

Research Article

The Role of Egyptian Family in Confronting COVID-19 (Field Study of Some Recovered Patients)

Nabila Tager KhirAlla Malak*

Sociology Department, Faculty of Women, Ain Shams University, Cairo, Egypt

Abstract

The research topic emerged in an attempt to observe the role of Egyptian family in confronting COVID-19 pandemic. Through revealing the health habits and behaviors in confronting this virus, and identifying its concept, sources of knowledge (traditional and modern sources). The study also identified causes of infection with study cases, its symptoms and repercussions resulting from infection, family role towards the infected member, and reveal the impact of gender, age, and social class dimensions in confronting COVID-19. The study depended upon socialization theory and social role theory. The anthropological approach and its tools, which is observation, thorough interview, and fieldwork guide was used to collect data. A purposive sample of 30 COVID-19 recovered individuals was selected, considering the diversity in gender, age, education, social class, and rural-urban divide. The most important finding of the study was the family role towards the infected member, whether it be a positive or negative role, support and cooperation, or withdrawal and neglect. The family was not the main source of knowledge about COVID-19. Social media was the best and fastest source, followed by specialists, either from relatives or through the media. Initially, the majority of thoughts about the virus were contradictory, which led to anxiety in majority of the study cases. The family acted a crucial role in providing health and psychological support. The causes of infection and its repercussions varied. The family acted a role towards the infected member, either by following healthy behaviors or by confusion due to ignorance and poverty.

Keywords

Role, Family, Recovered Individuals, COVID-19

1. Introduction

Family is the most significant institution to which individuals belong, it acts a crucial role in acquire them health orientations, values, habits and behaviors, by providing them with the appropriate health information, especially in time of health crises and infectious diseases. Some families may exaggerate in implementing medical advices to ensure the health and welfare of its members, it may also exaggerate in the seriousness of the disease and infection; which increases

anxiety and fear of illness and death [18]. One of the most important functions of the family is to care for and protect its members from deviations and diseases and to help them overcome crises and problems. Every family is responsible for caring for its members, especially children and the elderly. Many psychologists have agreed that the care which a person receives within their family is one of the most important factors in developing their physical and mental health [30].

*Corresponding author: ntager@women.asu.edu.eg (Nabila Tager KhirAlla Malak)

Received: 25 January 2024; **Accepted:** 8 February 2024; **Published:** 28 February 2024



Copyright: © The Author(s), 2023. Published by Science Publishing Group. This is an **Open Access** article, distributed under the terms of the Creative Commons Attribution 4.0 License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

The Egyptian family has encountered several successive events as a result of COVID-19 pandemic. The widespread of the virus has prompted several countries, including the Egyptian government, to take exceptional measures and decisions to control the spread of the virus. These measures include home quarantine, which mean that individuals shall adhere to stay at home when they are infected with COVID-19. This resulted in financial, social, and psychological pressure, which fell on the entire family to confront this disease. Enhancing their mental health is very crucial at this stage to confront and administrate the COVID-19 crisis [24].

Despite the efforts of Egyptian government to take preventive and precautionary measures to address the spread of the COVID-19, in July 2020, the Egyptian Ministry of Health recorded the highest daily average of 1,443 cases per day. The daily increase continued to reach 891 cases per day in January 2021 [9].

Being infected by COVID-19 occurred due to several reasons, which led to health, social, economic and psychological repercussions encountered by the Egyptian family.

Several researchers have stated that the continuous pressure by media can lead to increase of anxiety, and to negative effects on mental health, as the constant feeling of being threatened may cause negative effects on the psychological state and the human behavior [11], along with the economic pressure, especially for youth who lost their jobs, thus, the emergence of economic problems, damages and negative effects on various Egyptian families [23].

Here, the family shall bear responsibility of adhering to daily preventive behaviors and precautionary measures to prevent being infected by the virus, considering that the family is the first responsible party for protecting its members [29].

During the COVID-19 pandemic, there has been a lack of domestic stability due to some of the associated circumstances. Anxiety, psychological stress, and stress have increased due to the length of the quarantine, the increase in free time, in addition to the instability of the financial situation and the anxiety about worrying of being infected with the virus. This has imposed on the family to act its role in mitigating the repercussion of this pandemic. This has resulted in changes in the daily lifestyle, the nature of relationships within the Egyptian family, between the family and relatives, acquaintances, and neighbors, and adopting new ways of dealing with emerging crises, which can be considered one of the consequences of infection.

2. Research Topic

The topic of the current research emerged in an attempt to observe the role of Egyptian family in confronting COVID-19 crises. This was by identifying the concept of COVID-19, the beliefs associated with it, reveal the health habits and behaviors to confront this virus; according to the class segment to which the study cases belong (upper, middle, lower), sources

of knowledge about the virus (traditional and modern sources), causes of infection, its symptoms and repercussions resulting from infection with COVID-19, family reactions and their educational, social, economic and psychological role towards the infected person, and practices that the family takes to confront COVID-19 after infection and attempting to prevent the infection of family members. The study depends upon the socialization theory and the social role theory. The researcher used the anthropological approach and its tools, which is observation, thorough interview, and the fieldwork guide. A purposive sample of some individuals recovering from COVID-19 was selected.

2.1. Objectives of the Research

- 1) To identify role of the family in confronting the infection of COVID-19 through identifying the concept of COVID-19, the beliefs associated with it and the different sources on which the family depend.
- 2) To determine the reasons of infections and the repercussions of such infection with COVID-19.
- 3) To specify the family role towards the infected person according to demographic and social variables. Through identifying the practices that the family undertakes with the infected person, and the preventive measures to prevent transferring the infection from the infected person to family members.

2.2. Research Questions

- 1) What is the meaning of the concept of COVID-19 and the beliefs associated with it from the perspective of the study cases?
- 2) What are the sources of knowledge about COVID-19 of the study cases (family, friends, specialists, traditional and new media) and their role in preventing infection?
- 3) What are the reasons of infecting the study cases with COVID-19?
- 4) What are the repercussions of infecting the study cases with COVID-19?
- 5) What practices and roles does the family act in confronting COVID-19 after infection?

3. Definitions of Main Concepts

Family

The in definitions of the family are varied. And it was defined as “a social group, consist of a husband, wife and children who lives in the same home” [4].

The family occupies an important position in society due to the important roles it plays. These roles include physical, social, moral, psychological, and intellectual functions [21].

The family is the essential unit of the society, which designated of the process of socialization and transfer culture, traditions and values among the generations, therefore, pro-

tecting it from breakdown and collapse is a duty for every individual and all institutions of society [1]. And the current study adopts this concept.

The operational definition of the family in this research means "a cases of the Egyptian families, which one of its members was infected with COVID-19 and recovered, their experiences about the reasons of their infection with COVID-19 and the repercussions of infection, from Cairo inhabitant, rural and urban, who agreed to conduct the field study".

The concept of the role

At the beginning of the 20th century, the idea emerged that an individual's behavior may be designed to conform to the expectations of others and the nature of the social situation. Meanwhile, George Herbert Mead developed the idea that the behavior of others affects a person's definition of their individual role, which laid the foundation for the concept of the self and the other. In other words, the influence of the expectations of others on the behavior of an individual [20].

The operational concept of the role is: "the behavior of family member towards the infected person, whether it was a positive behavior of keen, assistance, support and taking care of the infected person till recovery, or negative behavior of fear and withdrawal and negligence till recovery with health complications.

Concept of COVID-19

The World Health organization named COVID-19 as "the virus that causes the severe acute respiratory syndrome known as (coronavirus)" and declared it a global pandemic. It manifests as mild to moderate respiratory symptoms in most patients, who recover without requiring any special medical intervention, especially in children and young people. Some people infected by the virus and develop severe symptoms that require medical care. Those most likely to be infected are people with chronic diseases, such as cardiovascular diseases, diabetes, respiratory diseases, cancer, and other diseases. COVID-19 can cause death at any age [22].

The virus spreads from small fluid particles that are scattered from the mouth or nose of an infected person when they cough, sneeze, speak, sing, or breathe. These particles of droplets can range in size from large respiratory droplets to infinitesimal drizzle. Therefore, it is important to practice respiratory etiquette by coughing or sneezing into the elbow's tuck, and to stay home and self-quarantine when someone is feeling unwell until is fully recovered [28].

The operational definition of COVID-19: "A novel virus that infects the human respiratory system and causes mild, moderate, or severe symptoms. It is surrounded by many rumors that can lead the infected person to depression and fear of death".

The concept of recovered people

The lexicon of Al-Maany al-Jami defines the concept of recovered person as: "A patient who has recovered, regained his health, his illness vanished and been cured of his illness. He has left the hospital after recovering, and he may have

recovered from a terminal illness [25]."

While the procedural definition of the concept of recovered, it agreed with the United Nations definition: "They are the cases for which a PCR test was performed twice during the period from 48 to 72 hours, and the findings revealed that the sample was negative."

4. Previous Studies

Most previous studies concentrated on the practices followed by the family in order to confront COVID-19 and, most of it used the quantitative approaches in collecting and analysis data:

- 1) One of the studies objectivizes to identify the family role in dealing with the concern of spreading COVID-19. In order to realize this objective, a survey to collect the study data was used. The study concluded that health and psychological practices that Saudi families perform to deal with the concern of spreading the virus are high, according to the perspective of the study sample. The study also concluded that families are effective in educating their members about the virus and how to prevent it. Additionally, the study found that the role of the family does not differ depending on the level of education or the number of children [3].
- 2) Another research objectivizes the rural families' implementation level of prudent practices to confront the COVID-19 crisis, The most important findings of the research were that there is a correlation between the rural families' implementation level of prudent practices to confront the COVID-19 crisis, and the variables of age, degree of exposure to mass media, degree of orientation towards environmental conservation, total monthly expenditure, size of agricultural holdings, number of years of formal education, and the degree of consumption rationalization. The decline in income due to the unemployment of some family members as a result of the crisis is considered one of the most important obstacles that rural families face in confronting the COVID-19 crisis. Social media relatives and neighbors represent the most important sources of information related to COVID-19. This is what the current study agreed with [13].
- 3) Another research provided by Department of Economics, Faculty of Economics and Political Science, Cairo University, 2020.

A research team from Faculty of Economics and Political Science at Cairo University, conducted a study consist of 6 portions to analysis the impacts of COVID-19 on the Egyptian economy and the proposed policies to deal with its repercussions. The proposed findings to overcome the crisis were as follows:

- a) Adopting the Egyptian authorities of a series of strict measures and decisions to combat the spread of COVID-19.

- b) Paying attention to the affected groups, especially women and children.
- c) Taking 200 preventive measures by the Egyptian government, and the monitor launched by the National Council for Women to observe the policies and programs that respond to the needs of women during the pandemic.
- d) Citizens' awareness campaigns.
- e) Supporting the health sector and increasing salaries.
- f) Announcing reproductive health services for women.
- g) Providing chronic disease medications.

The role of the Ministry of Social Solidarity, especially Takaful and Karama program, which targeted 100 families, and granting employed mothers paid leave.

The United Nations adopted an Egyptian resolution on "Protecting the rights of women and girls from the repercussions of the novel Corona virus" [17].

- 4) Another study was conducted by Central Agency for Public Mobilization and Statistics through attaching a section in the income survey form, with the intention of measuring the impacts of COVID-19 on the Egyptian families, which received through phone by a team of income and expenditure survey. One of the most significant findings that was found is that the Egyptian family sought adaptation and reduces their consumption of goods specially foodstuffs to compensate the income shortage. Medical supplies (gloves – masks), cleaning and disinfectants, and internet bills have experienced a significant increase in consumption to combat the virus. 89% of families have reduced their consumption of meat, fish, fowl, and fruits. Meanwhile, 92% have increased their consumption of cheaper alternatives, such as rice, cooking oil, and legumes. To further reduce their spending, 50% of families rely on assistance from friends and relatives, as well as 36% have reduced the amount of food in meals, and 19% have reduced the number of daily meals [26].
- 5) Another study objectivizes to reveal the family role in support the recovery of patients with COVID-19.

It is a quantitative study, which was applied to 30 individuals who were confirmed to be infected with from COVID-19 and recovered in the islands of Java and Kalimantan. The findings revealed that once the infection is confirmed, the family begins to provide information support through specialists, reading, or social media, which helps to a rapid recovery. Psychological support for the patient from the family acts an effective role in the recovery of COVID-19 patients. The findings also revealed the economic support of the family through providing the patient's needs, such as food, drink, and rest, in addition to psychological needs such as providing a comfortable place and psychological support, which makes the patient feel that others still need him, especially his family. In addition to social support, which is represented in the support of relatives and friends, avoiding the infected, and spiritual support through the need for worship and ap-

proaching to God. The study showed that the ability of families to adapt to the COVID-19 crisis was high, and it recommended to enhance the development of parenting and family support skills in confronting health emergencies in future [16].

- 6) Another study attempts to identify the social, psychological, and economic problems faced by Saudi families during the home quarantine period during the spread of the COVID-19 pandemic. The study concluded to several key findings, including: There are statistically significant differences in the direction of members of the sample of Saudi families towards the existence of social, economic, and psychological problems as a result of infection with the novel coronavirus, according to demographic, economic, and social variables. The study also provided a number of recommendations that could help to reduce the social, economic, and psychological problems that Saudi families may face during home quarantine in health epidemics and pandemics [6].
- 7) A previous study also emphasizes the impact of socialization on health education in the educational environment among a sample of students. The study concluded that the variation in the cultural and economic level affects the socialization of the student, and the extent of his assimilating to the values and principles of health education, it means that the student who was raised in a family with a good cultural and economic level has a better health awareness than the student who was raised in a family with a poor economic and cultural level. The school significantly impact raising students and upgrading their level of health awareness since it is the place where they spend most of their time. The curriculum also affects the health education of students through the annual programs scheduled by the school administration that cares about the health of students, by training them on the practice of positive health habits [10].
- 8) Another study aimed to identify the implications of the COVID-19 pandemic on family social relations. The study revealed several findings. The positive impacts were increased interaction between spouses, increased dialogue within the family, exploitation of home quarantine time to practice new hobbies, increased relationships with children and concern to provide healthy food for the family. Negative impacts were manifested in some problems in communicating with children, preoccupation with providing the family's requirements. In addition to negative impact on the economic situation due to losing some people of their jobs as a result of the lockdown and the termination of some projects. The researcher made several recommendations, including: paying attention to the remote work system, training workers on this system, teaching parents and students the skills and methods of remote learning [2].
- 9) A study emphasized that Egyptian families faced many

social challenges during the spread of the COVID-19 pandemic. The pandemic tested the family's resilience and ability to cope with adversity. The current research aimed to identify the social impacts of the COVID-19 pandemic on Egyptian families, especially those with children in formal education stages. The findings revealed that Egyptian families faced two types of social impacts as a result of the spread of the COVID-19 pandemic: positive impacts, such as increased social interaction, solidarity, and role-sharing among family members, and negative impacts, such as the inability to participate in social events such as weddings and funerals for family and friends [1].

5. Theoretical Framework

The researcher utilizes the socialization theory and social role theory to reveal the family role in confronting COVID-19.

5.1. Theory of Socialization

The theory assumes that the environment and the social interactions acts a crucial role in forming the behavior of individual and developing its personality. It influences the formation of identities and personal values, and shapes the behaviors and beliefs of individuals. The theory indicates that human behavior is influenced by the social factors that an individual experiences throughout their growth and raising. It is based on the assumption that learning occurs through social interactions that include social models, rewards, punishments, instructions, and guidance. It also assumes that the environmental status and the social conditions in which an individual lives contribute significantly to determining their behaviors and actions. Theory of Socialization emphasizes that the social experiences that an individual goes through are vital in forming their personality, the nature of their thinking, and their behaviors [19].

Hence, the researcher examined the living conditions of the study cases of the recovered individuals through what they learned in the family, and the effect of education and traditional and modern media in confronting the COVID-19 infection.

This was emphasized by the most important concepts of the theory, namely the concept of socialization, which refers to the process of learning and assimilating the norms, values, and behavioral patterns of a society or a particular group. Through it, individuals learn to interact with others, form relationships, and behave in social situations. It is carried out through a variety of canals. The family, peers, education, and the media acts an important role in shaping the individual's identity, beliefs, and behavior. It is a constant process because the individual always finds himself facing situations, roles, and groups that require new behaviors [5, 15].

The concepts of socialization institutions are varied, including: family, school, peers, places of worship, and the

media, such as television and newspapers, etc., which intertwine and intersect with each other. Whereas it acts a significant role in building the individual's personality and his social being. Moreover, the more compatible and harmonious these institutions are, the more cohesive, united, and sustainable the society will be.

Media acts an affective role in individuals' socialization, as it contributes in acquiring them knowledge and information about specific articles, as well as it helps formation the individuals' orientations and values. Media include, TV, radio, newspapers and magazines, where majority of the families have the two examples [30].

The most significant theoretical issues which the current research investigated its validity are demonstrated as follows:

- 1) Social and environmental factors act a role in personality formation and directing individual behavior.
- 2) The individual is affected by social changes and cultural transformations and attempts to adapt to them.
- 3) The social context affects individuals' understanding of social situations and the determining their meanings and interpretations.

5.2. Theory of Social Role

The theory assumes that the individual's behavior and social relation depends upon the role they act within the society. According to Parsons, role theory states that every social actor has a functional role that defines their duties, rights, and social relationships, thus determining their individual and collective behavior. However, the actor's behavior is also determined by the shared ethical norms in which everyone believes. Noting that the individual begins to train for social roles from the beginning of their life through the processes of socialization. These roles define their social status and help others to understand and predict their behavior in advance. If the individual performs their roles and behaves in accordance with their behavioral and ethical norms, they will have succeeded in meeting their needs and fulfilling their approximal and distal ambitions. meanwhile, they will have gained the satisfaction and acceptance of society [27].

The concept of role has been diversified as follows:

Role: Theodore Sarbin defined it as a pattern of actions or behaviors that are learned either intentionally or incidentally, which are carried out by an individual in a situation that involves interaction.

Helen Perlman defined it as: the organized behavioral patterns of a person, in terms of their influence by the position they occupy or the functions they perform in their relationship with one person or more. These behavioral patterns are chosen and formed through several dynamic factors, which are:

- 1) The individual's conscious and unconscious needs and motivations.
- 2) The individual's ideas and perceptions of the mutual obligations and expectations which existed through customs and traditions in the relevant position and the

functions that they perform.

- 3) The consistency or contradiction between the individual's perceptions of obligations and expectations and the perceptions of others with whom they interact. The importance of the role of social institutions, above all the family, in forming healthy attitudes and behaviors in the confronting of diseases is evident here.

The most important issues of theory of role are:

- 1) People learn their roles and others' based on reading and social learning.
- 2) People make expectations about their own roles and others'.
- 3) Individuals encourage each other to act the roles that are expected of them.
- 4) Individuals behave in accordance with the roles that they adopt.

Therefore, according to this theory, it may be noted that the role is the product of the interaction of oneself and the other, and the attitudes towards oneself are the basis of the idea of the role. It is acquired through socialization, and is majorly influenced by the prevailing cultural standards, as well as by the individual's personal experience [8].

In the current study, the families' positive role towards their members who were infected with COVID-19 and recovered was revealed, compared to the negative role acted by some families towards their members who were infected. This led to deteriorating their health and complications that sometimes

led to deteriorating their health and they almost died. Considering the diversity of families to which the research cases belonged in terms of class, urban and rural affiliation, and age.

6. The Methodology

The researcher used the anthropological approach. Its tools are observation and thorough interviews by applying the fieldwork guide as a tool for data collection from some of the recoveries from COVID-19. The researcher modified the guide's questions throughout the fieldwork to reach the results as revealed by the reality. Cases were selected of some recoveries from the COVID-19 who are living in Cairo governate in the period from April 01, 2022 to September 30, 2022. The number of cases was 30, taking into account the diversity of gender, with 17 males and 13 females, and diversity in age, which was divided into three categories: the first category from 19 to 39 years, with 16 cases, the second category from 40 to 59, with 10 cases, and the third category from 60 years and over, with 4 cases. The cases also varied in terms of educational and occupational status, and also varied in terms of class affiliation (upper, middle, lower), and families also varied between rural and urban families. The following table demonstrate the characteristics of the research cases:

Demographic Characteristics of cases of COVID-19 Recovered Patients

Table 1. Characteristics of study cases.

Characteristics	Numbers
Age	First group, from 19 to 39 years old, number (16). Second group, from 40 to 59 years old, number (10). Third group, 60 years old or older, number (4).
Gender	Female (13), males (17)
Residential environment	Rural (13), urban (18)
Education	Illiterate: 2, Primary school: 2, Intermediate school: 1, University: 19, Postgraduate: 6
Profession	Nurse 1, unemployed 3, Day-laborer 2- Accountant 2, Specialist 6, Student 2 Professor 4, Researcher 2, Counselor 2, Teacher 3, Lawyer 1, Merchant 2
Marital status	Single (13), Married (12), Widowed (3), Divorced/ Separated (2)
Social economic level	Upper (6), middle (19), lower (5)

The fieldwork guide covered the basic data of the study cases and the field section that consist of five axes as follows:

- a) The first axis is about the concept of COVID-19 from the perspective of study cases, including beliefs and rumors associated with it.
- b) The second axis regarding sources of knowledge about

COVID-19, including traditional and modern sources, the conflict of information, the most credible sources, and their impact on the health and psychological condition of the infected person.

- c) The third axis regarding the causes of COVID-19 infection, treatment methods followed by the family, and

their relationship with class, age, and rural-urban dimensions.

- d) The fourth axis is about the repercussion of infection and the family's role towards the infected person, represented in their educational, health, social, psychological, and economic roles, and prevention methods.

7. Discussion of Findings

7.1. COVID-19 Concept from the Perspective of Study Cases

Majority of the high class and some of the middle-class defined COVID-19 as a virus that infect human respiratory system, which first appeared in Wuhan, China, as a result of eating bats. It evolved itself into a dangerous virus that can cause death. It is transmitted from an infected person through breathing, coughing, sneezing, or contact with a contaminated surface. It has symptoms similar to the flu, such as body aches, headache, fever, and short of breath. It can cause pulmonary fibrosis and may lead to death. Regarding the rumors about COVID-19, most cases from the upper and middle-classes mentioned that "it is a mutated virus that is transmitted through contact between people through visits". Others added that "it is a genetic virus that was used as a biological weapon and was manufactured in Chinese laboratories in Wuhan and then spread to the world". Case number 6 from the upper-class added that it is a mutated virus from the flu, but it is more dangerous in terms of spread. Whatever the preventive measures are taken, infection can occur and impair the immune system. The number of deaths increased before the treatment was discovered. Case number (18) from the middle-class added that it is an infectious virus that is transmitted from the infected deceased to the healthy person, and no cure has been discovered.

Few cases from the lower-class agreed with cases from the upper and middle-classes in defining COVID-19 and beliefs about it. However, they emphasized that: COVID-19 is a virus that has spread all over the world. They explained this with superstitious and religious interpretations that it is God's anger, as case number (28) from the lower-class stated: "The virus is God's anger towards his servants because of the moral corruption that is happening in the world, and the being away from God, because those who do not have faith have no trust." Case number (30) from the lower-class confirmed this by saying: "Nothing happens beyond the destiny, and You can't avoid your destiny." This proves the confusion between religious, superstitious sayings, and proverbs that established in minds.

The forgoing demonstrates the impact of socialization on the cases. The study demonstrates that cases from the upper-class and some cases from the middle-class were more aware of the scientific concept of COVID-19, which demonstrates the impact of education and class on the acquisition of

accurate knowledge. In contrary, some cases from the lower-class, both in urban and rural areas, interpret the infection with religious and superstitious interpretations. This is a result of the socialization of the individual in the family. However, some of them had information about the virus as a result of exposure to social media through mobile phones, which have become available to majority of age and class groups.

7.2. Source of Knowledge of the Study Cases About COVID-19

A. Traditional sources

The sources exemplified by the family, relatives, neighbors, friends, specialists, and television. The field study emphasized that most of the information about COVID-19 within the family, among relatives, neighbors, and friends, was derived from television and modern communication means through specialists and doctors.

Majority of cases from the lower-class and some from the middle-class, especially the elderly, have demonstrated that traditional sources, especially television, are the fastest in disseminating information in general and information about COVID-19 in particular. This is because television reaches a large segment of the public, both educated and uneducated.

B. Modern sources

The sources exemplified by the internet, Facebook, YouTube, Twitter, Instagram, and Telegram. Majority of cases emphasized that modern sources were faster than traditional sources in disseminating knowledge and awareness about the virus, especially Facebook and YouTube.

Therefore, the internet and television are the most sources that broadcast information about the virus from the perspective of the study cases, followed by friends and family, and lastly newspapers and radio.

C. The impact of sources of knowledge on study cases

Sources of knowledge, whether traditional or modern, had a positive and negative impact.

Regarding the positive impact, majority of cases in the study emphasized that some sources of knowledge had a positive impact in defining the virus, its causes, treatment methods, and provide advice and precautionary measures that shall be taken to prevent the spread of infection, especially when the information is from specialists and publications of the Egyptian Ministry of Health and the World Health Organization. Some cases from the upper-class emphasized that they were following doctors who posted videos and awareness publications on Facebook on how to prevent the virus, especially healthy foods that boost the immunity. Some cases from the upper-class emphasized that there is no difference between modern or traditional sources except in terms of use and speed, and therefore they attracted young people more than the elderly.

Regarding the negative impact, some modern sources of knowledge had a negative impact on the study cases through disseminating false information about the virus, or contra-

dictory opinions, and exaggerated rumors about the increase in the number of cases and deaths and the inability to manage the infected cases.

This caused stress and anxiety to majority of the cases, which led to a decrease in interactions and social relationships. Some study cases suffered from social and psychological pressures and negative effects. Due to some false information, some cases were afraid to interact with people, especially those with colds.

Rumors about the end of the world spread, and that it was a genocide war by the major powers to get rid of humans and the idea of survival of the strongest.

Hence, the role of the family towards the COVID-19 patient is demonstrated by referring to other means to reach the correct information. This was clarified by case number (15) from the middle-class: "I was worried and anxious by the false information, and my mother checked any information from a WhatsApp group of the Red Crescent".

The conflicting information about the number of deaths caused fear of death at majority of the study cases, especially for those whose work required contacting with others. This was emphasized by case number (15) from the middle-class: "I was worried about my mother and children because I am a teacher who deals with students in private lessons after applying the online method, and my children never complied with wearing a mask when they out because they were young people who did not believe it." There were also rumors that the virus was created and transmitted from a deceased infected person to a healthy person.

The previous study case clarifies that young people are among the most groups that do not comply with precautionary measures. The contrary is true for the elderly with chronic diseases such as hypertension, diabetes, and heart disease.

Knowledge of health information through the media was associated with social class, age, education, and whether or not the person was infected with the virus. Most cases from the upper-class and some cases from the middle-class were more exposed to the media and the advice of doctors and specialists, and therefore more knowledgeable about everything related to the virus. Especially after studies and research were conducted and the treatment protocol that was adopted, and the vaccines that protect against COVID-19 infection appeared. However, most cases from the lower-class found that relationships and personal contact with others, especially family members, in particular, those who are educated, were important sources of information for them.

Another important finding was that there was a positive relationship between the exposure of study cases to health information through traditional and modern media and confronting the infection.

7.3. Causes of Infection with COVID-19

The role of socialization within the family was evident while clarifying the reasons that led to infection with

COVID-19. The causes of infection varied according to social class, age, rural and urban areas, and the most important of them were:

- 1) Contact with infected patient and non-compliance with precautionary measures.

Most of the study cases agreed that the main cause of infection is contact with an infected patient and being in crowded places, without complying with precautionary measures, such as: (social distancing, avoiding handshakes, hugs and kisses, wearing a mask, using sanitizers, and quarantine the infected patient).

- 2) Poverty and illiteracy:

The statements of some middle-class cases and most of the lower-class cases revealed that the cause of the infection was poverty and illiteracy, which manifested as lack of care and commitment to precautionary measures, especially among young people, due to socialization by the family, which underestimated the personal hygiene and taking care of infection prevention. In addition to the high costs of masks and disinfectants, especially after the spread of the virus, to overcome that, some lower-class cases resorted to cheaper alternatives.

Case number (28) from the lower-class expressed this by stating: "I wasn't concerned with COVID-19 infection, I left it to God, and I careless, so I got infected first, and my mother got infected from me and died. I was carrying her and taking her to the hospital without caution, so I severely infected again. This was due Ignorance."

Another case from the lower-class, number (30), added: "Everything is according to God's will, and masks and alcohol are expensive, we will buy masks after we affording food-stuffs. My neighbor, because she is afraid, was forced to buy cloth masks, she washes and reuse them."

- 3) Immunodeficiency

Field work revealed that immunodeficiency in some cases led to COVID-19 infection. This was confirmed by most cases in the upper-class and some cases in the middle-class. Case number (3) expressed this by saying: "Although I was wearing a mask, using alcohol, and avoiding kissing, I was infected, due to my poor of my immunity, even ordinary colds make me very sick".

- 4) Visiting healthcare facilities

Some cases were infected as a result of taking patients infected with COVID-19 to healthcare facilities. Some cases also suffered from the lack of capacity of healthcare facilities and medical teams. Some rural families mentioned the negative effects of the geographical distance of treatment facilities in aggravation the infection and deteriorating the health condition.

The above findings demonstrate the impact of socialization of the individual in the family, through which health concepts and scientific or superstitious interpretations of the causes of illness and infection are transmitted. The causes of infection varied between health, economic, and social reasons, therefore the methods of treatment and prevention of infection are based on social class, age, and rural-urban divide.

7.4. Family Role and Repercussions of COVID-19 Infection

The health role of the family

The roles of the family towards one of its infected members have been diverse. The family played an educational role by transferring health information and treatment methods and techniques that are compatible with the condition of the infected person and social class and age. Some families in the upper and middle-classes have exaggerated in applying precautionary measures and sterilization due to fear of infection, which has caused skin and chest allergies in some cases due to excessive use of disinfectants. Some families in the lower-class have neglected precautionary measures, which has led to the spreading of infection easily. This can be referred to the influence of socialization that lacks health culture in general and the culture of protection from epidemics and health crises in particular.

Field work has clarified that COVID-19 infections vary from mild to severe. The symptoms of severe cases are more numerous. These symptoms include: loss of smell and taste, severe headache, fever, cough, chest congestion, muscle pain, loss of concentration. Moreover, it can even cause severe fatigue, fainting, immunodeficiency, blood clots, pulmonary fibrosis.

In cases of severe infection, families in the upper-class typically seek medical attention. In cases of moderate or mild infection, families typically quarantine the infected person at home and follow the Ministry of Health's protocol for COVID-19 patients. Quarantine is typically done in a room away from other family members. Some families quarantined the infected person in a separate apartment alone or with other infected family members while compliance with the protocol. A few families have sought treatment at quarantine hospitals when home treatment was not effective and symptoms worsened to the point of pulmonary fibrosis. Hence, the order of treatment steps varies depending upon the severity of the infection, age, social class, body's immunity, and response to treatment. For cases in the upper-class and some cases in the middle-class, the treatment steps typically involve going to the doctor, then having tests to confirm the infection, then home quarantine while compliance the protocol and eating healthy foods to boost immunity. In contrast, some cases in the lower-class in rural and urban areas have resorted to folk remedies or some of the protocol drugs due to low family income.

The social role of the family

Quarantine reduced social relations and interactions, resulting in a variety of family responses after infecting one of the family members. These roles were positive in most study cases in rural and urban areas. They were manifested in the family's cohesion, support, and psychological support for the COVID-19 patient, and cooperation of all family members with caution by quarantine the patient and following sterilization and disinfection procedures. They also interacted with the patient despite his quarantine through mobile phone and internet calls. Relatives and friends also cooperated by bringing medications, food, and other necessities that the

patient and his family needed during home quarantine.

On the other side, there were negative family reactions after infecting one of its members. A few cases of the middle-class have mentioned that the fear of death pushed the family of the infected person to excessive sterilization out of fear of infecting other family members. In other families, the fear led to a state of repulsion and estrangement that reached to leaving the infected person to face the virus alone, even when its symptoms were very severe, out of fear of infection and the risk of death.

"This was demonstrated by the statement of case number (8) from the middle-class: "I was infected by COVID-19 and my wife and children left me alone in the apartment. Only my son would visit me and bring me food while he was terrified. I was left alone until my I developed some pulmonary fibrosis. It was really hard to recover".

"The field study also illustrated that the COVID-19 created some social crises for some cases in the middle and upper-classes in rural and urban areas, especially for housewives. They abandoned the help of maids out of fear of transmitting the virus to one of the family members, especially the elderly. Women became the ones who bore the burden of household chores more than men, as educational and childcare were added to household chores. This is what was emphasized by previous studies [7, 12]. Most cases in the lower-class also confirmed that home quarantine also caused some tensions and marital disputes due to psychological stress caused by infection, fear of infection, complications, and death".

The Economic Role of the Family in confronting COVID-19 Infection

The poor economic conditions of most low-class and some middle-class cases resulted in delaying the recovery of the infected person or suffering from complications. A large proportion lost their jobs and their income decreased due to precautionary measures, breakdown, and a decrease in demand for activities. This was confirmed by a study conducted by the Central Agency for Public Mobilization and Statistics. The International Labor Organization predicted that about 25 million jobs would be lost around the world due to the COVID-19 [9].

The poor economic conditions were one of the main factors for contracting COVID-19 due to the high price of masks, disinfectants, food, and medicines that boost the immune system, which most cases of the upper-class and some cases of the middle-class confirmed that they take.

The psychological role of the family

The majority of cases in the study from different classes agreed that the infected person and their family were in a poor psychological state. This was manifested as fear of illness and death, which was represented in the fear of infection, especially for the elderly. Case number (29) from the lower-class confirmed: "I was exhausted, worried, and afraid of death. I was worried about my parents and children, I was depressed. That a small virus can kill a person".

"Some cases from the middle-class added that the ambiguity surrounding the virus, its causes, and methods of treatment were the most factors that caused the state of terrifying from

COVID-19. In addition to the conflict of information and rumors, and the feeling of anxiety, frustration, helplessness, and fear of illness and death. Especially since specialists and doctors themselves at the beginning of the emergence of COVID-19 did not have confirmed information about it".

Majority of cases in the study from the middle and upper-classes emphasized the role of the family in psychological support through phone calls and trying to relief the infected person with humorous news and jokes posted about the virus on social media. As case number (1) from the upper-class mentioned: "My family encouraged me to watch comedy series and convinced me that the psychological state is the cause of most physical diseases. I restored my relationships with my friends and embrace life. A study emphasized that [14]. Likewise, some cases that suffered from severe symptoms and were hospitalized confirmed the state of fear and depression. Their families encouraged them to draw closer to God and considered recovery a reward from God that must be exploited. This shows the psychological and spiritual support of the family in most cases in urban and rural areas".

8. Conclusion

- 1) The findings of the field study emphasized the role of socialization in the acquisition of the scientific concept of COVID-19 by cases from the upper-class and some cases from the middle-class, which demonstrated the impact of education and class on the acquisition of correct knowledge. While superstitious and religious interpretations appeared in some cases from the lower-class".
- 2) Some sources of knowledge, both traditional and modern, had a positive impact, while others had a negative impact. It was revealed that most cases in the study acquired information about the virus, its causes, and methods of treatment through the internet and television, which are the fastest means of disseminating health information, especially when it comes from specialists. However, some modern sources of knowledge had a negative impact on the cases in the study by broadcasting false information about the virus, conflicting opinions, and exaggerated rumors about the increase in the number of cases and deaths. This resulted in experiencing most cases of anxiety and stress, and a subsequent reduction in social interactions and relationships.
- 3) Socialization of the individual in the family, through which health concepts and scientific or superstitious interpretations of the causes of illness and infection are transmitted had an impact as well. It was revealed through study cases that the causes of infection varied between health, economic, and social reasons, therefore the methods of treatment and prevention of infection are based on class affiliation, age, and rural-urban divide".
- 4) The repercussions of COVID-19 infection varied, including health, economic, social, and psychological. Therefore, the family had important roles towards the

infected person, including the health role, the economic role, the social role, and the psychological role. These were positive roles played by the families of the study cases. However, it was revealed that some families abandoned the role of assistance and psychological support, and the infected person was forced to face the disease alone. This was related to class affiliation, the nature of social upbringing, and the division of roles and responsibilities within the family. women's roles and responsibilities were also revealed to be multifaceted and demanding, especially during crises.

9. Suggested Topics for Suture Studies

The family is one of the most important institutions of social development. It requires further future studies to support the roles of the family, especially the psychological role, to prepare it to confront crises and disasters. This is due to the fact that the family is responsible for the safety of generations. Its development and integration achieve the integration and safety of society.

Abbreviations

COVID-19: Coronavirus Disease of 2019.

WHO: WORLD HEALTH ORGANIZATION

Conflicts of Interest

The author declares no conflict of interest.

References

- [1] Abdel Fattah, F, The Social Impacts of the COVID-19 Pandemic on Egyptian families: A case Study of Families with Children in the Formal Education System, *Faculty of Arts Scientific Journal*, Assiut University, 2023, 85, 973- 1036. <https://doi.org/10.21608/aakj.2023.283719>
- [2] Abdel Hafeez, D, The Social Impacts of the COVID-19 Pandemic on Egyptian families "A field study," *Faculty of Arts Scientific Journal*, Assiut University, 2023, 85, 783-836. <https://search.mandumah.com/Record/1373708>
- [3] Abdul Majli, A, Al-Mutairi, A, family role in dealing with the concern of the spread of the virus. A field study of a sample of Saudi families in Jeddah, *Scientific Journal for Studies, Research and Commerce*, 2022, 2, 339-366. <https://www.who.int/ar/emergencies/diseases/novel-coronavirus-2019 doi : 10.21608/CFDj.2002.230787>
- [4] Abdul Mawgoud, A, The Role of the Family in Promoting Citizenship in Egyptian Society: A Field Study of Youth in Assiut City, *faculty of art journal*, Fayoum University - Faculty of Art, 2021. 1430. <https://dx.doi.org/10.21608/jfafu.2021.156838>
- [5] Ahmed, A., Al-Shafi'i, M., Educational Sociology and Social Systems in Biyyali. : *Sebha University Publications*, 2001, 1, 13. https://koha.birzeit.edu/cgi-bin/koha/opac-detail.pl?biblionumber=33802&shelfbrowse_itemnumber=51171

- [6] Al-Otaibi, N, the social, psychological, and economic issues that faced Saudi family during home quarantine during COVID-19 pandemic. A study applied to families in Riyadh, faculty of Social Work, Princess Nourah Bint Abdul Rahman University, *Journal of Arts, Science and Education*, Sultan Qaboos University, 2022, 12.
<https://search.mandumah.com/Record/1271865>
- [7] Al-Sayed, H, The economic and social impacts of the COVID-19 pandemic and its impact on women in Egyptian society, *Arab Journal of Arts and Humanistic Studies*, 2022, 21.
https://ajahs.journals.ekb.org/article_213243.html
- [8] Bamurrah, A., summary of the theory of role, <https://www.scribd.com/document>, accessed on 05/09/2023.
<https://www.scribd.com/document/511901112>
- [9] Central Agency for Public Mobilization and Statistics, the impact of COVID-19 on Egyptian families until May 2020, <https://www.capmas.gov.eg/Pages/StaticPages.asp>, accessed on 12/09/2023.
https://www.capmas.gov.eg/Pages/StaticPages.aspx?page_id=7233
- [10] Fawzia, B, Adwas Marwa, socialization and its impact on health education in the educational environment, primary schools of District No. 05 "Guelma namouzaja", Master's thesis, People's Democratic Republic of Algeria, Ministry of Higher Education and Scientific Research, University of May 8, 5491 - Guelma, Faculty of Humanities and Social Sciences Department of Sociology, Specialization: Sociology of Health, 2001.
<https://dspace.univ-guelma.dz/xmlui/bitstream/handle/123456789/11174>
- [11] Federici, R (2020), An uncertain global environment. social extremity, and sociology of COVID-19. *Journal of Scientific & Technical Research*, 26, 4.
<https://doi.org/10.26717/BJSTR.2020.26.004388>
- [12] Hassan, D, COVID-19 Pandemic and internet comedy in the Egyptian society and humanities. 2023, 9, 41-51.
<https://www.sciencepublishinggroup.com/article/10.11648/10080293>
- [13] Heikal, E., Rural family practices to confront the COVID-19 pandemic. A case study in a village in Qalyubia Governorate, *Alexandria Journal for Scientific Exchange*, 1, 137-160.
<https://search.emarefa.net/ar/detail/BIM-1103059>
- [14] Hupkau, C, Petrongolo, B, COVID-19 and gender gaps: Latest evidence and lessons from the UK, 2020, 3.
<https://cepr.org/voxeu/columns/covid-19-and-gender-gaps-latest-evidence-and-lessons-uk>
- [15] Laghras, S, The importance of social media in socialization: A theoretical approach, Mostafa Istambouli University, *World and Society Journal*, Algeria, 2021, 01, 35-46.
<http://dspace.univ-eloued.dz/handle/123456789/17677>
- [16] Martin, M., COVID-19: A family's Perspective in, COVID-19 Pandemic, UK, 2020, 41-51.
<https://doi.org/10.1016/B978-0-323-82860-4.00017-3>
- [17] Ministry of Planning and Economic Development, impacts of COVID-19 on the Egyptian economic sectors, 2020, accessed on 03/05/2023, <https://mped.gov.eg/AdminPane>.
<https://mped.gov.eg/DynamicPage?id=86>
- [18] Morsi, K (2008). Family and familial adjustment. Cairo government, *Dar Al-Nashr lil Jami'at*, Egypt, p 9.977.316.274.5
- [19] Naima, M., Socialization and personality characteristics, Alexandria: *Dar Al-Thaqafa Printing, Publishing and Distribution*, 2002.
<http://librarycatalog.bau.edu.lb/cgi-bin/koha/opac-detail.pl?biblio number=37800>
- [20] Nasser, I, Educational Sociology, Dar Wael, Oman, Jordan, 2011, 1, 81. <https://app.aqsalibrary.org/records/index/1/26784>
- [21] Qubiely, A, integration between family and school in educational process, a memorandum to obtain master degree in sociology, Faculty of Social and Human Sciences, Department of Sociology, Akli Mohand Oulhadj University, 2018 /2019.
<https://www.scribd.com/document/645837901>
- [22] Qurizy, R, confronting strategy and its relationship with death concern at the suspected of being infected with COVID-19, *Scientific Journal of Educational Sciences and Mental Health*, 45-69. <https://search.mandumah.com/Record/1048892>
- [23] Report "Arab Economy Prospects, Economic Performance Features of Arab Countries", *Arab Economic Fund*, 2020, 11.
<https://www.amf.org.ae/ar/publications/tqrry-afaq-alaqtsad-alrby/tqrry-afaq-alaqtsad-alrby-abryl-2020>
- [24] Saber, B., Managing the COVID-19 crises by enhancing mental health during home quarantine. *Journal of Social Sciences - Arab Center in Berlin*. 13, 10-46.
<https://doi.org/10.34118/sej.v2i2.1009>
- [25] Saleh, R., psychological impacts at people recovered from COVID-19, *journal of psychological sciences*, 33, 94-3.
<https://www.iasj.net/iasj/issue/14390>
- [26] Salem, H, the impact of COVID-19 on the Egyptian Family, 2020. Accessed on: 18/01/2024.
https://www.arabdevelopmentportal.com/sites/default/files/publication/effect_covid_egy.pdf
- [27] Sheta, S., the theory of role and the Phenomenal Perspective of Sociology, Al-Isha'a AL Fanyah Press, Alexandria, Egypt, 1st edition, 1999.
<https://www.neelwafurat.com/itempage.aspx?id=egb122376-5123347&search=books>
- [28] World Health Organization COVID-19, 2020,
<https://www.who.int/ar/emergencies/diseases/novel-coronavirus-2019>, Accessed on 03/09/2022
- [29] Youssef, Z., The Anxiety of Being Infected with COVID-19 and its relationship to management of the housewives of daily preventive behaviors from the virus during the pandemic. *Journal of Research in Specific Education Fields*, Minya University. 2020, 31, 545-601.
<https://search.emarefa.net/ar/detail/BIM-1020328>
- [30] Zein El-Abidin, I, Knowledge of COVID-19 and its repercussions on the Egyptian family, social field research in Assiut Governorate. *Journal of Scientific Research in Arts*, Ain Shams University, 2020, 21, 261-293.
<https://doi.org/10.21608/JSSA.2020.115402>