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The Survey of Community Anxiety During the Emergency Care (Community Activity Restriction Enforcement) Period

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ABSTRACT

In the few months, increased Covid-19 cases in Indonesia forced the government to Emergency CARE (Community Activity Restriction Enforcement) program in Java-Bali. In addition to COVID-19 impact, Emergency CARE also adds anxiety to the community. This paper aims to analyze community anxiety during the Emergency CARE period. It was a descriptive-analytic study with a survey method. The variable was community anxiety during the Emergency CARE period. Sampling used non-probability sampling with convenience sampling technique with 165 respondents scattered in Java and Bali. In addition, this study used the Zung Self-Rating Anxiety Scale (ZSAS) instrument. The results showed community anxiety was mostly respondents (78%) within normal limits, 16% experienced mild, and 6% had moderate anxiety. In conclusion, there is no community anxiety during the Emergency CARE period. However, the implementation of Emergency CARE potentially causes community anxiety because it has an average anxiety score that exceeds the minimum anxiety score based on the ZSAS instrument assessment. It is necessary to improve information, education, and communication (IEC) regarding preventing Covid-19 transmission and properly handling psychosocial problems in society to lead to a strong family during the pandemic. Furthermore, this survey could be a policy recommendation to follow-up in overcoming community psychosocial problems due to the Emergency CARE program.

INTRODUCTION

At the beginning of 2020, the world was shocked by a disease outbreak attacking the human respiratory tract and causing many deaths. The world gave the name of this outbreak COVID-19 (Wardani Erika, 2021). Many countries have made efforts to break the chain of COVID-19 transmission, including socialization and information about the disease, modes of transmission, and prevention efforts using various media (Karasneh, 2021). In May 2020, many countries began introducing a new order/pattern of life – a new normal life – to adapt to COVID-19, including Indonesia (Kusuma, Fatmawati and Mafticha, 2021). However, during 2020, this new habit has not been able to reduce cases of Covid-19 transmission in the community. Furthermore, entering early January 2021, the COVID-19 incidence has reincreased.

In recent months, the Covid-19 pandemic in Indonesia has experienced an increased incidence. According to the Indonesian Covid-19 task force, in June 2021, mortality reached 7,913, which was the highest number during the pandemic. These increased incidences surpassed the highest number of deaths since the pandemic in January 2021, with 7,860 cases (Wardani, Bistara and Setiyowati, 2020). The number of daily confirmed cases of COVID-19 in June also increased. On Saturday, June 26, 2020, the number of positive COVID-19 incidents was 21,095, with the accumulation of the total number of positive cases

being 2,093,962 (Wardani, Bistara and Setiyowati, 2020). This significantly increased cases forced the government to take strategic and immediate steps. The President's direction of the Republic of Indonesia through the YouTube account of the Presidential Secretariat on July 1, 2021, the President said that the spread of Covid-19 in Indonesia was growing very fast, especially in the last few days. In addition, a new variant is also a severe problem in many countries. Based on the considerations, the government imposed an Emergency CARE (Community Activity Restriction Enforcement), whose implementation began in Java and Bali (Mendagri RI, 2021).

Following up on the President's directive to implement Emergency CARE, the government issued an instruction from the Minister of Home Affairs concerning the Emergency CARE 2019 in the Java and Bali Regions on 3 - 20 July 2021 (Mendagri RI, 2021). As contained in a copy of the Minister of Home Affairs Instruction, some community activities must follow the rules. There were restrictions ranging from 25% to 50% in the essential activity sector. Meanwhile, in the non-essential sector, the limitation of activities was up to 100%. These restrictions significantly impacted students and parents, especially in small and large businesses of non-essential activities.

The COVID-19 outbreak impacts society psychologically, socially, and economically. Furthermore, Emergency CARE includes restrictions on community activities that are stricter than the regulations that have been in force so far, such as the CARE micro-scale. This implementation could lead to an increase in psychosocial cases since the Covid-19 pandemic. There should be the identification of psychosocial problems due to Emergency CARE's effect to prevent the rise in psychosocial disorders in the community.

Prior research by Aslamiyah (2021) revealed that COVID-19 impacted the respondents' psychology. They experienced decreased motivation, shock, sadness, depression, insomnia, trauma, and required motivational support from family and friends. In addition, they had community stigma as individuals with COVID-19. Furthermore, they had difficulties in social activities and economic – work delays, reduced income, and issues meeting food needs. COVID-19 pandemic is a non-natural disaster impacting the community's mental and psychosocial health conditions (Masyah, 2020). Several psychosocial problems during the COVID-19 pandemic are feeling tired, low self-esteem, inability to cope with issues both self and family, family conflict, anxiety, panic disorder, and depression (Marieta, 2020). In addition, Mega Tala Harimukthi, a UI psychologist in CNN Indonesia (2021a), said that the Emergency CARE created anxiety for the community to meet their daily needs, causing panic buying in personal protective equipment, daily necessities, and others. Thus, the COVID-19 pandemic affects the individuals' psychological condition widely and massively. During the pandemic, individuals begin to think about health and disease prevention information. However, some view it negatively by seeing the number of

deaths caused by the COVID-19, which creates anxiety in the community (Sari, 2020). Thus, researchers are interested in surveying to determine community anxiety during the Emergency CARE period.

METHOD

This paper was a descriptive-analytic study with a survey research method. The variable was community anxiety during the Emergency CARE period. Sampling used non-probability sampling with convenience sampling technique. Inclusion criteria were: (1) individuals living in the Java and Bali regions, including East Java, Central Java, West Java, Jakarta, Yogyakarta, Banten, and Bali; (2) respondents could read and access google forms; (3) people who were willing to participate in this study by filling informed consent in the initial google form display. This study has been done an ethical feasibility test by the Majapahit Health Research Ethics Commission of STIKES Mojokerto. Data were collected using a questionnaire distributed in a google form containing informed consent, respondent's consent form, demographic data, and Zung Self-Rating Anxiety Scale (ZSAS). Respondents must identify 20 indicators of anxiety problems that may be experienced after one week of implementing Emergency CARE. ZSAS questionnaire is a standardized questionnaire in English designed by William WK Zung (1971) to measure anxiety levels within the last one week. This questionnaire has been translated into Indonesian and did validity and reliability tests. The validity test results in each questionnaire question have the lowest value of 0.663 and the highest being 0.918, with a significance level of 5% or 0.05. Thus, the questionnaire is valid. In addition, the reliability test obtains 0.8, so the questionnaire is reliable. Furthermore, we distributed the google form through the WhatsApp social media application and Facebook by linking the google form link. This survey was carried out from 17-20 July 2021. There were 165 respondents in this research. The research data were analyzed univariately and presented with a categorical data scale in the frequency distribution.

RESULT

We presented the study results of univariate analysis, containing respondents' characteristics and community anxiety.

Table 1. Characteristics of Respondents

	Variable	Frequency	Percentage (%)
Age	17 - 25 years old	40	24
	26 - 35 years old	45	27
	36 - 45 years old	56	34
	46 - 55 years old	21	13
	56 - 65 years old	3	2
Sex	Male	42	26
	Female	123	74
Education	Junior High School	3	2
	Senior High School	44	27
	Higher Education	118	71
Region	East Java	121	73
	Central Java	8	5
	West Java	9	6
	DKI Jakarta	7	4
	DIY	2	1
	Bali	17	10
	Banten	1	1
Profession	Unemployment	55	33
	Indonesian National Armed Forces and Police of t Indonesia	2	1
	Professional	46	28
	Professional technicians and assistants	49	30
	Administration staff	2	1
	Service and sales personnel	11	7
Religion	Moslem	139	84
	Hindu	15	9
	Katolik	3	2
	Protestan	8	5
History of Covid-19	Never been diagnosed with COVID-19	135	82
	Ever diagnosed with COVID-19	30	18
Covid-19 vaccination	Respondents have not received the covid-19 vaccine	62	38
	Respondents have received the covid-19 vaccine	103	62
Anxiety	Normal	129	78
	Mild anxiety	26	16
	Moderate anxiety	10	6

Table 1 shows that most respondents are 36-45 years old or late adulthood (34%), female (74%), unemployment (33%), Muslim (84%). In addition, they have higher education (71%), live in East Java (73%), have never been diagnosed with COVID-19 (82%), and have received the covid-19 vaccine (62%).

Furthermore, based on the ZSAS instrument, community anxiety is mostly within normal limits (78%), 16% have mild, and 6% have moderate anxiety.

Table 2. Crosstab between the characteristics of respondents and community anxiety

Variable	Anxiety Levels		
	Normal	Mild	Moderate
Age			
17 - 25 years old	28(70%)	2(5%)	10(25%)
26 - 35 years old	33(73%)	5(11%)	7(16%)
36 - 45 years old	48(86%)	2(4%)	6(11%)
46 - 55 years old	19(90%)	1(5%)	1(5%)
56 - 65 years old	1(33%)	0	2(67%)
Gender			
Male	33(79%)	2(5%)	7(17%)
Female	96(78%)	8(7%)	19(15%)
Education			
Junior High School	2(67%)	0	1(33%)
Senior High School	34(77%)	2(5%)	8(18%)
Higher Education	93(79%)	8(7%)	17(14%)
Place of origin			
East Java	96(79%)	7(6%)	18(15%)
Central Java	7(88%)	0	1(12%)
West Java	6(67%)	1(11%)	2(22%)
DKI Jakarta	7(100%)	0	0
DIY	1(50%)	0	1(50%)
Bali	11(65%)	2(11%)	4(24%)
Banten	1(100%)	0	0
Profession			
Unemployment	42(76%)	3(6%)	10(18%)
Indonesian National Armed Forces and Police of the Republic of Indonesia	2(100%)	0	0
Professional	34(74%)	5(11%)	7(15%)
Professional technicians and assistants	41(84%)	2(4%)	6(12%)
Administration staff	2(100%)	0	0
Service and sales personnel	8(73%)	0	3(27%)
Religi			
Moslem	111(80%)	8(6%)	20(14%)
Hindu	9(60%)	2(13%)	4(27%)
Katolik	2(67%)	0	1(33%)
Protestan	7(88%)	0	1(12%)
Confirmed history of Covid-19			
Never	108(80%)	7(5%)	20(15%)
Ever	21(70%)	3(10%)	6(20%)
History of Covid-19 vaccine			
Not yet	45(73%)	6(10%)	11(17%)
Received	84(82%)	4(4%)	15(14%)

Table 2 reveals the crosstab between the characteristics of respondents and community anxiety. It shows that most respondents (30%) with mild to moderate anxiety are late teens (17-25 years old). In addition, 18% of homemakers and students have moderate anxiety. Furthermore, most respondents with normal anxiety have high educational levels and are scattered across all regions of origin.

DISCUSSION

The survey results showed that 78% of respondents were adaptive or normal, 16% experienced mild, and 6% had moderate anxiety. However, the anxiety level with a numerical data scale showed that the mean anxiety score was 33 points with a minimum anxiety score of 20 and a maximum anxiety score of 62 points. Based on the Zung-Self Rating Anxiety Scale (ZSAS) instrument developed by William W.K. Zung (1971), the minimum anxiety score is 20 points, and the maximum anxiety score is 80 points. Thus, the implementation of Emergency CARE potentially caused community anxiety because it had an average anxiety score that exceeded the minimum anxiety score based on the ZSAS instrument assessment. These findings are similar to a study by Sundarasan et al. (2020) regarding the psychological impact of COVID-19 and the lockdown regulation in Malaysia. Most respondents (92%) experienced normal anxiety, 5% had mild to moderate anxiety, and 3% underwent moderate to severe anxiety. In addition, Zheng et al. (2020) research regarding the correlation between community restrictions and anxiety due to COVID-19 revealed that higher-level restrictions cause more anxiety. The study indicates that the restriction during the COVID-19 pandemic positively correlates with anxiety ($r = 0.07$, $p=0.004$). According to Windarwati (2013), anxiety is a condition of psychological stress experienced due to disruption of family functions that threatens physical integrity and self-system. In psychiatric nursing, anxiety is one of the mental health problems in the nursing diagnosis or psychosocial problems. Untreated anxiety can potentially lead to mental health problems ranging from mild to severe (Mawaddah, Mujiadi and Rahmi, 2020). Therefore, the nurses' role is vital to overcome anxiety problems in clients. Community anxiety during the Emergency CARE period can occur due to several factors. One of them is age. Our findings showed that most respondents (30%) with mild to moderate anxiety were late teens (17-25 years old). 17-25 years is the most vulnerable age group experiencing anxiety, primarily due to the implementation of Emergency CARE. In this study, the late teens consisted of eight teenagers in high school and four teenagers in college. Emergency CARE affected learning activities in schools, universities, academies, and education or training centers. There was online learning during Emergency CARE in the Java-Bali region until a time limit could not be determined (Mendagri RI, 2021). Based on Basic Health Research 2018, mental or psychiatric problems – such as stress, anxiety, and depression – increase in adolescence because a lot of pressure begins in this period and can trigger other issues. Thus, late teens become vulnerable to psychosocial problems (Kemenkes, 2013). This study's results align with Sundarasan et al. (2020) research. The study revealed that individuals aged 17 to 18 experienced more anxiety than older people. It is because late teens spend more time on social media. Although social media provides easy and fun access to information, especially during Emergency CARE, using social media can be tiring. In addition, negative information from social media could trigger their anxiety. Furthermore, it may impact mental health in the late teens.

Sex can predispose anxiety. Most respondents in this paper were female (75%). Research conducted by Sundarasen et al. (2020) found that women generally express more emotions than men, and the COVID-19 pandemic may have exacerbated it. The study showed that women's uncertainty tolerance threshold was lower than men. When women cross that threshold, they can have stress and anxiety.

In addition to age and gender factors, mild to moderate anxiety in this study could be caused by profession. 18% of homemakers and students in this paper had moderate anxiety. During Emergency CARE, several sectors were affected. One of which was teaching and learning activities that initially started to apply learning activities using the Blended Learning method or online and offline learning. However, there was only online learning during the Emergency CARE period. In addition, shopping centers, malls, trade centers, and other public facilities were also closed again. It can cause psychosocial problems for the respondents because the situation increases in severity, and it is uncertain when this will end. Furthermore, during the COVID-19 pandemic, students must adjust to distance learning and be isolated from their friends. Moreover, it potentially creates frustration, anger, hatred, and anxiety (Sundarasen *et al.*, 2020).

In this paper, the history of exposure to covid-19 was also a predisposing factor in mild to moderate anxiety. Our finding showed that most respondents had never been diagnosed with COVID-19 (72%). People became less anxious because of improved public awareness of health protocol and decreased Covid-19 active cases. However, there was a spike in positive cases of COVID-19 in Java and Bali with the new variant, namely the Delta variant. The Delta variant is six times more contagious than other variants, so there was an increased bed occupancy rate in the hospital by almost 90%. Therefore, the government enforced the implementation of the Emergency CARE with stricter restrictions on community activities. A study conducted by Zheng et al. (2020) revealed that a more significant number of new cases could lead to higher anxiety levels. Thus, pandemic severity can predispose to community anxiety.

Respondents with normal anxiety levels were scattered across all regions of origin (Table 2). In April 2020, President Jokowi established Mental Health and Psychosocial Support (here and after it is called DKJPS) program. The program's background was a report from the COVID-19 task force stating that the Covid-19 problem was not limited to physical issues but also psychological and other sectors. Thus, the DKJPS program is crucial. The program involves multi-professional and interdisciplinary thoroughly so that all stakeholders can use the program (Utami and Budi Anna Keliat, 2020). The program is disseminated to all Indonesian people, including the Java and Bali regions, through offline and online socialization, such as social media, seminars, and various multidisciplinary workshops.

In addition, this study indicated that most respondents with normal anxiety had high educational levels (Table 2). An investigation conducted by (Zheng *et al.*, 2020) revealed that people with higher education

reported more anxiety than people with low education ($B=0.07$, $SE=0.03$, $p= 0.03$). The more understanding the problem can cause an alert so that an anxiety response appears.

Most respondents with normal anxiety are Moslem (86%). It is because Islam views humans holistically, as a unitary physical and spiritual. Religion has the authority to seek the essence of nature, guidance, faith, destiny, death, angels, demons, sin, soul, spirit, revelation, the presence of God, and non-empirical or spiritual reality. Efforts to heal emotional disorders in Islam have been proven empirically. Religion can foster mental health and develop personality through worship activities such as prayer. Islam also encourages overcoming anxiety through self-approach and worshipping Allah, such as fasting and self-control (Hawari, 2006).

According to Hawari (2006), the therapeutic process for overcoming anxiety using holistic therapy includes four elements (Bio-Psycho-Social-Spiritual). Holistic therapeutic can form physical and mental health in a person. Dadang Hawari also argues that anxiety therapy is inseparable from those four elements. These approaches focus on human nature, namely the relationship between the four elements, to produce holistic treatment. Thus, the intervention of the four elements is carried out simultaneously, not separate and not independent, also interrelated.

CONCLUSION

There is no community anxiety during the Emergency CARE period. However, the implementation of Emergency CARE potentially causes community anxiety because it has an average anxiety score that exceeds the minimum anxiety score based on the ZSAS instrument assessment. It is necessary to improve information, education, and communication (IEC) regarding preventing Covid-19 transmission and properly handling psychosocial problems in society to lead to a strong family during the pandemic. Furthermore, this survey could be a policy recommendation to follow-up in overcoming community psychosocial problems due to the Emergency CARE program.

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