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Social Support from Neighbourhood Unit (RT) Leaders for Families of Covid-19 Patients in Sumbersari Subdistrict, Sumbersari District, Jember Regency

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ABSTRACT

COVID-19 has significantly affected Indonesia, including East Java and Jember Regency, resulting in high case rates and widespread psychological distress. Social support from RT leaders plays a crucial role in reducing stress, improving mental well-being, strengthening family resilience, and helping prevent transmission through educational, emotional, instrumental, informational, and appraisal support. This study was conducted because research on RT leaders' social support for families of COVID-19 patients and its psychological impact remains largely unexplored. The objective of this study was to analyze the social support provided by RT leaders to families affected by COVID-19. A qualitative design with a phenomenological approach was employed, involving five primary informants and five additional informants through in-depth interviews. The study was conducted from March to November 2021 in Sumbersari Village, Sumbersari District, Jember Regency. The findings of this study revealed that RT leaders played a significant role in providing informational, emotional, instrumental, and appraisal support to the families of COVID-19 patients. Such support enhanced motivation, facilitated recovery, and strengthened psychosocial resilience within the community. This research is expected to enhance families affected by COVID-19's understanding of the social support provided by RT leaders, so that both COVID-19 patients and those with other illnesses may be encouraged to improve their quality of life, particularly their health.

INTRODUCTION

Coronavirus (COVID-19) is a virus that attacks the human respiratory system and spreads rapidly, with initial symptoms such as fever, headache, cough, and flu-like symptoms, resulting from lower respiratory tract infections (Kementerian Kesehatan Republik Indonesia, 2020). The World Health Organisation (WHO) declared COVID-19 a pandemic on March 11, 2020 (World Health Organisation Indonesia, 2020). Currently, the SARS-CoV-2 virus

remains circulating within the population and continues to mutate. The Indonesian government has officially lifted the COVID-19 pandemic status and declared it an endemic phase.

In 2021, confirmed COVID-19 transmission cases in Indonesia reached 3,967,048, with 1,481,449 recovered patients and 44,172 deaths. The virus has spread across all provinces in Indonesia. In 2021, COVID-19 cases in DKI Jakarta totalled 845,237; West Java, 667,911; Central Java, 461,357; and East Java, 371,088, with 119,038 recoveries and 97,115 deaths. It ranked East Java fourth among Indonesian provinces in terms of COVID-19 cases. One of the contributing regions in East Java is Jember Regency. As of August 21, 2021, Jember recorded 15,157 confirmed COVID-19 cases, 7,476 recoveries, and 3,087 deaths (Dinkes Jember, 2021).

The spread of COVID-19 was identified in several districts in Jember Regency, including Sumbersari District, which reported 2,636 cases in 2021. Sumbersari Urban Village reported the highest number of cases in 2021, with 801 confirmed cases, 209 recoveries, and 117 deaths (Dinkes Jember, 2021). One of the prevention efforts instructed by the Ministry of Health of the Republic of Indonesia was restricting outdoor activities to break the chain of COVID-19 transmission (Purwanto, 2020). These restrictions included working from home (WFH) and studying from home (SFH). The government also established policies for self-quarantine for individuals returning from travel and for self-isolation of COVID-19 patients and their household members. These policies disrupted daily activities during the pandemic. Consequently, the COVID-19 pandemic had a significant impact on Indonesian society, particularly on the economy, resulting in widespread layoffs and increased corporate bankruptcy risk (Yamali, 2020). The pandemic also generated negative stigma toward families of COVID-19 patients, causing them to feel pressured due to social judgment (Abudi, 2020).

Such conditions caused psychological stress among the community, particularly families of COVID-19 patients, leading to mental health issues such as anxiety disorders, stress, and depression. One of the goals of the Sustainable Development Goals (SDGs) is to ensure healthy and well-being, including improving mental health. Mental health disorders have been among the top ten leading causes of disability worldwide for more than a decade. More than 10% of the global disease burden is attributable to mental disorders (Mezulis & Harding, 2016).

One effort to prevent mental health problems among families of COVID-19

patients is through social support. The benefits of social support include psychological and physical comfort, enabling families of COVID-19 patients to receive attention and care from close individuals such as friends, colleagues, neighbours, and community leaders (Kundari, 2020). Additionally, social support from close individuals for families in need (perceived support) increases confidence in facing the pandemic, as they feel cared for and valued by their surrounding environment (Sari & Indrawati, 2016). The role of social support during the COVID-19 pandemic is highly effective in reducing the psychological burden experienced by families of COVID-19 patients.

One form of social support comes from the neighbourhood unit (RT) leader, who oversees the smallest administrative unit in the community and holds formal, structural authority. The RT leader also encourages the community to provide social support to affected families (Santoso, 2020). Their role includes enhancing self-confidence, improving coping strategies, strengthening mental resilience, and improving community health, particularly among the families of COVID-19 patients. Moreover, RT leaders serve as the frontline in handling COVID-19 cases alongside the village-level COVID-19 task force. Such social support is expected to foster positive behaviour among the community and the families of COVID-19 patients, thereby helping prevent COVID-19 transmission (Kundari, 2020).

Various studies related to the COVID-19 pandemic have predominantly focused on patients, healthcare workers, or the general public. As a result, research specifically addressing families of COVID-19 patients remains limited. Previous studies on social support during the pandemic commonly emphasize the roles of the government, healthcare workers, or community organizations. In contrast, the role of RT leaders—who interact directly with affected families—has not been widely explored. To date, no studies have specifically linked RT leaders' social support to the psychological conditions of families of COVID-19 patients, particularly those experiencing mental distress due to stigma and social restrictions.

Therefore, this study aims to analyze the social support provided by RT leaders to families of COVID-19 patients in Sumbersari Urban Village, Sumbersari District, Jember Regency, to support the well-being of individuals affected by COVID-19. This study applies a modified framework of social learning theory and House's theory, focusing on the environmental factor as a determinant of mental health. It examines four types of social support: emotional, appraisal,

instrumental, and informational. The significance of this study lies in providing insights into the role of policymakers in assisting families during crises, offering valuable lessons for future public health emergency preparedness, with an emphasis on environmental aspects and forms of social support in maintaining family mental health. Based on the description above, this study is designed to address two research questions: How do RT leaders provide social support to families of COVID-19 patients? and How does the environmental aspect influence the process of providing such social support?

RESEARCH METHODS

Methods

This study employed a qualitative research approach with a phenomenological perspective. The research was conducted from March to November 2021 in Sumbersari Urban Village, Sumbersari District, Jember Regency. The number of informants in this study depended on the data saturation achieved during the research process. The primary informants consisted of five RT leaders. The RT leaders were selected because they represented the smallest administrative and policy-making unit, had direct knowledge of the conditions of families affected by COVID-19 and their surrounding environment, and were able to manage the community when social disparities occurred during the pandemic. The RT leaders also served as the heads of the micro-scale PPKM in Jember Regency, making them a key source of information and the primary reporting channel to the local Covid-19 task force whenever residents were suspected of having COVID-19. These considerations led the researcher to explore the forms of social support that the RT leaders provided to families of COVID-19 patients.

Data Collection

As a form of source triangulation, the researcher also gathered information from additional informants, specifically the families of COVID-19 patients and survivors, who received social support from the primary informants, totalling five individuals. Families of COVID-19 patients were selected as triangulation subjects because they were the direct recipients of the RT leaders' social support and best understood the daily activities the RT leaders engaged in to provide it. Data collection was conducted through in-depth interviews with both types of informants, selected through purposive sampling. The in-depth interviews with the triangulation subjects were conducted after the primary informants had been interviewed.

Data Analysis

Data analysis in this study used the Interpretative Phenomenological Analysis (IPA) technique. The focus of IPA was the

researcher's interpretation of the informants' lived experiences and the meaning behind their subjective experiences. The analysis process began when the informants shared their experiences, which essentially reflected their own interpretations.

The researcher listened to and recorded the narratives, transcribed them, and reread the transcripts to become thoroughly familiar with the informants' experiences. Initial notes were made in the form of comments and annotations, which served as the basis for early interpretation. These notes were then developed into emergent themes and further organized into superordinate themes with shared meanings. The findings were compiled into a thematic table, reported systematically, and discussed in relation to relevant literature. This study received ethical approval under the number No. 117/KEPK/FKM-UNEJ/X/2021, titled "Social Support of Community Leaders for Families of Covid-19 Patients in Sumbersari Village, Sumbersari District, Jember Regency".

RESULTS AND DISCUSSION

Informational Support Provided by RT Leaders to Families of COVID-19 Patients

Informational support may include guidance, advice, or feedback on situations and conditions individuals experience to help them cope with their problems (Rif'ati et al., 2018). In this study, informational support refers to the guidance, advice, or feedback provided by RT leaders to help families of COVID-19 patients obtain clearer information about their needs during self-isolation. The findings show that all RT leaders provided informational support to families of COVID-19 patients. The informational support included providing information on health protocols, accessing information on the condition of Covid-19 patients' families, handling deceased patients in accordance with health protocols, details on treatment and health services, deliberations to support families' needs, and reporting cases to the village Covid-19 task force.

Information Related to Health Protocols

RT leaders made efforts to provide families of COVID-19 patients with information on health protocols. It was reflected in the following statement:

> "...Yes, I have explained to my residents about Covid-19 itself and the health protocols. I told them to stay healthy, wear masks, and occasionally, I would spray disinfectant. Because around here, there were cases where people were infected or even died. There were 3 residents who died because of Covid-19, and the most recent one was Mrs. Fatih. So, I always remind my residents to comply with health protocols and to

report immediately if there is someone testing positive so that follow-up action can be taken..." (IU 1, 64 years old).

It was confirmed by an additional informant (IT 1):

"...Yes, he did. Besides that, I also read some information myself. When something happened, the RT always took action. For example, he sprayed disinfectant after a resident tested positive. He also emphasized maintaining health protocols, and he usually provided information through WhatsApp, except for disinfectant spraying..." (IT 1, 26 years old).

Families of COVID-19 patients required assistance from RT leaders in finding information that could support them during self-isolation. RT leaders wield significant influence within the community, particularly in mobilizing residents to participate and work together to address the COVID-19 pandemic actively. As the smallest administrative authority with formal and structural responsibilities, RT leaders also act as coordinators to encourage social support for families of COVID-19 patients (Santoso, 2020).

Therefore, during the pandemic, the role of RT leaders was crucial in providing social support to increase self-confidence, improve stress coping mechanisms, strengthen resilience, and enhance public health, especially among affected families. Compliance with health protocols is consistent with Harmiatun (2020), who found that all respondents adhered to health protocols at home, when travelling, and while shopping.

Accessing Information Regarding the Condition of COVID-19 Patients' Families

Families undergoing self-isolation needed to have their conditions monitored so that RT leaders could record data accurately and ensure that the support provided aligned with their needs. RT leaders had attempted to access information regarding the condition of families of COVID-19 patients. Communication was conducted via WhatsApp, utilizing text messages, phone calls, and video calls. It facilitated monitoring by RT leaders and the village Covid-19 task force, enabling them to provide appropriate social support.

It aligns with the community empowerment guidelines for COVID-19 prevention (Kemenkes RI, 2020), which require RT leaders to document the health conditions of all residents, especially COVID-19 patients and their household members, and to encourage residents to report individuals coming from infected areas. An informant stated:

"...Yes, while they were isolating, I contacted them through WhatsApp and asked about their condition. I sent positive messages so they wouldn't feel

stressed during the 14-day isolation. I motivated them regularly. At least once a week, I accessed this information because I also had to report weekly to the village office...” (IU 5, 38 years old).

Another informant added:

“...Yes, he contacted us through WhatsApp, checking on our condition. He also made jokes to cheer us up and gave positive messages...” (IT 5, 40 years old).

Information Related to the Handling of Deceased Patients under Health Protocols

Not all RT leaders provided information regarding the handling of deceased COVID-19 patients because many residents chose not to disclose their illness, resulting in cases where RT leaders only learned about the infection after the resident had died. Such secrecy stemmed from fear of social stigma.

An informant stated:

“...My residents tend to keep things secret. I learned that some were positive from the village Covid-19 task force. There was a resident who died from Covid-19 and I only learned about it when he passed away. The burial was handled directly by the hospital. I accompanied the process with the RW head until midnight. I shared all necessary information through WhatsApp, including complete health protocol guidelines...” (IU 3, 61 years old).

An additional informant confirmed this:

“...Yes, there was a resident who died and the burial followed strict protocols. The RT leader accompanied the task force and security personnel...” (IT 3, 54 years old).

It corresponds with Livana (2020), who noted that stigma led families to hide their illness, making contact tracing difficult and delaying care. The stigma caused psychological stress, anxiety, and depression among COVID-19 patients and their families.

Information Related to Treatment and Health Services

RT leaders, as sources of information, provided guidance related to treatment and health services to families of COVID-19 patients. It was crucial in preventing unmet healthcare needs. RT leaders instructed families to contact them if they needed assistance.

An informant stated:

“...As I said earlier, I conveyed the complete health protocol and the procedure. For example, if someone tests positive, they must report to me. I would report to the village Covid-19 task force, and they would report to the primary health center. This ensures clear procedures so treatment can be

carried out quickly and appropriately..." (IU 3, 61 years old).

An additional informant confirmed:

"...Yes, the RT leader informed us that for medical matters, we should go to the nearest health centre first, and contact him if assistance was needed..." (IT 4, 39 years old).

Deliberation to Support the Needs of COVID-19 Patients' Families

RT leaders have a significant influence in mobilizing the community to support families of COVID-19 patients. However, not all RT leaders held direct deliberations with residents. Instead, groups such as PKK and DAMA coordinated support, as women were considered more active while men were often busy with work. It aligns with community empowerment guidelines (Kemenkes RI, 2020), which State that RT leaders should conduct deliberations to mobilize resources and appoint volunteers. An informant stated:

"...We never held direct deliberations during the pandemic. Support mostly came from the PKK and DAMA groups, who coordinated through WhatsApp to help families in isolation. They reported everything to me. Women are more active here, while men are busy working…" (IU 1, 64 years old).

Reporting to the Village Covid-19 Task Force

RT leaders acted as the reporting channel to the village COVID-19 task force, enabling systematic monitoring and support for families. It aligns with guidelines requiring RT leaders to document and report cases (Kemenkes RI, 2020). An informant stated:

"...Yes, I reported cases to the village office so that patients could receive appropriate handling and assistance during isolation..." (IU 2, 53 years old).

Emotional Support Provided by RT Leaders to Families of COVID-19 Patients

Emotional support in this study refers to empathy, concern, attention, and positive encouragement given by RT leaders. According to House (1981), emotional support provides comfort, reassurance, and a sense of care during stressful situations. The findings show that all informants provided emotional support. An RT leader stated:

"...If we don't care, it's pitiful for our residents. Even if we can't help much, at least we provide accurate information, meet basic needs, and offer attention. I repeatedly encouraged and motivated them so they wouldn't feel isolated. This reduced stress and helped them undergo isolation properly..." (IU 4, 58 years old).

A family member confirmed:

"...Yes, he cared. He often checked on us and provided food. When we were isolating, he motivated us to stay strong and recover soon..." (IT 4, 39 years old).

Emotional support helps families manage psychological stress, increases motivation, and supports recovery (Christiana, 2020; Fauzyah et al., 2020).

Instrumental Support Provided by RT Leaders

The findings indicate that RT leaders provided instrumental support in the form of food and fruits. These came from the village office, the community, and PKK groups. RT leaders did not provide medication or financial assistance because the task force or health services did not supply such items. Instrumental support includes direct assistance such as food, necessities, and financial help (House,1981). COVID-19 isolation policies restricted families' mobility and reduced their ability to meet daily needs (Purwanto, 2020). Therefore, instrumental support became crucial. An informant stated:

> "...For food assistance, residents took turns helping families in isolation. But not in the form of money because we only helped according to our ability..." (IU 5, 38 years old).

Appraisal (Esteem) Support Provided by RT Leaders

Appraisal support refers to encouragement, affirmation, praise, or positive feedback (Sarafino & Smith, 2011). In this study, appraisal support included suggestions, praise, or positive reinforcement. All informants provided appraisal support, primarily through advice. RT leaders viewed gifts or material rewards as unnecessary. An informant stated:

> "...We don't give rewards. We provide attention, basic necessities, motivation, and guidance, such as reminding individuals not to worry too much and to stay focused on their recovery. They should communicate with neighbors or the RT if they need anything..." (IU 1, 64 years old).

Appraisal support increases motivation and contributes to the recovery of COVID-19 patients (Anggraini et al., 2020).

Constraints Faced by Neighborhood Heads (RT) in Providing Social Support to Families of Covid-19 Patients

Self-isolation for Covid-19 patients and their household members underscores the growing importance of the neighbourhood unit (RT) leader in providing social support to families affected by Covid-19. This social support aims to maintain their mental health, prevent stress, and help the families of COVID-19 patients remain motivated to fight the illness during home isolation. The role of the RT is highly needed by families of COVID-19 patients while undergoing self-isolation at home. However, this situation inevitably creates new challenges or obstacles for RTs in delivering such support. The study's findings show that all informants experienced difficulties in providing social support to the families of

COVID-19 patients during their home isolation. The obstacles encountered by each RT varied slightly.

The challenges encountered in providing social support include ineffective communication, as interactions often occurred via mobile phones rather than face-to-face. In addition, some families of COVID-19 patients were unwilling to be open with the RT, whether regarding their need for assistance or updates on their current condition. This reluctance was driven by feelings of shame toward the RT, leading them to be more closed off about their needs and health status.

Other challenges included the behaviour of COVID-19 patient families, who tended to be non-compliant, anxious, and unwilling to receive social support from the RT. Specifically, the main obstacle for RTs was the lack of effective communication due to self-isolation rules that prohibit direct contact with outsiders or severely limit in-person interactions. This situation made it difficult for RTs to provide social support to families undergoing self-isolation at home.

Furthermore, RTs also encountered the challenge of families' reluctance to share information because of fear of negative stigma, as well as non-compliance, anxiety, and refusal to accept the RT's support. These challenges arose because some families still underestimated the RT's role as someone responsible for providing social support to COVID-19 patients and their household members during the isolation period.

This study did not employ methodological triangulation to enhance validity and reliability, and lacked variation among primary informants. Future studies are encouraged to incorporate additional data collection techniques, such as observation, and to include policymakers, such as members of health disaster task forces, as informants.

CONCLUSIONS

Neighbourhood unit (RT) leader provide various forms of social support, informational, emotional, instrumental, and appraisal support, which help reduce psychological stress, increase motivation, and facilitate the implementation of home isolation for families of COVID-19 patients. Although information regarding the handling of deceased patients is not always conveyed due to ethical considerations, overall, the support provided strengthens the psychosocial resilience of affected families. Therefore, sustained collaboration among the RT, the family, and the COVID-19 task force remains essential for optimizing communication, education, and fulfilling needs throughout the isolation period. RTs need to establish structured communication protocols with families of COVID-19 patients through routine reporting, daily

monitoring, and the delivery of clear and consistent health information. In addition, specialized training for RTs and task force members is necessary, particularly in areas such as empathetic communication, community stress management, and social support procedures, to ensure more effective assistance during home isolation. RTs are also encouraged to implement operational policies such as mechanisms for distributing aid, facilitating coordination among residents, and establishing rapid reporting systems to ensure that instrumental, emotional, and informational support is delivered effectively.

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