

Families' Knowledge About Mental Anxiety Disorder At The Liquiça Inpatient Community Health Center (Timor-Leste, 2024).

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Abstract

Introduction: According to the World Health Organization (WHO, 2021) that mental illness or disorders are usually characterized by a combination of abnormal thoughts, perceptions, emotions, and behaviors, which can also affect relationships with other people. Anxiety is the emotional response and individual evaluation that is subjective that influences by nature and conscious and yet does not specifically identify with its cause. Mental illness agree focus on the other thing that World Healthcare insurance Organization (WHO, 2020), is characterized by abnormally thoughts, emotional and behavioral issues, that can affect interpersonal relationships. The anxiety is one such as disorder, and its nervous about-face responses to subjectively cases.

Research Objective: To access the relationship between families' knowledge about anxiety disorders at the Liquiça Inpatient Community Health Center.

Research Methodology: A quantitative analytical correlation study using a cross-sectional approach, was conducted with 73 respondents. The data analysis included Chi-square tests, covariance, and Pearsons's correlation coefficient of the field study, at the Liquiça Inpatient Community Health Center Municipality of Liquica (Timor-Leste, 2024).

Results Discussion: Based on the survey result of the 73 respondents indicates that the knowledge of the families is 59.8%, includes the factor to access to health education and health information is 80.8% and the Pearson Product Moment test result with the result interval coefficient correlation .796** and significance level with P-value is .000 < a 0.05, means that it has strong ratio in the same study occasion.

Conclusion: *Through this research result shows that the moderated knowledge of anxiety disorder, highlighting the needs of improved to access of health educations. According to the data analysis will be comes 59.8%, from the point interpretation in data right with the information collected by research implementation cited by (Gomes L. & Tilman CB., 2024).*

Keywords: Knowledge, Families, Anxiety Disorder.

INTRODUCTION

According to the World Health Organization (WHO, 2021) that mental illness or disorder is usually characterized by a combination of abnormal thoughts, perceptions, emotions, and behaviors, which can also affect relationships with other people. According to (WHO, 2020) stating the world mental health report, which shows data on mental disorders worldwide, with an increase of more than 25% in new cases of depression and anxiety. In the first year of covid-19 alone, 53 million people developed depression, another 76 million had anxiety - totaling 129 million and increases of 28% and 26% in incidence, respectively, comparing in 2021, when almost 1 billion people lived with a mental disorder, with anxiety representing 31% of this total and depression 28.9%. People with severe mental health conditions die on average 10 to 20 years earlier than the general population, mostly due to preventable physical illnesses, and child sexual abuse and bullying abuse are major causes of anxiety and depression. Social and economic inequalities, public health emergencies, war, and the climate crisis are among the global structural threats to mental health. Depression and anxiety increased by more than 25% in the first year of the pandemic alone, there were still climate changes and among the others conditions will be created by the events of pandemic especially in mental health situations cited by (Gomes L. & Tilman CB., 2024).

Thus, according to the report by Mental Wellness in Asia (MWA, 2020), the report illustrates that mental health is one of the second biggest problems on the continent of Asia, which people suffer from each year. The prevalence rate of mental illness in Asia increases every year and affects mostly adults with 4% in Singapore, and with 2% in Vietnam, Thailand, New Zealand and Australia. According to the report of the Ministry of Health of Timor-Leste (MdS-TL, 2021), currently 2,015 people with mental illness have been registered who are treated regularly in health centers and hospitals throughout the territory. The Ministry of Health also reported that the data of patients that exist, mostly women with 1,078 and men with 973. Health Authority also points out that mental illnesses have their phases, so some patient needs only counseling and consumption of medication for a short time, these cases such as anxiety, depression and post-traumatic condition, but those who lean in the serious state such as schizophrenia, this takes a long-time treatment to recover their condition.

According to the statistical reports of the MdS-TL (2022), mental disorder in Timor-Leste is a main problem in public health, at the beginning of March 2020 until 2021, there were 2,231 cases of mental disorder, for this number the 2,021 cases that performed external treatment and at the National Hospital of Guido Valadares (HNGV) there are 210 cases, of which 92 are men and 118 are women and these disorders are schizophrenia, de-

pression and suicide. According to the annual report of MdS-TL (2022), registering more than two thousand cases of mental illnesses, among them, more than 1000 who underwent treatment, more than 200 have recovered, among the numbers mentioned above, more than 300 patients are registered in Baucau, more than 200 similar to Ermera and among other municipalities. According to the annual report of the Municipality of Liquiça Health Service (SSML, 2021), it was found that the total number of cases of mental illness is 861 patients, among them, 377 are men and 484 are women). Thus, patients who are still receiving treatment at the health facility are 399 patients, among these cases, 174 are men and 225 are women. And from the beginning of January to December 2022, the SSML registered 197 cases, 90 men and 107 women, among these numbers, 58 cases received the treatment, which are 31 men and 27 women. According to statistical data from Health Services of the Municipality of Liquiça (SSML, 2023-2024), reported that mental disorders are 98 registered cases, including. Bipolar, Schizophrenia, depression, anxiety. The metaphor expression is something concept and idea of health professional to help the patient in guided treatment and continuation of supporting by families in home, today need to changes idea about the number of people in Liquica.

Research Objectives: To access the relationship between families knowledge about anxiety disorders at the Liquiça Inpatient Community Health Center in the Municipality of Liquica.

Specific Objectives:

- To know the relationship of the level of knowledge of families about anxiety disorders.
- To identify the factor to access health information

that influences families' knowledge about anxiety disorders.

- To know the factor to access education health that influences the family's knowledge about anxiety disorder.
- There is better way to group up all the objectives are important knowledge.

THEORETICAL FRAMEWORK

Human knowledge according to social study is divided into 6 levels, such as:

1. Knowing is like remembering the material previously learned. Included in this level of knowledge is the recollection of something specific, of all the material studied or of the stimuli received. Therefore, knowing is the lowest level of being attentive and carefully.
2. Understanding is like an ability to correctly explain what is already known and can interpret the material correctly.
3. The application can be interpreted as an ability to use the material that has been studied in a real condition.
4. Analysis is an ability to describe a material or an object in components, but still within the organizational structure and still related to each other.
5. Synthesis is an ability to compile or connect, plan, summarize, adapt something to existing theories or formulations.
6. Evaluation refers to the ability to make an evaluation of a material or object, this evaluation is based on self-determined criteria.

The knowledge scale is defined by the one cited by Sri Lestari as follows: Good knowledge (76% - 100%), Adequate knowledge (56% - 75%) and Less knowledge (Nursalam, 2022) (< 55%). According to Rahayu (2018) there are seven (7) parts

that the influence of knowledge is: education, experience, age, information, socio-culture, service and environment.

Anxiety is the uncomfortable feeling due to fear and stress, and this stress that causes anxiety (Neeb, 2019). Anxiety is a feeling in tranquility because of uncomfortable and fear accompanied with some response that it causes for an individual (Yuditha, 2017). Anxiety is the emotional response and individual evaluation that is subjective that influences by nature and conscious and yet does not identify spessiphically with its cause. Thus, it is in agreement with Lestari (2018), that anxiety has four levels:

1. Slight: it is the relationship with pressure in daily life that causes slight to an individual and an individual already has a care and elevates in the area of perception. Mild anxiety gives a boost to an individual's motivation and also results in an individual's productivity and creativity. Its manifestation is caused, irritability, elevation in the area of perception, consciousness, capacity, motivation, attitude following the situation.
2. Moderate: it allows an individual to centralize important problems and remove those that are not important, so an individual has the maximum concentration for a selective, he can perform something that is directed. Its manifestations are: excess tiredness, elevation of blood pressure and breathing, muscle pressure, speaks quickly and with a loud voice, in the area of perception is puequena, can perform something but is not optimal, ability to concentrate is less, more sensitive, has no patience, hires and tamis.
3. Severe: at this level of anxiety, the space of perception is much less. Sometimes an individ-

ual concentrates his thought on something specific and does not think about something else. All characters indicated are to reduce the pressure, and this individual needs many advice to be able to be centralized in another area. Manifestations are dizziness, cephalea, nausea, insomnia, frequent urine, diarrhea, palpitation, space of perception is smaller, does not want to learn the affective, confusion and among others.

4. Panic: is the relationship with threat, fear and terror because of less control. An individual who has a panic situation does not have the ability to do anything, even if he accompanies a council. Manifestations are difficulty breathing, pube distention, palpitation, diaporesia, incurrent speech, screaming, hallucination and dilution.

Anxiety can be measured with an anxiety measurement instrument called HARS. The HARS scale is a measure of anxiety based on symptoms that occurs to an anxiotic individual. According to the HARS scale, the symptoms have 14 that get in an anxiotic individual. Each component can observe, giving 5 levels with a value between 0 and 4. Way to assess anxiety with categorized value:

- 0= has no symptoms of people
- 1=Light of the scale individually with the models.
- 2 = Moderate cause of the symptoms
- 3=Severe cases of interest in the meantime
- 4=Panic attack and created some of the problems.

Determination of anxiety level with summation value and component 1-14 with the following results:

- a) Value<14: No anxiety
- b) Value 14-20: Mild anxiety
- c) Value 21-27: Moderate anxiety
- d) Value 28-41: Severe anxiety

e) Value 42 to 56: Panic anxiety

RESEARCH METHODOLOGY

This type of research is an investigation as the quantitative analytical correlation method with cross-sectional approximation. The non-probability sampling technique using the accidental sampling method is because accidental sampling. The samples were collected from 73 respondents. The research instrument for the researcher that will be used is the questionnaire instrument. Analyzing the data uses the Statistical Package for the Social Sciences (SPSS) computer program version 23.

FINDINGS

Table.1 Frequency distribution of subjects is based on age.

Age	Frequency (n)	%
18-29	21	28.7
30-38	28	38.3
39-48	12	16.5
49-60	12	16.5
Total	73	100

Table 2. Frequency distribution of subjects is based on sex

Sex	Frequency (n)	%
Female	45	49.5
Male	28	30.8
Total	73	100.

It is based on table 1, of the 73 respondents, there were a majority aged between 30-38 with about 30.8% and a minority aged between 39-48 and 49-60 with about 13.2%. It is based on table 4.2. Of the 73 respondents, there is a majority of females with about 49.5% and a minority of males with about 30.8%.

Table.3 Frequency distribution at the level of knowledge of knowledge of respondents.

Knowledge Level	Good		Enough		Less		Total	
	F	%	F	%	F	%	F	%
Know	39	53.4	29	39.7	56	7.6	73	100
Understand	39	53.4	35	47.9	14	1.9	73	100
Apply	53	72.6	17	23.3	9	1.2	73	100
Total	44	60.3	34	46.5	49	6.7	73	100

It is based on the analysis of table 3. indicates that regarding the level of knowledge (knowledge) of the respondents, there is a majority with the category of good with 53.4% and comparing with the category of sufficiency with 39.7% and with the category of less knowledge with 6.8%, level of knowledge (understand) there is a majority with the category of good with 53.4% and comparing with the category of sufficiency with 45.2% and with the category of less knowledge with 1.4% and the level of knowledge (apply), there is a majority with the category of good with 72.6% and comparing with the category of sufficiency with 17.8% and with the category of less knowledge with 9.6%, base on the result of interpretation (Gomes L. & Tilman CB., 2024).

Therefore, the majority of respondents with a level of knowledge to know there is about 72.6%, compared to the level of knowledge to understand and to know there is about 53.4%, and finally the level of knowledge results in 59.8% of the good category, 34.2% of the sufficient category and 5.9% of the category less cited by (Gomes L. & Tilman CB., 2024).

Table 4. Frequency distribution of the factor to access to health education and of the factor to access to health information for families.

Knowledge factors	Direct access		Indirect access		Do not access		Total	
	F	%	F	%	F	%	F	%
Health Information	63	86.3	10	13.7	0	0	73	100
Health education	55	75.3	12	16.3	9	12.3	76	100
Total	59	80.8	13	17.7	5	6.8	77	100

It is based on the analysis of table 4. indicates that the factor of access to health information for families has a majority with the category of direct access in the socialization of information with 86.3% and compared to the category of indirect access with 13.7% and the factor of access to health education there is a majority with the category of direct access in health promotion with 75.3%, Comparing with the category of indirect access with 12.3% and with the category of non-access to health education, there is a frequency of 12.3%. Therefore, the majority of respondents to access to health information is 86.3% compared to access to health education (75.3%), and finally the factor of access to information and access to health education result in 80.8% of the direct access category, 13.0% of the indirect access category and 6.15% of non-access to information and health education base on database analysis and interpretation.

Table .5. Frequency distribution with category of respondents' level of knowledge about anxiety disorder.

Anxiety	Frequency (n)	%
Panic/severe	3	4.1
Moderate	17	23.3
Fast	53	72.6
Total	73	100

It is based on the analysis in Table 4.5. indicates that the respondents' level of knowledge in anxiety disorder is a majority with the category of good with 72.6%, compared to the category of sufficient with 23.3% and the category of less knowledge with 4.1%, based on results,

Table 6. The correlation between the level of knowledge and anxiety disorder.

Correlations			
		Knowledge Level	Anxiety
Knowledge Level	Pearson Correlation	1	.796**
	Sig. (2-tailed)		.000
	N	73	73
Anxiety	Pearson Correlation	.796**	1
	Sig. (2-tailed)	.000	
	N	73	73

** . Correlation is significant at the 0.01 level (2-tailed).

It is based on table 6. The *Pearson product moment test* with the result of *interval coefficient correlation* is .796** means that the relationship the knowledge of families about anxiety disorder has a strong relationship and the level of significance with *P-value* is .000 < α 0.05, means that H_0 accepts or has the relationship between the level of knowledge of knowledge and anxiety disorder in mental, according to the research result (Gomes L.& Tilman CB., 2024).

DISCUSSION

Relationship between the level of knowledge and anxiety and mindset disorder

Level of knowledge of knowledge (Know) means to recall a pre-existing memory after observing something. This level is remembering the material that was studied or the stimulus that was received

and is defined as remembering a material that was previously studied. Therefore, "knowing" is the lowest level of knowledge and verbs to measure people who know. What they are learning about include mentioning, describing, defining, declaring, and so on. Understanding means the ability to correctly explain about known objects and can interpret correctly. People who have understood the material can at least conclude what has been learned. Application can be defined as the ability to use the material that has been studied in real-world situations or conditions. Application here can be defined as the application or use of laws, formulas, methods, principles, and so on in other contexts or situations.

Anxiety is the emotional response and individual evaluation that is subjective by influencing by nature and conscientiously not yet specifically identified with its cause. Anxiety is the uncomfortable feeling of fear and stress, and this stress that causes anxiety. Anxiety is a feeling of uneasiness because of uncomfortable and fear accompanied with some response that causes an individual. From the result of the analysis research in Table 4.2.3. Pearson's Product Moment test indicates that the p -value is $.000 < \alpha 0.05$, it means that it has the ratio because the coefficient value of p -value $.000$ is minus by the value 0.05 indicates that it has the ratio the level of knowledge of families about anxiety disorder, Therefore, the value of ($r = 0.796$) indicates that it has a strong relationship. The finding indicates that families are better access to health information have highlighted knowledge level about the anxiety disorders. This is supported by researchers in the emphasizes the importance of health education in mental health management. The stronger correlation in data analysis between anxiety awareness highlighted the need for en-

hanced health programs at the community-based Municipality of Liquica Timor-Leste.

The above results refer to families having sufficient knowledge in relation to mental anxiety disorder and also families have great tendencies to control and prevent their family members and societies in relation to mental anxiety disorder with emotional mindset in family and society in the place of research implementation cited by (Gomes L & Tilman CB., 2024).

CONCLUSION

This study concluded that there's a significantly more relationships between family's knowledge and anxiety disorders awareness. The majority of families showed moderated knowledge, indicating that necessarily for expanding the health education and information programs dissemination in Timor-Leste.

The result of the relationship between the level of knowledge and the anxiety disorder.

The result indicates that the p -value is $.000 < \alpha 0.05$, this result refers to the null hypothesis accepted and the alternative hypothesis not accepted, it means that it has the relation because the coefficient value of p -value $.000$ is less by the value 0.05 indicates that it has the relation the level of knowledge of families about anxiety disorder, Therefore, the value of ($r = 0.796$) indicates that it has a strong relationship.

Factor to access to health education.

The distribution and frequency of the factor to access to education health of the respondents show that the factor to access to education health has a majority with the category of direct access with 75.3%, compared to the category of indirect access

with 12.3% and with the category of non-access to health education there is 12.3%, according on the researchers.

Factor to access to health information.

It indicates that the factor of access to health information for families is mostly with the category of direct access with 86.3% and compared to the category of indirect access with 13.7%, based on the results study (Gomes L. & Tilman CB., 2024).

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