
COMMUNITY EDUCATION ON ANXIETY MANAGEMENT FACING COVID-19 PANDEMIC IN ALUE AWE VILLAGE, MUARA DUA DISTRICT, LHOKSEUMAWE CITY**Syahabuddin*, Ainil Yusra, Subki, Munawatun Haya, Mulia Ulfitri, Yuli Apriani**

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Abstract

Corona Virus Disease 2019 or COVID-19 has become the world's spotlight because of its rapid and widespread spread in a relatively short time, so People around the world are becoming more aware of the transmission of this virus. The number of deaths due to this virus is increasing day by day. The increasing number of deaths and difficulties caused by COVID-19 have also resulted in several people experiencing increased and prolonged fear and anxiety. To help people adapt to the anxiety and stress they face during the COVID-19 pandemic, education about various ways to reduce anxiety and stress needs to be done. Increased knowledge will increase people's behaviour in reducing anxiety and stress during the COVID-19 pandemic. This study aims to improve community knowledge and skills to manage anxiety in the face of the Covid-19 pandemic in Alue Awe Village, Muara Dua District, Lhokseumawe City. Method of study is community service is conducted through face-to-face methods/health education, distributing leaflets and demonstrations. The initial survey was conducted by distributing questionnaires about the impact of Covid-19 to measure the level of public knowledge. The results show that average value of public knowledge about covid-19 and how to reduce anxiety during a pandemic during the pre-test was "less", but after being given materials and demonstrations, the score became "good". Thus, the value of community knowledge and skills about managing and reducing anxiety during a pandemic is improved after being given knowledge and skills in managing and reducing gold.

Keywords: community service; anxiety; COVID-19 pandemic

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INTRODUCTION

The Corona Virus Disease (COVID 19) outbreak has threatened the world with increasing deaths. This virus was identified at the end of December 2019 with the discovery of many victims in the Wuhan area and quickly spread to all corners of the world (Tiwari, Abakah, Karikari, & Gil-Alana, 2022). In recent months, Corona Virus Disease 2019 or COVID-19, has been in the spotlight because of its rapid and widespread spread in a relatively short time, so people worldwide are becoming more aware of the transmission of this virus.

The World Health Organization declared a public health outbreak (International Emergency) on January 30, 2020, and declared a pandemic country on March 11, 2020. Prevalence of COVID-19 cases on May 17, 2020, reached > 4, 71 million cases in more than 188 countries and territories, resulting in >315,000 deaths and >1.73 million people have recovered (Santoso, 2021).

In Indonesia, the number of Corona cases as of May 4, 2020, was 11,587 people, 864 died, and 1,954 cases recovered throughout Indonesia (Damarjati, 2020).

Based on reports from the Task Force for handling COVID-19, data on the update of Corona cases that occurred in the country on May 25, 2021, the number of confirmed cases was 1,786,187 cases that underwent treatment, as many as 94,486 people, 1,642,074 people recovered, and 1,642,074 people died. 49,627 souls. From the comparison of these data, it can be concluded that the number of Covid-19 cases continues to increase rapidly.

The increase in high morbidity and mortality rates throughout the world, especially in Indonesia since the outbreak in December 2019, can increase the risk of exposure to Covid-19 so that the current pandemic can impact everyone's mental and psychosocial health conditions.

The increasing number of deaths and difficulties caused by COVID-19 also resulted in the number of people experiencing fear and anxiety increasing and lasting for a long time (Sari, Nirmalasari, & Hidayati, 2021).

Respondents experienced increased fear (79%), anxiety (83%) and depression (38%) during the COVID-19 pandemic (Croll et al., 2020). The prevalence of stress was 29.6% (total sample of 9,074 from 5 studies), and anxiety in 17 studies with a sample size of 63,439 was 31.9 %. The prevalence of depression in 14 studies with a sample size of 44,531 people was 33.7% during the COVID-19 pandemic (Salari et al., 2020).

Anxiety is a concern due to a perceived threat to health. Health concerns and anxiety associated with an epidemic or pandemic can have a significant psychological impact (e.g., stress, intrusive negative thoughts, avoidance). They may be associated with ineffective or unfavourable preventive behaviour (Jungmann & Witthöft, 2020).

Anxiety in a pandemic situation can arise in various forms, including fear of death. This happens because of the number of deaths due to the corona outbreak, which is increasing daily. Fear of being infected with the coronavirus or infecting other people. Fear of lack of availability of medicine due to

Until now, no vaccine or antiviral for covid.19 has been found. Worried about losing work/income; due to restrictions on going out of the house, Large-Scale Social Restrictions have caused businesses to be empty of buyers, or workplaces are closed, fear of lack of essential food items due to panic throughout the community buy groceries until they are scarce market (Jarnawi, 2020).

A person's anxiety response to a pandemic can vary from person to person. In some people, the anxiety response can involve temporary physiological reactions such as a faster heart rate, sweating, abdominal pain, headache, itching and other symptoms. People can use self-defence (defence mechanism) by increasing cognitive or motor activity (Vibriyanti, 2020). After a person begins to feel anxiety, the self-defence system will then reassess the threat that occurs to him and be accompanied by efforts to overcome, reduce or eliminate the feeling of being threatened (Vibriyanti, 2020).

Self-defence mechanisms are unconscious psychological strategies that aim to reduce or eliminate anxiety arising from conditions/stimuli potentially harmful to life. Self-defence mechanisms can protect the mind, self or ego from perceived negative consequences. Self-defence mechanisms can become pathological if used continuously to lead to maladaptive behaviour that adversely affects a person's social functioning and physical or mental health (Walker & McCabe, 2021).

To help people adapt to the anxiety and stress they face during the COVID-19 pandemic, education about various ways to reduce anxiety and stress needs to be done. Increased knowledge impacts community behaviour in reducing anxiety and stress during the COVID-19 pandemic (Sari et al., 2021).

Based on the description of the data above, it is necessary to do community service by providing "public education about managing anxiety in dealing with the Covid-

19 pandemic in Alue Awe Village, Muara Dua District, Lhokseumawe City in 2021".

METHOD

Community service is conducted through face-to-face methods/health education, leaflets, and demonstrations. The initial survey was conducted by distributing questionnaires about the impact of Covid-19 to measure the level of public knowledge.

A. Data Collection and Analysis

Based on the results of the initial survey in Alue Awe Village, Muara Dua District, Lhokseumawe City, the following data were obtained:

- 1) Many people do not apply health protocols correctly during activities outside the home.
- 2) No health team provides direct education to the public.
- 3) There have been 9 community members who have been confirmed positive for COVID-19.
- 4) Some people say they are afraid of Covid-19.
- 5) People who are not healthy are afraid to seek treatment at the Cut Meutia Hospital, a COVID-19 referral hospital in North Aceh district and Lhokseumawe City.

B. Stages of implementation

This community service method is in collaboration with village midwives and health cadres. The implementation of activities is conducted utilising counselling and demonstrations/exercises to manage anxiety in families and communities in Alue Awe Village, Muara Dua District, Lhokseumawe City. The implementation method is carried out in several stages, namely:

- 1) Identification stage

At this stage we use the door-to-door, which is to go directly to several residents' homes to ask and submit questionnaires about their

understanding of the Covid-19 pandemic and managing anxiety in the face of the COVID-19 pandemic.

- 2) Implementation

At this stage, we conduct health education/education about covid-19 and training on managing public anxiety in the face of the covid-19 pandemic.

- 3) Evaluation stage

At this stage, we evaluate the counselling and training that have been carried out:

- a) For changes in knowledge, we did it by giving questionnaires about understanding the Covid-19 pandemic to people who had received training.
- b) To evaluate changes in attitudes and behaviour, we carried out a checklist on changes in people's behaviour in managing anxiety about the COVID-19 pandemic.

C. Initial survey results

The results of the initial survey before educating the public are as follows:

Table 1. Pre Test Results

No	Description	Total	Percentage
Gender			
A	1 Male	13	43,3%
	2 Female	17	56,7%
Covid-19 Awareness			
B	1 Good	18	60%
	2 Moderate	8	27%
	3 Poor	4	13%
Anxiety Level			
C	1 High	7	23%
	2 Medium	14	47%
	3 Low	9	30%
Ability to manage anxiety			
D	1 Good	1	3%
	2 Moderate	6	20%
	3 Poor	23	77%

Based on the table above, we can describe that community service activities carried out in Alue Awe Village with an initial survey carried out on

Monday and Tuesday, 20-21 September 2021, obtained:

1. There were 30 participants, with details of which male sex was 13 people or 43.3%, and 17 people were female or 56.7%
2. The level of knowledge about Covid-19 in the excellent category is 18 people or 60%, and the level of knowledge in the medium category is 8 people or 27%. The level of knowledge in the moderate category is 4 people or 13%.
3. The level of anxiety is as follows: 7 people or 23% feel high anxiety, 14 people or 47% feel moderate anxiety, and 9 people or 30%
4. The level of knowledge about managing anxiety is as follows: those who claim to be able to manage anxiety with a suitable category of 1 person or 3%, with a moderate category of 6 people or 20% and with a low category are 23 people or 76%.

RESULTS AND DISCUSSION

A. Results

The results of the evaluation of the implementation of education to the public regarding the management of public anxiety during the COVID-19 pandemic are as follows:

Table 2. Post Test Results

No	Description	Total	Percentage
Gender			
A	1 Male	5	25%
	2 Female	15	75%
Covid-19 Awareness			
B	1 Good	12	60%
	2 Moderate	8	40%
	3 Poor	0	0%
Tingkat kecemasan			
C	1 Tinggi	0	0%
	2 Sedang	5	25%
	3 Rendah	15	75%
Ability to manage anxiety			
D	1 Good	14	23%
	2 Moderate	6	47%
	3 Poor	0	0%

Based on the table above, we can describe that community service activities by providing education to the community, which were carried out in Menasah Alue Awe Village on Wednesday, September 22 2021, obtained: results.

1. The participants who attended were 20 people, with details of 5 men or 25%, and 15 women or 75%.
2. The level of knowledge about Covid-19 in the excellent category is 12 people or 60%, and the level of knowledge in the medium category is 8 people or 40%.
3. The anxiety levels are as follows: 5 people or 25% still experience moderate anxiety, and 15 people or 75% experience low-level anxiety.
4. The knowledge about managing anxiety is as follows: those who state that they can manage anxiety in a suitable category are 14 people or 70%, and those who can manage anxiety in a moderate category are 6 people or 30%.

B. Constraints

Obstacles encountered during the process of implementing community service in Alue Awe Village include:

1. Availability of time for the team in carrying out the initial screening to select residents who are willing to participate because the community service team must find time outside official hours.
2. Availability of time for residents to accompany the team in filling out questionnaires because most residents are busy with their activities such as working outside the home for civil servants.
3. It is finding the right time to be able to visit so as not to be disturbed by residents' work and rest time.

C. Discussion

Against the disease. Community service activities began by giving a letter of application for permission to the Alue Awe Village Head. Then the initial survey was carried out on Monday and Tuesday, September 20-21, 2021, at 16.30 WIB by distributing initial questionnaires to measure community knowledge about Covid-19 disease and how to manage anxiety. Furthermore, health education/counselling activities will be conducted on Wednesday, September 22, 2021, starting at 09.00 WIB. The level of understanding/knowledge and anxiety management techniques will be evaluated on the same day at Meunasah Alue Awe Village.

The results of the initial activity of 30 people surveyed with male characteristics 13 people and 17 women about the level of knowledge and level of anxiety showed data on the category of good knowledge level about Covid-19 disease amounted to 18 people (60%), the category of moderate level of knowledge was as many as 8 people (27%), and the knowledge category still lacks as many as 4 people (13%).

Meanwhile, the data on the level of knowledge for managing anxiety are as follows: those who state that they can manage anxiety in a suitable category of 1 person or 3%, with a moderate category of 6 people or 20% and with a low category of 23 people or 76%.

Anxiety is an unpleasant emotional response to various kinds of stressors, both explicit and unidentified, characterised by fear, worry, and feeling of being threatened (Patimah, Suryani, & Nuraeni, 2015). Among the causes of public anxiety, among others, is the high infection rate. Some residents have been infected even though they have not travelled far from the city (Patimah, Suryani, & Nuraeni, 2015). Health

problems are a big problem for people affected by disasters, significantly increasing mental health problems. Each type of disaster has its characteristics and is closely related to the problems it can cause (Keliat, 2018). By knowing the characteristics of each disaster, we can discover the behaviour that appears and develop preventive measures and mitigation, including preparing operational plans when a disaster occurs.

Public anxiety about COVID 19 is high because people get information from various social media about the high consequences caused by covid-19, so all people have anxiety about covid-19. This is to the statement submitted by (Sukadiyanto, 2010) that stress or anxiety is pressure or feeling that is pressing inside a person caused by an imbalance between expectations and reality.

Anxiety in a pandemic situation can arise in various forms, including fear of death. This happens because of the death rate due to the corona outbreak, which is getting more significant daily (Jarnawi, 2020). Fear of being infected with the coronavirus or infecting other people. Fear of the lack of availability of drugs because until now, a vaccine or antiviral for COVID 19 has not been found. Worried about losing your job/income; Due to restrictions on going out of the house, Large-Scale Social Restrictions cause businesses to be empty of buyers, or workplaces that are closed, fear of lack of essential food items due to the panic of the whole community who buys necessities until they are scarce in the market. Fear of losing relatives (Jarnawi, 2020).

Next, the data on the level of anxiety showed that the community showed high anxiety levels among as many as 7 people (23%) and moderate anxiety levels among 14 people (47%). In comparison, those with low anxiety

levels were 9 people (30%). The condition of Covid-19 has been running for almost three years which can cause people to experience prolonged stress or anxiety; conveyed by (Muslim, 2020) that stress is an organism's response to adapt to ongoing demands. These demands can be in the form of things that happen or new things that might happen but are perceived. Robbins (2001) also states that stress is a condition that suppresses a person's psychological state in achieving an opportunity, where to achieve that opportunity, there are limitations or barriers. Meanwhile, according to Patimah et al. (2015), anxiety is an unpleasant emotional response to various kinds of stressors, both explicit and unidentified, characterised by fear, worry, and a feeling of being threatened.

The response to Covid-19 is ongoing to reduce anxiety levels and understand some of the ways/techniques that can be done when feeling anxious, especially about Covid-19. The process is evaluated during public education activities about anxiety management. The education/ health counselling activity was attended by 20 participants consisting of 5 men and 15 women. The participants were quite interested in the material presented and enthusiastic in the question and answer session because the participants' curiosity level was relatively high. The activity implementation was also quite conducive because the participants focused and paid close attention to what was conveyed/explained by the presenters.

The results of the final evaluation after carrying out educational / outreach activities with material about covid-19, it was found that there was an increase in public knowledge with criteria that were well known as many as 12 people (60%), moderate level of knowledge was 8 people (40%), and no one else did not

understand how the management of anxiety against Covid-19.

Suppose the condition of stress or anxiety is not handled correctly. In that case, there will be a disturbance in one or more body organs which causes the person concerned to be unable to carry out his job functions properly (Muslim, 2020). However, suppose the problem is found a good solution. In that case, the anxiety will be reduced, and there will be no disturbance. After implementing education to the community, as the implementation team, we can assess that the implementation has been successful and that the community feels satisfied with our activities.

After being evaluated verbally, the people who attended the counselling said they felt comfortable and no longer felt negative things such as fatigue even though they were not working (Sukadiyanto, 2010). Appearances that look like exhausted people indicate fatigue—an indication of stress. Although not after working hard, stressed individuals look like very, very tired people, so they are reluctant to do various physical activities.

CONCLUSION

Participants in the education/health education activity were attended by 20 participants, with the majority of participants attended by women. At the time of the pre-test or initial evaluation, it was found that some participants had a moderate level of anxiety even though their level of knowledge was quite good because some of them still did not understand how to manage anxiety when they were experiencing this condition, especially the management of anxiety about Covid-19.

During the educational activity, the participants' cooperation was excellent and conducive because they paid close attention to the material explained, and the participants

were enthusiastic about asking questions related to anxiety management techniques. There were a few obstacles during the activity because some participants could not follow the activity until it was finished. After all, there was a sudden need.

The implementation of sustainable community service activities for the future can be carried out in better coordination with activity participants so that obstacles can be minimised and the implementation of activities can occur as expected.

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