the most appropriate tool being employed at present (Zairul, 2020). This study aims to identify the common factors of family well-being during pandemic COVID-19 as discussed in the literature from 2020–2021.

The first step of this study is to identify the pattern and construct a category to understand the factors contributing to family well-being during pandemic Covid 19. The study's tenets are to analyse and interpret the findings to recommend future research in family well-being. The literature was chosen using a variety of criteria, including:

- 1. Publications between 2020 and 2021,
- 2. Has at least one keyword (s) of "family well-being during COVID-19", and
- 3. Specifically focuses on the topic areas of family studies, social work, women's studies, social sciences transdisciplinary and psychology, social and environmental health, public health, and child development in Scopus and the Web of Science.

To assist in defining the most prevalent factors of family well-being during pandemic COVID-19, the choice to limit the topic area was made to narrow the scope of the research field.

 Table 1: Search strings from Scopus and Web of Science (WoS)

Journal	Search strings	Results
SCOPUS	TITLE-ABS-KEY ("Family well-being" AND	20
	"covid-19") AND (LIMIT-TO (OA, "all"))	results
WOS	ALL= ((Family well-being during covid-19))	19
		results

The literature search was conducted based on publications of SCOPUS, WoS, and Mendeley. There were 20 papers from SCOPUS and 19 from WoS. Psychiatry and medical science research were excluded as

they are not relevant to the main objective of the study. The study used the computer-Aided Qualitative Data Analysis (CAQDAS) technology i.e ATLAS-ti 8 to assist in analyzing the qualitative data. In this ATLAS-ti 8, the articles were sorted as primary documents by author, issue number, periodical, publisher, volume, and year of publication. Consequently, publications can be studied depending on the year they have been published and the themes that were being addressed at the time they were released.

Not all studies focused on factors contributing to family well-being during pandemic COVID-19, so ATLAS.ti 8 performed a second screening to focus on the study's primary goal. Thus, publications on the challenges of family well-being from medical science perspective were also omitted from the selection process. As a result, only 39 papers were deemed worthy of inclusion in the ATLAS.ti 8 review materials (Figure 1). The new categorization tool in ATLAS.ti 8 has made sorting more accessible and more logical. Sixty- three codes were developed in the first round of coding. A total of 20 initial final codes were organized into four key themes after screening. Four main themes emerged from the replies to this study question: "What are the common factors of family well-being during pandemic COVID-19 discussed in the literature from 2020 – 2021?". The findings of this review will be divided into two parts, namely quantitative findings, and qualitative findings.

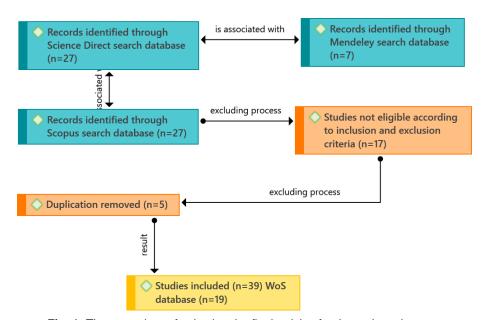


Fig. 1: The procedure of selecting the final articles for thematic review

RESULT AND DISCUSSION

Quantitative Findings

According to the findings of this review, social and family researchers worldwide are increasingly researching the variables that contribute to happy family life during the pandemic of COVID-19. There were also reports of publications from other nations such as Belgium, Brazil, Canada, China, Germany, India, Indonesia, Israel, Italy, Japan, Malaysia, the Republic of Turkey, South Africa, Spain, and the United States of America. As a general tendency, more research was published in 2021, with 26 articles, as compared to 2020 with 14 publications. Accordingly, the total number of relevant publications from 2020 to 2021 is 40 articles.

Table 2: The distribution of articles according to the year published

Countries	2020	2021
Belgium	-	1
Brazil	-	1
Canada	2	1
China	1	2
Germany	1	3
India	-	1
Indonesia	-	1
Israel	1	-
Italy	1	-
Japan	-	1
Malaysia	1	-
The Republic of Turkey	1	-
South Africa	1	-
Spain	1	1
The United States of America	5	12
Total	15	24

Qualitative findings

Overall view on how the RQ is answered through thematic reviews

A thematic review of these 39 articles identified 63 initial codes characterizing family well-being during pandemic COVID-19, which are then grouped into 5 clusters: 1) spiritual and psychological needs 2) Building Resilience during

COVID-19 3) negotiation 4) motivation 5) emotional well-being. The clusters are shown in the following figure 2:

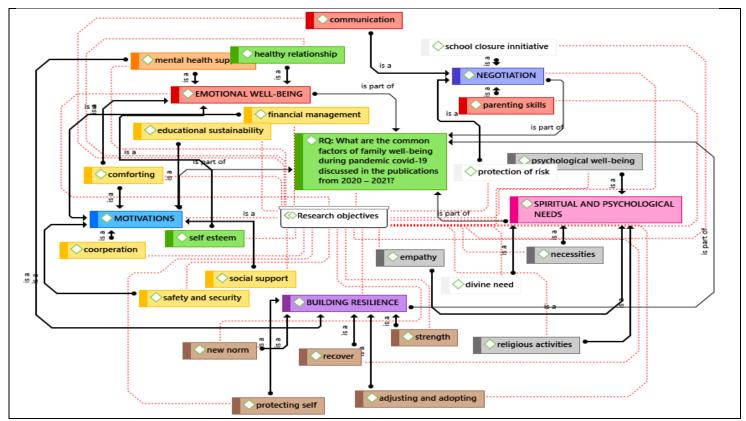


Fig. 2: An overall view of thematic reviews

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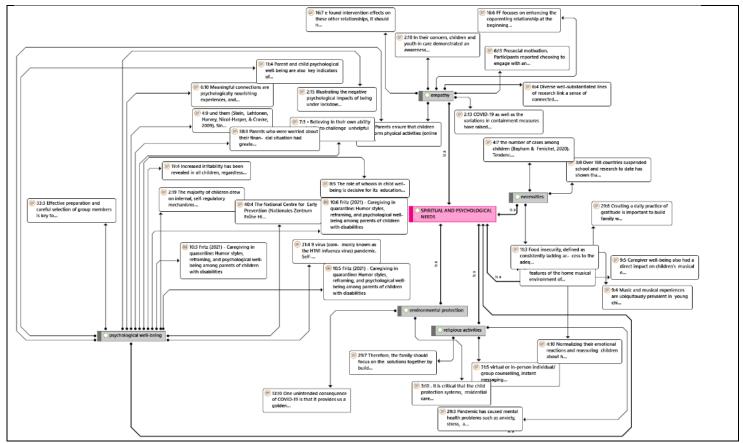


Fig 3: Spiritual and psychological needs factors

Theme 1 - Spiritual and psychological needs

The overall description of the spiritual and psychological needs is shown in figure 3 above.

A study from the literature shows that spirituality positively contributes to the well-being of the family (Hidayatul Sakinah Mohd Zulkifli, et al, 2022). Prompt and sufficient spiritual support care can avoid more serious distress and anguish (Rafeah Saidon, et al, 2020). Spiritual needs are defined as needs and expectations which humans have to find meaning, purpose, and value in their life, such needs can be specifically religious, but even people who have no religious faith or are not members of organized religion have belief systems that give their lives meaning and purpose. It is also a willingness to have trust, hope, love and truth, to seek the meaning and the aim of life, relationships, forgiveness, etc (Ezgi Karadag, 2020).

Psychological needs comprised of physiological needs, safety needs, love and belonging needs, esteem needs, and self-actualization needs. In today's times of the COVID-19 pandemic, spiritual skills can be a resource to address mental health issues, both among the general population, especially the most vulnerable, including the elderly, sick, marginalized and those affected by psychiatric conditions, and certain categories of workers, including healthcare professionals. All of these mentioned are at a high risk of mental health disorders, such as anxiety, depression, burnout and post-traumatic stress disorders. Therefore, to address the spiritual needs and religious beliefs of patients and families, public health stakeholders should ensure the continuity of spiritual and religious activities during the pandemic as well as the training of healthcare professionals on this topic (Francesco, 2021). At the same time, it is evident that spirituality and religious practices are protective factors connected not only with psychological and mental but also physical health. Research also proves that the family is a protective factor concerning mental health, even in a period so full of stress factors. (Ilaria Coppola, et all, 2021).

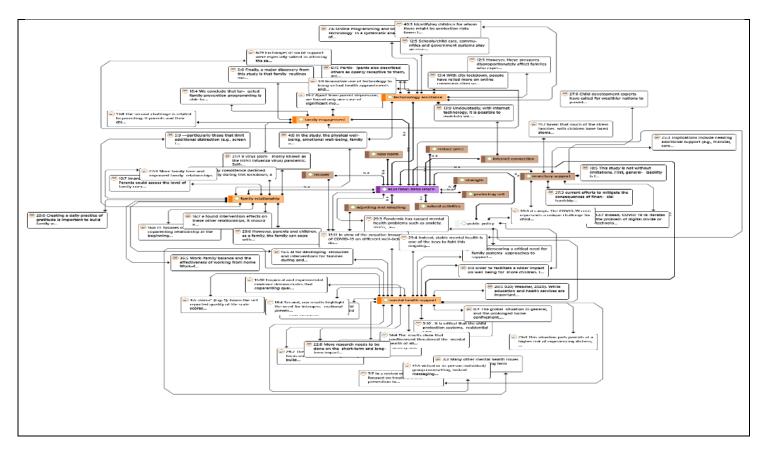


Fig. 4: Building resilience factor

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Theme 2: Building resilience factors

The overall description on the building resilience factors is shown in Figure 4 above.

Building resilience is the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress (M. Manjula & Apoorva Srivastava, 2022). The pandemic has caused unpredictable and uncertain impacts that can pose a threat to the well-being of families. Pandemic has caused mental health problems such as anxiety, stress, and depression. A healthy relationship, communication, faith-based practices, a positive mindset, and building social support are adaptive coping to respond to the crisis and adversity together (Maria Gayatri and Dian Kristiani Irawaty, 2021). The study also highlighted that it could be important for social service organizations to adopt a trauma-informed framework when engaging, assessing, or providing services to families during times of crisis. In parallel, social workers attending to families during the COVID-19 pandemic could screen for childcare needs and make referrals if needed (Catherine A. LaBrenz, et al, 2021).

Suniya S. Luthar1, Ashley M. Ebbert and Nina L. Kumar (2021), conducted research during the first two months of the pandemic, using a mixed-methods approach with a sample of over 2,000 students across five high schools. Responses from students highlighted concerns about schoolwork and college, but equally, emphasized worries about families' well-being, and positive outreach from school adults. The findings have recurred across subsequent school assessments, and strongly resonate with contemporary perspectives on resilience in science and policy. Researchers suggested if serious distress is to be averted among youth under high stress, interventions must attend not just to the children's mental health but that of salient caregiving adults at home and school. They conclude with some specific recommendations for community-based initiatives to address mental health through continued uncertainties of the pandemic.

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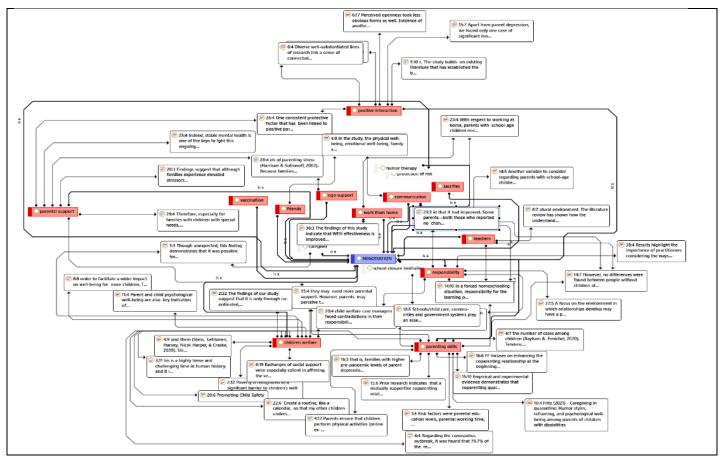


Fig. 5: Negotiation factor

Theme 3: Negotiation

The overall description on the theme of negotiation is shown in the above Figure 5.

To maintain the family's wellbeing, negotiation with appropriate parties is very important such as teachers, welfare organizations, parental support groups, policymakers, and any related organizations. During the onset of the COVID-19 pandemic, child welfare case managers for example faced contradictions in their responsibility to make regular inperson contact with children and families to promote safety, permanency, and well-being while following public health directives to avoid social contact in order to curb COVID-19 infections (Kristen D. Seay, Amanda Stafford McRell, 2021). In response to this issue, federal guidance was issued regarding the use of technology to maintain mandated contacts with children in foster care. States had to make decisions about how to handle other contact types. It is undeniable that the effects of COVID-19 and related restrictions on individuals with dependent children are greater than those without children. The research by Mathias Huebener, Sevrin Waights, C. Katharina Spiess, and Nico A. Siegel (2021), found that the Covid 19 crisis lowered the relative well-being of individuals with children, especially for individuals with young children, women, and persons with lower secondary schooling qualifications. They suggest that public policy measures that can have large effects on family well-being, with implications for child development should be imposed.

Maria Spinelli, Francesca Lionetti, Massimiliano Pastore and Mirco Fasolol (2020) further explain that dealing with quarantine is a particularly stressful experience for parents who must balance personal life, work, and raising children, being left alone without other resources. This situation puts parents at a higher risk of experiencing distress, potentially impairing their ability to be supportive caregivers. The lack of support these children receive in such a difficult moment may be the reason for their more pronounced psychological symptoms. Therefore, negotiation and supportive interventions for the immediate and the future should be promoted. Similarly, the policies should also be taken into consideration the implications of the lockdown for families' mental health.

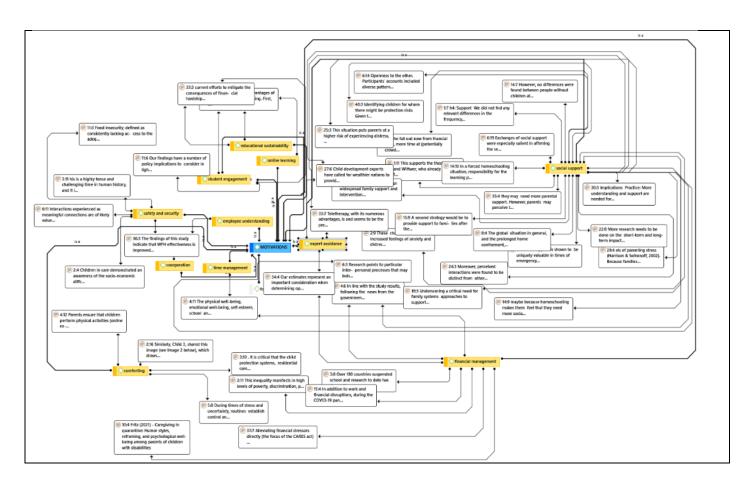


Fig. 6: Motivation factor

Theme 4: Motivation

The overall description on the theme of negotiation is shown in the above figure 6.

Family members are motivated for disaster preparedness mainly for their family safety reason. However, generally, they do not know how to be prepared. Since the knowledge and information in community preparedness are very important, the government agencies for policy and strategy formulations, and the local community should proactively preempt, deal with, and ultimately survive disasters. Motivation in terms of financial management, educational sustainability, social support, employee/employer understanding, expert assistance, safety and security, time management are all the important elements to ensure that the family is continuously prepared and able to meet the evolving needs of their family members in confronting the disaster.

Carolyn R. Bates (2021) pointed out that engagement in family routines exerted a protective effect on family resilience and caregiver wellbeing. Therefore, greater awareness, understanding, and support for policies and interventions that promote the maintenance of protective family practices may motivate and facilitate greater individual, family, and societal resilience during periods of acute health, economic, and social stress. A good example as being practiced in India is a project of the Tata Institute of Social Sciences, namely Sukon, which initiated a five-session online psychoeducational group series on relational wellbeing. However, for the program to be successful well preparation and careful in selecting for online psychoeducational groups were critical. Effectiveness was enhanced by flexibly adapting the therapy process (didactic and interactive elements) to fit online delivery and the cultural context. Identifying the potential of online psychoeducational groups for relational wellbeing could make it a valuable addition to the COVID-19 pandemic mental health response toolkit (Aparna Joshi, 2021).

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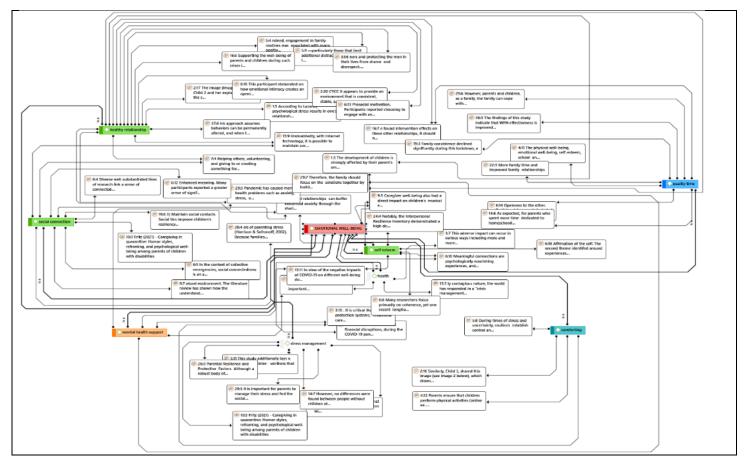


Fig. 7: Emotional well-being factor

Theme 5: Emotional well-being

The overall description on the theme of negotiation is shown in the above figure 7.

The sub-theme identified in this main theme is mental health support, self-esteem, healthy relationship, social connection, mental health support, and comfort. Emotional health is an important part of overall health. Emotionally healthy people are in control of their thoughts, feelings, and behaviors and the most important is they're able to cope with life's challenges. A study by Reo Takaku, and Izumi Yokoyama, (2021) examined how the proactive closure of elementary schools affected various outcomes related to children and family well-being. The data are from a large-scale online survey of mothers whose firstborn children were aged 4 to 10 years. The results revealed a large increase in children's weight and in mothers' anxiety over how to raise their children. This showed that the emotional instability of mothers, as well as their children, affects tremendously the wellbeing of the family.

A study by Samuel Essler, Natalie Christner, and Markus Paulus, (2021) provided unique insights into the relations between parental strain, child well-being, and child problem behavior. The finding showed that decreases in parental strain predicted increases in child well-being and decreases in child problem behavior. The research points to parental stress coping and child emotional adjustment as promising avenues for professionals and policymakers in their efforts to ensure child and family well-being throughout the pandemic.

CONCLUSION

This review paper has identified the most common factors that contribute to family well-being during the pandemic. The findings of this study were categorized into five main themes spiritual and psychological needs, building resilience, negotiation, motivation, and emotional well-being. However, there are some limitations to this review. Only articles from WOS and Scopus in the year 2020-2022 were included in this study, which means that the results are limited to those published between the specified years. Therefore, future research is suggested to expand the search string and the period to gain more information about common factors that contribute to family well-being during a pandemic.

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CONFLICT OF INTERESTS

We declare that there are no competing interests such as financial or personal relationship regarding the writing of this article.

AUTHORS' CONTRIBUTIONS

Author 1 and Co-author 4 designed the study, analyzed the results and wrote the article. Co-author 1 2, 3, and 5 involved in data collection.

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