Received : 2020-11-17 Revised : 2021-03-31 Acceptance : 2021-06-06 Publish : 2021-06-17

IMPACT LIMITATION OF SOCIAL SCALE WITH THE MOVEMENT *SOCIAL AND PHYSICAL DISTANCING* OF ANXIETY SOCIETY FOR PANDEMIC *DISEASE CORONAVIRUS* 2019 (COVID-19) IN PEKALANGAN CIREBON

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ABSTRACT

Pandemic outbreak is a time of global emergency. Large-scale social restrictions during a pandemic are a contributing factor to psychiatric comorbidities. One of the psychological problems that arise during this pandemic is anxiety. To analyze the impact of Large-Scale Social Restrictions with *social and physical distancing movements* on public anxiety during the pandemic outbreak *Coronavirus Disease* 2019 (COVID-19). This study is a qualitative research approach using a phenomenological study. Participants / informants were taken *purposively*. The analysis technique used is data triangulation. The results showed five main themes: (1) Community description (2) Public perception (3) Community feeling (4) Community action (5) Change in people's physical health. During the Covid-19 pandemic outbreak, participants experienced mild to severe anxiety, which was largely influenced by almost all aspects, but the most prominent aspect was the economy, which was the source of increased stressors and changes in the coping response of the community.

Keywords: Large-Scale Social Restrictions, Physical and Social Distancing, Anxiety, Pandemic COVID-19

INTRODUCTION

Pandemic outbreak is a time of global emergency that causes psychological health problems when this. About 70% of people in China experience anxiety, fear and feel insecure during a pandemic outbreak[20]. The fear of contracting and anxiety affects the cognitive well-being of each individual, family and community due to the impact of the ongoing pandemic outbreak[22]. During the initial phase of the manifestation of a pandemic outbreak, the community will experience several psychiatric comorbidities such as anxiety, fear, loneliness, depression, emotional instability and changes in coping responses during the quarantine process, limiting physical and social contact[4,13]. In Australia, the system *lockdown* with *social and physical distancing* applies the same intervention system as in China, the results of the evaluation show that the system is very effective in reducing morbidity due to infection from 180,000 population (66%) to 85,000 population (31%)[15]. The Decree of the President of Indonesia stipulates that in Indonesia there is no system *lockdown* but the Government of Indonesia has declared a global

emergency status in the face of a pandemic outbreak with the enactment of Large-Scale Social Restrictions within 91 days from 20 February to 29 May 2020 and socializing movements *social and physical distancing*[2,30].

Based on the Regulation of the Republic of Indonesia Health Metrics (PERMENKES RI) number 9 of 2020 the difference between the system *lockdown* and Large-Scale Social Restrictions is seen from the context of the applicable protocol, the system *lockdown* applies mass quarantine in each region by deactivating all activities and access in and out of either land, sea or air. Whereas the term Large-Scale Social Restrictions is more about adjusting to local characteristics, at Large-Scale Social Restrictions individuals are still allowed to leave their territorial boundaries with conditions, rules, and following applicable protocols such as a certificate from regional parties and following procedures examination. *rapid test* Even so, the essence of the system directs and introduces the public to the *social and physical distancing movement*[11]. So far, the impact of Large-Scale Social Restriction system that is felt the most by the community is the limitation in meeting the needs of daily activities, so that it affects and will trigger psychological health problems such as anxiety in the community. However, until now, during the implementation of Large-Scale Social Restrictions there was no emphasis and intervention that had an impact on psychological health[27].

In Indonesia, cases of coronavirus infection continue to increase, currently the total number of infected cases has reached 22,750 from 34 provinces, 405 cities / regencies in Indonesia that are affected. The cumulative results of the specimens (naso / oro / sputum) examined were 256,946 specimens from around 183,192 residents who were examined through the RT-PCR and TCM tests. There were 49,3361 cases of residents with ODP status, the number of residents who were declared cured of 5,642 cases (24.8%), while the number of cases of residents who were declared dead were 1,391 cases (6.11%) and 69.09% or around 12,342 cases are in the status of Patients Under Supervision (PDP)[11]. Based on cumulative calculation data from the Ministry of Health of the Republic of Indonesia, the highest number in Indonesia is in the DKI Jakarta province with 6,709 cases, the cure rate reaching 1,655 cases (24.7%), while the number of confirmed death cases is 501 cases (7 , 5%) and 4,553 cases (67.8%) were still under close monitoring and supervision. West Java Province ranks third after East Java with the most cases of coronavirus infection, the number reaching 2,113 cases. The number of residents who were declared cured reached 479 cases (22.7%), around 128 cases (6.06%) were declared dead, while 1,506 cases (71.24%) were residents who were still under close monitoring and supervision[11].

Cirebon city has 5 sub-districts and around 22 urban villages, the recapitulation of infection statistics *coronavirus* (Covid-19)from the Cirebon City Health Office shows that 425 cases of which 21 cases (5%) of infections are *coronavirus* experienced by children aged <5 years, 47 cases (11%)) experienced by people between the ages of 6-19 years, the highest number of cases of infection was in the age range of 20-29 years, namely 103 cases (24%) and people with the age range 30-39 years, namely 100 cases (23.5%). cases in the community with an age range of 40 - 49 years, namely 81 cases (19.1%), 40 cases (9.4%) occurred in pre-elderly people with an age range of 50 - 59 years, and 33 cases (8%) the rest is experienced by the elderly, ranging in age from 60 to 79 years. Based on the sex of cases, men were more dominant with 271 cases (64%) and 154 cases (36%) in women. The results of the data distribution showed that the number of people without symptoms (OTG) was 62 cases, 1 of which was still in the monitoring process stage and 61 other cases were declared complete. The number of people under monitoring (ODP) was 341 cases, 1 case was still in the process of monitoring, while 340 cases were declared safe and completed monitoring. The number of cases that tested positive for the corona virus in Cirebon City was 10 cases, 3 cases were still under surveillance, 5 cases were declared cured and 2 other

cases were declared dead. While the number of Patients Under Supervision (PDP) is 12 cases, 2 cases are still in intensive care, 8 cases are declared cured and 2 other cases are declared dead[6]. Based on the results of the recapitulation of statistical data, the number of cases of infection *coronavirus* (COVID-19) in the sub-districts and villages in Cirebon City can be categorized based on the color of the zone. These categories are assessed based on the number of morbidity and mortality rates in the distribution of these areas. In Pekalipan District, the number of People Without Symptoms (OTG) was 6 cases, the number of People Under Monitoring (ODP) was 36 cases, the number of Patients Under Supervision (PDP) was 1 case and 1 positive resident infected with the infection, so that Pekalipan District was categorized in the orange zone or moderate risk[6].

Based on data from a preliminary study conducted on May 28 in Pekalangan through unstructured interviews with 5 residents, it was found that residents said that when Large-Scale Social Restrictions was enforced during the COVID-19 pandemic outbreak, they tended to feel bored, just stayed at home because they were worried and fear of being infected or contracting the disease, especially after hearing that there is an increase in confirmed cases in the region. They also said they were reluctant to go to health care centers because they were considered places of high risk of transmission of the virus, 2 out of 5 residents experienced anxiety, anxiety, headaches, lack of appetite and experienced weight loss. They are wives whose husbands work outside the city and do not get permission to return home because of this emergency. In addition, they also complained that their economic income was reduced due to limited working hours. Based on the background explanation above, the aim of this study is to analyze the impact of Large-Scale Social Restrictions on public anxiety during the pandemic outbreak *Coronavirus Disease* 2019 (COVID-19).

MATERIAL AND METHOD

The research method used is qualitative with a phenomenological study[8] The number of participants / informants in this study were 8 participants who were taken *purposively*[5]. The data in this study were obtained through in-depth interviews with *door to door* using an interview guide equipped with observation results and aids in the form of pens, books, *cellphones*, tripods, sphygmomanometer, stethoscope, and *midline*[25]. The in-depth interview process was carried out for 60 minutes by following standardized health protocols based on the consent of the participants / informants. Data analysis used in this research includes 4 ways, namely; description, reduction, essence and intentionality[5]. The series in finding the wetness of the data was carried out with 3 categories; degree of confidence*(credibility),* the degree of linkage *(dependability)* and the degree of certainty*(confirmability)*[16].

RESULTS AND DISCUSSION

The results of the thematic analysis in this study obtained 5 (five) main themes which describe the impact of Large-Scale Social Restrictions with *social and physical distancing movements* on public anxiety during the Coronavirus Disease 2019 (COVID-19) pandemic outbreak. These themes are: (1) Community description, (2) Community knowledge, (3) Community feelings, (4) Actions taken by the community, (5) Changes in people's physical health. Participants' perceptions about the Covid-19 pandemic outbreak generally have the same knowledge, 6 participants explained that the Covid-19 pandemic outbreak appeared to be caused by a virus, 1 participant explained that the symptoms of Covid-19 included high fever, coughing and accompanied by shortness of breath, one participant was only able to explain that Covid-19

was a deadly epidemic. However, some participants stated it correctly but not specific enough. The Covid-19 disease outbreak is caused by a biological injury agent, namely a virus, belonging to the type of coronavirus with the genus *flor elliptic*. The organs that are the target of this viral infection are the respiratory tract, especially the lungs[27]. Humans are currently the main source of transmission of the virus so that the process of spreading and virulence is increasingly aggressive, this is because the cytopathic effect of this virus can defeat the host-cell immune system[9]. Symptoms of Covid-19 vary widely from mild, moderate to severe, but most people infected with this virus will experience a series of symptoms such as fever, cough, sneezing and shortness of breath[21].

Most areas, such as in Indonesia, which are affected by Covid-19, are trying to overcome and carry out mass reconciliation in the form of preventive measures in the form of a mass quarantine process while maintaining physical and social distance or what is known as Large-Scale Social Restrictions. The knowledge about Large-Scale Social Restrictions, *physical and social distancing* from each participant is very different in terms of the purpose of implementing Large-Scale Social Restrictions, the form of Large-Scale Social Restrictions regulations to the application of *physical and social distancing*. These three things are the sub-themes that make up this second theme.

Participants' presentation regarding this matter is in accordance with PERMENKES NUMBER 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions in the context of accelerating the handling of Covid-19 which states that in principle the Large-Periodic Social Restrictions are implemented to reduce the spread of Covid-19 which is increasingly widespread. The limitation of certain activities is intended to limit the gathering of large numbers of people in a certain location, such as schools, offices, meetings, recreation and association activities using public or private facilities[11].

In line with that, based on the statement of the National Disaster Management Agency that the implementation of the Large-Scale Social Restrictions is determined based on the Covid-19 zoning criteria by determining 4 zones namely red, orange, yellow and green. This zoning criterion aims to determine the level of local transmission and virulence that occurs due to the Covid-19 virus in an area. People living in these areas are required to follow standardized health protocols, which include maintaining distance, wearing masks and washing hands with soap. During the Large-Scale Social Restriction era, the community was encouraged to carry out *physical and social distancing*. According to the *Centers for Disease Control and Prevention* states that *physical and social distancing* is a term used to describe infection control measures by avoiding crowds, mass gatherings, making contact with infectious agents, and keeping a distance of about 6 feet or at least lack of 1 - 2 meters[3].

The effective response had a major impact on participants during the Covid-19 pandemic and the enactment of the Large-Scale Social Restrictions regulations. Participants feel the impact from aspects of psychological health as well as changes related to life needs which include economic, social, physical / biological, and spiritual value needs. Changes in the affective response to participants are caused by factors that lead to psychological changes, namely anxiety,

which affects other life needs. This is supported by Karen Horney's personality theory which states that there is a clear relationship between neurosis and everyday life[1]. The Covid-19 pandemic outbreak is a problem that results in various kinds of difficulties that hinder human primary needs such as the need for acceptance and affection[4].

The impact of Large-Scale Social Restrictions and the application of physical and social distancing is not only in terms of affection, but it will also affect changes in people's lifestyles. Changes in behavior and actions of participants during the Covid-19 pandemic outbreak varied greatly depending on the factors that influenced it. There was a change in participant behavior during the Covid-19 pandemic outbreak, participants tended to be more withdrawn, anxious, decreased coordination, but some of them were able to find solutions to overcome this by doing positive activities. This is supported by Sullivan's personality theory "*the self-system*" which states that a person's personality and behavior is strongly influenced by interpersonal events. Both of these are the center of dynamics whose development is the result of dynamic desire or anxiety[7].

Changes in psychomotor responses are strongly influenced by individual perceptions and feelings. Individuals who experience anxiety tend to be more visibly withdrawn, restless, decreased coordination, etc., however this can be seen from the interpersonal events experienced by each individual[24]. Large-Scale Social Restrictions during the Covid-19 pandemic were an interpersonal event that forced the affected communities to adapt to all existing elements. When environmental conditions change, individuals tend to feel anxious and feel discomfort, resulting in individual closure[20].

The implementation of the Large-Scale Social Restrictions and the application of *physical and social distancing* during the Covid-19 pandemic outbreak greatly influenced the physiological responses of participants. Changes in physiological responses are also triggered by psychological responses, these two responses work in synergy and influence each other's responses such as cognitive, affective and psychomotor. This is supported by the transactional theory put forward in the study which states that when the stressor in an individual increases it will provide "stimulation fight-or-flight"for appraisal and coping[14]. The assessment stage takes place when an individual experiences an event, then evaluates the influence that is likely to arise due to demands. At this stage, an affective response appears, the individual will feel the impact psychologically and physiologically and when the individual does not have the ability to overcome it, it will become *stressful* which results in the individual feeling *losing, threatening* and *challenging*. All three will cause emotional feelings of hope, desire and belief. Then the individual will enter the coping stage, determining the type of coping carried out to deal with threatening situations. Coping depends on the individual's ability to assess something that can be done to change the situation, when individuals are able to cope, the response will be more adaptive, but when individuals are unable to cope with maladaptive changes in coping responses, it will occur[14]. In individuals who experience maladaptive coping, psychic and somatic symptoms appear in that individual.

Based on this explanation, the researcher argues that the participants' perceptions of the Covid-19 pandemic outbreak, the Large-Scale Social Restrictions regulations and the application of *physical and social distancing are* still low, this is evidenced from the interview excerpt which illustrates that some participants still appear confused when answering questions, intermittent, halting tone of speech suggests a decreased cognitive response during a pandemic outbreak. Society is required to adapt to new things, rules, and challenges that trigger an increase in stressors. A decrease in cognitive responses can lead to cognitive bias so that confusion and misunderstanding often occur in receiving information so that it greatly affects changes in affective, psychomotor and physiological responses.

CONCLUSION

This phenomenon illustrates that during the implementation of the Large-Scale Social Restrictions and the application of *physical and social distancing* during the Covid-19 pandemic outbreak, the participants in this study experienced mild to severe anxiety, this refers to changes in the physiological responses experienced by participants in the form of blood pressure instability, increased pulse rate, palpitations, tachypnea, and some somatic symptoms such as indigestion, fatigue, cramps, *migraine* and frequent urination. Meanwhile, the cognitive and affective responses that emerged in the participants were fear, sometimes increased tone of voice and confusion.

The results of this study can become additional reference data in nursing research to be further developed by further researchers either in the same or different scopes and are advised to conduct research directly on respondents or participants who have experience of being PDP (*Patients Under Supervision*). The public can apply the applicable health protocols and tips for maintaining psychological health during this pandemic. Nurses in carrying out their roles and functions need to adapt to environmental conditions and community needs. Nurses as educators and counselors can provide education to the public about prevention measures for the transmission of COVID-19, as well as provide counseling on tips for maintaining psychological health during Large-Scale Social Restrictions during the COVID-19 pandemic so that it becomes a reference for new interventions with maintain a balance between physical and psychological health. This can be a means of strengthening health in the community realm by reconciling community health management.

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