

Factors Related To Anxiety Level In The Elderly In The Time Of The Covid 19 Pandemic In Elderly Posyandu Lelateng Village

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ABSTRACT

During the Covid-19 pandemic, one of the groups who have a high risk of contracting Covid-19 is the elderly. The elderly have a high mortality rate confirmed by Covid-19, this has an impact on the psychological condition of the elderly. The psychological impact is in the form of anxiety experienced by the elderly which will affect the body's immunity, especially in the elderly who have comorbid diseases. The purpose of this study was to determine the factors that influence the level of anxiety in the elderly during the Covid-19 pandemic in Lelateng Village. The study was conducted in November 2020. The research design was descriptive-analytic, with a total sampling technique of sampling. The total population in this study was 62 elderly. The data collection technique used was a guided interview using a Self Reporting Questionnaire (SRQ-20) consisting of 20 question items. Data analysis in this research is a univariate analysis using frequency distribution analysis. And bivariate analysis using the chi-square test. Results: The relationship between gender and anxiety levels were obtained with a value of $p=0.601$ ($p<0.05$). The relationship between age and level of anxiety was obtained $p\text{-value} = 0.655$ ($p < 0.05$). The relationship between the disease and the level of anxiety obtained $p\text{-value} = 0.876$ ($p < 0.05$). The relationship between knowledge and anxiety level obtained $p\text{-value} = 0.008$ ($p < 0.05$). There is no relationship between gender, age, and disease of the elderly with the level of anxiety experienced by the elderly. There is a relationship between the knowledge of the elderly and the level of anxiety experienced by the elderly at the Elderly Posyandu, Lelateng Village.

Keywords: Elderly, Anxiety, Covid-19 Pandemic

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BACKGROUND

The COVID-19 pandemic has drastically impacted the global population and various aspects of life. Many countries face the threat of this disease, and it occurs in all age groups, especially in the elderly or elderly age group. The elderly face a significant risk of contracting this Corona Virus disease, especially if they experience health problems along with a decrease in physiological conditions. According to WHO data, more than 95% of deaths occur in the elderly aged 60 years or older, and more than 50% in the elderly aged 80 years or older. As many as 8 out of 10 deaths occur in individuals with at least one comorbidity, with cardiovascular disease, hypertension, and diabetes, but also with various other chronic conditions (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, 2020). The elderly (elderly) group in Indonesia has a high death rate due to Covid-19. According to data from the Ministry of Health, 47.3 percent of Covid-19 patients in Indonesia who died were elderly people over 60 years old.

When referring to the age structure of the population, vulnerable groups affected by mental and psychosocial health due to COVID-19 infection include women, children and adolescents, and the elderly (elderly). Likewise with the elderly group. The vulnerability of the elderly is caused by a degenerative process that causes a decrease in the body's immunity so that the elderly are susceptible to infection with diseases, including the coronavirus. Amid a pandemic that is full of uncertainty, it is easy for the elderly to feel excessive anxiety which then affects their physical health condition. Such a complex and psychologically stressful situation from every age group requires immediate attention and treatment so that it does not become a more serious mental disorder. The vulnerable groups mentioned above are a general portrait of the current condition of society (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, 2020).

Several things can increase the risk of exposure to COVID-19 so that the current COVID-19 coronavirus pandemic causes considerable psychological and physical stress and high rates of morbidity and mortality worldwide since its outbreak in December 2019 (Jungmann, MS, & Witthöft, M. .2020). Facing an uncertain situation can increase a person's level of anxiety, especially when there is a potential risk of death. This can lead healthy and susceptible individuals to engage in protective behavior (Wenning, F., Wang, C., Zou, L., Yingying, G., Zuxun, L., Shijiao, Y., & Jing, M. (2020) Research by Croll, L., Kurzweil, A., Hasanaj, L., Serrano, L., Balcer, JL, & Galetta, S. L (2020) stated that respondents experienced increased fear (79%), anxiety (83 %) and depression (38) %) during the COVID-19 pandemic. Meanwhile, on the other hand, fear of COVID-19 will have a major impact on people's mental health (Cortés-Álvarez, NY, PiirioiroLamas, R., & Vuelvas-Olmos, C. (2020). Shiina, A., Niitsu, T., et al. ,(2020) reported that involvement in protective behavior varies from person to person, and may be influenced by several anxiety factors.

Anxiety is a concern due to a perceived threat to health, (Jungmann, M. S., & Witthöft, M, 2020). Health concerns and anxiety associated with an epidemic or pandemic can have a significant psychological impact (e.g., stress, intrusive negative thoughts, avoidance), may be associated with ineffective or unfavorable preventive behavior. Several studies have begun to investigate anxiety and other emotional symptoms during the current COVID-19 pandemic (Troyer, A. E., Jordan N., Kohn, N. et al, 2020). Anxiety describes a state of worry, erratic anxiety, fear, restlessness, sometimes accompanied by various physical complaints (Suliswati, 2012). Especially in the elderly, this anxiety will have a major effect on the body's resistance to disease, that it needs to be addressed as soon as possible so that it does not have a worse impact (Santrock, 2012)

According to Kemenkes (2011), Elderly Posyandu is an integrated service post for the elderly in a certain area that has been agreed upon and is mobilized by the community so that the elderly get adequate health services and is a government policy for the development of health services for the elderly whose implementation is through the Puskesmas program by involving the participation of the elderly, elderly, families, community leaders, and social organizations. There are 62 elderly Posyandu in Lelateng sub-district. The results of the initial survey conducted by researchers based on interviews with elderly cadres found that almost 80% of the elderly complained of anxiety related to the impact of the Covid 19 pandemic and of them around 50% of the elderly experienced some comorbid diseases, there are no research results that show an overview of anxiety levels related to factors that related to gender, age, knowledge, and type of disease suffered at the Elderly Posyandu in Lelateng Village. The purpose of this study was to find out what factors were related to the level of anxiety in the elderly who were a vulnerable group during the Covid 19 pandemic in Lelateng Village. Based on an interview survey with Elderly Posyandu cadres in Lelateng Village, it was found that there were several psychosocial problems in the elderly, especially anxiety. Recent research related to the psychosocial impact of Covid 19 on the elderly as a vulnerable group that causes anxiety problems that can reduce physical immunity and worsen the health of the elderly.

METHODS

This research is a type of analytical description research with a cross-sectional design. The study was carried out at the Elderly Posyandu, Lelateng sub-district in February 2020. The study population was all the elderly under the auspices of the Elderly Posyandu in Lelateng Village with the exclusion criteria of the elderly experiencing hearing loss and verbal communication disorders. The research sample was taken using a total sampling technique of 62 elderly people. The variables in this study consisted of the dependent variable and the independent variable. The independent variables in this study were factors related to the level of anxiety of the elderly in dealing with Covid-19, namely age, gender, knowledge about Covid-19, and comorbid diseases experienced by the elderly, while the dependent variable was the level of anxiety of the elderly in dealing with Covid-19. Collecting data with the instrument interview technique using a questionnaire. The data obtained and then processed using the steps, namely; editing, coding, entry, cleaning, and tabulating. Data analysis used computerized SPSS 20. The data obtained were analyzed descriptively by calculating the frequency distribution of all variables and to see the relationship between the independent and dependent variables, a Chi-Square test was carried out with a limit of significance $p\text{-value} = 0.05$.

RESULTS

a. Univariate Analysis

Table 1.
Distribution of Respondents Characteristics (n=62)

Variable	F	%
Gender		
Man	26	41,9
Woman	36	58,1
Age		
Elderly	41	66,1
Old	18	29,0

Very Old	3	4,8
Disease		
Hypertension	23	37,1
Rheumatism	22	35,5
Gastritis	12	19,4
Diabetes mellitus	5	8,1
Knowledge		
High	25	40,3
Low	37	59,7
Anxiety		
Anxiety	43	69,4
No anxiety	19	30,6

Table 1. Can be seen that the gender of the elderly is mostly female with a total of 36 (58.1%). The elderly are mostly Elderly (60-74 years old) as many as 41 people (66.1%). The age of the research respondents was between 60 – 95 years with an average age of 71.37 years. Most respondents suffered from hypertension as many as 23 people (37.1%). The majority of respondents have low knowledge of 37 people (59.7%). The anxiety level of the elderly mostly expressed anxiety as many as 43 people (69.4%).

b. Bivariate Analysis

Table 2.

The Relationship between Gender and Anxiety Levels in the Elderly (n=62)

Gender	Anxiety				Total	%	p-Value
	Anxiety	%	No Anxiety	%			
Man	18	29,03	8	12,90	26	41,94	0,601
Women	25	40,32	11	17,74	36	58,06	

Table 2. The relationship between gender and the level of anxiety in the elderly shows that from 43 elderly people who experience anxiety, 18 (29.03%) are male, 25 (40.32%) are female. The results of the Chi-Square test obtained a value of $p = 0.601$ ($p < 0.05$), so it can be concluded that there is no relationship between the gender of the elderly and the level of anxiety experienced by the elderly at the Elderly Posyandu, Lelateng Village.

Table 3.

Relationship between Age and Anxiety Levels in the Elderly (n=62)

Age	Anxiety				Total	%	p-Value
	Anxiety	%	No Anxiety	%			
Elderly	27	43,55	14	22,58	41	66,13	0,655
Old	14	22,58	4	6,45	18	29,03	
Very Old	2	3,22	1	1,61	3	4,84	

Table 3. The relationship between age and the level of anxiety in the elderly shows that from 43 elderly people who experience anxiety, there are 27 (43.55%) elderly people in the Elderly age group (60 – 74 years), 14 (22.58%) elderly people in the elderly age group. Old (75 – 90 years), 2 (3.22%) elderly with Very Old age group (>90 years). The results of the Chi-Square test obtained p-value = 0.655 ($p < 0.05$), so it can be concluded that there is no relationship between the age of the elderly and the level of anxiety experienced by the elderly in the Elderly Posyandu, Lelateng Village.

Table 4.**The Relationship between Disease and Anxiety Levels in the Elderly (n=62)**

Disease	Anxiety				Total	%	p-Value
	Anxiety	%	Anxiety	%			
Hipertensi	15	24,19	8	12,90	23	37,10	0,876
Rematik	16	25,81	6	9,68	22	35,48	
Gastritis	9	14,52	3	4,84	12	19,35	
Diabetes melitus	3	4,84	2	3,22	5	8,06	

Table 4. The relationship between disease and the level of anxiety in the elderly shows that from 43 elderly people who experience anxiety, there are 15 (24.19%) elderly suffering from hypertension, 16 (25.81%) elderly suffering from rheumatic diseases, 9 (14.52%) elderly suffer from gastritis, 3 (4.84%) elderly suffer from Diabetes mellitus. The results of the Chi-Square test obtained p-value = 0.876 ($p < 0.05$), so it can be concluded that there is no relationship between the disease of the elderly and the level of anxiety experienced by the elderly at the Elderly Posyandu, Lelateng Village.

Table 5.**Relationship between Knowledge and Anxiety Levels in the Elderly (n=62)**

Knowledge	Anxiety				Total	%	p-Value
	Anxiety	%	No Anxiety	%			
High	22	35,48	3	4,84	25	40,32	0,008
Low	21	33,87	16	25,80	37	59,68	

Table 5. The relationship between knowledge and the level of anxiety in the elderly shows that from 43 elderly people who experience anxiety, there are 22 (35.48%) elderly have high knowledge, 21 (33.87%) elderly have low knowledge. The results of the Chi-Square test obtained $p\text{-value} = 0.008$ ($p < 0.05$), so it can be concluded that there is a relationship between the knowledge of the elderly and the level of anxiety experienced by the elderly at the Elderly Posyandu, Lelateng Village.

DISCUSSION

Prevention of the spread of the COVID-19 virus is a challenge for anyone, this is due to the high ability of virus transmission and the absence of a clear vaccine and treatment for curing (WHO, 2020). Thus the coronavirus disease 2019 (COVID-19) can be considered as the 'perfect storm' to increase one's emotional stress, (Shanahan, L., Steinhoff, A., Bechtiger, L., et al 2020). In such a short time everything has changed where almost all regions in Indonesia have been affected by the outbreak of Covid19, the Government then took decisive action by limiting the space for people to move, especially in the education environment. The closure of all agencies that were previously carried out face-to-face was immediately changed to an online meeting, (Saputra, T. A. 2020). The government's policy of instructing restrictions and Lockdown policies makes some people restless and anxious. This can be a mental health risk during the COVID-19 pandemic in the community. Anxiety, lack of social contact, and reduced opportunities for treatment.

Respondents noted increased anxiety since 2019 and reported greater concern about the impact of COVID-19 on their mental health than physical health, (Termorshuizen, JD, Watson, HJ, Thornton, LM, Borg, S., Flatt, RE, MacDermid, CM)., Bulik, C. M, 2020). As many as 50.3% of respondents considered the psychological pressure to be quite severe; 15.7% reported moderate major depressive symptoms; 22.6% reported moderate to severe anxiety symptoms, and 19.8% reported moderate to severe stress levels. Spending >9 hours at home was associated with greater psychological distress, higher levels of stress, anxiety, and depression, (Cortés-Álvarez, N. Y., Piñeiro-Lamas, R., & Vuelvas-Olmos, C, 2020). Nearly 85% reported worrying about catching the infection. The majority of them (89.6%) reported concerns about their professional future (Consolo, U., Bellini, P., Bencivenni, D., Iani, C., & Checchi, V. 2020).

A person's anxiety response to an epidemic/pandemic can vary from one person to another (Ahmad, AR, & Murad, HR (2020). Anxiety reactions will be different for each individual. For some people, anxiety reactions are not always accompanied by physiological reactions. However, in some people, anxiety reactions are not always accompanied by physiological reactions. In certain people, the complexity of the response in anxiety can involve instantaneous physiological reactions such as a faster heartbeat, sweating, stomachache, headache, itching, and other symptoms. Once a person begins to feel anxiety, the defense system will then reassess the threat. accompanied by efforts to overcome, reduce or eliminate the feeling of being threatened. A person can use self-defense (defense mechanisms) by increasing cognitive or motor activity.

The Relationship between Gender and Anxiety Levels in the Elderly

The relationship between gender and the level of anxiety in the elderly shows a p -value = 0.601 ($p < 0.05$), so it can be concluded that there is no relationship between the gender of the elderly and the level of anxiety experienced by the elderly at the Elderly Posyandu, Lelateng Village. The results of this study are in line with the research of Widiyaningsih (2010) which concluded that there was no relationship between gender and anxiety in the elderly with $p = 0.963$ ($p > 0.05$). Also research from Nyi Dewi Kuraesin (2009) which states that there is no relationship between gender and anxiety. Sri Redjeki (2019) stated that between women and men there was no significant relationship with the level of anxiety in the elderly. This can be seen in the results of statistical tests using the chi-square test with a value of $p = 0.680$ ($p > 0.05$). The Posyandu for the elderly has elderly gymnastics activities which are attended by both elderly men and elderly women. Gymnastics for the elderly is a light exercise that is easy to do, not burdensome which is applied to the elderly. Elderly gymnastics is not only healthy physically but also can maintain mental and emotional. This activity can at least keep the elderly's emotions stable, always happy, sleep better and condition the mind to stay fresh. The elderly, both male and female, are generally quite active in participating in gymnastics so that there is no significant difference in their level of anxiety.

The Relationship of Age with Anxiety Levels in the Elderly

In theory, according to Nugroho, it is stated that as you get older, you will experience a setback, which in this case is physical activity. This causes disturbances in meeting daily needs, resulting in the dependence of the elderly on carrying out daily activities. On the other hand, what was found in the study of the relationship between age and anxiety level was p -value = 0.655 ($p < 0.05$), so it could be concluded that there was no relationship between the age of the elderly and the level of anxiety experienced by the elderly in the Elderly Posyandu, Lelateng Village. This is due to the occurrence of optimal aging, where if the elderly experience optimal aging or successful aging, the elderly will remain active and do not experience a decline in daily life. The elderly are the population group that is most vulnerable to health problems due to the aging process. The existence of the elderly is often considered negatively by the family and society. This often causes disturbances in the quality of life of the elderly. Quality of life is a parameter of the success of the elderly in maintaining health conditions. Good quality of life will encourage them to be independent, productive, and prosperous to improve their health status (Indrayani & Ronoatmodjo, 2018).

The Relationship between Disease and Anxiety Levels in the Elderly

The elderly with healthy physical conditions also experience anxiety, but they realize that with old age it is impossible for their organs to still function properly compared to when they were young. Moderate anxiety here can be interpreted that more than half of the total elderly respondents are not too worried about the situation that is happening to them but also do not feel comfortable enough about the situation that is happening to them at this time (Suryani, et al., 2016). This can be seen from the results of research that the disease experienced by the elderly does not significantly affect the level of anxiety in the elderly against COVID-19, the value of $p = 0.876$ ($p < 0.05$). Anxiety is a subjective experience that an individual has and also an individual's emotional state without any particular object (Stuart, 2013). Living with a chronic illness can be demoralizing, frightening, and anxiety-provoking (Greene, 2019).

Relationship between Knowledge and Anxiety Levels in the Elderly

According to Fuadi (2016) knowledge is the result of knowing and occurs after sensing an object. This sensing occurs through the five human senses. Most are obtained from the eyes and ears. The majority of respondents have low knowledge of 37 people (59.7%). Knowledge of the elderly about Covid-19, most of the elderly do not know about the meaning of Covid-19, what causes it, and how it spreads, this is due to information related to Covid-19 that has not been optimally given to the elderly at the Elderly Posyandu, Lelateng Village. Knowledge about COVID-19 in the elderly who are low can be increased to minimize psychological problems in the elderly, especially anxiety. This can be done by providing reading materials to the elderly, recommending hearing actual information about COVID-19 from reliable sources or media (Saputra & Simbolon, 2020). Because knowledge is the basis of one's actions so that it stimulates someone to do something. Knowledge can be obtained from different sources and sufficient knowledge enables a person to reduce anxiety in dealing with the changes that occur (Mukhoirotin, 2016).

According to (Sirait, 2020) anxiety or anxiety is an individual's psychological condition in the form of tension, anxiety, worries that are memorable with feelings of being threatened, and fear due to uncertainty in the future because something bad will happen. Anxiety can be caused by various factors, one of which is knowledge (Suwandi and Malinti, 2020). Anxiety is fear, worry, and anxiety that have an impact on behavior changes such as withdrawing from the environment, difficulty focusing on activities, difficulty eating, irritability, low emotional control of anger, illogical, difficulty sleeping (Jarnawi, 2020).

CONCLUSION

Based on the results of the discussion, several conclusions can be drawn as follows:

The frequency distribution of the sex factor of the elderly is mostly female with a total of 36 (58.1%). The elderly are mostly Elderly (60-74 years old) as many as 41 people (66.1%). The age of the research respondents was between 60 – 95 years with an average age of 71.37 years. Most respondents suffered from hypertension as many as 23 people (37.1%). The majority of respondents have low knowledge of 37 people (59.7%). The anxiety level of the elderly mostly expressed anxiety as many as 43 people (69.4%).

The relationship between gender and level of anxiety obtained $p\text{-value} = 0.601$ ($p < 0.05$), so it can be concluded that there is no relationship between the gender of the elderly and the level of anxiety experienced by the elderly in the Elderly Posyandu, Lelateng Village.

The relationship between age and level of anxiety was obtained with a value of $p = 0.655$ ($p < 0.05$), so it can be concluded that there is no relationship between the age of the elderly and the level of anxiety experienced by the elderly at the Posyandu Lansia, Lelateng Village.

The relationship between disease and anxiety levels was obtained with a $p\text{-value}$ of 0.876 ($p < 0.05$), so it can be concluded that there is no relationship between the disease of the elderly and the level of anxiety experienced by the elderly at the Elderly Posyandu, Lelateng Village.

The relationship between knowledge and the level of anxiety obtained $p\text{-value} = 0.008$ ($p < 0.05$), so it can be concluded that there is a relationship between knowledge of the elderly and the level of anxiety experienced by the elderly in the Elderly Posyandu, Lelateng Village.

CONFLICTS OF INTEREST

The authors have no conflicts interest to disclose.

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