

THE EFFECTS OF SOCIAL ISOLATION DUE TO COVID-19 PANDEMIC  
ON WELL-BEING AND MENTAL HEALTH OF BEED STUDENTS  
OF BISU-BILAR

College of Teacher Education  
BOHOL ISLAND STATE UNIVERSITY  
Zamora, Bilar, Bohol

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June 2022

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A Thesis  
Presented to the Faculty of the  
College of Teacher Education  
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Zamora, Bilar, Bohol

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In Partial Fulfillment  
Of the Requirement for the Degree  
BACHELOR IN ELEMENTARY EDUCATION

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April 2022

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## APPROVAL SHEET

This thesis entitled "THE EFFECTS OF SOCIAL ISOLATION DUE TO COVID-19 PANDEMIC ON WELL-BEING AND MENTAL HEALTH OF BEED STUDENTS OF BISU – BILAR", prepared and submitted by Maejen B. Garcia, Chadelyn M. Quinlog, Ivy Grace B. Ticong, and Semiona S. Torrenueva in partial fulfillment of the requirements of the degree Bachelor in Elementary Education-General Education has been examined and recommended for acceptance and approval for oral defense.

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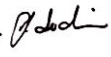
  
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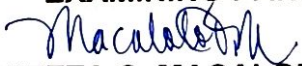
  
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## Abstract

Social isolation during the pandemic was portrayed as a stressful scenario that resulted in disputes and an unsuitable atmosphere. This has led to an exceptional increase in mental health problems among students with an accompanying decreased emotional, social, physical and well-being if left untreated for a long time. The main thrust of the study was to determine the effects of social isolation due to Covid-19 on the well-being and mental health of BEEd students of Bohol Island State University S.Y. 2020-2021. Specifically, the study sought to find out the profile of the respondents; well-being in terms of emotional, social, physical; and mental health; and to check if there is any significant relationship between the effects of social isolation on the well-being and mental health of BEEd students. The nature of the study was a descriptive survey with the use of modified questionnaires as data gathering tool. The method utilized was complete enumeration. Following that, the researchers disseminated the questionnaire individually via google forms. The data were subjected to statistical treatment using a simple percentage in determining the profile of the respondents while the Average Weighted mean was used in determining the effects of social isolation on the well-being and mental health of BEEd students and Pearson Coefficient was used to determine the relationship between social isolation on the well-being and mental health of BEEd students. Based on the result of the study, social isolation affects the well-being and mental health of BEEd students. As revealed, well-being got the overall weighted mean of 2.79 which had a descriptive interpretation of "Neither Agree" and mental health got the weighted mean of 2.86 which was interpreted as "Neither Agree". Result shows that social isolation affected the students' everyday life and mental health, and students mostly experienced negative effects. The data analysis revealed that there was a significant relationship between the effects of social isolation on the well-being and mental health of BEEd students. The computed r-value was 0.789 and the accepted probability value is 0.05 which was higher than the significant value at the 0.05 level (2 tailed). Thus, the hypothesis was rejected. The researchers concluded that the sudden outbreak of the COVID-19 Pandemic and being isolated during lockdown brought effects on the well-being and mental health of the students. It was revealed on the findings that social isolation has average effects on the emotional, social, and physical well-being as well as mental health of the students. It shows that they are neutral about how they feel during the lockdown. Thus, the study had a significant relationship between the effects of social isolation on the well-being and mental health of the students. The researchers recommended that students are encouraged to engage in mental health seminars like "Coping With COVID: A webinar Series on Young People and Mental Health" that will help to have a clear place to start focusing on our inner strength.

## Chapter 1

### THE PROBLEM AND ITS SCOPE

#### Rationale

As the corona virus disease 2019 (COVID-19) arises as a potentially lethal pandemic, the globe faces a global public health disaster. As nations shut down to impose social distance as a method to control the spread of virus, billions of individuals have been lock-up in their own homes. Those affected in cautious are isolated. This social isolation causes chronic loneliness and boredom, which can be harmful to one's mental and physical well-being if left untreated for a long time (Debanjan & Mayank, 2020). The majority of patients who were infected with the virus had mild to severe respiratory sickness and recovered without needing any additional treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are likely to develop serious illness (WHO, 2021).

To prevent the virus from spreading, a variety of restrictions have been placed on public movement. People are lock-up to their homes and subjected to quarantine. Every day, people wake up in a cold cauldron of social isolation, boredom, and a pervasive sense of loneliness. This has led to an exceptional increase in mental health problems among students with an accompanying decreased emotional, social, physical well-being.

Students are currently less physically active and spend more time in front of screens, resulting in poor sleeping and eating habits, which are aggravated by social isolation. Social isolation was implemented as a preventive measure to avoid physical contact and reduce the number of infections due to the COVID-19 disease, without the intention of affecting social communication or establishing new forms of social interactions, such as communication through virtual platforms and social networks. Unfortunately, the outcomes were different, and isolation was portrayed as a stressful scenario that resulted in disputes and an unsuitable atmosphere. Moreover, they were especially prone to feelings of loneliness and experienced higher rates of anxiety and depression compared to the general population. In addition, they are living through stressful and anxiety-provoking, as there is a constant fear of the unknown in addition towards loss of control, making them especially vulnerable to developing mental health concerns.

Unfortunately, distant education has resulted in students experiencing situations for which they had not adequately prepared during the stage of isolation. For example, difficulties organizing their time and a lack of resources to carry out their school activities, when combined with factors such as family dysfunctions, lack of communication, and violence, students are exposed to high levels of stress, frustration, physical and emotional exhaustion, which can lead to anxiety or depression.

With these abovementioned realities, it is evident that pandemics such as this one, and its concomitant lockdowns, have a massive impact on people, especially on the mental health, which includes different feelings about it and

future concerns. Identifying these is very important in terms of taking measures to prevent or treat the psychological impact.

Thus, the issues mentioned above motivate the researchers to investigate university students' mental health, social, physical, and emotional well-being, and perceived burdens during the COVID-19 pandemic lockdown.

### **Literature Background**

Section 2 of Republic Act 11036, often known as "The Mental Health Act," declares that all Filipinos, including those who require mental health services, have a fundamental right to mental health. The government pledges to support people's well-being by ensuring that: mental health is valued, encouraged, and protected; Mental illnesses are treated and prevented; the general public has access to mental health care that is prompt, low-cost, high-quality, and culturally acceptable; compulsion-free mental health services that are accountable to service consumers are available; and persons with mental illnesses are free to exercise all of their human rights and engage fully in society and at employment.

Apart from this, the state commits itself to promoting the well-being of people by ensuring that; mental health is valued, promoted and protected; mental health conditions are treated and prevented; timely, affordable, high quality, and culturally-appropriate mental health care is made available to the public; mental health services are free from coercion and accountable to the service users; and persons affected by mental health conditions are able to exercise the full range of

human rights, and participate fully in society and at work free from stigmatization and discrimination.

Pursuant to Section 2 of the Republic Act No. 11332 otherwise known as the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act”. It states to protect and promote the right to health of the people and instill health consciousness among them. It shall endeavor to protect the people from public health threats through the efficient and effective disease surveillance of notifiable diseases including emerging and re-emerging infectious diseases, diseases for elimination and eradication, epidemics, and health events including chemical, radio-nuclear and environmental agents of public health concern and provide an effective response system in compliance with the 2005 International Health Regulations (IHR) of the World Health Organization (WHO).

The State recognizes epidemics and other public health emergencies as threats to public health and national security, which can undermine the social, economic, and political functions of the State. The State also recognizes disease surveillance and response systems of the Department of Health (DOH) and its local counterparts, as the first line of defense to epidemics and health events of public health concern that pose risk to public health and security.

As embodied in Article 2, Section 15 of the 1987 Philippine Constitution, DILG Memorandum Circular No. 2020-023 entitled “Amended Guide to Action Against the 2019 Novel Corona Virus Acute Respiratory Disease” recognizes the lead role of local Government units (LGUs) in the prevention, mitigation,

preparedness for, and containment of The Corona Virus Disease 2019 (COVID-19) outbreak at the local level. It states to protect and promote the right to health of the people and instill health consciousness among people. It also acknowledges that any action by the local chief executives should be anchored on, and cognizant of, the plans and recommendations of, and in coordination with, the DOH and other competent government agencies to ensure coherence of actions and accuracy in order to avoid undue public anxiety and panic.

The study was also anchored from The Gidden's Structuration Theory that offers insight in the emergence and persistence of social isolation, and in the possibilities for solutions and improvements of the situation of socially isolated elderly.

Gidden's Structuration Theory is used to unravel in which way the socially isolated perpetuated or even aggravate their situation. A deeper analysis is made of several basic concepts of Gidden's Theory, which are very useful for a theoretical approach to social isolation. Selection of this concept is based on theoretical considerations and on the knowledge and insight that empirical research into social isolation has produced. Concepts such as practical and discursive consciousness, rules and resources, routinization and unintended consequences of actions can offer a better understanding of the mechanism on which the emergence and persistence of social isolation are based. It becomes clear that the emergence and persistence of social isolation is the unintended consequences of patterns that people follow in their actions.

As stated by The Broaden and Build Theory of Positive Emotions (Fredrickson, 2006) explains that positive emotions have the ability to broaden people's attention and thinking, fuel psychological resilience, encourage creativity, undue adverse effects of negative emotions, and build personal resources. More specifically, she writes that "positive emotions widen the array of thoughts and actions that come to mind and broadens habitual modes of acting and thinking" (Fredrickson, 2006).

Fredrickson further states that "Individuals who express or report higher levels of positive emotion show more constructive and flexible coping, more abstract and long-term thinking, and greater emotional distance following stressful negative events". Additionally, positive emotions have the ability to alleviate depressed moods and encouraging positive coping skills and increase people's enduring personal resources with time and practice. These personal resources include "intraindividual resources, like increased psychological and physical resilience, and interpersonal resources, like enhanced social relationships, which can be the locus of both pleasant activities and positive meaning. Taken together, these resources—gained through positive emotion experiences—can enhance health and well-being" (Fredrickson, 2000).

Furthermore, the Broaden-and-Build Theory applies to older adults dealing with loneliness and social isolation because it predicts that positive emotions can build and broaden personal resources. Personal resources include but are not limited to social support, resiliency, and coping skills. Social support is

augmented by positive emotions because they include emotions like interest and love, which often involve other people. Positive emotions like these encourage others to draw near to each other, unlike negative emotions such as anger or resentment, which may discourage others from being involved with another person. Engaging in positive emotions on a regular basis will promote strong social connections (Fredrickson, 2001). Resources related to resiliency and coping skills can be crucial for those who are dealing with loneliness and social isolation. As previously mentioned, feeling lonely and socially isolated takes a toll on a person, and many older adults deal with potentially isolating disorders such as dementia or Alzheimer's disease. Yet, the odds of a person thriving in the face of adversity increase significantly when they have good coping skills, and the Broaden-and-Build Theory proposes that positive emotions can promote such mental resources. Thus, those suffering from these disorders may benefit from engaging in intentional activities that stand to promote the experience of positive emotions.

As indicated by The Emotion-Focused Therapy (EFT) that provides an introduction to the theory, history, research, and practice of this emotion-centered, humanistic approach to psychotherapy. Emotion-focused therapy is a complete theory of human functioning based on the adaptive role of emotion and founded on the idea that emotional change is central to enduring change.

Emotional-Focused Therapy emphasizes the awareness, acceptance, understanding, and transformation of emotion, and proposes that emotions

themselves have an adaptive potential that, if activated, can help clients to change. Emotion-Focused Therapists help clients to experience their emotions in the safe setting of therapy so that, rather than avoiding or controlling their feelings, clients learn to use them as a guide to what is important or necessary in their lives.

According to EFT, emotions are also a guide for individual choice and decision making. This type of therapy assumes that lacking emotional awareness or avoiding unpleasant emotions can cause harm. It may render us unable to use the important information emotions provide.

Therapists qualified in EFT can help people seeking assistance with a range of concerns. These therapists may help people learn to become more aware of their emotions. EFT also allows people to become better at using information provided by adaptive emotions. People may be better able to cope with and decrease negative effects of maladaptive emotions. EFT is founded in the idea that emotions should be used to guide healthy, meaningful lives. Its theory is based on a scientific inquiry into the human emotional experience (Greenberg, 2004).

As mentioned also by The Cognitive Behavioral Therapy (CBT) explains that psychological treatment has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness.

Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications. CBT places an emphasis on helping individuals learn to be their own therapists. Through exercises in the session as well as “homework” exercises outside of sessions, patients/clients are helped to develop coping skills, whereby they can learn to change their own thinking, problematic emotions, and behavior.

CBT therapists emphasize what is going on in the person’s current life, rather than what has led up to their difficulties. A certain amount of information about one’s history is needed, but the focus is primarily on moving forward in time to develop more effective ways of coping with life (Aaron, 2017).

The COVID-19 pandemic has forced leaders in politics and at universities to take drastic measures that affect how citizens and students interact and socialize with each other. In many countries around the world, individuals are required to reduce physical contact to others outside one’s household (social distancing). Additional measures include curfews, quarantines, and closing of non-essential stores, schools, and universities. As many universities suspended classroom teaching and switched to online teaching, the lives of students have changed drastically. While social distancing measures may successfully slow down the spread of the infection and relieve the public health systems, they may eventually increase the social isolation of students and affect their psychological

well-being and mental health. Being under a lot of pressure to perform academically, students are prone to developing mental health problems. The social networks of students have been argued to be an important factor in buffering stress and helping them to be more effective. Reduced social interactions, a lack of social support, and newly arising stressors associated with the COVID-19 crisis could potentially affect students' mental health negatively.

Moreover, quarantine, social distance and social exclusion have a negative impact on mental health and physical well-being. The growth of deviant forms of behaviour, stigmatization, excessive mental stress on medical workers who are in the focus of a pandemic, and the non-standard state of medical institutions have been noted among the main factors that worsen mental health (Shusterman et. al., 2020).

In the study of UNESCO (2020), the epidemic has disrupted the education of almost one billion pupils in 129 nations worldwide. Many colleges throughout the world have adopted emergency remote teaching (ERT) through online platforms, which has increased student concern. COVID-19 and lockdown studies on Chinese college students found considerable negative effects on students' psychological well-being as well as excessive levels of anxiety. Several studies on the public health consequences of the COVID-19 pandemic and lockdowns have been conducted thus far. The majority of the research has taken place in China and Western countries, with participants including the general public,

healthcare staff, and medical students. In Malaysia, no such research has yet been carried out.

University students are a special social group with active life habits based on relationships and contacts, physical and university activities, travel, and gatherings. The pandemic emergency changed their life drastically: considering university restrictions, indeed, teaching in presence was suspended from March 11, 2020 until the beginning of September 2020. Only faculty and administrative technical staff were allowed to access the campuses. At the same time, online teaching service had been activated, through which lessons, exams, and theses and doctoral dissertation discussions were carried out at distance.

School is a place of academic learning, but also an arena for development, socialization and connecting with friends and peers, and for emotional and academic support from teachers, which are all important factors for children's psychological wellbeing and adjustment. School routines further allow children to have regular bed/wake times and physical activity, and restricts sedentary behaviours and/or non-educational screen time. Conversely, school closures under COVID-19 have been associated with academic learning losses and an array of health risk behaviours (e.g., socio-emotional complications, reduced physical activity).

Home schooling under COVID-19 was accompanied by strict social isolation measures and thus, children had involuntary restrictions placed on their opportunities to meet friends and peers physically although they may not have

adhered (strictly) to these recommendations. Evidence suggests that social isolation during the pandemic was associated with loneliness, negative consequences on mental health and other health-related behaviors for children (Helland et. al., 2021).

Positive emotions such as happiness or joy, hope, inspiration, interest, motivation, and enthusiasm, among others, stimulate good brain function, improve concentration capacity, reasoning, memory, and decision-making, and influence academic performance, whereas social isolation, anxiety, and depression cause attention and memory problems, as well as affect decision-making poor academic performance, difficulty understanding information, antisocial behaviours, and a susceptibility to drug misuse have all been found in teenagers with depressed features such as low self-esteem.

Students who perceive themselves as good students achieve high academic performance; on the other hand, students who have a negative opinion of themselves avoid academic tasks for fear of failure, resulting in low academic performance; similarly, students with anxiety and depression symptoms are perceived as incompetent, negatively impacting academic performance anxiety, despair, anxiety, and uncertainty all have an impact on learning, hence it is recommended that teaching be flexible and tailored to each student's requirements. Everyone's resilience, motivation, and ability to learn independently are crucial variables in acquiring the knowledge provided through the new remote education systems.

Students' ability to efficiently and appropriately control their emotions during general health crises and avoid misfortunes caused by emergency situations has become a critical concern for colleges and institutions (Cao et. al., 2020).

According to (Villani et. al., 2021), University students are at risk of psychological distress in the case of traumatic events. The evolution of the pandemic is uncertain and may have long-term effects on mental health. The pandemic led in the general population to a high incidence of mental health disorders, such as acute stress, post-traumatic stress, anxiety, depression, irritability, insomnia, and decreased attention and these symptoms were more common in individuals with epidemic-related experiences. In particular, the COVID-19 pandemic had a huge impact on the mental health of people in many countries around the world causing similar reaction in terms of emotions and concerns at the population level. In fact, an increase in mental health disorders, especially anxiety and depression, in many Asian and European countries the first continents affected by the pandemic were demonstrated resulting in an anxiety and depression.

The mental health consequences of COVID-19 are already visible and even by conservative estimates they are yet to reach their peak and likely to considerably outlive the current pandemic. The most common psychological disorders emerging are anxiety and panic, obsessive-compulsive symptoms,

insomnia, digestive problems, as well as depressive symptoms and post-traumatic stress (Rogers et. al., 2020).

The increased of social isolation is associated with decreased life satisfaction, higher levels of depression, and lower levels of psychological well-being. Individuals who experience high levels of social isolation may engage in self-protective thinking that can lead to a negative outlook impacting the way individuals interact with others (Cacioppo, 2014).

Further, restricting social networks and experiencing elevated levels of social isolation act as mediators that result in elevated negative mood and lower satisfaction with life factors. The relationship between well-being and feelings of control and satisfaction with one's environment are related to psychological health (Zheng et. al., 2020). Dissatisfaction with one's home, resource scarcity such as food and self-care products, and job instability contribute to social isolation and poor well-being (Zavaleta et. al., 2017).

The social implications of becoming a university student can be disruptive to the students' previous support networks. Moving away from pre-existing support networks that include both family and friends can be especially daunting. Forging new social connections can be exceptionally difficult for prospective students and can lead to periods of loneliness or feelings of disconnectedness. Loneliness in university students has been significantly linked to increased stress, anxiety and depression (Richardson et. al., 2017).

The COVID-19 crept in silently and subsequently spread at a rapid pace ultimately progressing into a pandemic with a high rate of morbidity, mortality, loss of income and sustained social isolation for billions of people. This sudden human tragedy required heavy adjustment and was difficult to adapt quickly as we humans are gregarious in nature and always need social connect in our lives especially during a crisis (Mittal et. al., 2022).

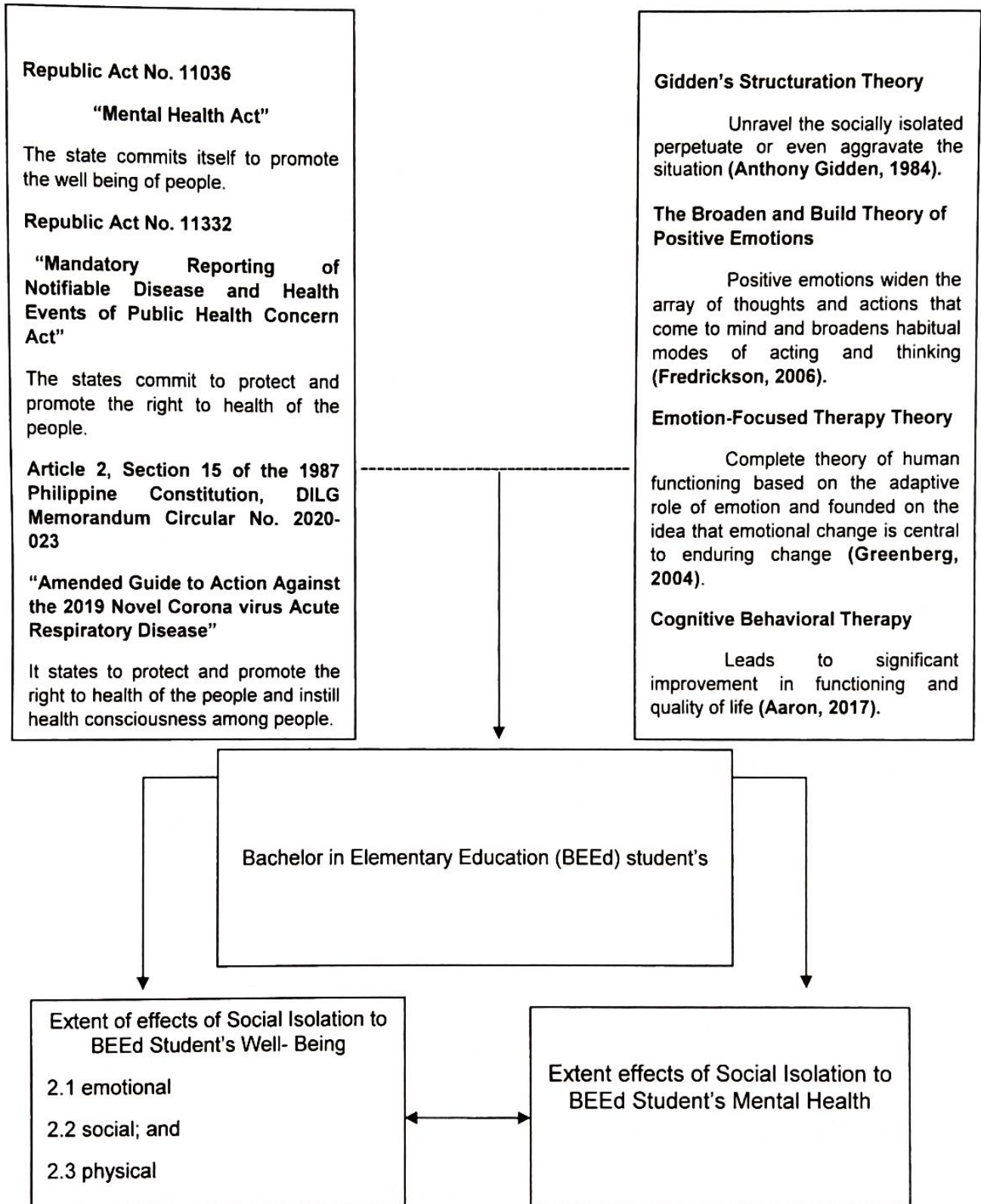
The outbreak of a corona virus pandemic in 2019 posed a serious threat to the global population. Corona virus Disease 2019 (COVID-19) has not only been a public health emergency, but has also affected mental health worldwide. Patients were exposed to a number of significant stressors during COVID-19 infection by which it appears that it may have had a major impact on mental health. Little is known about changes in levels of psychological effect, stress, anxiety and depression during this pandemic (Budzynska et. al., 2021).

COVID-19 changes radically people's daily lives, endangering their well-being. Under such conditions, knowledge on psychological characteristics of pandemic situation experiencing and its impact on life satisfaction as a component of an individual's subjective well-being is of paramount importance for solving the mental health problems during the pandemic situation (Bosniuk et. al., 2021).

Based on the findings, there are reasons to determine the well-being and mental health of students who were home quarantined during this outbreak. The effects of this worldwide unparalleled pandemic on well-being and mental health

are urgently needed. Hopefully, this research will fill in the gaps by providing useful knowledge for ensuring a COVID-19-free society and dealing with any future pandemic scenarios. As a result, the goal of this study is to determine the effects of social isolation on well-being and mental health on college and university students who are being isolated as a result of widespread lockdown.

Figure 1 illustrates the study's theoretical and conceptual framework. The research was based on the theoretical and legal bases mentioned in the diagram. It focused on the profile of BISU- BILAR BEEEd students and looked at the effects of social isolation due to Covid-19 pandemic on well-being and mental health of BEEEd students of BISU-BILAR S.Y 2020-2021.



**Figure 1: Theoretical and Conceptual Framework**

## THE PROBLEM

### Statement of the Problem

The main purpose of this study is to determine the Effects of Social Isolation due to COVID-19 Pandemic on Well- Being and Mental Health of BEEEd students of BISU- BILAR S.Y. 2020-2021.

Specifically, the study sought to answer the following questions:

1. What is the profile of the respondents in terms of:
  - 1.1 age;
  - 1.2 sex; and
  - 1.3 year level?
  
2. What is the extent of effects of Social Isolation due to COVID-19 Pandemic to BEEEd students well being in terms of:
  - 2.1 emotional;
  - 2.2 social; and
  - 2.3 physical?
  
3. What is the extent of effects of Social Isolation caused by COVID-19 Pandemic affect the mental health of BEEEd students?
  
4. Is there a significant relationship between the effects of social isolation on well being and mental health of BEEEd students?

## **Hypothesis**

There is no significant relationship between the BEEd students' effects of social isolation induced by the COVID-19 pandemic on well-being and mental health.

## **Significance of the Study**

The researchers believe that the study would be beneficial to the following:

**Students.** This study would help the students understand the Effects of Social Isolation due to COVID-19 Pandemic that might affect their well-being and mental health.

**Teachers.** This study would help the teachers in employing various techniques and activities that will make the lesson more interesting and exciting in order to address the Effects of Social Isolation due to COVID-19 Pandemic that will affect the student's well-being and mental health.

**School Administration.** This study would provide information an insight about the problems that might encounter by students. This will provide better choices for making decisions and regulating policies in order to address said issues and ensure that students could benefit effectively.

**Parents.** This study would help the parents in guiding their child's knowledge to be aware of the Effects of Social Isolation due to COVID-19 Pandemic that will affect the student's well-being and mental health.

**Future Researcher.** This study would serve as the reference and guide in conducting their research about the Effects of Social Isolation due to COVID-19 Pandemic on Well-being and Mental Health and also can give them additional information on their own research endeavours.

## **RESEARCH METHODOLOGY**

### **Research Design**

This study utilized a descriptive - survey research design to achieve the purpose of the study. This design aimed to gather descriptive ideas. The researcher used the survey questionnaire as an instrument to collect the necessary data which serve as a reference point for analysis. Complete enumeration was used in choosing the respondents.

### **Environment and Participants**

The study was conducted at Bohol Island State University-Bilar Campus in Zamora, Bilar, Bohol, specifically in the College of Teacher's Education.

The list of official BEEd students' who are enrollees in the school year 2021-2022 was obtained from the mayors of each year level. The researcher used the entire population of BEEd students from the first year to the third year

with the total number of 99 students. In this case, complete enumeration was used. Unfortunately, out of 99 respondents, only 67 answered the questionnaire. The BEEd students were the direct beneficiaries of the study, thus the researcher chose them to participate in the survey.

### **Instrument**

The researchers utilized a modified questionnaire as a tool in gathering data from the study adapted from Dr. Candace Robledo, Department of Population Health and Biostatistics at the University of Texas Rio Grande Valley of Medicine entitled "COVID-19 Impact on Health and Well-Being Survey"; and Blessy Elizabeth David and Sanjay Kumar entitled "Psychological Health Problems during the Lockdown: A survey of Indian Population in COVID-19 Pandemic. The research instrument was subjected to pilot testing to determine its validity and reliability.

The questionnaire was composed of two parts, the first part was the demographic profile of the respondents, and the second part focused on their well-being and mental health using the scale (1) Strongly Disagree; (2) Disagree; (3) Neither Agree; (4) Agree; (5) Strongly Agree with 60 items.

### **Data Gathering Procedures**

The researcher requested permission from the Campus Director, Dean of College of Teacher Education, and the BEEd students' adviser through a formal letter for the approval of the study. The data on official BEEd students' enrollment

was obtained from the mayors of each year level. Following that, the researcher disseminated the questionnaire individually via Google forms, allotting respondents three weeks to complete the survey.

### **Statistical Treatment**

The data gathered in this study was subjected to the following statistical treatment:

In determining the profile of the students in terms of age, gender, and year level, the simple percentage was utilized. Using this formula:

$$P = \frac{f}{n} \times 100 \%$$

Where:  $P$  – percentage

$f$  – frequency

$n$  – total number of respondents

In determining the effects of social isolation on the well-being and mental health of BEEd students the Average Weight mean was used. After getting the average weighted mean, the file of data was rank in order to get the over-all weighted.

The average weighted mean was computed using this formula:

$$WMS = \frac{\sum fX}{n}$$

WMS = the average weighted mean

$\sum fX$  = the sum of the products of the frequencies of the weighted mean  
equivalence

n = number of respondents

The computed weighted mean was interpreted using the following scale:

Scale	Level of Agreement
4.20 - 5.00	Strongly Agree
3.40 - 4.19	Agree
2.60 - 3.39	Neither Agree nor Disagree
1.80 - 2.59	Disagree
1.00- 1.79	Strongly Disagree

To determine the significant relationship of social isolation on well- being and mental health of the respondents, Pearson Coefficient was used:

$$r_{xy} = \frac{n\sum xy - (\sum x)(\sum y)}{\sqrt{[n\sum x^2 - (\sum x)^2][n\sum y^2 - (\sum y)^2]}}$$

$r_{xy}$  - correlation between x and y

x - sum of Test x

y - sum of Test y

xy - sum of the product of x and y

n - number of cases

$x^2$  - sum of squared x scores

$y^2$  - sum of squared y scores

## DEFINITION OF TERMS

The following important term used were defined operationally:

**Social Isolation.** It refers to inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place (individual, group, community, and the larger social environment).

**Well-Being.** It refers to the experience of health, happiness, and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and ability to manage stress.

**Mental Health.** It refers to cognitive, behavioral, and emotional well-being. It's all about people's thoughts, feelings, and actions.

**COVID-19 Pandemic.** It refers to Corona Virus Disease 2019. It's an illness caused by a new corona virus strain now called severe acute respiratory syndrome corona virus 2 (SARS-CoV-2; formerly called 2019-nCoV).

**BEEd Student.** It refers to Bachelor in Elementary Education from first year to third year students and the respondents of the study.

## Chapter 2

### PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This section presents the findings, analysis, and interpretation of the gathered data on the effects of social isolation on the well-being and mental health of BEEd students. The gathered data was presented in tables. It generally covered the profile of the respondents in terms of age, sex, and year level; the well-being experiences in terms of emotional, social, and physical; and mental health experiences; and the relationship between the effects of social isolation on well being and mental health of BEEd students as warranted by the theoretical framework of this research paper.

The data gathered was tallied and presented in tabulated and textual form. Then, analyzed and interpreted in the light of the problems posed by this study.

The following discussions outline the data employed.

**Table 1** illustrates the demographic profile of the respondents.

Based on the results, out of 67 students, the highest number of the respondents was 30 were the age of 20 while only 1 was age 22, 23, and 24 years old. The results revealed that 92.5% of the respondents were females and only 7.5% were males. The results also showed that the year level had the highest number of respondents with 41.79% of students were the second year. Meanwhile, third year had the least number of respondents with only 22.39%.

Table 1  
Demographic profile of the respondents  
n= 67

Category	Frequency	Percent
<b>1.1 Age</b>		
18	7	10.4
19	12	17.9
20	13	44.8
21	13	19.4
22	1	1.5
23	1	1.5
24	1	1.5
26	2	3.0
<b>Total</b>	<b>67</b>	<b>100.0</b>
<b>1.2 Sex</b>		
Male	5	7.5
Female	62	92.5
<b>Total</b>	<b>67</b>	<b>100.0</b>
<b>1.3 Year Level</b>		
First Year	24	35.82
Second Year	28	41.79
Third Year	15	22.39
<b>Total</b>	<b>67</b>	<b>100.0</b>

**Table 2.1** illustrates the extent of effects of emotional well-being experiences of the students. It revealed that the statement “In difficult times I usually lose hope” obtained the highest weighted mean of 3.94 which was interpreted as “Agree”. This means that the respondents feel grief and have a difficult time finding meaning and purpose in what’s happening to them during the pandemic. And with grief can emerge feelings of hopelessness. And tend to lose hope when they can’t see a pathway to their lives. It implies that the respondents found considerable negative effects on students’ well-being as well as a high

level of anxiety and much cherish a desire with anticipation to do something to be true if they, unfortunately, experience emotional well-being. Given the many aspects of uncertainty in the world, and not knowing when things will return to normal, many students may experience feelings of hopelessness and depression. According to the Hopelessness Theory (Abramson et. al., 1989), when people repeatedly experience stressful events and cannot cope with the associated problems, those with a negative cognitive style might attribute negative events to stability, globality, and consequences and characteristics of the self, causing negative future expectation and helplessness (Alloy et. al., 2000).

On the other hand, "I feel stressed when leaving home" obtained the lowest weighted mean of 2.40 which was interpreted as "Disagree". This means that the respondents didn't feel stressed when leaving home. This result implies that they have positive emotions such as stimulating good brain function and improving concentration capacity during the pandemic. People who have efficient and appropriate control their emotions, even in this difficult time, are something that can allow them to reshape a negative situation and have resilience. This result had a connection with the findings of the study of (Fredrickson, 2006) which emphasized that positive emotions have the ability to broaden people's attention and thinking, fuel psychological resilience, encourage creativity, undue adverse effects of negative emotions, and build personal resources. More specifically, she writes that "positive emotions widen the array of thoughts and actions that come to mind and broadens habitual modes of acting and thinking".

However, the composite mean of the emotional well-being data was 2.87, which was read as "Neither Agree nor Disagree". In this case, the extent of effects of social isolation was "Average". It means that the respondents have neutral feelings during social isolation. These feelings of distress and anxiety can occur even if they are not at high risk of getting sick. It implies that the emotional well-being of the students was not moderately affected by social isolation during the COVID-19 pandemic.

As a result, (Smith, 2006), stated that individuals who are waking up every day wrapped in a freezing cauldron of social isolation, sheer boredom, and a penetrating feeling of loneliness. People are prone to feelings of loneliness, and they experience anxiety and depression during this period of social isolation. It means that experiencing uncertain and abrupt transitions during the pandemic are prone to further worsening of these feelings. They feel uncertain about their future, their health, and the health of their friends and loved ones. The situation they are living through is stressful and anxiety provoking, as there is a constant fear of feelings during social isolation.

Table 2.1

Effects of Social Isolation due to COVID-19 Pandemic on Emotional Well-Being  
of BEEd students  
n= 67

Indicators	WMS	Level of Agreement
1. In difficult times I usually lose hope.	3.94	Agree
2. Feeling down, depressed or hopeless.	2.79	Neither Agree nor Disagree
3. Trouble falling asleep or sleeping too much.	2.66	Neither Agree nor Disagree
4. I feel stressed when leaving home.	2.40	Disagree
5. Feeling bad about yourself or that you're a failure or have let yourself or your family down.	2.99	Neither Agree nor Disagree
6. Troubles concentrating on things, such as reading a newspaper or watching television.	2.45	Disagree
7. Feeling nervous, anxious or on edge.	2.78	Neither Agree nor Disagree
8. Not being able to stop or control worrying too much about different things.	3.00	Neither Agree nor Disagree
9. Becoming easily annoyed or irritable.	2.91	Neither Agree nor Disagree
10. Feeling afraid as if something awful might happen.	3.10	Neither Agree nor Disagree
11. I feel trouble in relaxing.	2.46	Disagree
12. I feel lonely or isolated.	2.57	Disagree
13. I am confused about how I feel.	3.13	Neither Agree nor Disagree
14. When I'm upset, it takes me a long time to feel better.	2.88	Neither Agree nor Disagree
15. When I'm upset, I feel guilty for feeling that way.	3.06	Neither Agree nor Disagree
<b>COMPOSITE MEAN</b>	2.87	Average

LEGEND: WM= Weighted Mean

Scale	Level of Agreement	Descriptive Interpretation (DI)
4.20- 5.00	Strongly Agree	Very High
3.40- 4.19	Agree	High
2.60- 3.39	Neither Agree nor Disagree	Average
1.80- 2.59	Disagree	Low
1.00- 1.79	Strongly Disagree	Very Low

**Table 2.2** indicates the extent of effects of social isolation on the social well-being experiences of the respondents. Results revealed that the social statement "Most of the time, I hide my feelings" got the highest weighted mean of 3.25 and was interpreted as "Neither Agree nor Disagree". It means that the respondents are undecided and take time and effort to learn to share their feelings openly. Social isolation can involve emotional isolation, which is an unwillingness or inability to share one's feelings with others. When socially isolated individuals lack social interaction and support, they can become socially numb or detached from their feelings. It is related to the findings of (Cacioppo & Patrick, 2008) who stated that loneliness is proposed to break this essential construct and disrupt social integration, leading to an increase in isolation. This is a vicious cycle that makes the lonely individual more segregated into his own 'constricted' space. Loneliness is also one of the prime indicators of social well-being.

However, "I avoid myself being kind to other people" got the lowest weighted mean of 2.19 interpreted as "Disagree". This means that respondents didn't experience this kind of scenario. No matter how socially isolated or alone they feel, they still find ways to overcome the problem and build strong, satisfying relationships such as being kind to other people in times of difficult situation. The change and uncertainty of the pandemic can be difficult to cope with. And kindness can be a way to find the support and hope to help others through these difficult times.

It implies that the respondents who have greater levels of self-compassion tend to be more motivated, having the ability to efficiently and appropriately control their emotions during health crises and avoid misfortunes. Even in this difficult time of the pandemic, some respondent's extended kindness and understanding to themselves rather than treating themselves with harshness and criticism. This result is similar to the study (Fredrickson, 2000) which stated that individuals who express or report higher levels of positive emotion show more constructive and flexible coping, more abstract and long-term thinking, and greater emotional distance following stressful negative events. Additionally, positive emotions have the ability to alleviate depressed moods and encouraging positive coping skills and increase people's enduring personal resources with time and practice. This implies that having positive emotions during a pandemic, can alleviate depressed moods and encourage positive coping skills during difficult times of social isolation.

The composite mean of the aspect was 2.79 with the descriptive interpretation of "Neither Agree nor Disagree". It entails that the extent of effects of social isolation on social well-being was "Average". This means that they are neutral about how they feel during the pandemic. It implies that the effect of social isolation on the social well-being of the students was moderately affected during the COVID-19 pandemic.

The result is in congruence with the study (Cacioppo, 2014) stated that individuals who experience high levels of social isolation may engage in self-protective thinking that can lead to a negative outlook impacting the way individuals interact with others. Therefore, students are profoundly experiencing

a negative impact on changing the nature of their social interactions during the COVID-19 pandemic.

Table 2.2

Effects of Social Isolation due to COVID-19 Pandemic on Social Well-Being of BEEd students  
n= 67

Indicators	WMS	Level of Agreement
1. I often feel inhibited in social interactions.	2.67	Neither Agree nor Disagree
2. I often worry that others may disapprove of me.	3.18	Neither Agree nor Disagree
3. I avoid getting close to other people.	2.55	Disagree
4. I find it hard to start a conversation.	2.61	Neither Agree nor Disagree
5. I feel insecure when I don't know another person's thought's on me.	2.81	Neither Agree nor Disagree
6. When socializing, I don't find the right things to talk about.	2.75	Neither Agree nor Disagree
7. I always expect negative reactions from others.	2.84	Neither Agree nor Disagree
8. Most of the times, I hide my feelings.	3.25	Neither Agree nor Disagree
9. When I meet people, I have difficulty making contact.	3.00	Neither Agree nor Disagree
10. I avoid saying what I think for fear of being rejected.	3.00	Neither Agree nor Disagree
11. I would rather keep other people at a distance.	2.82	Neither Agree nor Disagree
12. I have difficulty talking with other people.	2.76	Neither Agree nor Disagree
13. I often think that others may find fault with.	2.81	Neither Agree nor Disagree
14. I avoid personal ties with other people.	2.61	Neither Agree nor Disagree
15. I avoid myself being kind to other people.	2.19	Disagree
<b>COMPOSITE MEAN</b>	<b>2.79</b>	<b>Average</b>

LEGEND: WM= Weighted Mean

Scale	Level of Agreement	Descriptive Interpretation (DI)
4.20- 5.00	Strongly Agree	Very High
3.40- 4.19	Agree	High
2.60- 3.39	Neither Agree nor Disagree	Average
1.80- 2.59	Disagree	Low
1.00- 1.79	Strongly Disagree	Very Low

**Table 2.3** presents the extent of effects of social isolation on physical well-being experiences of the respondents. It was revealed that “I have difficulty in sleeping” and “I often skip one of the main meals (breakfast, lunch, and dinner)” got the highest weighted mean of 2.87 interpreted as “Neither Agree nor Disagree”. It means that the respondents had neutral interest in eating and sleeping. It implies that the students have neutral levels of physical exhaustion and anxiety damage during the stage of social isolation as they engage in a brief interaction. Therefore, lack of communication and absence of interaction led to the students into a balance physical stress since they still manage the ability of energy and focus their new set of surroundings. This is similar to the study of (Fredrickson, 2006) stated that positive emotions widen the array of thoughts and actions that come to mind and broadens habitual modes of acting and thinking.

However, “I am being so fidget or restless that I've been moving around a lot more than usual” got the lowest weighted mean of 2.54 interpreted as “Disagree”. It means that the students are not restless nor fidget during the Covid-19 pandemic. It implies that they act as usual and maintain their physical behaviour as they performed as an individual throughout the day. Therefore, students' physical behaviour is still manage and not affected by the social isolation. This is similar to the study of (Gross, 2013) stated that allows people to manage their emotional states and maintain healthy relationships with their environment.

The composite mean of the students' level of physical well-being was 2.70, meaning “Neither Agree nor Disagree”. This result means that the extent of

effects of social isolation caused to COVID-19 in terms of physical well being was "Average". It means that the social isolation had a neutral impact to the students' physical well being. It implies that respondents sustained adjustments and limitations in the stage of isolation since they were undecided about their feelings. Therefore, the students' physical well being is affected but in a neutral, since they broaden their minds to examine and understand about the situation. These results correspond to the study of (Duy et. al., 2014) stated that people use emotions to add sense to their interactions and organize themselves to the people they communicate with.

It indicates that the students read the situation and place a high value on the limited information they were given in order to better understand and adapt to the various scenarios. The students' inquiries had a neutral effect on their physical health. The students are keeping a moderately level of physical health in order to lessen negativity and avoid stressors that could lead to social isolation anxiety. It suggests that the respondents' physical well-being and ability to sustain physical health are moderately influenced. As a result, they discovered that being physically healthy is important to living a fulfilling and meaningful life. It encouraged them to have a positive physical outlook.

Table 2.3

Effects of Social Isolation due to COVID-19 Pandemic on Physical Well-Being of BEEed students  
n= 67

Indicators	WMS	Level of Agreement
1. I feel tired or having little energy.	2.67	Neither Agree nor Disagree
2. I am being so restless that I've been moving around a lot more than usual.	2.66	Neither Agree nor Disagree
3. I have little interest and pleasure in doing things.	2.82	Neither Agree nor Disagree
4. I have poor appetite or overacting.	2.66	Neither Agree nor Disagree
5. I feel my days get worse whenever I do not exercise during this period of quarantine.	2.67	Neither Agree nor Disagree
6. I feel bad whenever I do not exercise during quarantine.	2.75	Neither Agree nor Disagree
7. I have difficulty in sleeping.	2.87	Neither Agree nor Disagree
8. I feel weak when doing things.	2.64	Neither Agree nor Disagree
9. I often skip one of the main meals (breakfast, lunch, and dinner).	2.87	Neither Agree nor Disagree
10. I move slowly that other people could have noticed.	2.72	Neither Agree nor Disagree
11. I feel more anxious the days I do not practice exercise during the period of social isolation.	2.70	Neither Agree nor Disagree
12. I am being so fidget or restless that I've been moving around a lot more than usual.	2.54	Disagree
13. I eat too much food without considering nutrition balance.	2.81	Neither Agree nor Disagree
14. I feel anxious while practicing exercise during the period of social isolation.	2.55	Disagree
15. I feel unmotivated to exercise during this period of quarantine.	2.66	Neither Agree nor Disagree
<b>COMPOSITE MEAN</b>	<b>2.70</b>	<b>Average</b>

LEGEND: WM= Weighted Mean

Scale	Level of Agreement	Descriptive Interpretation (DI)
4.20- 5.00	Strongly Agree	Very High
3.40- 4.19	Agree	High
2.60- 3.39	Neither Agree nor Disagree	Average
1.80- 2.59	Disagree	Low
1.00- 1.79	Strongly Disagree	Very Low

**Table 3** is the summary of students' well-being in the three aspects. In general, the three aspects got the overall mean of 2.79 which had a descriptive interpretation of "Neither Agree nor Disagree". Thereof, the general extent of the effect of social isolation on the well-being of the respondents was average. This means that they are neutral on how they feel during social isolation. They are in the state of having mixed feelings towards a situation or have a sense of indifference to the whole event during the pandemic. The emotions they felt for the rest of their time are likely neutral.

Table 3

Summary of Effects of Social Isolation due to COVID-19 Pandemic to BEEd students  
n= 67

Aspect of Well-Being	Composite Mean	DI
Emotional	2.87	Average
Social	2.79	Average
Physical	2.70	Average
Overall Mean	2.79	Average

LEGEND: WM= Weighted Mean

Scale	Level of Agreement	Descriptive Interpretation (DI)
4.20- 5.00	Strongly Agree	Very High
3.40- 4.19	Agree	High
2.60- 3.39	Neither Agree nor Disagree	Average
1.80- 2.59	Disagree	Low
1.00- 1.79	Strongly Disagree	Very Low

**Table 4** presents the extent of the effects of social isolation on the mental health experiences of the respondents. Findings showed that students "Neither Agree nor Disagree" on the statement "I am confused about how I feel" got the

highest weighted mean of 3.12. It means that the students were subjected to a variety of scenarios that led them confused neutrally. It implies that the students appear to understand but are somehow undecided since they had a neutral impact. Therefore, despite their curiosity, the students managed and regulated their understanding to have a positive mental healthy existence. This was similar to the study (Greenberg, 2004) stated that emotions should be used to guide healthy, meaningful lives. It indicates that students keep their minds strong and healthy to achieve mental wellness.

However, "I can face problems" has the lowest weighted mean of 2.13, meaning "Disagree" the result shows that social isolation affected the students' everyday life and mental health and students mostly experienced negative effects. One of the major changes to the student experience is the psychological stress reactions may emerge from the experience of social isolation. Individuals who experience high levels of social isolation may engage in self-protective thinking that can lead to a negative outlook impacting the mental health of individuals. The evolution of a pandemic is unpredictable, and it has an impact on students' mental health, producing uncertainty and fear to face problems. Furthermore, their environment during social isolation is difficult to manage, with numerous disruptions, which has increased the students' mental health issues. The timelines of the growing pandemic being uncertain, the isolation is compounded by panic and anxiety. Crisis often affects the students' mind in crucial ways, generating psychological stress which, in some instances, can even trigger a range of psychological problems.

Because students are under a lot of pressure to face problems, the environment they are in is stressful and anxiety-provoking. Therefore, this can be problematic since it is tough to concentrate and stay involved; students also had mental health issues as a result of their new living circumstances, which made concentration difficult and often left them without the resources they required. This is similar to the study of (Pisano et. al., 2020) which stated that prolonged isolation connected to the pandemic is causing high stress and psychological consequences in children.

In general, the result shows that the composite mean was 2.86 which was interpreted as "Neither Agree nor Disagree". This result means that the extent of effects of social isolation caused by the COVID-19 pandemic in terms of mental health was "Average". It means that the respondents didn't stress too much and developed more a positive mindset since they only had a neutral impact on their mental health during the stage of social isolation. It entails that the students can work mentally and be able to make decisions and maintain healthy mental health. Therefore, the students have impacted their mental health during social isolation, but not to the extent that others have been. This result corresponds to the study (Fredrickson, 2006) which stated that positive emotions can broaden people's attention and thinking fuel psychological resilience, encourage creativity, undue adverse effects of negative emotions, and build personal resources.

Table 4

Effects of Social Isolation due to COVID-19 Pandemic on Mental Health of BEEd students  
n= 67

Indicators	WM	Level of Agreement
1. I am unable to concentrate on things.	2.67	Neither Agree nor Disagree
2. I am losing my sleep due to worry.	2.85	Neither Agree nor Disagree
3. I am having extreme emotions or mood swings.	3.07	Neither Agree nor Disagree
4. I am more anxious more of the time.	2.82	Neither Agree nor Disagree
5. I constantly funder strain.	2.64	Neither Agree nor Disagree
6. I am unable to enjoy day to day activities.	2.60	Neither Agree nor Disagree
7. I am unable to overcome my difficulties.	2.52	Disagree
8. I am able to face problems.	2.13	Disagree
9. I am feeling unhappy and depressed.	2.81	Neither Agree nor Disagree
10. I am losing my confidence.	3.00	Neither Agree nor Disagree
11. I am thinking of myself as worthless.	2.94	Neither Agree nor Disagree
12. I worry so much that it affects my day-to-day life.	2.90	Disagree
13. I have no idea how I am feeling.	2.88	Neither Agree nor Disagree
14. I have difficulty making sense out of my feelings.	2.96	Disagree
15. I am confused about how I feel.	3.12	Neither Agree nor Disagree
<b>COMPOSITE MEAN</b>	2.86	Average

LEGEND: WM= Weighted Mean

**Scale**  
4.20- 5.00  
3.40- 4.19  
2.60- 3.39  
1.80- 2.59  
1.00- 1.79

**Level of Agreement**  
Strongly Agree  
Agree  
Neither Agree nor Disagree  
Disagree  
Strongly Disagree

**Descriptive Interpretation (DI)**  
Very High  
High  
Average  
Low  
Very Low

**Table 5** presents the test correlation result between the effects of social isolation on well-being and mental health of BEEd students using Pearson Product Moment Correlation Coefficient. With a p-value of 0.01 which is lesser than 0.05, the data analysis revealed that there was a significant relationship between the two variables. This means that there is a significant relationship between the effects of social isolation to BEEd students' well-being and mental health. This implied that social isolation affect their well-being and mental health. Thus, the decision is to reject the null hypothesis.

It indicates that mental health influences well-being and well-being itself influences mental health. Well-being and mental health are correlated with depression and anxiety, which are associated with low levels of well-being. Since, there is also an anxiety epidemic, many students felt hopeless and depressed. Due to the rise in mental disorders, this may have an impact on students' capacity to learn. Therefore, isolated students find it difficult to be mentally healthy and maintain a positive well-being. This is similar to the study of (Cacioppo, 2014) stated that the increased of social isolation is associated with decreased life satisfaction, higher levels of depression, and lower levels of psychological well-being.

According to Dr. Lina Gega about the relationship between well-being and mental health. Wellbeing and Mental Health are two related but independent concepts. If you experience low mental wellbeing over a long period of time, you are more likely to develop a mental health problem. If you already have a mental health problem, you're more likely to experience periods of low mental wellbeing

than someone who hasn't. But that doesn't mean you won't have periods of good wellbeing.

Table 5

Analysis on Relationship between the Extent of Effects of Social Isolation on Well- Being and Mental Health of BEEd Students  
n = 67

Source of Relationship	Pearson (r) Correlation	p- Value	Interpretation	Decision
Well-Being	0.789	0.01	Significant	Reject Ho
Mental Health				

\*\* . Correlation is significant at the 0.05 level (2-tailed).

## **Chapter 3**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

This chapter presents the summary of findings, conclusions, and recommendations drawn from the findings.

#### **Summary of Findings**

The study aimed to determine the effects of social isolation due to Covid-19 on well-being and mental health of BEEd students of Bohol Island State University. S.Y. 2020-2021. The study's objectives were to determine the demographic profile of the respondents, their well-being experiences (emotional, social, and physical), and their mental health experiences, as well as to see if there was any significant relationship between the effects of social isolation on well-being and mental health of BEEd students.

Through complete enumeration of BEEd students, a total of 67 out of 99 respondents responded the survey. The nature of the study was descriptive-survey with the used of modified questionnaire adapted from Dr. Candace Robledo, Department of Population Health and Biostatistics at the University of Texas Rio Grande Valley of Medicine ; and Blessy Elizabeth David and Sanjay Kumar as data gathering tool. The data were subjected to statistical treatment using Simple Percentage determining the profile of the respondents. Average Weighted Mean was used in determining the effects of social isolation to mental health and well- being of BEEd students while Pearson Coefficient was used to

determine the relationship of social isolation on well-being and mental health of BEEd students.

After a thorough analysis of the study, the researchers came up with the following findings:

**Profile of the Respondents.** The findings revealed that most of the respondents belong to the age of 20 years old. On the other hand, females were more than males. The results also showed that the year level which had the highest number of respondents were the second year.

**Emotional Well-Being.** It revealed that the highest weighted mean was on the item "In difficult times I usually lose hope". On the other hand, "I feel stressed when leaving home" obtained the lowest weighted mean.

**Social Well-Being.** Results revealed that the social statement "Most of the times, I hide my feelings" got the highest weighted mean. However, "I avoid myself being kind to other people" got the lowest weighted mean.

**Physical Well-Being.** It was revealed that "I have difficulty in sleeping" and "I often skip one of the main meals (breakfast, lunch, and dinner) got the highest weighted mean. However, "I am being so fidget or restless that I've been moving around a lot more than usual" got the lowest weighted mean.

**Summary of Students' well-being in the three aspects.** Results revealed that the general extent of effects of social isolation on well-being of the

respondents was average. This means that they are neutral on how they feel during social isolation.

**Mental Health.** Findings showed that “I am confused about how I feel” got the highest weighted mean while the lowest weighted mean was on the item “I am able to face problems”.

**Relationship between the Extent of Effects of Social Isolation on Well-Being and Mental Health of BEEd Students.** It was revealed that there was significant relationship between the effects of social isolation to well-being and mental health of BEEd students. The computed  $r$  value is 0.789 and accepted probability value is 0.05 which was higher than the significant value at 0.01 level (2 tailed). Thus, the hypothesis was rejected.

## **Conclusion**

The sudden outbreak of the COVID-19 Pandemic and being isolated during lockdown brought effects on the well-being and mental health of the students. It was revealed on the findings that social isolation has average effects on the emotional, social, and physical well-being as well as mental health of the students. It shows that they are neutral about how they feel during the lockdown. Thus, the study had a significant relationship between the effects of social isolation on the well-being and mental health of the students.

## Recommendations

Based on the findings, the following recommendations are offered:

1. The students are encouraged to engage in mental health seminars like “Coping With COVID: A webinar series on young people and mental health that would help to have a clear place to start focusing on their inner strength while experiencing, and also participate in any physical activity and exercise like yoga that can bring short and long-term benefits for mood, sleep, and physical health.
2. The teachers should support students' mental health during COVID-19 pandemic like listen to students' concerns, check how children are doing, and provide children with accurate information about COVID-19 and use different skills in teaching to ensure their students' learning and emotional well-being while schools were closed.
3. The School Administrator should be proactive in sharing information about mental well-being programs available on their campus and in the community as well as school policies with parents, so that adults are working together to identify and address problems before they become more serious.
4. The parents should expect challenges but keep a careful lookout for sudden or extreme changes in student behavior, moods, and activities. If a student abruptly begins refusing to participate in their normal activities or

begins lashing out in ways that cause harm to themselves or others, it was important to connect them with resources to help.

5. Future researchers are encouraged to conduct and validate similar further studies to the schools where students' mental health and well-being during COVID-19 pandemic is widely identified as a major problem.

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## APPENDIX A.1

### LETTER



Republic of the Philippines  
**BOHOL ISLAND STATE UNIVERSITY**  
 Bilar Campus  
 Zamora, Bilar Bohol



#### COLLEGE OF TEACHER EDUCATION

March 28, 2022

**MA. QUIMAR Q. GAHIT, EdD**  
 Dean, College of Teacher Education  
 Bohol Island State University- Bilar Campus

Dear Ma'am:

Good Day!

The undersigned are undergraduate students of Bohol Island State University-Bilar Campus, Zamora, Bilar, Bohol, taking Bachelor of Elementary Education is currently conducting a study entitled **"THE EFFECTS OF SOCIAL ISOLATION DUE TO COVID-19 PANDEMIC ON WELL- BEING AND MENTAL HEALTH OF BEED STUDENTS OF BISU-BILAR"** as partial requirement of our Research 2. The aim of this study is to investigate university students' mental health, social, physical, and emotional well-being, and perceived burdens during COVID-19 pandemic lockdown.

In this connection, we humbly ask your permission to conduct the said research in your advisory from first year to third year Bachelor in Elementary Education of the College of Teacher Education students through google form. Rest assured that the data collected will be solely used for research and will be treated with the strictest confidentiality.

Thank you very much and God Bless.

Respectfully yours,

(Sgd.) **GARCIA, MAEJEN B.**

(Sgd.) **QUINLOG, CHADELYN M.**

(Sgd.) **TICONG, IVY GRACE B.**

(Sgd.) **TORRENUEDA, SEMIONA S.**  
 Student Researchers

Noted by:

(Sgd.) **DIANNE G. BALONGA, MAT**  
 Thesis Adviser

Recommending Approval:

(Sgd.) **ADORACION P. QUITORAS, EdD**  
 BEED-GE1 Adviser/DGEEd Chairperson

(Sgd.) **JENELYN C. ANCOG**  
 BEED-GE2 Adviser

(Sgd.) **JANNALIZA P. ONDOY**  
 BEED-GE3 Adviser

Approved:

(Sgd.) **MA. QUIMAR Q. GAHIT, EdD**  
 Dean, College of Teacher Education

## APPENDIX A.2



Republic of the Philippines  
**BOHOL ISLAND STATE UNIVERSITY**  
 Bilar Campus  
 Zamora, Bilar Bohol



**COLLEGE OF TEACHER EDUCATION**

March 28, 2022

**MARIETTA C. MACALOLOT, PhD**  
 Campus Director  
 Bohol Island State University- Bilar Campus

Dear Ma'am:

Good Day!

The undersigned are undergraduate students of Bohol Island State University-Bilar Campus, Zamora, Bilar, Bohol taking up Bachelor of Elementary Education is currently conducting a study entitled "THE EFFECTS OF SOCIAL ISOLATION DUE TO COVID-19 PANDEMIC ON WELL- BEING AND MENTAL HEALTH OF BEED STUDENTS OF BISU-BILAR" as partial requirement of our course Research 2. The aim of this study is to investigate university students' mental health, social, physical, and emotional well-being, and perceived burdens during COVID-19 pandemic lockdown.

In this connection, we humbly ask your permission to conduct the said research in your campus to the first year to third year Bachelor in Elementary Education of the College of Teacher Education students through google form. Rest assured that the data collected will be solely used for research and will be treated with the strictest confidentiality.

Thank you very much and God Bless.

Respectfully yours,

(Sgd.)GARCIA, MAEJEN B.

(Sgd.) QUINLOG, CHADELYN M.

(Sgd.)TICONG, IVY GRACE B.

(Sgd.) TORRENUEVA, SEMIONA S.  
 Student Researchers

Noted by:

(Sgd.)DIANNE G. BALONGA, MAT  
 Thesis Adviser

Recommending Approval:

(Sgd.)MA. QUIMAR Q. GAHIT, EdD  
 Dean, College of Teacher Education

Approved:

(Sgd.)MARIETTA C. MACALOLOT, PhD  
 Campus Director

## APPENDIX B INSTRUMENT



Republic of the Philippines  
**BOHOL ISLAND STATE UNIVERSITY**  
Bilar Campus  
Zamora, Bilar Bohol



**Vision:** A premier Science and Technology University for the formation of world class and virtuous human resource for sustainable development in Bohol and the country.

**Mission:** BISU is committed to provide quality higher education in the arts and sciences, as well as in the professional and technological fields; undertake research and development and extension services for the sustainable development of Bohol and the country.

### Questionnaire

**Name: (optional)** \_\_\_\_\_ **Year Level:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Sex:**

( ) Male

( ) Female

**Direction:** Please indicate the degree to which each statement applies to you by checking the column corresponding to the numerical responses. Use the scale below to answer the following statements. Check (✓) only one item for each item below.

**Legend:**

- |                                |             |
|--------------------------------|-------------|
| 1- Strongly Disagree           | - Very High |
| 2 - Disagree                   | - High      |
| 3 - Neither Agree nor Disagree | - Average   |
| 4 - Agree                      | - Low       |
| 5 - Strongly Agree             | - Very Low  |

<b>WELL-BEING</b>					
<b>A. Emotional</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. In difficult times I usually lose hope.					
2. Feeling down, depressed or hopeless.					
3. Trouble falling asleep or sleeping too much.					
4. I feel stressed when leaving home.					
5. Feeling bad about yourself or that you're a failure or have let yourself or your family down.					

6. Troubles concentrating on things, such as reading a newspaper or watching television.					
7. Feeling nervous, anxious or on edge.					
8. Not being able to stop or control worrying too much about different things.					
9. Becoming easily annoyed or irritable.					
10. Feeling afraid as if something awful might happen.					
11. I feel trouble in relaxing.					
12. I feel lonely or isolated.					
13. I am confused about how I feel.					
14. When I'm upset, it takes me a long time to feel better.					
15. When I'm upset, I feel guilty for feeling that way.					
<b>B. Social</b>					
1. I often feel inhibited in social interactions.					
2. I often worry that others may disapprove of me.					
3. I avoid getting close to other people.					
4. I find it hard to start a conversation.					
5. I feel insecure when I don't know another person's thoughts on me.					
6. When socializing, I don't find the right things to talk about.					
7. I always expect negative reactions from others.					
8. Most of the times, I hide my feelings.					
9. When I meet people, I have difficulty making contact.					
10. I avoid saying what I think for fear of being rejected.					
11. I would rather keep other people at a distance.					
12. I have difficulty talking with other people.					
13. I often think that others may find fault with.					
14. I avoid personal ties with other people.					
15. I avoid myself being kind to other people.					
<b>C. Physical</b>					
1. I feel tired or having little energy.					
2. I am being so restless that I've been moving around a lot more than usual.					
3. I have little interest and pleasure in doing things.					
4. I have poor appetite or overeating.					
5. I feel my days get worse whenever I do not exercise during this period of quarantine.					
6. I feel bad whenever I do not exercise during quarantine.					
7. I have difficulty in sleeping.					
8. I feel weak when doing things.					
9. I often skip one of the main meals (breakfast, lunch, and dinner).					

10. I move slowly that other people could have noticed.					
11. I feel more anxious the days I do not practice exercise during the period of social isolation.					
12. I am being so fidget or restless that I've been moving around a lot more than usual.					
13. I eat too much food without considering nutrition balance.					
14. I feel anxious while practicing exercise during the period of social isolation.					
15. I feel unmotivated to exercise during this period of quarantine.					
<b>MENTAL HEALTH</b>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. I am unable to concentrate on things.					
2. I am losing my sleep due to worry.					
3. I am having extreme emotions or mood swings.					
4. I am more anxious more of the time.					
5. I constantly funder strain.					
6. I am unable to enjoy day to day activities.					
7. I am unable to overcome my difficulties.					
8. I am able to face problems.					
9. I am feeling unhappy and depressed.					
10. I am losing my confidence.					
11. I am thinking of myself as worthless.					
12. I worry so much that it affects my day-to-day life.					
13. I have no idea how I am feeling.					
14. I have difficulty making sense out of my feelings.					
15. I am confused about how I feel.					

## APPENDIX C.1

## RAW DATA

Respondent No.	Demographic Profile		
	Age	Sex	Year Level
1	19	1	2 <sup>nd</sup>
2	23	1	3 <sup>rd</sup>
3	18	1	1 <sup>st</sup>
4	20	1	2 <sup>nd</sup>
5	19	1	1 <sup>st</sup>
6	20	1	2 <sup>nd</sup>
7	20	1	2 <sup>nd</sup>
8	20	1	2 <sup>nd</sup>
9	19	1	2 <sup>nd</sup>
10	21	1	2 <sup>nd</sup>
11	20	1	2 <sup>nd</sup>
12	20	1	2 <sup>nd</sup>
13	21	1	3 <sup>rd</sup>
14	20	1	2 <sup>nd</sup>
15	19	1	1 <sup>st</sup>
16	19	1	2 <sup>nd</sup>
17	20	1	2 <sup>nd</sup>
18	20	2	1 <sup>st</sup>
19	21	2	2 <sup>nd</sup>
20	19	1	1 <sup>st</sup>
21	18	1	1 <sup>st</sup>
22	20	1	2 <sup>nd</sup>
23	26	1	1 <sup>st</sup>
24	20	1	2 <sup>nd</sup>
25	19	1	1 <sup>st</sup>
26	20	1	2 <sup>nd</sup>
27	20	1	2 <sup>nd</sup>
28	22	1	1 <sup>st</sup>
29	20	1	2 <sup>nd</sup>

30	21	1	2 <sup>nd</sup>
31	21	1	2 <sup>nd</sup>
32	19	1	2 <sup>nd</sup>
33	19	1	2 <sup>nd</sup>
34	18	2	2 <sup>nd</sup>
35	20	1	2 <sup>nd</sup>
36	20	1	2 <sup>nd</sup>
37	20	1	2 <sup>nd</sup>
38	20	1	3 <sup>rd</sup>
39	20	1	3 <sup>rd</sup>
40	21	1	3 <sup>rd</sup>
41	21	1	3 <sup>rd</sup>
42	24	1	1 <sup>st</sup>
43	21	1	3 <sup>rd</sup>
44	21	1	3 <sup>rd</sup>
45	20	1	1 <sup>st</sup>
46	19	1	2 <sup>nd</sup>
47	18	1	1 <sup>st</sup>
48	20	1	3 <sup>rd</sup>
49	19	1	1 <sup>st</sup>
50	18	1	1 <sup>st</sup>
51	20	1	3 <sup>rd</sup>
52	19	1	1 <sup>st</sup>
53	21	1	2 <sup>nd</sup>
54	20	1	3 <sup>rd</sup>
55	20	1	1 <sup>st</sup>
56	20	1	1 <sup>st</sup>
57	19	1	1 <sup>st</sup>
58	21	1	3 <sup>rd</sup>
59	20	1	3 <sup>rd</sup>
60	21	1	1 <sup>st</sup>
61	26	1	1 <sup>st</sup>
62	20	1	1 <sup>st</sup>
63	19	2	1 <sup>st</sup>
64	18	1	1 <sup>st</sup>
65	23	1	3 <sup>rd</sup>
66	20	1	3 <sup>rd</sup>
67	20	1	2 <sup>nd</sup>

## APPENDIX C.2

## RAW DATA (EXTENT OF EMOTIONAL WELL-BEING)

Statements	1	2	3	4	5
1. In difficult times I usually hope for the best.	1	4	17	20	25
2. Feeling down, depressed or hopeless.	6	15	35	9	2
3. Trouble falling asleep or sleeping too much.	10	19	24	10	3
4. I feel stressed when leaving home.	17	20	18	10	2
5. Feeling bad about yourself or that you're a failure or have let yourself or your family down.	7	12	29	13	6
6. Troubles concentrating on things, such as reading a newspaper or watching television.	10	26	23	7	1
7. Feeling nervous, anxious or on edge.	6	20	27	11	3
8. Not being able to stop or control worrying too much about different things.	1	20	29	13	4
9. Becoming easily annoyed or irritable.	5	17	28	13	4
10. Feeling afraid as if something awful might happen.	2	16	26	19	4
11. I feel trouble in relaxing.	17	17	20	11	2
12. I feel lonely or isolated.	12	20	22	11	2
13. I am confused about how I feel.	3	14	26	19	5
14. When I'm upset, it takes me a long time to feel better.	4	21	25	12	5
15. When I'm upset, I feel guilty for feeling that way.	3	19	24	13	8

## LEGEND:

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Neither Agree nor Disagree
- 4 - Agree
- 5 - Strongly Agree

- Very High
- High
- Average
- Low
- Very Low

### EXTENT OF SOCIAL WELL-BEING

Statements	1	2	3	4	5
1. I often feel inhibited in social interactions.	5	19	36	7	0
2. I often worry that others may disapprove of me.	5	13	22	19	8
3. I avoid getting close to other people.	15	14	24	14	0
4. I find it hard to start a conversation.	14	13	26	13	1
5. I feel insecure when I don't know another person's thoughts on me.	9	17	21	18	2
6. When socializing, I don't find the right things to talk about.	13	12	23	17	2
7. I always expect negative reactions from others.	7	17	27	12	4
8. Most of the times, I hide my feelings.	3	12	24	21	7
9. When I meet people, I have difficulty making contact.	3	19	26	13	6
10. I avoid saying what I think for fear of being rejected.	7	12	28	14	6
11. I would rather keep other people at a distance.	8	18	24	12	5
12. I have difficulty talking with other people.	11	16	23	12	5
13. I often think that others may find fault with.	5	24	20	15	3
14. I avoid personal ties with other people.	10	19	27	19	2
15. I avoid myself being kind to other people.	26	14	16	10	1

**LEGEND:**

1- Strongly Disagree  
 2 - Disagree  
 3 - Neither Agree  
 4 - Agree  
 5 - Strongly Agree

- Very High  
 - High  
 - Average  
 - Low  
 - Very Low

### EXTENT OF PHYSICAL WELL-BEING

Statements	1	2	3	4	5
1. I feel tired or having little energy.	8	16	33	10	0
2. I am being so restless that I've been moving around a lot more than usual.	4	24	30	9	0
3. I have little interest and pleasure in doing things.	8	17	27	9	6
4. I have poor appetite or overacting.	10	17	30	6	4
5. I feel my days get worse whenever I do not exercise during this period of quarantine.	9	17	30	9	2
6. I feel bad whenever I do not exercise during quarantine.	6	24	23	9	5
7. I have difficulty in sleeping.	8	18	22	13	6
8. I feel weak when doing things.	10	20	25	8	4
9. I often skip one of the main meals (breakfast, lunch, and dinner).	12	14	20	13	8
10. I move slowly that other people could have noticed.	5	21	32	6	3
11. I feel more anxious the days I do not practice exercise during the period of social isolation.	5	25	25	9	3
12. I am being so fidget or restless that I've been moving around a lot more than usual.	7	23	31	6	0
13. I eat too much food without considering nutrition balance.	9	11	34	10	3
14. I feel anxious while practicing exercise during the period of social isolation.	10	22	25	8	2
15. I feel unmotivated to exercise during this period of quarantine.	12	13	31	8	3

**LEGEND:**

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Neither Agree
- 4 - Agree
- 5 - Strongly Agree

- Very High
- High
- Average
- Low
- Very Low

### EXTENT OF MENTAL HEALTH

Statements	1	2	3	4	5
1. I am unable to concentrate on things.	6	22	29	8	2
2. I am losing my sleep due to worry.	6	21	24	9	7
3. I am having extreme emotions or mood swings.	5	15	25	14	8
4. I am more anxious more of the time.	17	20	18	10	2
5. I constantly funder strain.	7	12	29	13	6
6. I am unable to enjoy day to day activities.	10	26	23	7	1
7. I am unable to overcome my difficulties.	6	20	27	11	3
8. I am able to face problems.	1	19	30	13	4
9. I am feeling unhappy and depressed.	5	18	27	13	4
10. I am losing my confidence.	5	17	25	13	7
11. I am thinking of myself as worthless.	10	13	25	9	10
12. I worry so much that it affects my day-to-day life.	3	21	29	8	6
13. I have no idea how I am feeling.	10	14	25	10	8
14. I have difficulty making sense out of my feelings.	6	19	23	11	8
15. I am confused about how I feel.	7	17	19	9	15

**LEGEND:**

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Neither Agree
- 4 - Agree
- 5 - Strongly Agree

- Very High
- High
- Average
- Low
- Very Low

## APPENDIX C.3

## RAW DATA (FREQUENCY OF EMOTIONAL WELL-BEING)

PROFILE			EMOTIONAL														
RN	SEX	AGE	EQ1	EQ2	EQ3	EQ4	EQ5	EQ6	EQ7	EQ8	EQ9	EQ10	EQ11	EQ12	EQ13	EQ14	EQ15
1	2	18	5	3	2	3	3	3	3	3	2	3	3	4	3	2	4
2	2	20	5	1	1	1	1	4	1	4	5	5	3	3	5	1	3
3	2	19	4	3	3	2	3	3	2	2	2	2	2	2	3	2	2
4	2	20	5	3	3	2	3	1	3	3	2	3	1	1	3	3	5
5	2	20	4	3	2	3	3	3	4	3	5	4	4	4	4	4	4
6	2	20	5	4	3	4	3	4	4	3	4	4	4	3	4	3	3
7	2	19	5	4	4	4	5	4	4	5	5	5	4	3	4	3	4
8	2	21	5	4	4	4	5	4	4	5	3	4	4	4	4	4	4
9	2	20	4	3	2	1	2	3	1	2	2	2	2	2	3	4	2
10	2	20	4	3	3	2	4	3	4	4	4	4	4	4	4	4	4
11	2	21	1	2	1	3	1	2	2	2	1	3	3	3	3	1	1
12	2	20	5	3	3	2	5	5	5	5	5	4	3	2	5	5	5
13	2	19	2	3	2	2	2	2	3	2	3	2	2	1	2	2	2
14	2	19	5	4	5	5	5	4	3	3	3	5	4	4	3	4	3
15	2	20	4	3	3	3	4	3	3	4	4	4	3	3	4	4	4
16	1	20	3	2	1	2	2	2	3	2	2	3	2	1	2	2	2
17	1	21	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3
18	2	19	5	3	3	2	4	3	5	4	4	4	4	2	3	3	3
19	2	18	4	3	4	3	3	2	3	3	2	2	2	3	4	2	3
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## FREQUENCY OF MENTAL HEALTH

MENTAL HEALTH														
MH Q1	MH Q2	MH Q3	MH Q4	MH Q5	MH Q6	MH Q7	MH Q8	MH Q9	MHQ 10	MHQ 11	MHQ 12	MHQ 13	MHQ 14	MHQ 15
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**LEGEND:**

RN= Respondents' Number

EQ= Emotional Question

SQ= Social Question

PQ= Physical Question

MHQ= Mental Health Question