"A study to assess impact of covid-19 on family relationships among the families residing in the rural areas of Begusarai, Bihar"

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ABSTRACT

First and foremost, the COVID-19 outbreak is a great human tragedy. In the long progression of human suffering, there had been other momentous times of loss, ranging from wars to genocides to massive oppression to other pandemics, but never one so widespread across such an interconnected world. Many people have died; still, more were critically ill. World economies and social structures suffer, and with this comes vulnerabilities to totalitarian and authoritarian politics in many countries. The entire human race was in danger as a result of the coronavirus epidemic, and we were stranded at home. Many people were suffering from uncertainty, anxiety, and severe tension because the conclusion of Covid-19 was unknown. The COVID-19 pandemic has resulted in unprecedented shutdowns, shortages, and sources of stress for individuals and families across the world. The Indian central and state governments introduced an increasingly strict regime of social distancing/isolation measures to slow the rate of infection early in the pandemic March to April 2020. These measures present significant risks to the population, over and above the health threat associated with COVID-19, including compromised family mental health and relationships. Dealing with threats to their health from COVID-19 itself by trying to avoid and survive infection, but

there had also been so many special meanings for families. For many, there, very directly, was the loss of family members (with those losses often occurring in ways removed from family contact that are in this era unusual). To assess the Family relationship among the families residing in the selected rural areas of Begusarai. To find the association between the selected demographic variables and impact of covid 19 on family relationship among the families residing in the rural areas of Begusarai. cross sectional descriptive Survey research design and Quantitative research approach was adopted. The population in this study included family members of rural families of Begusarai, Bihar. Size of the population consists of 60 family members of rural families of Begusarai, Bihar. In this study non probability purposive sampling technique was used. The results showed that the computed Chi-square value for association between levels of family relationship of participants during Covid-19 was found to be statistically not significant at 0.05 levels of significance for any of the selected socio demographic variables. Relationship with family members during Covid-19 – Maximum 27(45%) participants responded as relatively good, 16(26.7%) participants responded as fair, 11(18.3%) participants responded as good, 5(8.3%) participants responded as relatively bad and remaining 1 (1.7%) participants responded as bad.

Keywords: Assessment, Covid-19, Impact, Family, Relationship, Rural Areas

INTRODUCTION:

To overcome all odds in life, all one needs is a solid family. Whatever a person's day has been like, no matter how people have treated them, and no matter what challenges they have been facing, the happy faces of family members help to keep things in perspective.

The entire human race is in danger as a result of the coronavirus epidemic, and we are stranded at home. Many people are suffering from uncertainty, anxiety, and severe tension because the conclusion of Covid-19 is unknown. People strive to take precautions such as wearing a mask, obeying lockdowns, observing social separation, and exercising hygiene procedures in order to survive the epidemic.

People, on the other hand, lived active and vibrant lives prior to the outbreak, and were involved in a variety of roles and activities. They had to adjust their lives after Covid-19 and become more passive. They must now remain at home and limit their outdoor activities. Many people have been apprehensive and stressed as a result of all of these abrupt changes. Sleeping issues, overeating, passivity, family tensions, and the deterioration of the digestive and immunological systems are common physical and psychological disorders among children and the elderly. People are at danger of contracting numerous infections and viruses as a result of this issues

The COVID-19 pandemic has resulted in unprecedented shutdowns, shortages, and sources of stress for individuals and families across the world. The Indian central and state governments introduced an increasingly strict regime of social distancing/isolation measures to slow the rate of infection early in the pandemic March to April 2020. These measures present significant risks to the population, over and above the health threat associated with COVID-19, including compromised family mental health and relationships.

The epidemic of COVID-19 does not just limit to affect people's health condition on their lungs. It has a wider sphere of influence on the social health of people. With the dramatic increases in the number of cases, many regions and people experience a high level of public anxieties and worries.

Since the outbreak, not only China has imposed a strict lockdown and quarantine to contain the sickness, but countries all over the world have followed suit. The increase in time spent with family and family members is one of the most visible results of the month-long lock-down. There are a lot of contacts and exchanges going on, and people's relationships are changing at the same time. Tensions could easily arise or be exacerbated as a result of these intimate contact.

Domestic violence is becoming more prevalent over the world as a result of increased engagement. Physical, emotional, sexual, and domestic abuse are common among children in many parts of the world

According to the United Nations Educational, Scientific, and Cultural Organization, 1.38 billion children are out of school. Economic stress is another factor contributing to the rise in domestic violence among families with little experience. Women in the home are another target of domestic violence

The coronavirus has had a profound effect on the world in a multitude of ways. By the time this appears (written in mid-April 2020), we probably will have some better sense of its ultimate impact. This essay centers on only one meaning of its effects: How it has impacted family life.

First and foremost, the COVID-19 outbreak is a great human tragedy. In the long progression of human suffering, there have been other momentous times of loss, ranging from wars to genocides to massive oppression to other pandemics, but never one so widespread across such an interconnected world. Many people have died; still, more are critically ill. World economies and social structures suffer, and with this comes vulnerabilities to totalitarian and authoritarian politics in many countries.

Having said that, reactions to COVID-19 also present a once in a lifetime international social experiment about family life, perhaps the most widespread social experiment of all time. Not only have individuals and families been dealing with threats to their health from COVID-19 itself by trying to avoid and survive infection, but there have also been so many special meanings for families. For many, there, very directly, is the loss of family members (with those losses often occurring in ways removed from family contact that are in this era unusual). For almost everyone, there are anxieties and other feelings related to such potential losses (Weingarten & Worthen, 2018). Combine this with the other problems (e.g., increased unemployment and financial vulnerability) that accompany the pandemic, dealing with loss and possible loss are ubiquitous (Walsh, 2019).

Objectives:

- To assess the Family relationship among the families residing in the selected rural areas of Begusarai.
- To find the association between the selected demographic variables and impact of covid 19 on family relationship among the families residing in the rural areas of Begusarai.

Methodology

Study design

In this study, a cross sectional descriptive Survey research design and Quantitative research approach was adopted.

Study population

The population in this study included family members of rural families of Begusarai, Bihar.

Study area

The present study was conducted in selected rural areas of Begusarai, Bihar.

Sample size

Size of the population consists of 60 family members of rural families of Begusarai, Bihar.

Sampling method

In this study non probability purposive sampling technique was used.

Inclusion criteria

Family members who were:-

- ❖ Available during the period of data collection.
- ❖ Willing to participate in the study.
- ❖ Patients who could speak and understand English and Hindi.

Exclusion criteria

Family members who were:-

- ❖ Having serious illnesses at the time of data collection.
- ❖ Not willing to participate in the study.

Data collection tool

Rating scale for assessment of family relationships was used to collect the data from family members.

Development of tool

The structured tool was divided into 2 parts which consists of demographic data and rating scale for assessment of family relationships.

Part I : Demographic Data:

It consists of 6 items related to demographic data which includes Age, gender, religion, family income, type of family and number of family members.

Part II: Rating scale for assessment of family relationships with family members during Covid-19

A rating scale for the assessment of the impact of Covid-19 on family relationships among family members consist of 16 statements regarding different areas of family relationships. There are five ratings for each item with different options for each item of rating scale. Participants had to rate their opinions according to their relationship with their family members. The total family relationship score was ranging from 16 to 80, which was further arbitrarily divided into three levels of relationship as follows-

- • 16-37: Poor relationship
- • 38-58: Fair relationship
- • 59-80: Good relationship

Data collection

A formal written permission was obtained from the institute's ethical committee and Formal administrative permission was obtained by hospital administration. Samples were selected as per the sampling criteria. The purpose of the study was explained and co-operation required from the respondents was explained to them. 60 family members of rural families of Begusarai, Bihar were selected with assured Confidentiality. Consent to participate in the study was obtained from each sample. Data was collected by using interview technique.

Statistical analysis

The obtained data was analyzed by using descriptive and inferential statistics in accordance with the objectives of the study. The collected data was tabulated and analyzed by calculating frequency, percentage, mean, median, mode, standard deviation and range, Chi square test was used to find out the association between family relationships score and demographic variables. Bar diagram, pie diagram, cylindrical diagram, cone diagrams were used to depict the findings.

Ethical clearance and informed consent

Institution's ethical review committee's permission was taken. Written permission was obtained from the ethical committee of School of Nursing Science, ITM University, Gwalior. After explaining the type and purpose of study data was collected. The family members of rural areas of Begusarai, Bihar had the freedom to withdraw from the study at any time without giving any reason.

RESULTS

Findings related to socio-demographic variables of participants

It was founded that

1) Majority of the participants 17(28.3%) belonged to age group of 31-40 years, 15(25%) of participants belonged to 21-30 years and 41-50 years, 7(11.7%) of participants were belonged to above 50 years of age and remaining 6(10%) of participants were belonged to 10-20 years of age

2) Majority of the participants 31(51.7%) belonged to females and 29(48.3%) were males.

3) Majority of the participants 31(51.7%) belonged to Hindu religion, 17(28.3%) participants belonged to Muslim religion, 9(15%) participants belonged to Christian religion and remaining 3(5%) participants belonged to other religion.

4) Majority of participants 22(36.7%) had 10001-20000 income/month, 19(31.7%) participants had below 10000 income/month, 10(16.7%) participants had 20001-30000 income/month and remaining 9(15%) participants had above 30000 income/month.

5) Majority of participants 27(45%) belonged to joint family, 21(35%) participants belonged to nuclear family and remaining 12(20%) of participants belonged to extended family.

6) Majority of participants 25(41.7%) had 2-4 family members, 22(36.7%) participants had 5-6 family members, 7 (11.7%) participants had more than 6 members in family and remaining 6(10%) participants had 2 members in family.

Findings related to family relationship scores among participants

- **Relationship with family members during Covid-19 –**

Maximum 27(45%) participants responded as relatively good, 16(26.7%) participants responded as fair, 11(18.3%) participants responded as good, 5(8.3%) participants responded as relatively bad and remaining 1 (1.7%) participants responded as bad.

- **Quarrelling with family members during Covid-19-**

Maximum 27(45%) participants quarrelling as rarely, 20(33.3%) participants never quarrelling and remaining 13 (21.7%) participants quarrelling as some times.

- **Having negative feelings during Covid-19-**

Maximum 23(38.3%) participants responded as rarely, 20(33.3%) participants responded as sometimes, 13(21.7%) participants responded as never and remaining 4(6.7%) participants responded as usually.

- **Time spent together with family members during Covid-19-**

Maximum 24(40%) participants responded as sometimes, 14(23.3%) participants responded as always, 12(20%) participants responded as sometimes, 8(13.3%) participants responded as rarely and remaining 2(3.3%) of participants responded as never.

- **Interaction and communication with family members during Covid-19-**

Maximum 26(43.3%) participants responded as relatively good, 17(28.3%) participants responded as fair, 12(20%) participants responded as good, 4(6.7%) participants responded as relatively bad and remaining 1(1.7%) participants responded as bad.

- **Mutual trust among family members during Covid-19-**

Maximum 27(45%) participants responded as relatively good, 14(23.3%) participants responded as fair, 12(20%) participants responded as good, 6(10%) participants responded as relatively bad and remaining 1(1.7%) of participants responded as bad.

- **Meeting the needs of other family members during Covid-19**-

Maximum 24(40%) participants responded as relatively good, 16(26.7%) participants responded as fair, 11(18.3%) participants responded as good, 6(10%) participants responded as relatively bad and remaining 3(5%) participants responded as bad.

- **Satisfaction with family relationships during Covid-19**-

Maximum 27(45%) participants responded as more satisfied, 18(30%) participants responded as average, 9 (15%) participants responded as extremely satisfied, 4(6.7%) participants responded as less satisfied and remaining 2(3.3%) participants responded as unsatisfied.

- **Extent of meeting expectation by family members during Covid-19**-

Maximum 24(40%) participants responded as relatively good, 21(35%) participants responded as good, 9(15%) participants responded as fair, 4(6.7%) participants responded as relatively bad and remaining 2(3.3%) participants responded as bad.

- **Love towards family members during Covid-19**-

Maximum 26(43.3%) participants responded as fair, 21(35%) participants responded as relatively good, 8(13.3%) participants responded as good and remaining 5(8.3%) participants responded as relatively bad.

- **Problems in family relationships during Covid-19**-

Maximum 23(38.3%) participants responded as rarely, 20(33.3%) participants responded as sometimes, 9(15%) participants responded as never and remaining 8(13.3%) participants responded as usually.

- **By comparing others my family relationship during Covid-19**-

 Maximum 21(35%) participants responded as relatively good, 14(23.3%) participants responded as good, each 12(20%) of participants responded as fair and relatively bad and 1(1.7%) of participants responded as bad.

- **Effect of parenting/parents care during Covid-19**

Maximum 21(35%) participants responded as rarely, 16(26.7%) participants responded as sometimes, 15(25%) participants responded as usually, 6(10%) participants responded as never and 2(3.3%) of participants responded as always.

- **Fulfilment of family commitments during Covid-19**-

Maximum 27(45%) participants responded as sometimes, 13(21.7%) participants responded as usually, 11(18.3%) participants responded as rarely, 7(11.7%) participants responded as always and 2(3.3%) participants responded as never.

- **Worried about family safety due to Covid-19**-

Maximum 23(38.3%) participants responded as usually, 16(26.7%) participants responded as sometimes, 11 (18.3%) participants responded as always, 8(13.3%) participants responded as rarely and 2(3.3%) participants responded as never.

- **Infection/death due to due to Covid-19 has affected my family**-

Maximum 28(46.7%) participants responded as rarely, 23(38.3%) participants responded as never and 9 (15%) of participants responded as sometimes.

Findings related to association between family relationship scores and selected socio demographic variables.

Chi square test was used to find out the significant association between family relationships score and demographic variables. The present study revealed that, the computed Chi-square value for association between levels of family relationship of participants during Covid-19 was found to be statistically not significant at 0.05 levels for any of the selected socio demographic variables.

DISCUSSION

The study was designed to assess impact of covid-19 on family relationships among the families residing in the rural areas of Begusarai, Bihar. A descriptive survey was adopted for the study. The designated population for conducting the study was rural people of selected rural areas of Begusarai district of Bihar. The study samples were selected from the population by non-probability purposive sampling technique. Present study consisted of all age group people and both genders. As Covid-19 pandemic had impact on all aged group people and affected both gender groups. The problems faced by different age groups and different genders were different. As shown in many previous research articles aged population suffered most with respect to their long term health issues like diabetes, hypertension etc. they did not get adequate medical facilities whenever they needed during Covid-19 pandemic and lockdown. Due to increased household activities women's were more sufferer groups than the males. The problems faced by the child age groups were totally different were mainly related to their academic activities. Study also consisted of participants from all religions and all types of economic backgrounds because the problems during the Covid-19 lockdown were different for different participants with various socio-economic conditions. The type of family and number of family members has direct influence on the relationship among the family members.

Conclusion:

The results of the present study revealed that, impact of family relationship scores of participants living in rural areas revealed that, participants mean was 57.65, median 59, mode 53, standard deviation 5.51 and range was 45-68.

The computed Chi-square value for association between levels of family relationship of participants during Covid-19 was found to be statistically not significant at 0.05 levels of significance for any of the selected socio demographic variables.

All participants included for the study from selected rural areas of Begusarai, Bihar willingly participated in the study. They gave free and frank responses. The conceptual frame work selected for the present study was based on Roy adaption model which is based on a system theory approach and focuses on the concept of man's adaptation to the environment. In this theory individual is described as a bio-physiological adaptive system and describes nursing as a humanistic discipline that places emphasis on the person's own coping abilities.

ACKNOWLEDGEMENTS

DECLARATIONS

Ethical approval: the study was carried out after obtaining approval from the institute's ethical committee and Formal administrative committee of hospital administration. Samples were selected as per the sampling criteria

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TABLE-1

n= 60

S. no.	Demographic variables	Frequency (F)	Percentage (%)
1.	Age		
	a) 10-20 years	6	10
	b) 21-30 years	15	25
	c) 31-40 years	17	28.3
	d) 41-50 years	15	25
	e) Above 50 years	7	11.7
2.	Gender		
	a) Male	29	48.3
	b) Female	31	51.7
3.	Religion		
	a) Hindu	31	51.7
	b) Muslim	17	28.3
	c) Christian	9	15
	d) Other	3	5
4.	Family income/Month		
	a) Below 10,000/-	19	31.7
	b) 10,001- 20,000/-	22	36.7
	c) 20,001- 30,000/-	10	16.7
	d) Above 30,000	9	15
5.	Type of family		
	a) Nuclear	21	35
	b) Joint	27	45

	c) Extended	12	20
6.	Number of family members		
	a) 2	6	10
	b) 2-4	25	41.7
	c) 5-6	22	36.7
	d) >6	7	11.7

Table -1 Frequency and percentage distribution of participants according to socio demographic variables

N=20+20

TABLE-2

Area	Mean	Median	SD	Mode	Range
Impact of Family relationship	57.65	59	53	5.51	45-68

Table-2 Mean impact of family relationship scores of participants

TABLE-3

Level of family relationship		
Poor (16-37)	Fair (38-58)	Good (58-80)
00	29 (48.3%)	31 (51.7%)

Table-3 Frequency and Percentage distribution of participants according to level of family relationship

TABLE-4

S. No.	Demographic Variables	Family relationship		d(f)	Chi square value	Level of significance
		Fair	Good			

1.	**Age**
	
	  a) 10-20 years
	  b) 21-30 years
	  c) 31-40 years
	  d) 41-50 years
	  e) Above50years
		4 9
		6 7
		3
			2 6
			11 8
			4
				4	2.88	**NS**

2.	**Gender** Male Female	11 18	18 13	1	2.43	**NS**

3.	**Religion**
	
	  a) Hindu
	  b) Muslim
	  c) Christian
	  d) Other
		12 10
		5 2
			19 7
			4 1
				3	2.49	**NS**

4.	**Family income/Month**
	
	  a) Below 10,000/-
	  b) 10,001- 20,000/-
	  c) 20,001- 30,000/-
	  d) Above 30,000
		8 11
		7 3
			11
			11
			3 6
				3	3.01	**NS**

5.	**Type of family**
	
	  a) Nuclear
	  b) Joint
	  c) Extended
		12 10
		7
			9 17
			5
				2	2.51	**NS**

6.	**Number of family members**
	
	  a) 2
	  b) 2-4
	  c) 5-6
	  d) >6
		4 12
		11 2
			2 13
			11
			5
				3	1.92	**NS**

Table-4 Association between level of family relationship and socio demographic variables

TABLE-5

Sl. No	Items	Responses				
1.	My relationship with family members during Covid-19	Bad	Relatively bad	Fair	Relatively good	Good
		1 (1.7%)	5 (8.3%)	16 (26.7%)	27 (45%)	11 (18.3%)
2.	Quarreling with family members during Covid-19	Always	Usually	Some times	Rarely	Never
		00	00	13 (21.7%)	27 (45%)	20 (33.3%)
3.	Having negative feelings during Covid-19	Always	Usually	Some times	Rarely	Never
		00	4 (6.7%)	20 (33.3%)	23 (38.3%)	13 (21.7%)
4.	Time spent together with family members during Covid-19	Never	Rarely	Sometimes	Usually	Always
		2 (3.3%)	8 (13.3%)	12 (20%)	24 (40%)	14 (23.3%)
5.	Interaction and communication with family members during Covid-19	Bad	Relatively bad	Fair	Relatively good	Good
		1 (1.7%)	4 (6.7%)	17 (28.3%)	26 (43.3%)	12 (20%)
6.	Mutual trust among family members during Covid-19	Bad	Relatively bad	Fair	Relatively good	Good
		1 (1.7%)	6 (10%)	14 (23.3%)	27 (45%)	12 (20%)
7.	Meeting the needs of other family members during Covid-19	Bad	Relatively bad	Fair	Relatively good	Good
		3 (5%)	6 (10%)	16 (26.7%)	24 (40%)	11 (18.3%)
8.	Satisfaction with your family relationship during Covid-19	Unsatisfied	Less satisfied	Average	More Satisfied	Extremely satisfied
		2 (3.3%)	4 (6.7%)	18 (30%)	27 (45%)	9 (15%)
9.	Extent of meeting your	Bad	Relatively bad	Fair	Relatively good	Good

	expectation by family members during Covid-19	2 (3.3%)	4 (6.7%)	9 (15%)	24 (40%)	21 (35%)
10.	Love towards your family members during Covid-19	Bad	Relatively bad	Fair	Relatively good	Good
		00	5 (8.3%)	26 (43.3%)	21 (35%)	8 (13.3%)
11.	Problems in your family relationships during Covid-19	Always	Usually	Some times	Rarely	Never
		00	8 (13.3%)	20 (33.3%)	23 (38.3%)	9 (15%)
12.	By comparing others my family relationship during Covid-19 is	Bad	Relatively bad	Fair	Relatively good	Good
		1 (1.7%)	12 (20%)	12 (20%)	21 (35%)	14 (23.3%)
13.	During Covid-19 effect of your parenting/ parents care	Always	Usually	Some times	Rarely	Never
		2(3.3%)	15 (25%)	16 (26.7%)	21 (35%)	6 (10%)
14.	Fulfillment of family commitments During Covid-19	Never	Rarely	Sometimes	Usually	Always
		2(3.3%)	11 (18.3%)	27 (455%)	13 (21.7%)	7 (11.7%)
15.	Worried about family safety due to Covid-19	Always	Usually	Some times	Rarely	Never
		11(18.3%)	23 (38.3%)	16 (26.7%)	8 (13.3%)	2 (3.3%)
16.	Infection / death due to Covid-19 has affected my family	Always	Usually	Some times	Rarely	Never
		00	00	9 (15%)	28 (46.7%)	23 (38.3%)

Table-5 Findings related to family relationship scores among participants