

LEMBAR
HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER REVIEW
KARYA ILMIAH : JURNAL ILMIAH

Judul Artikel Ilmiah : *COVID-19 and Students' Anxiety Management*

Penulis Artikel Ilmiah : **Bernadetha Nadeak**, Lamhot Naibaho, Mardin Silalahi

- Identitas Jurnal Ilmiah
- a. Nama Jurnal : International Journal of Innovation, Creativity and Change
 - b. Nomor/Volume/Hal : No.7, Vol.13, Hal.1574
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Kategori Publikasi Jurnal Ilmiah (beri \checkmark pada kategori yang tepat)

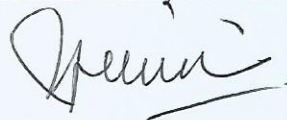
- Jurnal Ilmiah Internasional Bereputasi Berdampak**
- Jurnal Ilmiah Internasional Bereputasi
- Jurnal Ilmiah Internasional
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- Jurnal Ilmiah Nasional Tidak Terakreditasi

Hasil Penilaian Peer Review

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Total = (100%)	40					36
Kontribusi Pengusul (Penulis Pertama/Anggota Utama)	<i>Penulis pertama (60%), 60 X 36 = 21,6</i>					

Komentar/Ulasan Peer Review

➤ Kelengkapan dan Kesesuaian Unsur	:	Sesuai dengan bidang ilmu.
➤ Ruang Lingkup dan Kedalaman Pembahasan	:	Sesuai dan lengkap
➤ Kecukupan, Kemutakhiran Data & Metodologi	:	Baik, up to date
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➤ Indikasi Plagiasi	:	ditambahkan simulasinya indeks 28%
➤ Linearitas	:	linieritas dengan bidang manajemen

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Komentar/Ulasan Peer Review

➤ Kelengkapan dan Kesesuaian Unsur	:	Terpenuhi Sesuai dengan bidang ilmu penulis
➤ Ruang Lingkup dan Kedalaman Pembahasan	:	Walaupun penelitian Library Research namun dapat mencukupi untuk studi tank kepustakaan ttg student anxiety.
➤ Kecukupan, Kemutakhiran Data & Metodologi	:	Kecukupan dan kemutakhiran data sangat baik, dan up to date metodologi yg digunakan sesuai dengan pertanyaan penelitian
➤ Kelengkapan Unsur & Kualitas Penerbit	:	baik, jurnal terindeks scopus Q-2.
➤ Indikasi Plagiasi	:	Similarity Indeks 20%, tergolong sedang
➤ Linearitas	:	Sesuai dengan bidang ilmu penulis.

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COVID-19 and Students' Anxiety Management

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This study discusses information about Corona Virus (COVID-19) and students' anxiety management. The purpose of this study is to give clear information on COVID-19 and to find out how societies manage their anxiety management due to the COVID-19 outbreak. It is library research which was done at *Universitas Kristen Indonesia*. The finding of this study was that two things need to be done to manage one's anxiety: a) finding and understanding the scientific information about COVID-19 from trusted sources correctly or from those who are responsible in their explanation (government or health institutions), and b) following the safety instructions concerning COVID-19. The author concludes that the way to manage students' anxiety is by finding and understanding the right information and following the safety instructions concerning COVID-19.

Keywords: *COVID-19, Students' Anxiety, Management.*

Introduction

The world today is very vulnerable to the emergence, development and spread of various infectious diseases, both new and old. The ease of transportation becomes a medium and agent for spreading viruses and influences health both locally and internationally. These conditions have caused high anxiety in all of the world's societies, and finally, it affects their life conditions, and often people fall sick.

Anxiety is "a natural thing that has ever been experienced by every human being. Anxiety is considered a part of everyday life. Anxiety is a general feeling, where a person feels fear or loss of self-confidence that is not clear in origin or form" (Schmidt et al., 2009). Anxiety is



“something that befalls almost every person at a certain time in his life”. Anxiety is “a normal reaction to situations that are very stressful in a person's life” (Stein & Stein, 2008). Anxiety is “a response to certain situations that threaten and is a normal thing to happen accompanying developments, changes, new experiences or that have never been done, as well as in discovering one's identity and meaning in life and it is a reaction that anyone can experience” (Boelen & Reijntjes, 2009). However, excessive anxiety "is those that have become disturbances will hamper a person's function in his life. Anxiety is a subjective feeling of severe mental tension as a general reaction to the inability to overcome a problem or the absence of security" (Hofmann et al., 2010).

These "erratic feelings are generally unpleasant, which will cause or be accompanied by physiological and psychological changes. Anxiety is a response from a real or imagined threat" (Phan et al., 2006). Anxiety is "experienced when thinking about something unpleasant that will happen, and as a state of shock because of the threat to health" (Leary, 2013). Anxiety as an emotional state that has the characteristics of physiological arousal, unpleasant tense feelings, and fears that something terrible will happen. Anxiety is "also a great force in driving behaviour, both deviant or disturbing behaviour. Both are statements, appearance, the incarnation of defence against anxiety” (Morrison & Heimberg, 2013). From the above definitions, the author concludes that anxiety is fear or worry in certain situations that are very threatening that can cause anxiety due to uncertainty in the future and fear that something terrible will happen.

One of the situations that have caused high anxiety recently is the outbreak of the COVID-19. It affects not only society's health physically but also psychologically. Within these three months, almost all countries in the world are considered to be the transition zone of COVID-19 which has become a world pandemic (Lippi & Plebani, 2020; Ren, Gao & Chen, 2020). Coronavirus is "a large family of viruses that cause disease in humans and animals" (Zhong et al., 2020). "Humans usually cause respiratory infections, from the common cold to serious illnesses such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS)". A new type of "coronavirus found in humans since an extraordinary event appeared in Wuhan China, in December 2019, was later given the name Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2) and caused COVID-19" (Zavoronkov et al., 2020; Tuite et al., 2020; Goyal et al., 2020; Anderson et al., 2020). "SARS is a coronavirus that was identified in 2003 and belonged to the same large family of viruses as COVID-19 but has different types of viruses. The symptoms are similar to COVID-19, but SARS is heavier and more deadly but is no more infectious than COVID-19" (Sohrabi et al., 2020; Nadim, Ghosh & Chattopadhyay, 2020; Guo et al., 2020; WHO, 2020). "Common symptoms include fever $\geq 38.0^{\circ}\text{C}$, dry cough, and shortness of breath". If there are people who within 14 days before the symptoms travelled to an infected country or have treated/had close



contact with a COVID-19 sufferer, then that person will have further laboratory tests to confirm the diagnosis.

Like other respiratory ailments, COVID-19 “can cause mild symptoms including colds, sore throat, coughing, and fever and about 80% of cases can recover without the need for special care” (Cascella et al., 2020). About 1 out of every six people may suffer from severe pain, such as pneumonia or difficulty breathing, which usually occurs gradually. Although the mortality rate for this disease is still rare (around 2%), “for older people, and people with pre-existing medical conditions (such as diabetes, high blood pressure and heart disease), they are usually more vulnerable to becoming badly sick” (Li & Xia, 2020). People who have a fever, cough and have difficulty breathing should immediately get medical help.

This background encourages the researcher to write this article to understand the management of students’ anxiety concerning COVID-19, for that an article entitled “COVID-19 and Students’ Anxiety Management” is written. Hopefully, this paper is beneficial to readers, moreover, the societies who are challenged by high anxiety due to the outbreak of COVID-19.

Theoretical Review

Anxiety is “a shocking situation because of a threat to health. Individuals that are classified as normal sometimes experience anxiety that appears, so that it can be witnessed in the appearance of physical and mental symptoms. These symptoms are pronounced in individuals with mental disorders” (Goldin & Gross, 2010). “Physical symptoms include cold fingers, faster heartbeat, cold sweats, headache, decreased appetite, sleeplessness, chest tightness while mental symptoms are fear of feeling overwritten by danger, unable to concentrate attention, not peace, want to run from reality” (Heinrichs et al., 2006; Acarturk, 2009).

Anxiety stems from “an unconscious feeling that is within one's personality and is not related to real objects or circumstances that exist. Some of the symptoms of anxiety include a) there are just things that are very worrying about the heart; almost every incident causes fear and anxiety. Anxiety is a form of courage to things that are not clear; b) strong and volatile emotions. Like to be angry and often in a state of excited (splashy) which peaked, very irritable, but often also depressed by depression; c) followed by various fantasies, delusions, illusions, and delusions of persecution (pursued delusions); d) often feel nausea and vomiting, the body feels exhausted, sweat a lot, tremble, and often suffer from diarrhoea; e) chronic tension and fear appear that causes very rapid heart pressure or high blood pressure” (Bögels et al., 2010).



The symptoms of anxiety are “categorized into three types of symptoms, including a) physical symptoms of anxiety, namely anxiety, limbs trembling, sweating a lot, difficulty breathing, the heart beats fast, feel weak, chills, hot-cold, irritable or offended; b) behavioural symptoms of anxiety that is avoiding, shaken, attached and dependent; c) cognitive symptoms of anxiety, namely: worry about something, disturbing feelings of fear of something that happens in the future, belief that something frightening will happen soon, fear of the inability to overcome the problem, the mind feels mixed or confused, difficult to concentrate” (Aderka, 2012).

Anxiety "often develops over some time and is largely dependent on one's entire life experience. Special events or situations can accelerate anxiety attacks. Several factors show anxiety reactions, including a) Environment - The environment or surrounding area of residence affects the way individuals think about themselves and others. It is due to unpleasant experiences in individuals with family, friends, or colleagues. So that the individual feels insecure to their environment; b) Emotions suppressed - Anxiety can occur if the individual is unable to find a way out for his feelings in this personal relationship, especially if he suppresses anger or frustration for a very long period; and c) Physical causes - The mind and body always interact with each other and can cause anxiety. It is seen in conditions such as pregnancy, during adolescence and when recovering from an illness. During these conditions, changes in feelings are common, and this can cause anxiety" (Buckner, 2010).

Some of the causes of anxiety are "a) anxiety arising from seeing a danger that threatens him. This anxiety is closer to fear because the source is visible in mind; b) anxiety because of feeling guilty or guilty, for doing things that are contrary to belief or conscience. This anxiety often accompanies the symptoms of mental disorders, which sometimes appear in general forms. This anxiety is caused by things that are not clear and not related to anything. It sometimes comes along with feelings of fear that affect the overall personality of the sufferer".

Anxiety is "present because of excessive emotion". Besides, it was able to attend because of the accompanying environment, family, school, and the causes. Factors that influence the existence of anxiety are a) Family environment - The condition of the house with conditions that are full of quarrels or full of misunderstanding and the parents' ignorance of their children, can cause discomfort and anxiety in children while in the house; b) Social Environment - Social environment is one of the factors that can affect individual anxiety. If the individual is in a bad environment, and the individual causes bad behaviour, then there will be various bad judgments in the eyes of the community so that it can cause anxiety" (Stein & Stein, 2008).



Anxiety arises because “of threats or dangers that are not real and at any time occur in individuals and the rejection of the community causes anxiety to be in the environment that has just been encountered. Factors that influence anxiety are a) Physical factors - Physical weakness can weaken an individual's mental state to facilitate anxiety; b) Trauma or conflict - The emergence of anxiety symptoms is very dependent on the condition of the individual, in the sense that emotional experiences or mental conflicts that occur in individuals will facilitate the onset of symptoms of anxiety; and c) Poor initial environment - The environment is the main factors that can affect individual anxiety, if the factor is not good it will hinder the formation of personality so that symptoms of anxiety appear” (Hofman et al., 2010).

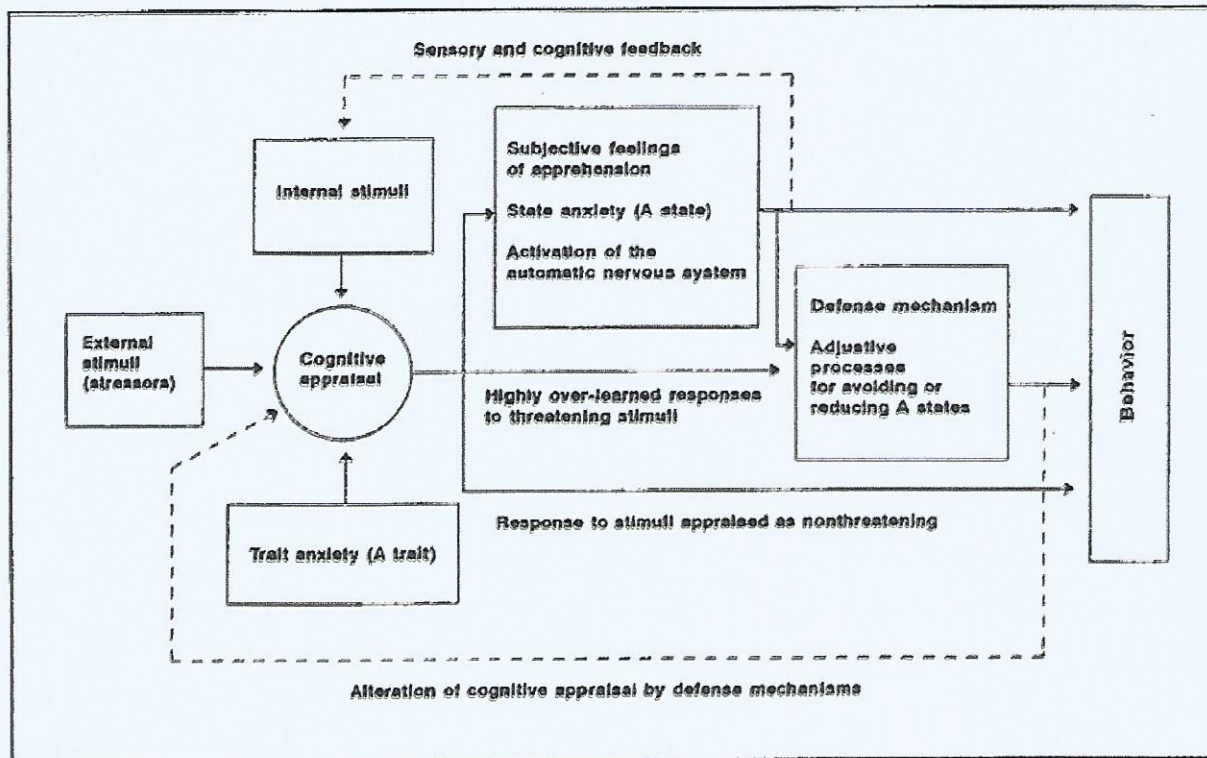
Method

The method of the study used was qualitative research with the "Library Research" approach. In this study, the researchers were the "key instruments". In answering the research questions, some theories that are directly related to the topic of "COVID-19 and Students' Anxiety Management" are read and analyzed (Tyas & Naibaho, 2019; Nadeak & Naibaho, 2019). These theories were sourced from books, journals and proceedings (Pubmed, Google Scholar, Google with keywords "COVID-19" and Anxiety Management"), as well as other documents and then, turned into research data which was analyzed descriptively.

Discussion

Anxiety is an impermanent emotional condition or a human condition that varies in intensity and fluctuates with time. This condition is subjective and where the person “consciously feels tension and fear, and the activation of the autonomic nervous system occurs, the level of anxiety increases in conditions that are felt to be threatening, regardless of objective danger” (Heinrichs et al., 2006). The intensity of anxiety is low in conditions that are not stressful or in conditions where the danger is not felt as a threat. The emergence of anxiety is strongly influenced by "external stimulus" or "internal" which are felt to threaten or endanger individuals. How the person reacts depends on the stimulus that evokes the anxiety and from an individual's experience in a similar condition: stressful situations that are overcome several times will develop the ability of individuals to provide effective responses that will quickly reduce feelings of being threatened and reduce the level of anxiety. High anxiety is an unpleasant experience and will make cognitive processes and motor processes (defence mechanism) decrease (Aderka et al., 2012).

Figure. Spielberger's Process Model of Anxiety (Bilsky, 1993)



The above figure shows that the cross-sectional process of the anxiety phenomenon starts with an external event that is a threat from outside (stressor). Next, the individual performs a cognitive assessment of the stressor that arises. Cognitive assessment is determined by the learning process, evaluative abilities and basic anxiety levels. Does he assess the stimulus as something dangerous or not? If the stimulus is considered dangerous (threatening) for the individual, then anxiety arises for a moment (state of anxiety). For a moment, this anxiety will arise psychological and physiological reactions, and this reaction causes unpleasant conditions in the individual. Furthermore, individuals try to overcome these unpleasant conditions with defence mechanisms or self-defence, namely by reducing anxiety or by increasing cognitive activity.

The occurrence of anxiety is through several gradual processes, and the process is as follows: (i) anxiety occurs for a moment due to the stimulation of the individual and by the individual; (ii) the stimulation is considered as something dangerous or threatening, these stimuli can come from outside or from within the individual; (iii) individual assessment of similar stimuli by using self-defence mechanisms; (iv) individual's subjective feelings towards worrying shadows differ from one individual to another.

A stressor that is not considered stressful will not cause anxiety in the individual and anxiety will not arise. Stressors which have a threatening meaning will increase primary anxiety, both



in individuals with low or high underlying anxiety. However, an increase in primary anxiety is not automatically an increase in personal anxiety. The use of appropriate self-defence mechanisms can reduce the increase in underlying anxiety. It might not increase personal anxiety, and the behaviour displayed by the individual is not anxious, even if the individual has excellent underlying anxiety.

So, the level of primary anxiety in an individual is not a linear relationship with an increase in momentary anxiety. High and low primary anxiety is a disposition in the individual to quickly become anxious or whether he becomes anxious. However, anxious behaviour that is displayed is the interaction of the right self-defence mechanism that will cause an individual's momentary anxiety to be lower even if the individual has sizeable underlying anxiety. Likewise, on the contrary, the use of inappropriate self-defence mechanisms will relatively increase momentary anxiety, even if the underlying anxiety in an individual is small. The intensity of momentary anxiety is proportional to the size of the threat experienced by the individual. The higher the perceived threat, the greater the intensity of misguided anxiety. The length of time a stimulus is perceived to be threatening depends on the individual's experience in dealing with specific situations in the past (Bilsky, 1993; Parka, Jeongb, & Leec, 2019).

An aroused moment of anxiety will activate the autonomic nervous system in the individual so that specific bodily physiological reactions occur. Individuals who are confronted with stimuli that threaten and increase anxiety for a moment will try to reduce and avoid the anxiety to adjust. Success or failure of individuals in the use of self-defence mechanisms will be the feedback that affects the cognitive assessment of individuals. Individuals will then be more selective in using the mechanism of self-defence. Self-defence mechanisms cause changes in a person's cognitive assessment. The aspect of "cognitive appraisal will precede the existence of threats (stressors) from outside the self". If the stimulus is considered dangerous, it will arouse the rise of anxiety, then lead to initiatives for individuals to overcome them by using self-defence mechanisms.

From the above elaboration on anxiety, the way to manage one's anxiety on COVID-19 will be elaborated as follows: The first thing to do is that everybody should find the right, correct or scientific information from a trusted source and understand it correctly. It should be made clear that she or he is knowledgeable about COVID-19 information which is given by the government or health institution.

A person can be infected with COVID-19. This disease can spread through small droplets from the nose or mouth when coughing or sneezing. The droplet then falls on the surrounding objects. If someone else touches an object that has been contaminated with the droplet, then that person touches the eyes, nose or mouth (facial triangle), then that person can be infected



with COVID-19 (Porcheddu et al., 2020; Zhao et al., 2020; Salehi et al., 2020). Besides, someone will also be infected with COVID-19 when accidentally inhale droplets from sufferers. It is why it is essential to keep a distance of about one meter from people who are sick. Until now, experts continue to investigate to determine the source of the virus, the type of exposure and how it is transmitted. It is crucial to stay on top of the sources of accurate and official information about the development of this disease.

The primary mode of transmission of this disease is through small droplets released when a person coughs or sneezes, at present WHO considers that "the risk of transmission from someone with no symptoms of COVID-19 is highly unlikely. However, many people who identified COVID-19 only experienced mild symptoms such as mild coughing, or not complaining of pain, which might occur in the early stages of the disease. Until now, experts are continuing to investigate to determine the transmission period or incubation period of COVID-19" (Sahu, Mishra & Lal, 2020). COVID-19 is caused by a type of virus from the large Coronavirus family, which is commonly found in animals. Until now, the source of COVID-19 infectious animals is unknown, and experts continue to investigate various possible types of infectious animals (Rao & Vazquez, 2020; Malik, 2020; Williams, 2020). At present, no evidence has been found that "pets such as dogs or cats can be infected with the COVID-19 virus. However, it is far better to always wash hands with soap and water after contact with pets. This habit can protect against various common bacteria such as E.coli and Salmonella which can move between pets and humans" (Garfin, Silver & Holman, 2020; Iacus, Natale, Vespe, 2020; Yu et al., 2020).

It is not yet known with certainty how long COVID-19 can stay on the surface of an object, although preliminary studies show that COVID-19 can last for several hours, depending on the type of surface, temperature, or humidity of the environment. Nevertheless, a pure disinfectant can kill the virus so that it is impossible to infect people. Washing hands with soap and water, or alcohol-based hand rubs, and avoiding touching eyes, mouth or nose (facial triangle) is more effective at protecting yourself. People who live or travel in areas where the COVID-19 virus is circulating are very likely to be infected. Those infected are people who within 14 days before symptoms travelled to an infected country, or who are in close contacts, such as family members, co-workers or medical personnel who treat patients before they know they are infected with COVID-19. Health care workers who treat patients infected with COVID-19 are at higher risk and must consistently protect themselves with appropriate infection prevention and control procedures.

People who are infected with COVID-19 and influenza will experience the same respiratory tract symptoms, such as fever, cough and runny nose. Although the symptoms are the same, the causes of the virus are different, so it is difficult for us to identify each of these diseases. Accurate medical examination accompanied by laboratory reference is needed to confirm



whether someone is infected with COVID-19. For anyone who has a fever, cough and difficulty breathing it is recommended to seek treatment immediately, and notify health workers if they have travelled from an affected area within 14 days before symptoms appear, or if they have been in close contact with someone who is suffering symptoms of respiratory tract infections.

The second thing to do is to follow the safety instructions. Until now, there is no vaccine to prevent the transmission of COVID-19. Some ways of preventing the transmission of this virus are a) Maintaining health and fitness so that the body's stamina remains excellent and the immune system/immune system increases; b) Washing hands regularly using water and soap or alcohol-based hand rub. Washing hands often kill viruses that may be in our hands, and this action is also one of the most straightforward and most inexpensive actions. About 98% of the spread of the disease comes from the hands. Therefore, maintaining hand hygiene is very important; c) Covering your nose and mouth with a tissue or upper arm (not with your palm) when coughing and sneezing; d) Avoiding contact with other people or travelling to public places; e) Avoiding touching the eyes, nose and mouth (facial triangle). Hands touch many things that can be contaminated with viruses; f) Using a mouth and nose mask when you are sick or when in public; g) Disposing of used tissues and masks in the trash, then washing hands properly; h) Postponing a trip to the area/country where this virus was found; i) Avoiding travelling outside the house when you feel unwell, especially if you have a fever, cough or difficulty breathing. Immediately contact the nearest health worker, and ask for their help. Tell the officer if in the previous 14 days you have travelled, especially to an infected country, or have been in close contact with people who have the same symptoms. Follow directions from local health workers; j) always monitor the development of COVID-19 disease from official and accurate sources. Follow the directions and information from the health officer and the local health service. Information from the right sources can help protect from the transmission and spread of this disease.

The use of masks is only for people who have symptoms of respiratory infections (coughing or sneezing), suspect they have COVID-19 with mild symptoms, those who treat symptomatic people (such as fever and cough) and health workers. Although it is still suggested to prevent the outbreak of COVID-19, everybody should use masks. The most effective ways to protect us from the transmission of COVID-19 are to wash hands regularly, keep mouth covered when coughing with folded elbows or tissues and keep a distance of at least one meter from people who are sneezing or coughing.

If you are not in a COVID-19 infected area, have not travelled from one of these areas, or have not had close contact with someone who has COVID19 symptoms or feels unwell, you are less likely to contract COVID-19. However, it is understandable that you might feel stressed and anxious about the current situation. Stay calm and do not be panic. Look for



correct and accurate information about the development of COVID-19 so that you are aware of the situation in your area and you can take reasonable precautions. If you are in a COVID-19 infected area, you must be serious about this risk. Always take care of health and heed information and advice from health authorities.

Conclusion

The best ways to manage one's anxiety is a) finding the right and correct or scientific information from a trusted source and understand it correctly, and government and health institutions should find the best way and actively delivering the information about COVID-19 to the societies, so his societies become knowledgeable about the COVID-19, and b) following the safety instructions for COVID-19 such as: maintaining health and fitness; washing hands regularly using water and soap or alcohol; when coughing and sneezing make sure that nose and mouth are covered using tissues or the upper arm; avoiding contact with other people or travel to public places; avoiding touching the eyes, nose and mouth; using a mouth and nose mask; disposing of used tissues and masks in the trash; postponing a trip to the area/country where this virus was found; avoiding travelling outside the house when you feel unwell; and always monitor the development of COVID-19 disease from official and accurate sources.



REFERENCES

- Acarturk, C., Cuijpers, P., van Straten, A., & de Graaf, R. (2009). Psychological treatment of social anxiety disorder: a meta-analysis. *Psychological medicine, 39*(2), 241-254.
- Aderka, I. M., Hofmann, S. G., Nickerson, A., Hermesh, H., Gilboa-Schechtman, E., & Marom, S. (2012). Functional impairment in social anxiety disorder. *Journal of anxiety disorders, 26*(3), 393-400.
- Anderson, R. M., Heesterbeek, H., Klinkenberg, D., & Hollingsworth, T. D. (2020). How will country-based mitigation measures influence the course of the COVID-19 epidemic?. *The Lancet, 395*(10228), 931-934.
- Bilsky, W. (1993). Blanks and open questions in survey research on fear of crime. *Fear of crime and criminal victimization, 9-19*.
- Boelen, P. A., & Reijntjes, A. (2009). Intolerance of uncertainty and social anxiety. *Journal of anxiety disorders, 23*(1), 130-135.
- Bögels, S. M., Alden, L., Beidel, D. C., Clark, L. A., Pine, D. S., Stein, M. B., & Voncken, M. (2010). Social anxiety disorder: questions and answers for the DSM-V. *Depression and anxiety, 27*(2), 168-189.
- Buckner, J. D., Maner, J. K., & Schmidt, N. B. (2010). Difficulty disengaging attention from social threat in social anxiety. *Cognitive therapy and research, 34*(1), 99-105.
- Caplan, S. E. (2006). Relations among loneliness, social anxiety, and problematic Internet use. *CyberPsychology & behavior, 10*(2), 234-242.
- Cascella, M., Rajnik, M., Cuomo, A., Dulebohn, S. C., & Di Napoli, R. (2020). Features, evaluation and treatment coronavirus (COVID-19). In *StatPearls [Internet]*. StatPearls Publishing.
- Garfin, D. R., Silver, R. C., & Holman, E. A. (2020). The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health Psychology*.
- Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion, 10*(1), 83.
- Goyal, K., Chauhan, P., Chhikara, K., Gupta, P., & Singh, M. P. (2020). Fear of COVID 2019: First suicidal case in India. *Asian journal of psychiatry, 49*, e101989-e101989.



- Guo, Y. R., Cao, Q. D., Hong, Z. S., Tan, Y. Y., Chen, S. D., Jin, H. J., ... & Yan, Y. (2020). The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak—an update on the status. *Military Medical Research*, 7(1), 1-10.
- Heinrichs, N., Rapee, R. M., Alden, L. A., Bögels, S., Hofmann, S. G., Oh, K. J., & Sakano, Y. (2006). Cultural differences in perceived social norms and social anxiety. *Behaviour research and therapy*, 44(8), 1187-1197.
- Hofmann, S. G., Anu Asnaani, M. A., & Hinton, D. E. (2010). Cultural aspects of social anxiety and social anxiety disorder. *Depression and anxiety*, 27(12), 1117-1127.
- Iacus, S. M., Natale, F., & Vespe, M. (2020). Flight restrictions from China during the COVID-2019 Coronavirus outbreak. *arXiv preprint arXiv:2003.03686*.
- Leary, M. R. (2013). Social Anxiety, Shyness, and. *Measures of personality and social psychological attitudes: Measures of social psychological attitudes*, 1, 161-176.
- Li, Y., & Xia, L. (2020). Coronavirus Disease 2019 (COVID-19): Role of chest CT in diagnosis and management. *American Journal of Roentgenology*, 1-7.
- Lippi, G., & Plebani, M. (2020). Laboratory abnormalities in patients with COVID-2019 infection. *Clinical Chemistry and Laboratory Medicine (CCLM)*.
- Malik, Y. S., Sircar, S., Bhat, S., Vinodhkumar, O. R., Tiwari, R., Sah, R., ... & Dhama, K. (2020). Emerging Coronavirus Disease (COVID-19), a pandemic public health emergency with animal linkages: Current status update.
- Morrison, A. S., & Heimberg, R. G. (2013). Social anxiety and social anxiety disorder. *Annual review of clinical psychology*, 9, 249-274.
- Nadeak, B., & Naibaho, L. (2019, November). Investigating the effect of learning multimedia and thinking style preference on learning achievement on anatomy at Universitas Kristen Indonesia. In *Journal of Physics: Conference Series* (Vol. 1387, No. 1, p. 012116). IOP Publishing.
- Nadim, S. S., Ghosh, I., & Chattopadhyay, J. (2020). Short-term predictions and prevention strategies for COVID-2019: A model-based study. *arXiv preprint arXiv:2003.08150*.
- Parka, O. H., Jeongb, J. H., & Leec, S. K. (2019). The Effect of Adult Social Anxiety on Shopping Addiction concerning Self-Control and Public Awareness. *International Journal of Innovation, Creativity and Change*. 7 (3), 320 - 331



- Phan, K. L., Fitzgerald, D. A., Nathan, P. J., & Tancer, M. E. (2006). Association between amygdala hyperactivity to harsh faces and severity of social anxiety in generalized social phobia. *Biological psychiatry*, 59(5), 424-429.
- Porcheddu, R., Serra, C., Kelvin, D., Kelvin, N., & Rubino, S. (2020). The similarity in Case Fatality Rates (CFR) of COVID-19/SARS-COV-2 in Italy and China. *The Journal of Infection in Developing Countries*, 14(02), 125-128.
- Rao, A. S. S. & Vazquez, J. A. (2020). Identification of COVID-19 Can be Quicker through Artificial Intelligence framework using a Mobile Phone-Based Survey in the Populations when Cities/Towns Are Under Quarantine. *Infection Control & Hospital Epidemiology*, 1-18.
- Ren, S. Y., Gao, R. D., & Chen, Y. L. (2020). Fear can be more harmful than the severe acute respiratory syndrome coronavirus 2 in controlling the coronavirus disease 2019 epidemic. *World Journal of Clinical Cases*, 8(4), 652.
- Sahu, K. K., Mishra, A. K., & Lal, A. (2020). Novel coronavirus (2019-nCoV): update on third coronavirus outbreak of 21st century. *QJM: An International Journal of Medicine*.
- Salehi, S., Abedi, A., Balakrishnan, S., & Gholamrezanezhad, A. (2020). Coronavirus disease 2019 (COVID-19): a systematic review of imaging findings in 919 patients. *American Journal of Roentgenology*, 1-7.
- Schmidt, N. B., Richey, J. A., Buckner, J. D., & Timpano, K. R. (2009). Attention training for generalized social anxiety disorder. *Journal of abnormal psychology*, 118(1), 5.
- Sohrabi, C., Alsafi, Z., O'Neill, N., Khan, M., Kerwan, A., Al-Jabir, A., ... & Agha, R. (2020). World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International Journal of Surgery*.
- Stein, M. B., & Stein, D. J. (2008). Social anxiety disorder. *The Lancet*, 371(9618), 1115-1125.
- Tuite, A. R., Bogoch, I., Sherbo, R., Watts, A., Fisman, D. N., & Khan, K. (2020). Estimation of COVID-2019 burden and potential for international dissemination of infection from Iran. *medRxiv*.
- Tyas, E. H., & Naibaho, L. (2019, November). The urgency of entrepreneurship learning in the industrial age of 4.0. In *Journal of Physics: Conference Series* (Vol. 1387, No. 1, p. 012032). IOP Publishing.



- Williams, V. (2020). COVID-2019—lessons to learn in Africa (Short Communication) A critical review of the potential effect of COVID-2019 on Africa and lessons to be learnt. *Global Journal of Social Sciences*, 19, 49-51.
- World Health Organization. (2020). Coronavirus disease (COVID-2019): Situation report-54. Retrieved March 16, 2020.
- Yu, H., Li, M., Li, Z., Xiang, W., Yuan, Y., Liu, Y., ... & Xiong, Z. (2020). Coping Style, Social Support and Psychological Distress in the General Chinese Population in the Early Stages of the COVID-2019 Epidemic. *Social Support and Psychological Distress in the General Chinese Population in the Early Stages of the COVID-2019 Epidemic (3/13/2020)*.
- Zhao, W., Zhong, Z., Xie, X., Yu, Q., & Liu, J. (2020). The relation between chest CT findings and clinical conditions of coronavirus disease (COVID-19) pneumonia: a multicenter study. *American Journal of Roentgenology*, 1-6.
- Zhavoronkov, A., Aladinskiy, V., Zhebrak, A., Zagribelnyy, B., Terentiev, V., Bezrukov, D. S., & Yan, Y. (2020). Potential COVID-2019 3C-like protease inhibitors designed using generative deep learning approaches. *Insilico Medicine Hong Kong Ltd A*, 307, E1.
- Zhong, B. L., Luo, W., Li, H. M., Zhang, Q. Q., Liu, X. G., Li, W. T., & Li, Y. (2020). Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: a quick online cross-sectional survey. *International Journal of Biological Sciences*, 16 (10), 1745.



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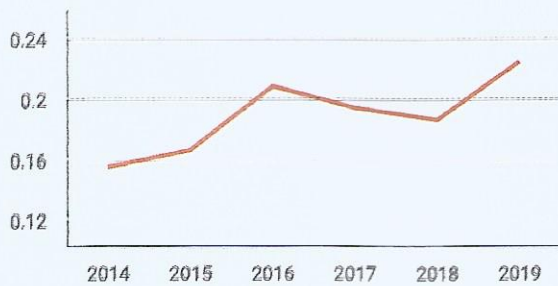
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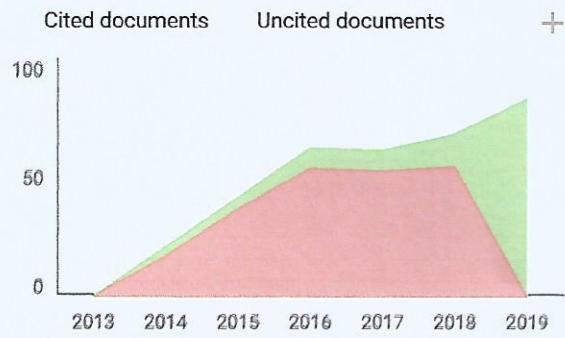
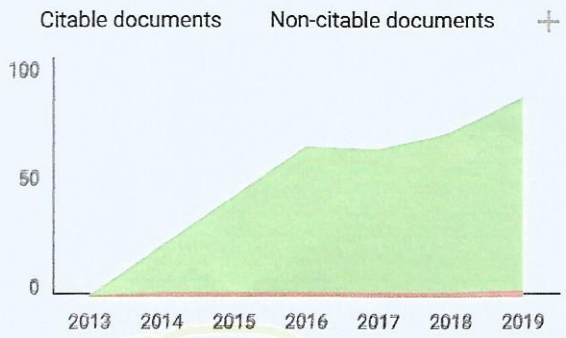
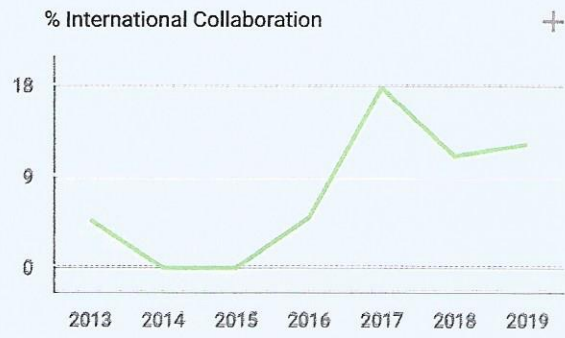
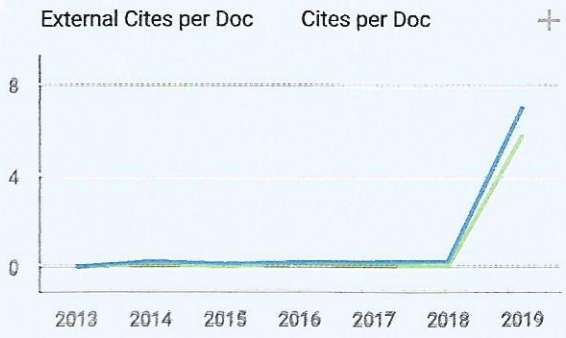
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The Crime of Disclosing Banking Professional Secrets in Iraqi and Comparative Law

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The crime of disclosure of banking professional secrets is considered an economic crime because it harms clients on the one hand, and because it affects banks' reputation and confidence in them on the other hand, which in turn affects foreign investment and the country's economy negatively. The obligation to maintain banking professional secrets is an ethical, religious, and legal obligation at the same time, as most countries have criminalised the disclosure of banking professional secrets either in commercial and financial laws or in laws relating to banking secrecy. Iraq is not among the countries that have a special law, but it has criminalised the disclosure of banking professional secrets in a law on Banks, the Central Bank Law and the Temporary Stock Market Law. The crime of divulging banking professional secrets is the general pillars which are the physical pillar represented by criminal behaviour in the form of positive behaviour (disclosure) or by negative behaviour (the offender's failure to commit to performing his legal duty which is to keep the secret or not enabling others to see it), and a criminal result (harm to the customer). The unphysical pillar is the deliberate or wrongful disclosure of banking professional secrets, and the special pillars are the pillar of the crime subject (banking professional secret), and the adjective of the perpetrator (trust in the banking professional secret), and specific to the penalties imposed on the perpetrators of this crime. However, these penalties are not commensurate with the seriousness of the crime and its importance of the professional secret to the banker. Pages 1 to 15

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COVID-19 and Students' Anxiety Management

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This study discusses information about Corona Virus (COVID-19) and students' anxiety management. The purpose of this study is to give clear information on COVID-19 and to find out how societies manage their anxiety management due to the COVID-19 outbreak. It is library research which was done at *Universitas Kristen Indonesia*. The finding of this study was that two things need to be done to manage one's anxiety: a) finding and understanding the scientific information about COVID-19 from trusted sources correctly or from those who are responsible in their explanation (government or health institutions), and b) following the safety instructions concerning COVID-19. The author concludes that the way to manage students' anxiety is by finding and understanding the right information and following the safety instructions concerning COVID-19. Pages 1574 to 1587

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COVID-19 and Students' Anxiety Management

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Keywords: *COVID-19, Students' Anxiety, Management.*

Introduction

The world today is very vulnerable to the emergence, development and spread of various infectious diseases, both new and old. The ease of transportation becomes a medium and agent for spreading viruses and influences health both locally and internationally. These conditions have caused high anxiety in all of the world's societies, and finally, it affects their life conditions, and often people fall sick.

Anxiety is "a natural thing that has ever been experienced by every human being. Anxiety is considered a part of everyday life. Anxiety is a general feeling, where a person feels fear or loss of self-confidence that is not clear in origin or form" (Schmidt et al., 2009). Anxiety is



"something that befalls almost every person at a certain time in his life". Anxiety is "a normal reaction to situations that are very stressful in a person's life" (Stein & Stein, 2008). Anxiety is "a response to certain situations that threaten and is a normal thing to happen accompanying developments, changes, new experiences or that have never been done, as well as in discovering one's identity and meaning in life and it is a reaction that anyone can experience" (Boelen & Reijntjes, 2009). However, excessive anxiety "is those that have become disturbances will hamper a person's function in his life. Anxiety is a subjective feeling of severe mental tension as a general reaction to the inability to overcome a problem or the absence of security" (Hofmann et al., 2010).

These "erratic feelings are generally unpleasant, which will cause or be accompanied by physiological and psychological changes. Anxiety is a response from a real or imagined threat" (Phan et al., 2006). Anxiety is "experienced when thinking about something unpleasant that will happen, and as a state of shock because of the threat to health" (Leary, 2013). Anxiety as an emotional state that has the characteristics of physiological arousal, unpleasant tense feelings, and fears that something terrible will happen. Anxiety is "also a great force in driving behaviour, both deviant or disturbing behaviour. Both are statements, appearance, the incarnation of defence against anxiety" (Morrison & Heimberg, 2013). From the above definitions, the author concludes that anxiety is fear or worry in certain situations that are very threatening that can cause anxiety due to uncertainty in the future and fear that something terrible will happen.

One of the situations that have caused high anxiety recently is the outbreak of the COVID-19. It affects not only society's health physically but also psychologically. Within these three months, almost all countries in the world are considered to be the transition zone of COVID-19 which has become a world pandemic (Lippi & Plebani, 2020; Ren, Gao & Chen, 2020). Coronavirus is "a large family of viruses that cause disease in humans and animals" (Zhong et al., 2020). "Humans usually cause respiratory infections, from the common cold to serious illnesses such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS)". A new type of "coronavirus found in humans since an extraordinary event appeared in Wuhan China, in December 2019, was later given the name Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV2) and caused COVID-19" (Zhavoronkov et al., 2020; Tuite et al., 2020; Goyal et al., 2020; Anderson et al., 2020). "SARS is a coronavirus that was identified in 2003 and belonged to the same large family of viruses as COVID-19 but has different types of viruses. The symptoms are similar to COVID-19, but SARS is heavier and more deadly but is no more infectious than COVID-19" (Sohrabi et al., 2020; Nadim, Ghosh & Chattopadhyay, 2020; Guo et al., 2020; WHO, 2020). "Common symptoms include fever $\geq 38^{\circ}\text{C}$, dry cough, and shortness of breath". If there are people who within 14 days before the symptoms travelled to an infected country or have treated/had close



contact with a COVID-19 sufferer, then that person will have further laboratory tests to confirm the diagnosis.

¹ Like other respiratory ailments, COVID-19 "can cause mild symptoms including colds, sore throat, coughing, and fever and about 80% of cases can ² recover without the need for special care" (Cascella et al., 2020). About 1 out of every six people may suffer from severe pain, such as pneumonia or difficulty breathing, which usually occurs gradually. Although the mortality rate for this disease is still rare (around 2%), "for older people, and people with pre-existing medical conditions (such as diabetes, high blood pressure and ¹ heart disease), they are usually more vulnerable to becoming badly sick" (Li & Xia, 2020). People who have a fever, cough and have difficulty breathing should immediately get medical help.

This background encourages the researcher to write this article to understand the management of students' anxiety concerning COVID-19, for that an article entitled "COVID-19 and Students' Anxiety Management" is written. Hopefully, this paper is beneficial to readers, moreover, the societies who are challenged by high anxiety due to the outbreak of COVID-19.

Theoretical Review

Anxiety is "a shocking situation because of a threat to health. Individuals that are classified as normal sometimes experience anxiety that appears, so that it can be witnessed in the appearance of physical and mental symptoms. These symptoms are pronounced in individuals with mental disorders" (Goldin & Gross, 2010). "Physical symptoms include cold fingers, faster heartbeat, cold sweats, headache, decreased appetite, sleeplessness, chest tightness while mental symptoms are fear of feeling overwritten by danger, unable to concentrate attention, not peace, want to run from reality" (Heinrichs et al., 2006; Acarturk, 2009).

Anxiety stems from "an unconscious feeling that is within one's personality and is not related to real objects or circumstances that exist. Some of the symptoms of anxiety include a) there are just things that are very worrying about the heart; almost every incident causes fear and anxiety. Anxiety is a form of courage to things that are not clear; b) strong and volatile emotions. Like to be angry and often in a state of excited (splashty) which peaked, very irritable, but often also depressed by depression; c) followed by various fantasies, delusions, illusions, and delusions of persecution (pursued delusions); d) often feel nausea and vomiting, the body feels exhausted, sweat a lot, tremble, and often suffer from diarrhoea; e) chronic tension and fear appear that causes very rapid heart pressure or high blood pressure" (Bögels et al., 2010).



4 The symptoms of anxiety are "categorized into three types of symptoms, including a) physical symptoms of anxiety, namely anxiety, limbs trembling, sweating a lot, difficulty breathing, the heart beats fast, feel weak, chills, hot-cold, irritable or offended; b) behavioural symptoms of anxiety that is avoiding, shaken, attached and dependent; c) cognitive symptoms of anxiety, namely: worry about something, disturbing feelings of fear of something that happens in the future, belief that something frightening will happen soon, fear of the inability to overcome the problem, the mind feels mixed or confused, difficult to concentrate" (Aderka, 2012).

Anxiety "often develops over some time and is largely dependent on one's entire life experience. Special events or situations can accelerate anxiety attacks. Several factors show anxiety reactions, including a) Environment - The environment or surrounding area of residence affects the way individuals think about themselves and others. It is due to unpleasant experiences in individuals with family, friends, or colleagues. So that the individual feels insecure to their environment; b) Emotions suppressed - Anxiety can occur if the individual is unable to find a way out for his feelings in this personal relationship, especially if he suppresses anger or frustration for a very long period; and c) Physical causes - The mind and body always interact with each other and can cause anxiety. It is seen in conditions such as pregnancy, during adolescence and when recovering from an illness. During these conditions, changes in feelings are common, and this can cause anxiety" (Buckner, 2010).

4 Some of the causes of anxiety are "a) anxiety arising from seeing a danger that threatens him. This anxiety is closer to fear because the source is visible in mind; b) anxiety because of feeling guilty or guilty, for doing things that are contrary to belief or conscience. This anxiety often accompanies the symptoms of mental disorders, which sometimes appear in general forms. This anxiety is caused by things that are not clear and not related to anything. It sometimes comes along with feelings of fear that affect the overall personality of the sufferer".

Anxiety is "present because of excessive emotion". Besides, it was able to attend because of the accompanying environment, family, school, and the causes. Factors that influence the existence of anxiety are a) Family environment - The condition of the house with conditions that are full of quarrels or full of misunderstanding and the parents' ignorance of their children, can cause discomfort and anxiety in children while in the house; b) Social Environment - Social environment is one of the factors that can affect individual anxiety. If the individual is in a bad environment, and the individual causes bad behaviour, then there will be various bad judgments in the eyes of the community so that it can cause anxiety" (Stein & Stein, 2008).



Anxiety arises because "of threats or dangers that are not real and at any time occur in individuals and the rejection of the community causes anxiety to be in the environment that has just been encountered. Factors that influence anxiety are a) Physical factors - Physical weakness can weaken an individual's mental state to facilitate anxiety; b) Trauma or conflict - The emergence of anxiety symptoms is very dependent on the condition of the individual, in the sense that emotional experiences or mental conflicts that occur in individuals will facilitate the onset of symptoms of anxiety; and c) Poor initial environment - The environment is the main factors that can affect individual anxiety, if the factor is not good it will hinder the formation of personality so that symptoms of anxiety appear" (Hofman et al., 2010).

Method

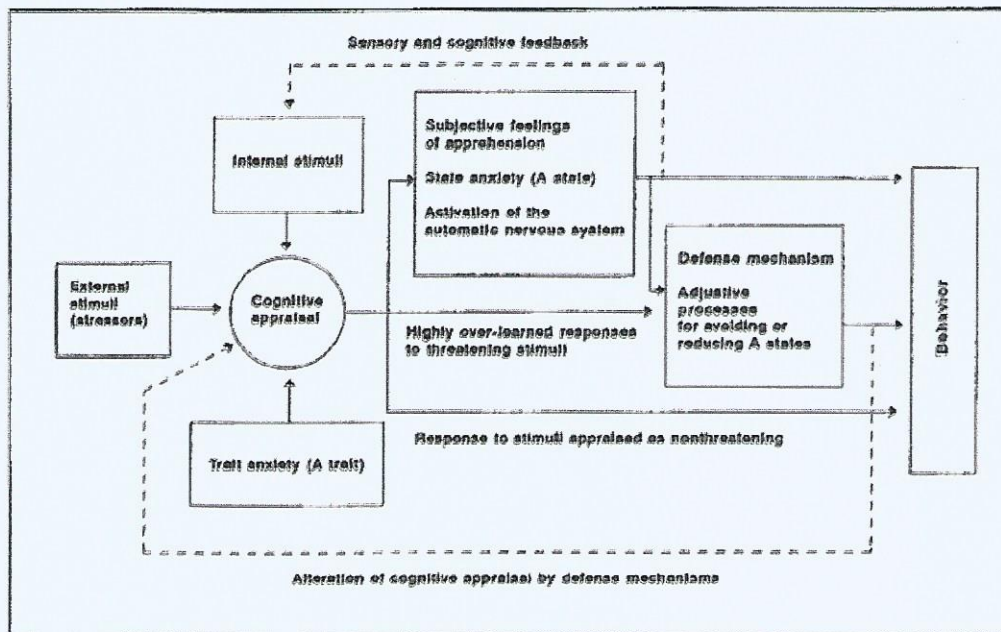
⁵ The method of the study used was qualitative research with the "Library Research" approach. In this study, the researchers were the "key instruments". In answering the research questions, some theories that are directly related to the topic of "COVID-19 and Students' Anxiety Management" are read and analyzed (Tyas & Naibaho, 2019; Nadeak & Naibaho, 2019). These theories were sourced from books, journals and proceedings (Pubmed, Google Scholar, Google with keywords "COVID-19" and Anxiety Management"), as well as other documents and then, turned into research data which was analyzed descriptively.

Discussion

Anxiety is an impermanent emotional condition or a human condition that varies in intensity and fluctuates with time. This condition is subjective and where the person "consciously feels tension and fear, and the activation of the autonomic nervous system occurs, the level of anxiety increases in conditions that are felt to be threatening, regardless of objective danger" (Heinrichs et al., 2006). The intensity of anxiety is low in conditions that are not stressful or in conditions where the danger is not felt as a threat. The emergence of anxiety is strongly influenced by "external stimulus" or "internal" which are felt to threaten or endanger individuals. How the person reacts depends on the stimulus that evokes the anxiety and from an individual's experience in a similar condition: stressful situations that are overcome several times will develop the ability of individuals to provide effective responses that will quickly reduce feelings of being threatened and reduce the level of anxiety. High anxiety is an unpleasant experience and will make cognitive processes and motor processes (defence mechanism) decrease (Aderka et al., 2012).



Figure. Spielberger's Process Model of Anxiety (Bilsky, 1993)



The above figure shows that the cross-sectional process of the anxiety phenomenon starts with an external event that is a threat from outside (stressor). Next, the individual performs a cognitive assessment of the stressor that arises. Cognitive assessment is determined by the learning process, evaluative abilities and basic anxiety levels. Does he assess the stimulus as something dangerous or not? If the stimulus is considered dangerous (threatening) for the individual, then anxiety arises for a moment (state of anxiety). For a moment, this anxiety will arise psychological and physiological reactions, and this reaction causes unpleasant conditions in the individual. Furthermore, individuals try to overcome these unpleasant conditions with defence mechanisms or self-defence, namely by reducing anxiety or by increasing cognitive activity.

The occurrence of anxiety is through several gradual processes, and the process is as follows:
(i) anxiety occurs for a moment due to the stimulation of the individual and by the individual;
(ii) the stimulation is considered as something dangerous or threatening, these stimuli can come from outside or from within the individual; (iii) individual assessment of similar stimuli by using self-defence mechanisms; (iv) individual's subjective feelings towards worrying shadows differ from one individual to another.

A stressor that is not considered stressful will not cause anxiety in the individual and anxiety will not arise. Stressors which have a threatening meaning will increase primary anxiety, both



in individuals with low or high underlying anxiety. However, an increase in primary anxiety is not automatically an increase in personal anxiety. The use of appropriate self-defence mechanisms can reduce the increase in underlying anxiety. It might not increase personal anxiety, and the behaviour displayed by the individual is not anxious, even if the individual has excellent underlying anxiety.

So, the level of primary anxiety in an individual is not a linear relationship with an increase in momentary anxiety. High and low primary anxiety is a disposition in the individual to quickly become anxious or whether he becomes anxious. However, anxious behaviour that is displayed is the interaction of the right self-defence mechanism that will cause an individual's momentary anxiety to be lower even if the individual has sizeable underlying anxiety. Likewise, on the contrary, the use of inappropriate self-defence mechanisms will relatively increase momentary anxiety, even if the underlying anxiety in an individual is small. The intensity of momentary anxiety is proportional to the size of the threat experienced by the individual. The higher the perceived threat, the greater the intensity of misguided anxiety. The length of time a stimulus is perceived to be threatening depends on the individual's experience in dealing with specific situations in the past (Bilsky, 1993; Parka, Jeongb, & Leec, 2019).

An aroused moment of anxiety will activate the autonomic nervous system in the individual so that specific bodily physiological reactions occur. Individuals who are confronted with stimuli that threaten and increase anxiety for a moment will try to reduce and avoid the anxiety to adjust. Success or failure of individuals in the use of self-defence mechanisms will be the feedback that affects the cognitive assessment of individuals. Individuals will then be more selective in using the mechanism of self-defence. Self-defence mechanisms cause changes in a person's cognitive assessment. The aspect of "cognitive appraisal will precede the existence of threats (stressors) from outside the self". If the stimulus is considered dangerous, it will arouse the rise of anxiety, then lead to initiatives for individuals to overcome them by using self-defence mechanisms.

From the above elaboration on anxiety, the way to manage one's anxiety on COVID-19 will be elaborated as follows: The first thing to do is that everybody should find the right, correct or scientific information from a trusted source and understand it correctly. It should be made clear that she or he is knowledgeable about COVID-19 information which is given by the government or health institution.

² A person can be infected with COVID-19. This disease can spread through small droplets from the nose or mouth when coughing or sneezing. The droplet then falls on the surrounding objects. If someone else touches an object that has been contaminated with the droplet, then that person touches the eyes, nose or mouth (facial triangle), then that person can be infected



with COVID-19¹⁶ (Porcheddu et al., 2020; Zhao et al., 2020; Salehi et al., 2020). Besides, someone will also be infected with COVID-19 when accidentally inhale droplets from sufferers. It is why it is essential to keep a distance of about one meter from people who are sick. Until now, experts continue to investigate to determine the source of the virus, the type of exposure and how it is transmitted. It is crucial to stay on top of the sources of accurate and official information about the development of this disease.

The primary mode of transmission of this disease is through small droplets released when a person coughs or sneezes, at present WHO considers that "the risk of transmission from someone with no symptoms of COVID-19 is highly unlikely. However, many people who identified COVID-19 only experienced mild symptoms such as mild coughing, or not complaining of pain, which might occur in the early stages of the disease. Until now, experts are continuing to investigate to determine the transmission period or incubation period of COVID-19" (Sahu, Mishra & Lal, 2020). COVID-19 is caused by a type of virus from the large Coronavirus family, which is commonly found in animals. Until now, the source of COVID-19 infectious animals is unknown, and experts continue to investigate various possible types of infectious animals (Rao & Vazquez, 2020; Malik, 2020; Williams, 2020). At present, no evidence has been found that "pets such as dogs or cats can be infected with the COVID-19 virus. However, it is far better to always wash hands with soap and water after contact with pets. This habit can protect against various common bacteria such as E.coli and Salmonella which can move between pets and humans" (Garfin, Silver & Holman, 2020; Iacus, Natale, Vespe, 2020; Yu et al., 2020).

It is not yet known with certainty how long COVID-19 can stay on the surface of an object, although preliminary studies show that COVID-19 can last for several hours, depending on the type of surface, temperature, or humidity of the environment. Nevertheless, a pure disinfectant can kill the virus so that it is impossible to infect people. Washing hands with soap and water, or alcohol-based hand rubs, and avoiding touching eyes, mouth or nose (facial triangle) is more effective at protecting yourself. People who live or travel in areas where the COVID-19 virus is circulating are very likely to be infected. Those infected are people who within 14 days before symptoms travelled to an infected country, or who are in close contacts, such as family members, co-workers or medical personnel who treat patients before they know they are infected with COVID-19. Health care workers who treat patients infected with COVID-19 are at higher risk and must consistently protect themselves with appropriate infection prevention and control procedures.

People who are infected with COVID-19 and influenza will experience the same respiratory tract symptoms, such as fever, cough and runny nose. Although the symptoms are the same, the causes of the virus are different, so it is difficult for us to identify each of these diseases. Accurate medical examination accompanied by laboratory reference is needed to confirm



whether someone is infected with COVID-19. For anyone who has a fever, cough and difficulty breathing it is recommended to seek treatment immediately, and notify health workers if they have travelled from an affected area within 14 days before symptoms appear, or if they have been in close contact with someone who is suffering symptoms of respiratory tract infections.

The second thing to do is to follow the safety instructions. Until now, there is no vaccine to prevent the transmission of COVID-19. Some ways of preventing the transmission of this virus are a) Maintaining health and fitness so that the body's stamina remains excellent and the immune system/immune system increases; b) Washing hands regularly using water and soap or alcohol-based hand rub. Washing hands often kill viruses that may be in our hands, and this action is also one of the most straightforward and most inexpensive actions. About 98% of the spread of the disease comes from the hands. Therefore, maintaining hand hygiene is very important; c) Covering your nose and mouth with a tissue or upper arm (not with your palm) when coughing and sneezing; d) Avoiding contact with other people or travelling to public places; e) Avoiding touching the eyes, nose and mouth (facial triangle). Hands touch many things that can be contaminated with viruses; f) Using a mouth and nose mask when you are sick or when in public; g) Disposing of used tissues and masks in the trash, then washing hands properly; h) Postponing trip to the area/country where this virus was found; i) Avoiding travelling outside the house when you feel unwell, especially if you have a fever, cough or difficulty breathing. Immediately contact the nearest health worker, and ask for their help. Tell the officer if in the previous 14 days you have travelled, especially to an infected country, or have been in close contact with people who have the same symptoms. Follow directions from local health workers; j) always monitor the development of COVID-19 disease from official and accurate sources. Follow the directions and information from the health officer and the local health service. Information from the right sources can help protect from the transmission and spread of this disease.

The use of masks is only for people who have symptoms of respiratory infections (coughing or sneezing), suspect they have COVID-19 with mild symptoms, those who treat symptomatic people (such as fever and cough) and health workers. Although it is still suggested to prevent the outbreak of COVID-19, everybody should use masks. The most effective ways to protect us from the transmission of COVID-19 are to wash hands regularly, keep mouth covered when coughing with folded elbows or tissues and keep a distance of at least one meter from people who are sneezing or coughing.

If you are not in a COVID-19 infected area, have not travelled from one of these areas, or have not had close contact with someone who has COVID19 symptoms or feels unwell, you are less likely to contract COVID-19. However, it is understandable that you might feel stressed and anxious about the current situation. Stay calm and do not be panic. Look for



correct and accurate information about the development of COVID-19 so that you are aware of the situation in your area and you can take reasonable precautions. If you are in a COVID-19 infected area, you must be serious about this risk. Always take care of health and heed information and advice from health authorities.

Conclusion

The best ways to manage one's anxiety is a) finding the right and correct or scientific information from a trusted source and understand it correctly, and government and health institutions should find the best way and actively delivering the information about COVID-19 to the societies, so his societies become knowledgeable about the COVID-19, and b) following the safety instructions for COVID-19 such as: maintaining health and fitness; washing hands regularly using water and soap or alcohol; when coughing and sneezing make sure that nose and mouth are covered using tissues or the upper arm; avoiding contact with other people or travel to public places; avoiding touching the eyes, nose and mouth; using a mouth and nose mask; disposing of used tissues and masks in the trash; postponing a trip to the area/country where this virus was found; avoiding travelling outside the house when you feel unwell; and always monitor the development of COVID-19 disease from official and accurate sources.



REFERENCES

- Acarturk, C., Cuijpers, P., van Straten, A., & de Graaf, R. (2009). Psychological treatment of social anxiety disorder: a meta-analysis. *Psychological medicine, 39*(2), 241-254.
- Aderka, I. M., Hofmann, S. G., Nickerson, A., Hermesh, H., Gilboa-Schechtman, E., & Marom, S. (2012). Functional impairment in social anxiety disorder. *Journal of anxiety disorders, 26*(3), 393-400.
- Anderson, R. M., Heesterbeek, H., Klinkenberg, D., & Hollingsworth, T. D. (2020). How will country-based mitigation measures influence the course of the COVID-19 epidemic?. *The Lancet, 395*(10228), 931-934.
- Bilsky, W. (1993). Blanks and open questions in survey research on fear of crime. *Fear of crime and criminal victimization, 9*-19.
- Boelen, P. A., & Reijntjes, A. (2009). Intolerance of uncertainty and social anxiety. *Journal of anxiety disorders, 23*(1), 130-135.
- Bögels, S. M., Alden, L., Beidel, D. C., Clark, L. A., Pine, D. S., Stein, M. B., & Voncken, M. (2010). Social anxiety disorder: questions and answers for the DSM-V. *Depression and anxiety, 27*(2), 168-189.
- Buckner, J. D., Maner, J. K., & Schmidt, N. B. (2010). Difficulty disengaging attention from social threat in social anxiety. *Cognitive therapy and research, 34*(1), 99-105.
- Caplan, S. E. (2006). Relations among loneliness, social anxiety, and problematic Internet use. *CyberPsychology & behavior, 10*(2), 234-242.
- Cascella, M., Rajnik, M., Cuomo, A., Dulebohn, S. C., & Di Napoli, R. (2020). Features, evaluation and treatment coronavirus (COVID-19). In *StatPearls [Internet]*. StatPearls Publishing.
- Garfin, D. R., Silver, R. C., & Holman, E. A. (2020). The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health Psychology.*
- Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion, 10*(1), 83.
- Goyal, K., Chauhan, P., Chhikara, K., Gupta, P., & Singh, M. P. (2020). Fear of COVID 2019: First suicidal case in India. *Asian journal of psychiatry, 49*, e101989-e101989.



- Guo, Y. R., Cao, Q. D., Hong, Z. S., Tan, Y. Y., Chen, S. D., Jin, H. J., ... & Yan, Y. (2020). The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak—an update on the status. *Military Medical Research*, 7(1), 1-10.
- Heinrichs, N., Rapee, R. M., Alden, L. A., Bögels, S., Hofmann, S. G., Oh, K. J., & Sakano, Y. (2006). Cultural differences in perceived social norms and social anxiety. *Behaviour research and therapy*, 44(8), 1187-1197.
- Hofmann, S. G., Anu Asnaani, M. A., & Hinton, D. E. (2010). Cultural aspects of social anxiety and social anxiety disorder. *Depression and anxiety*, 27(12), 1117-1127.
- Iacus, S. M., Natale, F., & Vespe, M. (2020). Flight restrictions from China during the COVID-2019 Coronavirus outbreak. *arXiv preprint arXiv:2003.03686*.
- Leary, M. R. (2013). Social Anxiety, Shyness, and. *Measures of personality and social psychological attitudes: Measures of social psychological attitudes*, 1, 161-176.
- Li, Y., & Xia, L. (2020). Coronavirus Disease 2019 (COVID-19): Role of chest CT in diagnosis and management. *American Journal of Roentgenology*, 1-7.
- Lippi, G., & Plebani, M. (2020). Laboratory abnormalities in patients with COVID-2019 infection. *Clinical Chemistry and Laboratory Medicine (CCLM)*.
- Malik, Y. S., Sircar, S., Bhat, S., Vinodhkumar, O. R., Tiwari, R., Sah, R., ... & Dhama, K. (2020). Emerging Coronavirus Disease (COVID-19), a pandemic public health emergency with animal linkages: Current status update.
- Morrison, A. S., & Heimberg, R. G. (2013). Social anxiety and social anxiety disorder. *Annual review of clinical psychology*, 9, 249-274.
- Nadeak, B., & Naibaho, L. (2019, November). Investigating the effect of learning multimedia and thinking style preference on learning achievement on anatomy at Universitas Kristen Indonesia. In *Journal of Physics: Conference Series* (Vol. 1387, No. 1, p. 012116). IOP Publishing.
- Nadim, S. S., Ghosh, I., & Chattopadhyay, J. (2020). Short-term predictions and prevention strategies for COVID-2019: A model-based study. *arXiv preprint arXiv:2003.08150*.
- Parka, O. H., Jeongb, J. H., & Leec, S. K. (2019). The Effect of Adult Social Anxiety on Shopping Addiction concerning Self-Control and Public Awareness. *International Journal of Innovation, Creativity and Change*. 7 (3), 320 - 331



- Phan, K. L., Fitzgerald, D. A., Nathan, P. J., & Tancer, M. E. (2006). Association between amygdala hyperactivity to harsh faces and severity of social anxiety in generalized social phobia. *Biological psychiatry*, 59(5), 424-429.
- Porcheddu, R., Serra, C., Kelvin, D., Kelvin, N., & Rubino, S. (2020). The similarity in Case Fatality Rates (CFR) of COVID-19/SARS-COV-2 in Italy and China. *The Journal of Infection in Developing Countries*, 14(02), 125-128.
- Rao, A. S. S. & Vazquez, J. A. (2020). Identification of COVID-19 Can be Quicker through Artificial Intelligence framework using a Mobile Phone-Based Survey in the Populations when Cities/Towns Are Under Quarantine. *Infection Control & Hospital Epidemiology*, 1-18.
- Ren, S. Y., Gao, R. D., & Chen, Y. L. (2020). Fear can be more harmful than the severe acute respiratory syndrome coronavirus 2 in controlling the coronavirus disease 2019 epidemic. *World Journal of Clinical Cases*, 8(4), 652.
- Sahu, K. K., Mishra, A. K., & Lal, A. (2020). Novel coronavirus (2019-nCoV): update on third coronavirus outbreak of 21st century. *QJM: An International Journal of Medicine*.
- Salchi, S., Abedi, A., Balakrishnan, S., & Gholamrezanezhad, A. (2020). Coronavirus disease 2019 (COVID-19): a systematic review of imaging findings in 919 patients. *American Journal of Roentgenology*, 1-7.
- Schmidt, N. B., Richey, J. A., Buckner, J. D., & Timpano, K. R. (2009). Attention training for generalized social anxiety disorder. *Journal of abnormal psychology*, 118(1), 5.
- Sohrabi, C., Alsafi, Z., O'Neill, N., Khan, M., Kerwan, A., Al-Jabir, A., ... & Agha, R. (2020). World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International Journal of Surgery*.
- Stein, M. B., & Stein, D. J. (2008). Social anxiety disorder. *The Lancet*, 371(9618), 1115-1125.
- Tuite, A. R., Bogoch, I., Sherbo, R., Watts, A., Fisman, D. N., & Khan, K. (2020). Estimation of COVID-2019 burden and potential for international dissemination of infection from Iran. *medRxiv*.
- Tyas, E. H., & Naibaho, L. (2019, November). The urgency of entrepreneurship learning in the industrial age of 4.0. In *Journal of Physics: Conference Series* (Vol. 1387, No. 1, p. 012032). IOP Publishing.



- Williams, V. (2020). COVID-2019–lessons to learn in Africa (Short Communication) A critical review of the potential effect of COVID-2019 on Africa and lessons to be learnt. *Global Journal of Social Sciences*, 19, 49-51.
- World Health Organization. (2020). Coronavirus disease (COVID-2019): Situation report-54. Retrieved March 16, 2020.
- Yu, H., Li, M., Li, Z., Xiang, W., Yuan, Y., Liu, Y., ... & Xiong, Z. (2020). Coping Style, Social Support and Psychological Distress in the General Chinese Population in the Early Stages of the COVID-2019 Epidemic. *Social Support and Psychological Distress in the General Chinese Population in the Early Stages of the COVID-2019 Epidemic (3/13/2020)*.
- Zhao, W., Zhong, Z., Xie, X., Yu, Q., & Liu, J. (2020). The relation between chest CT findings and clinical conditions of coronavirus disease (COVID-19) pneumonia: a multicenter study. *American Journal of Roentgenology*, 1-6.
- Zhavoronkov, A., Aladinskiy, V., Zhebrak, A., Zagribelnyy, B., Terentiev, V., Bezrukov, D. S., & Yan, Y. (2020). Potential COVID-2019 3C-like protease inhibitors designed using generative deep learning approaches. *Insilico Medicine Hong Kong Ltd A*, 307, E1.
- Zhong, B. L., Luo, W., Li, H. M., Zhang, Q. Q., Liu, X. G., Li, W. T., & Li, Y. (2020). Knowledge, attitudes, and practices towards COVID-19 among Chinese residents during the rapid rise period of the COVID-19 outbreak: a quick online cross-sectional survey. *International Journal of Biological Sciences*, 16 (10), 1745.

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