

Management of Anxiety Among Village Health Cadre: an Experimental Study

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ABSTRACT

Background: Anxiety is experienced by individuals almost every day. Yet, it is unnatural if it happens continuously to be able to disrupt the minds and activities. Lack of information becomes an obstacle in mental health management, especially anxiety. One of the steps to achieving healthy status is the empowerment of mental health cadres through Anxiety Education training. Objective: This study time to determine the effect of anxiety education on the knowledge and skills of cadres in managing anxiety in Suro Village, Kalibagor Sub-District, Banyumas Regency. Method: This study used a pre-experimental design with one group pretest-posttest. The population and samples were 40 respondents selected using the total sampling method. Then, the Wilcoxon test was utilized for the statistical test. Results: This study showed that the majority of respondents are 36-45 years old (35%), and graduated from elementary school level (45%). They worked as housewives (57.5%), and have been being a cadre for 0-10 years (42.5%). The p-value obtained from the Wilcoxon test was $0.000 < 0.05$. It meant that there was a significant influence on the level of knowledge and skills of cadres before and after being given anxiety education. Conclusion: Good knowledge would affect the ability and skills of cadres in managing anxiety in their life and in the community.

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1. INTRODUCTION

Anxiety is a potentially dangerous reaction that can be experienced by anyone, with various responses to situations that tend to be problematic or dangerous. However, anxiety will become unnatural when it occurs continuously so that it can interfere with one's mindset and activities (Oktapiani & Putri, 2018). The World Health Organization noted that more than 200 million people worldwide (36% of the population) suffer from anxiety which is a common mental disorder with a high prevalence (WHO, 2017). Depression and anxiety disorders, schizophrenia, bipolar disorder, behavioral disorders, autism, and eating disorders, among other types of mental disorders, according to 2017 disease burden data, are predicted to spread to Indonesia (Kemenkes RI, 2019).

The prevalence of emotional mental disorders according to the 2018 Riskesdas data shows symptoms of anxiety and depression for ages exceeding 15 years to around 6.1% of the total population in Indonesia. The prevalence of emotional mental disorders according to Riskesdas 2018 data shows symptoms of anxiety and depression for ages exceeding 15 years to around 9.14% of the total souls in Banyumas (LPB Central Java, 2018).

Preliminary studies through interviews with health cadres found that the people of Suro Village understand anxiety due to conditions and events that are experienced every day. Health cadres do not know information about anxiety, so they cannot provide education on anxiety and how to handle it to the public.

Relaxation is one of the interventions that can be done to deal with anxiety. One of the non-pharmacological therapies that can be used to treat anxiety is progressive muscle relaxation therapy. Progressive muscle relaxation is a method of relaxation by providing awareness of sensations, this awareness can reach tense muscles and relax them by limiting these muscles so that focusing on these muscles is free from the tension that is felt (Mulyati, 2021).

Research from Hidayat & Santoso (2018) says that the steps to achieve mental health are promotive, preventive, curative and rehabilitative approaches. One form of empowering community health services is by forming and training health cadres. Mental health management does not only focus on the healing process, but also requires education to the community, therefore mental health cadres are very much needed. (Sahriana, 2018).

Cadres have a very big role in improving the health status of the community, both physical health and mental health. The task of mental health cadres is to keep the mentally healthy and healthy, those who are at risk of becoming healthy and those with disorders being cured or productive. Therefore, the empowerment of mental health cadres can make it possible to reach the entire community (Sahriana, 2018). Based on this background, it is necessary to conduct research on the effect of anxiety education on the knowledge and skills of cadres in managing anxiety in Suro Village, Kalibagor District, Banyumas Regency.

2. RESEARCH METHOD

This study is a quantitative study, with a pre-experimental design of the type of one group pretest-posttest. This research was conducted in January 2022 in Suro Village, Banyumas Regency with a total population and research sample of 40 health cadres who are active in posyandu.

The sampling technique in this study used a total sampling technique. Data collection tools in this study were questionnaire sheets and progressive muscle relaxation observation sheets. The questionnaire sheet consists of two parts. The first part contains the characteristics of the respondents (name, age, education, occupation and length of time as a cadre), the second part contains an anxiety knowledge questionnaire. This questionnaire uses a Guttman scale and has been tested for validity

The data analysis used was univariate analysis to determine the frequency distribution of respondents' characteristics (age, education, occupation and length of time being a cadre), and bivariate analysis to determine the effect of the independent variable (anxiety education) with the dependent variable (level of knowledge and skills). The data examined through the process of editing, coding, scoring, tabulating, processing and cleaning. The statistical test used is the Wilcoxon test.

3. RESULT AND DISCUSSIONS

Tabel 1. Distribution of respondent characteristics (n=40 respondents)

Characteristics	Frequency	Percentage (%)
Age		
17 - 25 yrs	1	2.5
26 - 35 years old	12	30.0
36 - 45 yrs	14	35.0
46 - 55 years old	12	30.0
56 - 65 years old	1	2.5
Total	40	100.0
Education		
SD	18	45.0
middle school high school	15	37.5
Diploma/Bachelor	6	15.0
Total	1	2.5
40	100.00	
Work		
Housewife	23	57.5
Farmer	8	20.0
Trader	6	15.0
Laborer	1	2.5
Seamstress	1	2.5
Village Apparatus	1	2.5

Characteristics	Frequency	Percentage (%)
Total	40	100.0
Long Time Being a Cadre		
0 – 10 yrs	17	42.5
11 – 20 years old	14	35.0
21 – 30 years old	8	20.0
>30 years	1	2.5
Total	40	100.0

Based on table 1 above, the characteristics of respondents in Suri Village are presented in Table 1 based on the majority age of 36-45 years (35%), most of them have primary school education as many as 18 (45%), working as IRT 23 (57.5%), and being a cadre for 0-45 years. 10 years as many as 17 (42.5%).

Table 2. Scores of knowledge and skills of cadres before and after being given anxiety education

Parameter	Knowledge		Skills	
	Pretest	Posttest	Pretest	Posttest
Mean	28.60	32.80	6.03	13.10
Median	29.00	33.00	6.00	14.00
Std. Deviation	2,580	2.210	2.315	2.437
Minimum	19	25	1	8
Maximum	33	36	9	17

Based on Table 2, it can be seen that the level of knowledge of cadres before being given anxiety education has an average value of 28.9 and the average value after anxiety education is 32.8. Then the skill level of cadres before being given anxiety education average value is 6,03 and the average value after anxiety education is 13.1.

Table 3. Wilcoxon test the effect of anxiety education on cadre knowledge

	N	mean (minimum-maximum)	Average difference	<i>P-value</i>
Prior knowledge	40	28.90 (19-33)	3.90	0.000
Knowledge after	40	32.80 (25-36)		

Table 3 illustrates the results of the *Wilcoxon test* for cadre knowledge before and after anxiety education, the mean difference value is 3.90 and the *p-value* is 0.000.

Table 4. Wilcoxon test the effect of anxiety education on cadre skills

	N	mean (minimum-maximum)	Average difference	<i>P-value</i>
Skills before	40	6.03 (1-9)	7.07	0.000
Skill after	40	13.10 (8-17)		

Table 4 describes the results of the *Wilcoxon test* for cadre knowledge before and after anxiety education, the mean difference value is 3.90 and the *p-value* is 0.000.

3.3 The effect of anxiety education on cadres' knowledge about anxiety

The results of bivariate analysis using the *Wilcoxon test* obtained a *p-value* of 0.000. This means that the *p-value* is $0.000 < 0.05$, so it can be concluded that H_0 is rejected, which means that there is an influence of anxiety education on cadre knowledge. The results of the analysis test showed that the level of knowledge of cadres before receiving anxiety education was an average of 28.6 and after anxiety education was 32.8.

The increase in respondents' knowledge in this study was caused by health education provided in the form of lectures. This is indicated by the difference in the mean of knowledge from before and after the lecture. In line with the research of Hernawaty et al. (2018) regarding Mental Health Education for Health Cadres shows that increasing knowledge of cadres can increase because lectures are indeed carried out in an effort to increase one's knowledge.

The lecture method has advantages over other methods. Wirabumi (2020) argues in his research on the lecture learning method, that the lecture method simply uses oral media without complicated preparation and respondents can immediately receive knowledge.

In addition, the characteristics of education is another factor that can increase the knowledge of respondents. Education provides benefits to a person, making it easier to acquire new knowledge. Saeni & Irwan (2022) in their research suggest that regardless of whether the respondent has a high level of education, the information provided by researchers in anxiety health education can be well received and is able to change the respondent's mindset to increase knowledge. With a good level of knowledge, posyandu cadres can independently disseminate information to the community (Saeni & Irwan, 2022).

Knowledge of the management of mental disorders, including the management of anxiety, must be introduced early. So that the knowledge of cadres can effectively increase the role of cadres in socializing and managing anxiety in the community.

3.4 The effect of anxiety education on cadre skills on progressive muscle relaxation techniques

The results showed that the average score of 40 respondents' skills before anxiety education was 6,03 while after health education the average value increased to 13.10. The results of bivariate analysis using the *Wilcoxon test* obtained a *p-value* of 0.000. This means that the *p-value* is $0.000 < 0.05$, so it can be concluded that H_0 is rejected, which means that there is an effect of anxiety education on the skills of cadres.

Respondents in this study had different backgrounds of progressive muscle relaxation skills. The significant increase in the skills of health cadres was due to several cadres who were able to receive information simulating progressive muscle relaxation techniques. Fitriani & Purwaningtyas (2020) in their research, women respond better to intimate communication in groups, which results in more information being disseminated and retention capabilities to increase skill scores.

This training uses a progressive muscle relaxation simulation method, by conducting simulations to cadres in two meeting sessions. According to Fatmah (2020), that simulation-based training methods or role play are more effective in improving individual understanding and skills. This is in accordance with research conducted by Saeni & Irwan (2022), who found that the use of simulations provided an opportunity for Posyandu cadres to review and implement all learning during the learning process. The advantage of the simulation method is that it is a more useful method than lectures because it not only increases knowledge, also improve attitudes and skills.

4. CONCLUSION

This research can be concluded that there is a significant effect of the level of knowledge and skill level before and after being given anxiety education to health cadres. The results of this study can be used as an evaluation to improve the quality of knowledge and skills of health cadres, especially mental health cadres. For future researchers, it is hoped that they can continue this research by expanding the number of respondents and expanding the management of anxiety.

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