

Food, Nutrition, and Well-being of Filipino Adults While in Enhanced Community Quarantine (ECQ)



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Abstract

The drastic lifestyle change prompted by COVID-19 has affected the overall well-being of populations. A total of 223 Filipino adults participated in a cross-sectional study exploring coping strategies related to food, nutrition, and well-being while in ECQ. The majority were from Region IV-A (70.0%), college graduates (70.4%), unemployed (40.0%), and with a household size of four to five (46.2%). They provided their needs by stocking food (89.0%), using the internet (80%), obtaining credible information (79.0%), and preparing their food (61.8%). Rice (64.67±45.08), bread (56.33±49.54), cooking oil (53.33±11.93), vegetables (53.00±30.45), and fruits (51.33±15.04) mainly comprised their meals, and more than half (57.40%) were taking nutrition supplements. Coping strategies frequently cited were relaxation-recreation (72.8%), problem-solving (68.9%), and religiosity (66.8%). Overactivity was associated with challenges pertaining to relationship with friends ($r = .191, p < .01$), housing ($r = .133, p < .05$), finances ($r = .133, p < .05$), and access to communication and technology ($r = .149, p < .05$), healthcare ($r = .139, p < .05$), and community services ($r = .150, p < .05$). It was expected that post-ECQ, more will resolve to adhere to healthy lifestyles. Active coping strategies demonstrate how individuals can use resources within reach and take responsibility for ensuring good health and well-being.

Keywords

coping strategies, enhanced community quarantine, COVID-19

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1. Introduction

On March 11, 2020, the World Health Organization (WHO) declared the Corona Virus Disease 2019 (COVID-19) a pandemic, a disease affecting a high proportion of populations worldwide. In response to this, the Philippine government mandated the Enhanced Community Quarantine (ECQ) in Luzon, Philippines, implementing a total lockdown and restricting movement to control the spread of COVID-19. The COVID-19 outbreak and the ECQ posed several challenges to the economy, government, scientists, and the medical community and have become a source of stress to the general public.

Stress is the body's natural response to a perceived threat that may result in anxiety, discomfort, emotional tension, and difficulty adjusting (Fink, 2016). The growing interest in stress over the past five decades is attributed to its role in the etiology of chronic illnesses and mental health disorders. With the COVID-19 pandemic, fear of infection and transmission, social isolation due to lockdown restrictions, and the uncertainty of events have led to stress-related reactions such as changes in concentration, irritability, anxiety, insomnia, reduced productivity, and interpersonal

conflicts (Vinkers et al., 2020). In a study measuring the psychological impact of COVID-19 in the Philippines, it was reported that females are more affected than males. In contrast, the less educated, the singles, children, adolescents, and those who have no children reported higher stress levels, anxiety, depression, and psychological impact (Tee et al., 2020). Dysfunctional eating behaviors, such as emotional eating, may also result from the psychological and emotional stress brought about by boredom and anxiety while in quarantine (Montemurro, 2020; Wang et al., 2020). Unhealthy eating habits, including an increase in sweets and salty food (Scarmozzino & Visioli, 2020), snacking more often, and less frequent consumption of vegetables, fruit, and legumes (Sidor & Rzymiski, 2020) were among the changes in food consumption reported. Moreover, some tend to follow fad diets to lose weight from overeating (Ritchie, 2018). In the long term, these practices can further trigger physiological and behavioral disturbances and nutritional insufficiency, ranging from immune system dysfunction to psychiatric disorders.

Coping mechanisms are remedial actions undertaken by people whose survival and livelihood are compromised and threatened (WHO, 1999). Thus, our body can minimize, reduce, and tolerate stress from threats and dangers (Okoro, 2018). With the anxiety and stress brought about by the COVID-19 pandemic and the ECQ, this study aimed to describe young Filipino adults' coping strategies related to food, nutrition, and well-being. Also, it explored how these coping strategies relate to the challenges faced during the



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ECQ. Understanding how individuals cope and the resources needed to promote overall well-being can be provided, such as better access to healthcare services, information technology, risk communication, and livelihood support during emergencies. This study's findings can contribute to local literature investigating the effects of COVID-19 on health, nutrition, and well-being, which are relevant in crafting and implementing evidence-based policies and programs. Social services and health interventions can be tailor-fit based on the population's needs and characteristics. Aside from the collective efforts to improve Filipinos' overall well-being, this study also hopes to strengthen self-care practices that promote resilience.

2. Methods

2.1. Study Design

A cross-sectional study design was used to determine young Filipino adults' coping strategies related to well-being, food, and nutrition, while in ECQ. Online platforms were used to survey because of the ECQ guidelines, which limited the researchers' mobility and face-to-face interactions.

2.2. Participant Recruitment and Selection

Purposive sampling was done based on the following inclusion criteria: participants must be Filipino, 21 to 30 years old, connect to the internet, and navigate through online survey platforms. The survey link was sent to the target participants who met the inclusion criteria via email and social networking sites. A total of 223 participants participated in the online survey.

2.3. Data Collection

The participants answered a 20-item survey using an online platform accessible through any device. The questionnaire, generated using Google Forms, was divided into four sections: (1) socio-demographic and socio-economic information, which were used to describe the characteristics of the participants; (2) preparations done and challenges encountered before ECQ; (3) activities done and coping strategies implemented during ECQ; and (4) the expectations related to health, food, and nutrition after ECQ. Excluding the first section, all were scored using a 5-point Likert scale. The set of questionnaires that described the coping strategies was adapted and modified from the study entitled, Filipino Coping Strategies Scale (Rilveria, 2018). The food intake of the participants was measured qualitatively using a food frequency questionnaire (FFQ) by describing the number of times eaten in a particular period (once a day, twice a day, thrice a day, more than three times, at least once a week, at least once a month, at least once a year, never). The data collection was conducted from April to May 2020.

2.4. Data Analysis

The data collected from the survey were downloaded in MS Excel format. Statistical analyses were done using the same tool to generate descriptive statistics such as proportions, percentages, frequencies, means, and standard deviations of the distributions. The Chi-Square Test of Association and Spearman's Rank-Order Correlation were used to determine relationships between socio-demographic characteristics and coping strategies, and challenges during the ECQ and coping

strategies. IBM SPSS Statistics version 23 was used. Significance levels were set at 0.01 and 0.05.

3. Discussions

3.1. Profile and Participants

Table 1 shows the profile characteristics of the 223 participants in the online-based survey. The majority of the participants were females (76.7%), and the highest number was 21 years of age (35.9%). About 70% of the total participants came from Region IV-A. Almost all participants were single (96.9%), and most were college graduates (70.4%). From the classification of jobs, the number was highest in the category of health science (22.4%); however, a high percentage (40.0%) of unemployment was observed. The lowest (<20,000php) and highest (>50,000php) income ranges had an almost similar result of percentage among the participants, with 30.0% and 30.9%, respectively. The subcategory having four to five persons in the household set-up had the highest rate (46.2%).

A high summed-up percentage of the participants declared overall preparedness (prepared: 31.8%; very prepared: 3.1%). However, more participants were neither prepared nor unprepared (38.7%), as shown in Table 2. A study that focused on assessing public risk perception of COVID-19 across Europe, America, and Asia found that the perceived risks were significantly correlated with the level of adoption of preventative health behaviors (Dryhurst et al., 2020). Although 34.9% of the participants perceived outbreak preparedness, 38.7% may not be adopting preventive health behaviors, which may also put them at higher risk of stress.

Table 1.

Demographic data of the participants (n=223)

Characteristics	Frequency	Percentage
Sex		
Male	52	23.3%
Female	171	76.7%
Age ^a		
21	80	35.9%
22	32	14.3%
23	32	14.3%
24	20	9.1%
25	15	6.7%
26	9	4.0%
27	12	5.4%
28	10	4.5%
29	7	3.1%
30	6	2.7%
Region Location		
National Capital Region (NCR)	32	14.3%
Ilocos Region (I)	6	2.7%
Cagayan Valley (II)	4	1.8%
Central Luzon (III)	10	4.5%
CALABARZON (IV-A)	156	70.0%
MIMAROPA (IV-B)	2	1.0%
Bicol Region (V)	4	1.8%
Western Visayas (VI)	1	0.4%
Central Visayas (VII)	6	2.7%
SOCCSKSARGEN (XII)	1	0.4%
Caraga Region (XIII)	1	0.4%

Table 1. cont.

Characteristics	Frequency	Percentage
<i>Civil Status</i>		
Single	216	96.9%
Married	7	3.1%
<i>Educational Attainment</i>		
Highschool Graduate	50	22.4%
College Graduate	157	70.4%
Post Graduate	16	7.2%
<i>Employment Status</i>		
Unemployed	89	40.0%
Self-employed	16	7.2%
Regular	53	23.7%
Casual	5	2.2%
Contractual	47	21.1%
Student	13	5.8%
<i>Occupation Classification</i>		
Not Applicable	78	35.1%
Agriculture and Natural Resources	8	3.6%
Arts and Communication	1	0.4%
Engineering and Architecture	8	3.6%
Business Management and Administration	9	4.0%
Education and Training	14	6.3%
Government and Public Administration	17	7.6%
Health Science	50	22.4%
Hospitality and Tourism	4	1.8%
Human Services	6	2.7%
Information Technology	7	3.1%
Marketing, Sales, and Services	14	6.3%
Science, Technology, and Mathematics	7	3.1%
<i>Household Income^a (Php)</i>		
<20,000	67	30.0%
20,000-29,999	40	17.9%
30,000-39,999	29	13.1%
40,000-49,999	18	8.1%
>50,000	69	30.9%
<i>Number of persons in the Household</i>		
1	10	4.5%
2-3	40	17.9%
4-5	103	46.2%
≥6	70	31.4%

^aFor Age characteristic: $\mu=23.3$; $\sigma=6.7$; $SD=2.6$; $Min=21$; $Max=30$

^aHousehold income before Enhanced Community Quarantine (ECQ)

Table 2.

Description of the participants based on overall ECQ preparedness (n=223)

Characteristics	Frequency	Percentage
Very unprepared	19	8.5
Unprepared	40	17.9
Neither unprepared nor prepared	86	38.7
Prepared	71	31.8
Very prepared	7	3.1

3.2. Before the Enhanced Community Quarantine(ECQ)

A fast-approaching pandemic was anticipated due to the coronavirus outbreaks from other countries early this year. Subsequently, fears of supply shortages and the likelihood of getting infected led to panic-buying worldwide. Because of this, the preparedness of the participants in a pandemic situation was evaluated. Data shown in Figure 1 revealed that most participants were most prepared (very prepared: 28%; prepared: 49%) in terms of information acquired from news and articles related to the COVID-19 pandemic before the implementation of ECQ in Luzon. The result was followed by the participants' ready supply of food and personal care products (very prepared: 18%; prepared: 51%), illustrating higher rates on the positive side of the graph. It was also observed that the option to schedule a consultation from a physician was the least (very unprepared: 17%; unprepared: 35%) concern that the participants will most likely prepare before the advanced quarantine protocols. As restrictions were still being implemented, the media played a vital role in the COVID-19 response. The increasing population is observed to rely on news updates for preparation due to the health crisis caused by the outbreak (Casero-Ripolles, 2020; Hussain, 2020). However, studies also show the significant negative effect of media platforms in spreading anxiety and panic worldwide (Ahmad & Murad, 2020; Wang et al., 2020). The possible distress brought by the news regarding the still-rising cases of the COVID-19 outbreak had led more people to procure food and medical supplies in advance to secure their basic needs during the lockdown.

Participants were also asked to identify other preparations that they did before the ECQ. Among the top answers were stocked supplies of food, personal care products, medicines, disinfectants, masks, gloves, and a secured cash source from their banks. When there is danger in the environment, as in a pandemic, fear responses and threat-avoidance systems are activated, countering complacency. In concurrence with Maslow's hierarchy of needs and contemporary literature on fundamental functional requirements (Kenrick et al., 2010), physiological followed by self-protection and safety motives operate for survival. Other answers included staying at home, mental and emotional preparations, scheduling, transportation arrangements to work, securing belongings or units located in the Metro, returning to the hometown province, and work-from-home arrangements.

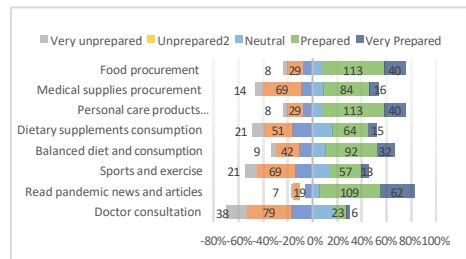


Figure 1. Preparations of the participants before the ECQ (n=223)

3.3. Nutrition and Well-being During ECQ

The Philippine government's strategy to contain the outbreak in the country has led to various closures of work, stores, schools, and roads, with healthcare facilities getting crowded over time. Among the precautionary measures done in the country, ECQ was the strictest, obstructing the flow of essential commodities nationwide. In this study, various challenges encountered, necessary items, and security during the ECQ were identified. As shown in Figure 2, most participants admitted (strongly agree: 19%; agree: 48%) that keeping themselves healthy was the most challenging of all. The result was followed by the difficulty in accessing healthcare services (strongly agree: 21%; agree: 38%) and community services (strongly agree: 17%; agree: 43%). Although more identified these as challenging, right housing conditions (strongly disagree: 11%; disagree: 29%) and good relationships among family members (strongly disagree: 18%; disagree: 18%) were found to be the least difficult to achieve during ECQ. The graph also diverges to the right illustrating that all categories were considered a challenge among the participants. For further evaluation, participants were again asked to identify other challenges faced while the ECQ was still imposed. Results revealed that the top answers were having no means of transportation and addressing mental issues (i.e., difficulty sleeping and depression). Other responses listed in order from higher to lower ratings included: difficulty in completing online classes and academic requirements, being stranded, abiding by new policies, lack of trust in the government for handling the outbreak, finding job opportunities, lack of fund sources, physical methods of food procurement (i.e., mobility, long queues in markets), setting up work-from-home arrangements, restrictions to religious gatherings, and addressing health emergencies unrelated to the COVID-19 (i.e., dental and veterinary services).

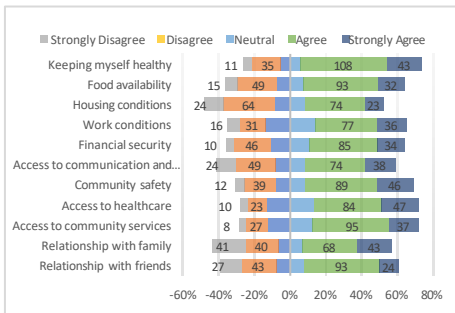


Figure 2. Challenges encountered by the participants during the ECQ (n=223)

The data shown in Figure 3 is strongly diverging to the right. Results revealed that all the listed items were identified as essentials by a majority (>90%) with food availability (strongly agree: 84%; agree: 13%) followed by credible news updates (strongly agree: 78%; agree: 18%) and then money (strongly agree: 71%; agree: 23%) as the topmost items considered as necessary. Further evaluation revealed that other essentials with mental health and awareness, internet and gadget availability, and spiritual routines were the top responses. Zarrabian and Hassani-Abharian (2020) purported that COVID-19 is a pandemic of two sorts. One pertains to the disease and the other to fear (Ren, Gao, & Chen, 2020).

The results reflect how the participants value protective factors, threading both the physiological and psychological domains. Besides food availability, which remains their top priority, information-seeking behaviors aim to combat fear arising from uncertainty and lack of knowledge about the disease. Other answers listed in order, from higher to lower ratings, included self-growth routines, recreational activities, communications, cooperation and understanding of co-workers, delivery services, competent government, accurate and transparent data updates or news, access to veterinary supplies and services, mass testing, and security.

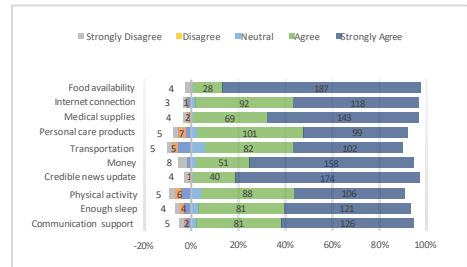


Figure 3. Essentials identified by the participants during the ECQ (n=223)

Figure 4 shows data on essentials accessible to the participants during the quarantine, which provided a sense of security. Among the needs that the participants felt most secure with during the ECQ were food (strongly agree: 37%; agree: 52%), internet connection (strongly agree: 30%; agree: 50%), credible news update (strongly agree: 30%; agree: 49%), and personal care products (strongly agree: 20%; agree: 58%). The results were found congruent with the participants' preparations before the ECQ (Figure 1), suggesting that the anticipation of positive outcomes drives choice and subsequent behavior. On the contrary, it was observed that the participants were least secure when it comes to transportation (strongly disagree: 11%; disagree: 27%) and medical supplies (strongly disagree: 4%; disagree: 18%), which pertain to factors that are more extrinsic and determined by the macroenvironment. However, noting that the graph is also diverging to the right means, most participants felt secure with all stated categories. Other responses listed, from higher to lower ratings, include shelter, safety, family support, God's providence and protection, gadgets and appliances, and entertainment.

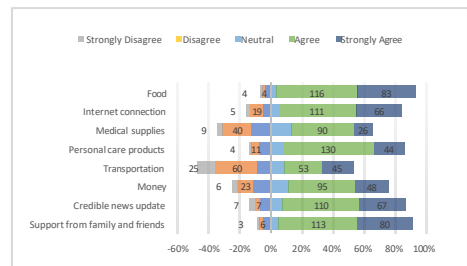


Figure 4. Essentials that were accessible to the participants during the ECQ (n=223)

As an effort to contain the outbreak, the community quarantine, in modified forms, is still being implemented. Maintaining good health and keeping a balanced lifestyle remain challenging amid the continuing health crisis. Limited access to the food supply, healthcare, and community services due to the restrictions may lead to the consumption of convenient foods such as canned goods, junk foods, and instant meals, as well as an increased risk of health issues other than COVID-19 and psychological distress (Deschasaux-Tanguy et al., 2020; Di Renzo et al., 2020; Wang et al., 2020). Increasing evidence shows that lockdowns and various restrictions continue to impact food, financial, and health resource availability (Dryhurst et al., 2020; Naja & Hamadeh, 2020; Perez & Abadi, 2020).

This study also investigated food consumption variations, food availability, and healthy precautionary measures among young adult Filipinos during the ECQ. Based on the data, more than half of the participants (57.8%) declared to opt for home-cooked meals during the ECQ, followed by food consumption through the combination of home-cooked, processed, and delivered foods (41.3%). The lowest rates were found in individuals eating purely processed foods (0.9%) and delivered meals (0%). Frequency data of specific food items were also studied. It can be inferred, as shown in Table 3, that the most consumed items daily were rice (64.67±45.08), bread (56.33±49.54), cooking oil (53.33±11.93), vegetables (53.00±30.45), and fruits (51.33±15.04). In contrast, the least consumed items belong to miscellaneous foods, fats and oils, and sweet desserts. These food items are alcoholic drinks (12.67±17.62), salad dressing (17.67±18.48), native sticky rice snacks (20.00±19.92), cakes and pastries (22.00±23.52), ice cream (22.67±24.58), and soda (21.67±15.82). Similar findings confirm that more people are shifting towards home-cooking (Hunter Survey 2020, as cited in Wilkins, 2020). Some also reported attempting to commit to a healthier lifestyle, i.e., consuming organic foods and preparing a meal from scratch (Di Renzo et al., 2020). It is sufficient to say that the ECQ has limited the participants' dining-out options, thereby resorting to home-cooked meals. More time spent at home also makes it possible to prepare home-cooked meals. Results also imply that the tendency to adopt a healthier lifestyle reflects protective, health-seeking behaviors as a coping strategy amid a life-threatening pandemic. Participants were asked to specify the fruits and vegetables that were commonly consumed. Among the top answers for fruits were banana, mango, apple, orange, watermelon, cabbage, carrots, squash fruit, eggplant, and *kangkong* leaves for vegetables. Vitamin and mineral supplementation was noted to evaluate if the participants were, more or less, getting enough nutrients despite a lack of accessibility to a variety of food. Data revealed that more than half (57.40%) of the participants routinely consume these supplements during ECQ with multivitamins (500mg/day), vitamin C (500mg/day), and vitamin B complex (1000mg/day) as the top answers.

Table 3.

Food Frequency Data During the ECQ (n=223)

Food Type	Frequency (%)							
	1/day	2/day	3/day	3-5/day	2/week	2/month	2/year	Never
Rice	16 (7)	73 (33)	105 (47)	23 (10)	1 (0)	2 (1)	0 (0)	3 (1)
Bread	109 (48)	54 (24)	8 (4)	11 (5)	31 (13)	9 (4)	0 (0)	3 (1)
Noodles/Pasta	84 (36)	18 (8)	1 (0)	17 (8)	74 (33)	21 (9)	2 (1)	6 (3)
Cereals	96 (42)	23 (10)	3 (1)	13 (6)	70 (31)	26 (12)	4 (2)	18 (8)
Root crops	30 (13)	10 (4)	1 (0)	6 (3)	31 (14)	12 (5)	2 (1)	6 (3)
VEGETABLES								
All vegetables	47 (21)	86 (38)	26 (12)	37 (17)	22 (10)	3 (1)	1 (0)	1 (0)
FRUITS								
All fruits	59 (26)	61 (27)	34 (15)	35 (16)	16 (7)	7 (3)	0 (0)	1 (0)
PROTEIN-RICH FOODS								
Meat	51 (23)	23 (10)	7 (3)	8 (4)	62 (28)	32 (14)	8 (4)	32 (14)
Eggs	56 (25)	48 (21)	21 (9)	32 (14)	48 (22)	6 (3)	2 (1)	10 (4)
Fish/Shellfish	61 (28)	42 (19)	15 (7)	25 (11)	28 (13)	10 (4)	0 (0)	6 (3)
Processed meat	52 (23)	28 (13)	15 (7)	68 (30)	68 (30)	5 (2)	4 (2)	4 (2)
Processed fish	56 (25)	23 (10)	8 (4)	11 (5)	60 (27)	20 (9)	6 (3)	31 (14)
Poultry	61 (28)	24 (11)	24 (11)	35 (16)	36 (16)	7 (3)	0 (0)	2 (1)
Eggs	50 (22)	36 (16)	23 (10)	34 (15)	36 (16)	1 (0)	0 (0)	1 (0)
Milk	49 (22)	17 (8)	11 (5)	14 (6)	5 (2)	4 (2)	0 (0)	4 (2)
Cheese	84 (38)	11 (5)	17 (8)	67 (30)	61 (27)	17 (8)	1 (0)	15 (7)
FATS & OILS								
Cooking oil	45 (20)	67 (30)	48 (22)	50 (22)	8 (4)	5 (2)	0 (0)	0 (0)
Butter	64 (29)	24 (11)	15 (7)	15 (7)	31 (14)	10 (4)	7 (3)	28 (13)
Margarine	32 (14)	19 (9)	10 (4)	10 (4)	22 (10)	9 (4)	2 (1)	26 (12)
Salad dressing	39 (17)	7 (3)	3 (1)	8 (4)	17 (8)	31 (14)	20 (9)	81 (36)
SWEETS & DESSERTS								
Sugar	67 (30)	51 (23)	26 (12)	31 (14)	23 (10)	5 (2)	1 (0)	11 (5)
Candy/Chocolates	60 (27)	26 (12)	12 (5)	22 (10)	56 (25)	25 (11)	3 (1)	8 (4)
Ice cream	51 (23)	10 (4)	7 (3)	11 (5)	48 (22)	8 (4)	11 (5)	23 (10)
Cakes/Pastries	49 (22)	11 (5)	6 (3)	14 (6)	54 (24)	24 (11)	16 (7)	19 (9)
Native kakanin	43 (19)	9 (4)	8 (4)	14 (6)	45 (20)	50 (22)	12 (5)	32 (14)
MISCELLANEOUS								
Toys, paint, hugging	71 (32)	25 (11)	21 (9)	32 (14)	41 (18)	18 (8)	4 (2)	11 (5)
Alcoholic beverages	19 (9)	2 (1)	3 (1)	5 (2)	12 (5)	18 (8)	27 (12)	121 (55)
Coffee/tea	66 (30)	40 (18)	19 (9)	21 (9)	21 (9)	12 (5)	11 (5)	14 (6)
Soda	39 (17)	18 (8)	8 (4)	15 (7)	44 (20)	28 (13)	18 (8)	53 (24)

Food access and availability are hampered due to limitations in transportation, distribution, and delivery. The present study evaluated food accessibility and the practice of precautionary measures to assess the risk of food insecurity. The data in Figure 5 revealed that most of the population (>60%) never experienced food scarcity and inaccessibility during the ECQ. The majority (61.8%) also try to cook their food while only some (35.9%) live with at least one household member who explores new cooking methods always or most of the time. Also, only a few participants (33.2%) were engaged with home gardening, and the lowest (7.6%) rating was observed from those who availed themselves of food delivery services during the ECQ.



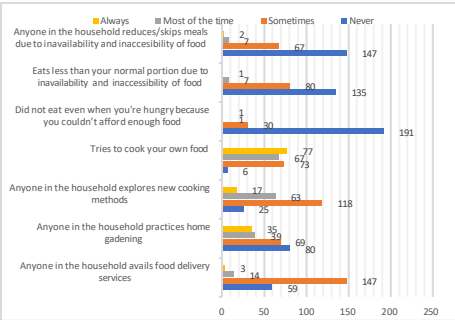


Figure 5. Precautionary measures during the ECQ related to food preparation (n=223)

Frequent practice of restorative precautionary measures during the ECQ is illustrated in Figure 6. Among the measures, participants exhibited little to no effort to exercise regularly (63%) and to vitamin and mineral supplementation (56%). Frequent handwashing (98.7%), staying at home (96.0%), and regular hand sanitizing (89.2%) were the top measures being always practiced most of the time. The study was conducted during the early stages of the ECQ, which explains why the participants were compelled to resort to essential, practical, and mandated safety measures mandated by the government. Engaging in regular physical activity and micronutrient supplementation are behaviors influenced by coping strategies, increased awareness of the quarantine's long-term effects, and internal motivational factors that aim to improve physical and mental health during lengthened periods under quarantine.

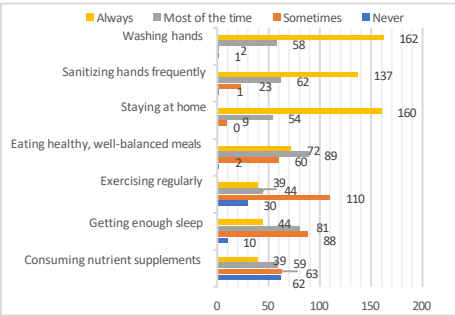


Figure 6. Frequent practice of health-related precautionary measures during the ECQ (n=223)

3.4. Coping Strategies During the ECQ

Following survey data from other countries, restrictive measures to contain the outbreak of Covid-19 hinder populations' daily routine (Azlan et al., 2020; Olaimat et al., 2020; Wolf et al., 2020). Table 4 presents the coping strategies used by the participants. Relaxation-recreation (72.8%), problem-solving (68.9%), and religiosity (66.8%) were the top three most commonly used strategies during the ECQ. A recent study on psychological responses during the COVID-19 lockdown period suggests that the outbreak's increased anxiety can influence a person's behavior and decision-making process, making all ages vulnerable (Vijayaraghavan & Sigbal, 2020). More people are reported

to suffer from the overwhelming stress of COVID-19 (Kar et al., 2020; Wang et al., 2020). Engagement in relaxation and other recreational activities while at home can help in lessening the psychological burden. A study also showed that general coping responses are improved by increasing positive problem-solving attitudes because they positively promote coping performances (Chinaveh, 2013). A study that focused on the impact of COVID-19 on stress and coping strategies purported that the perceived stress of the current outbreak has a positive association with religious beliefs (Umucu & Lee, 2020), wherein those with higher levels of beliefs exhibited more substantial meaning in life which in turn improved coping strategies. Religion is rooted in Philippine history and culture, as seen in the Filipino socio-cultural normative and lifeworld, being deeply imbued with religious cosmologies and expressions (Del Castillo et al., 2020; Macaraan, 2019). Despite the constraints imposed on religious gatherings, the demand for religious rituals, comfort, and support has presumably increased by the pandemic (Baker et al., 2020).

Table 4

Coping strategies during the ECQ (n=223)

COPING STRATEGIES	Frequency ¹ (%)
1. Cognitive Reappraisal	135 (60.8)
a. I think of something positive about my problem	
b. I think I can overcome my problem	
2. Social Support	93 (41.7)
a. I solicit advice from my friends	
3. Problem-solving	153 (68.9)
a. I think of ways to solve my problem	
b. I make ways to solve my problem	
c. I consider all possible solutions just to overcome my problem	
4. Religiosity	149 (66.8)
a. I pray my problems to God	
5. Tolerance	114 (51.1)
a. I tend to accept the stressful feeling until it is gone	
6. Emotional Release	59 (26.6)
a. I cry my problems out	
b. I find something to release my anger because of stress	
c. I let others feel my negative emotion	
7. Overactivity	91 (40.8)
a. I burden myself with other things to do to redirect my thought	
b. I eat a lot and sleep more extended hours to lessen the stress load temporarily	
8. Relaxation-Recreation	162 (72.8)
a. I entertain myself	
b. I go to places where I can rest	
c. I engage in activities that would make me calm	
9. Substance use	15 (7.0)
a. I smoke to ease my negative feeling	
b. I take a medicine that would help me feel and think better	

¹Frequency rates based on the average scores of participants who practice the coping strategies (a) most of the time and (b) always

Nine coping strategies were analyzed across socio-demographic characteristics. Table 5 shows how cognitive reappraisal as a coping strategy relates to age, gender, civil status, employment status, and household income. There is a significant association between cognitive reappraisal and employment, (3, N=223) = 10.57, p<.05. More employed participants (32.8%) always use cognitive reappraisal compared with those unemployed (14.6%).

Cognitive reappraisal refers to changing assumptions about the problem, particularly involving optimism and hopeful-thinking (Rilveria, 2018). The ECQ has led to public transportation's shutdown, which could be a concern among those employed. Malls, restaurants, and those in the service sector are affected by temporary closures. The employment rate dropped to 82.4% from 94.9% during the same period last year (PSA, 2020). With the growing fear of viral transmission and the risk of losing jobs, cognitive reappraisals seem to be the most accessible and appropriate coping strategy at this early stage of quarantine. In a study conducted by Guo et al. (2020) among Chinese adults, it was found that problem-focused coping, a positive strategy entailing active methods, and everyday behaviors such as positive cognitions and getting more information about the virus were associated with fewer mental health problems. Interestingly, cognitive reappraisal is not significantly associated with household income, (12, N=223) = 7.39, $p>.05$. This result suggests that cognitive reappraisals are related to factors that involve stability rather than financial status at this particular point in time. In concurrence, reappraisals enable employees to cope with the demands at work for stability and financial security (Paskvan et al., 2016).

Table 5.

Chi-square test results indicating relationships in coping by cognitive reappraisal across socio-demographic characteristics

	Cognitive Reappraisal (%)*				Total N=223
	Never	Some times	Most of the Time	Always	
Age					18.39 .10
21-22	1 (0.9)	31 (27.7)	59 (52.7)	21 (18.8)	112
23-24	0 (0.0)	13 (25.0)	25 (48.1)	14 (26.9)	52
25-26	0 (0.0)	4 (16.7)	12 (50.0)	8 (33.3)	24
27-28	0 (0.0)	4 (18.2)	9 (40.9)	9 (9.9)	22
29-30	1 (7.69)	0 (0.0)	7 (53.8)	5 (38.5)	13
Gender					4.29 .23
Male	0 (0.0)	17 (52.7)	25 (48.1)	10 (23.3)	52
Female	2 (1.2)	35 (20.5)	87 (50.9)	47 (27.5)	171
Married	0 (0.0)	2 (28.6)	4 (57.1)	1 (13.3)	7
Employment Status					10.57 .01
Employed	1 (0.7)	25 (18.7)	64 (47.8)	44 (32.8)	134
Unemployed	1 (1.1)	27 (30.3)	48 (53.9)	13 (14.6)	89
Household Income					7.39 .83
Below 20,000	1 (1.5)	17 (25.4)	28 (41.8)	21 (31.3)	67
20,000- 29,999	1 (2.5)	8 (20.0)	22 (55.0)	9 (22.5)	40
30,000- 39,000	0 (0.0)	7 (24.1)	16 (55.2)	6 (20.7)	29
40,000- 49,999	0 (0.0)	5 (27.8)	7 (38.9)	6 (31.3)	18
Above 50,000	0 (0.0)	15 (21.7)	39 (56.5)	15 (21.7)	69

*percentages are based on within-group totals

As shown in Table 6, there are no significant associations found between social support and all socio-demographic variables. The item on social support pertains to solicited advice from friends. In the context of the ECQ, it is more likely that participants are staying at home with family and

have limited interaction with friends. Perceived benefits from asking friends' advice may not be as beneficial since all are experiencing similar, if not the same, situations. Furthermore, according to a study conducted by Paykani et al. (2020) among adults in Iran, it was found that perceived social support both fostered and hindered people's compliance with home quarantine, depending on the source of support. Thus, it confirms that the source of support is an important factor in using this type of coping strategy. Moreover, considering the strong family ties among Filipinos, it is more likely that the participants will seek support from kin.

Table 6.

Chi-square test results indicating relationships in coping with social support across socio-demographic characteristics

	Social Support (%)*				Total N=223
	Never	Some times	Most of the Time	Always	
Age					4.82 .96
21-22	13 (11.6)	52 (46.4)	33 (29.5)	14 (12.5)	112
23-24	6 (11.5)	27 (51.9)	10 (19.2)	9 (17.3)	52
25-26	2 (8.3)	12 (50.0)	7 (29.2)	3 (12.5)	24
27-28	2 (9.1)	10 (45.5)	8 (36.4)	2 (9.1)	22
29-30	1 (7.7)	5 (38.5)	4 (30.8)	3 (23.1)	13
Gender					0.31 .98
Male	5 (9.6)	25 (48.1)	14 (26.9)	8 (15.4)	52
Female	19 (11.1)	81 (47.4)	48 (28.1)	23 (13.5)	171
Civil Status					1.23 .75
Single	23 (10.6)	102 (47.2)	60 (27.8)	31 (14.4)	216
Married	1 (14.3)	4 (57.1)	2 (28.6)	0 (0.0)	7
Employment Status					2.33 .51
Employed	12 (9.0)	66 (49.3)	35 (26.1)	21 (15.7)	134
Unemployed	12 (13.5)	40 (44.9)	27 (30.3)	10 (11.2)	89
Household Income					16.50 .17
Below 20,000	5 (7.5)	24 (35.8)	27 (40.3)	11 (16.4)	67
20,000- 29,999	6 (15.0)	21 (52.5)	9 (22.5)	4 (10.0)	40
30,000- 39,000	2 (6.9)	11 (37.9)	11 (37.9)	5 (17.2)	29
40,000- 49,999	2 (11.1)	11 (61.1)	3 (16.7)	2 (11.1)	18
Above 50,000	9 (13.0)	39 (56.5)	12 (17.4)	9 (13.0)	69

*percentages are based on within-group totals

As shown in Table 7, there is a significant association between problem-solving as a coping strategy and employment status, (3, N=223) = 10.47, $p<.05$. Problem-solving involves taking action to confront and address the stressor. It is considered a positive and active method of coping, which is related to cognitive reappraisal. A larger percentage of employed participants (60.0%) always use problem-solving for coping than those who are unemployed (39.9%). Thus, it confirms that the participants seem to deem work as a primary concern during the ECQ. Labor Advisory No. 09-20, issued by the Department of Labor and Employment (DOLE) in March 2020, encouraged employers to use flexible work arrangements, including work-from-home, as a remedial measure to control the outbreak of COVID-19. All non-essential workers were also advised to stay at home upon the declaration of the ECQ. Many Filipinos were left grappling at the outset of this new norm as employers were also creating policies anchored on



the guidelines. Furthermore, among the challenges cited in literature include maintaining work productivity in the home setting, emotional and physical drain from extended screen times, difficulties in communicating with colleagues, and lack of motivation (Gorlick, 2020; Routley, 2020). The changing consumer needs also led to a shift in demand for goods, which may have affected the livelihood of those who were self-employed.

Table 7.

Chi-square test results indicating relationships in coping by problem-solving across socio-demographic characteristics

Problem-Solving (%)*					
	Never	Some times	Most of the Time	Always	Total N=223
<i>Age</i>					12.54 40
21-22	1 (0.9)	33 (29.5)	50 (44.6)	28 (25.0)	112 (50.2)
23-24	0 (0.0)	10 (36.5)	23 (44.2)	10 (19.2)	52 (23.3)
25-26	0 (0.0)	4 (16.7)	11 (45.8)	9 (37.5)	24 (10.8)
27-28	0 (0.0)	4 (18.2)	8 (36.4)	10 (45.5)	22 (9.9)
29-30	0 (0.0)	1 (7.7)	8 (61.5)	4 (30.8)	13 (5.8)
<i>Gender</i>					0.37 95
Male	0 (0.0)	14 (26.9)	23 (44.2)	15 (28.8)	52 (23.3)
Female	1 (0.6)	47 (27.5)	77 (45.0)	46 (26.9)	171 (76.7)
<i>Civil Status</i>					3.15 37
Single	1 (0.5)	59 (27.3)	95 (44.0)	61 (28.2)	216 (96.9)
Married	0 (0.0)	2 (28.6)	5 (71.4)	0 (0.0)	7 (3.1)
<i>Employment Status</i>					10.47 .02
Employed	0 (0.0)	28 (20.9)	62 (46.3)	44 (32.8)	134 (60.1)
Unemployed	1 (1.1)	33 (37.1)	38 (42.7)	17 (19.1)	89 (39.9)
<i>Household Income</i>					6.5 90
Below 20,000	1 (1.5)	18 (26.9)	31 (46.3)	17 (25.4)	67 (30.0)
20,000-29,999	0 (0.0)	8 (20.0)	19 (47.5)	13 (32.5)	40 (18.0)
30,000-39,000	0 (0.0)	10 (34.5)	14 (48.3)	5 (17.2)	29 (13.0)
40,000-49,999	0 (0.0)	6 (33.3)	6 (33.3)	6 (33.3)	18 (8.1)
Above 50,000	0 (0.0)	19 (27.5)	43 (43.5)	20 (29.0)	69 (30.9)

*percentages are based on within-group totals

Based on Table 8, there are no significant associations between religiosity as a coping strategy across all socio-demographic characteristics. Religion and spirituality in literature were linked to relief of suffering, which can influence mental health outcomes such as hopefulness, fear, worrying, and sadness and minimize the consequences of social isolation (Lucchetti et al., 2020). The effects of prolonged isolation on mental health may not have manifested when the study was conducted, only a month through the ECQ. Also, in a study conducted by Kranz et al. (2020) among US citizens, it was found that highly religious participants scored higher on the somatic component of COVID-19-related anxiety but scored lower on the cognitive aspect. Because the participants in this study resorted to cognitive reappraisal and problem-solving coping strategies, they are more likely to express rationality amid a crisis rather

than religiosity. The problem-solving strategies center on weighing possible solutions and finding ways to overcome challenges.

Table 8.

Chi-square test results indicating relationships in coping by religiosity across socio-demographic characteristics

Religiosity (%)*					
	Never	Some times	Most of the Time	Always	Total N=223
<i>Age</i>					19.86 .07
21-22	7 (6.3)	40 (35.7)	24 (21.4)	41 (36.6)	112 (50.2)
23-24	7 (13.5)	14 (15.4)	25 (26.9)	32 (44.2)	78 (35.3)
25-26	2 (8.3)	2 (8.3)	7 (29.2)	13 (54.2)	24 (10.8)
27-28	0 (0.0)	6 (27.3)	4 (18.2)	12 (54.5)	22 (9.9)
29-30	1 (7.7)	1 (7.7)	3 (23.1)	8 (61.5)	13 (5.8)
<i>Gender</i>					0.37 .95
Male	0 (0.0)	14 (26.9)	23 (44.2)	15 (28.8)	52 (23.3)
Female	1 (0.6)	47 (27.5)	77 (45.0)	46 (26.9)	171 (76.7)
<i>Civil Status</i>					3.15 .37
Single	1 (0.5)	59 (27.3)	95 (44.0)	61 (28.2)	216 (96.9)
Married	0 (0.0)	2 (28.6)	5 (71.4)	0 (0.0)	7 (3.1)
<i>Employment Status</i>					10.47 .02
Employed	0 (0.0)	28 (20.9)	62 (46.3)	44 (32.8)	134 (60.1)
Unemployed	1 (1.1)	33 (37.1)	38 (42.7)	17 (19.1)	89 (39.9)
<i>Household Income</i>					6.5 .90
Below 20,000	1 (1.5)	18 (26.9)	31 (46.3)	17 (25.4)	67 (30.0)
20,000-29,999	0 (0.0)	8 (20.0)	19 (47.5)	13 (32.5)	40 (18.0)
30,000-39,000	0 (0.0)	10 (34.5)	14 (48.3)	5 (17.2)	29 (13.0)
40,000-49,999	0 (0.0)	6 (33.3)	6 (33.3)	6 (33.3)	18 (8.1)
Above 50,000	0 (0.0)	19 (27.5)	30 (43.5)	20 (29.0)	69 (30.9)

*percentages are based on within-group totals

There are no significant associations between tolerance as a coping strategy across the different socio-demographic characteristics (Table 9). Tolerance means enduring difficulty and stress without constant effort of confronting it. Since the implementation of ECQ was mandated, the participants were left with no other choice but to comply. Thereby, there were no disparities noted across socio-demographics in terms of tolerance as a coping strategy. Tolerance may also be further explored in relation to prevailing difficulties in uncertainty. The high degree of uncertainty brought about by the pandemic is likely to cause persistent negative emotions, more so during the early stages of the ECQ. Findings of a study on coping responses, intolerance of uncertainty, and psychological distress in the UK suggest that while intolerance triggers maladaptive coping responses, vulnerable groups are more anxious about their health, but not more intolerant of uncertainty than the nonvulnerable (Rettie & Daniels, 2020). It seems that tolerance, in this context, may not be a strong predictor of mental health, and this furthers our understanding of its relationship with other nonmodifiable factors such as socio-demographics.

Table 9

Chi-square test results indicating relationships in coping by tolerance across socio-demographic characteristics

Tolerance (%)*					
	Never	Some times	Most of the Time	Always	Total
Age					13.71 .32
21-22	5 (4.5)	43 (38.4)	46 (41.1)	18 (16.1)	112 (50.2)
23-24	7 (13.5)	23 (44.2)	13 (25.0)	9 (17.3)	52 (23.3)
25-26	3 (12.5)	11 (45.8)	7 (29.2)	3 (12.5)	24 (10.8)
27-28	2 (9.1)	9 (40.9)	7 (31.8)	4 (18.2)	22 (9.9)
29-30	3 (23.1)	3 (23.1)	3 (23.1)	4 (30.8)	13 (5.8)
Gender					1.76 .62
Male	7 (13.5)	19 (36.5)	17 (32.7)	9 (17.3)	52 (23.3)
Female	13 (7.6)	20 (40.9)	29 (34.5)	7 (8.4)	71 (31.7)
Civil Status					1.28 .73
Single	20 (9.3)	85 (39.4)	74 (34.3)	37 (17.1)	216 (96.9)
Married	0 (0.0)	4 (57.1)	2 (28.6)	1 (14.3)	7 (3.1)
Employment Status					3.87 .27
Employed	15 (11.2)	55 (41.0)	40 (29.9)	24 (17.9)	134 (60.1)
Unemployed	5 (5.6)	34 (38.2)	36 (40.4)	14 (15.7)	89 (39.9)
Household Income					14.48 .27
Below 20,000	5 (7.5)	22 (32.8)	28 (41.8)	12 (17.9)	67 (30.0)
20,000 - 29,999	2 (5.0)	13 (32.5)	17 (42.5)	8 (20.0)	40 (18.0)
30,000 - 39,999	3 (10.3)	11 (37.9)	12 (41.4)	3 (10.3)	29 (13.0)
40,000 - 49,999	2 (11.1)	9 (50.0)	2 (11.1)	5 (27.8)	18 (8.1)

*percentages are based on within-group totals

Likewise, there was no significant association between emotional release as a coping strategy across socio-demographic characteristics (Table 10). Emotion regulation, referring to the ability to exert control over one's emotions, develops with age. Adults were found to be more capable of self-regulating than the younger age groups attributed to their fully developed prefrontal cortex, more or less, by the age of 25 (Arain et al., 2013). Furthermore, cognitive reappraisals were also found to influence the emotional process by modifying the meanings and situations (Gross & John, 2003). Thus, it suggests that when conditions are positively framed and rationalized, emotional responses will also be changed. It was previously asserted that participants more readily resort to cognitive reappraisal and problem-solving coping strategies, as evidenced by the significant associations.

Table 10.

Chi-square test results indicating relationships in coping by emotional release across socio-demographic characteristics

Emotional Release (%)*					
	Never	Some times	Most of the Time	Always	Total
Age					12.56 .40
21-22	19 (17.0)	63 (56.3)	29 (25.9)	1 (0.9)	112 (50.2)
23-24	8 (15.4)	32 (61.5)	9 (17.3)	3 (5.8)	52 (23.3)
25-26	7 (29.2)	14 (58.3)	12 (50.0)	0 (0.0)	33 (10.8)
27-28	4 (18.2)	14 (63.6)	4 (18.2)	0 (0.0)	22 (9.9)

Table 10. cont.

Emotional Release (%)*					
	Never	Some times	Most of the Time	Always	Total
29-30	1 (7.7)	10 (76.9)	2 (15.4)	0 (0.0)	13 (5.8)
Gender					1.00 .80
Male	10 (19.2)	28 (53.8)	13 (25.0)	1 (1.9)	52 (23.3)
Female	9 (17.0)	105 (61.4)	34 (19.9)	3 (1.8)	171 (76.7)
Civil Status					4.89 .18
Single	39 (18.1)	126 (58.3)	47 (21.8)	4 (1.9)	216 (96.9)
Married	0 (0.0)	7 (100.0)	0 (0.0)	0 (0.0)	7 (3.1)
Employment Status					4.01 .26
Employed	20 (14.9)	81 (60.4)	29 (21.6)	4 (3.0)	134 (60.1)
Unemployed	19 (21.3)	52 (58.4)	18 (20.3)	0 (0.0)	89 (39.9)
Household Income					16.79 .16
Below 20,000	11 (16.4)	38 (56.7)	17 (25.4)	1 (1.5)	67 (30.0)
20,000 - 29,999	8 (20.0)	18 (45.0)	14 (35.0)	0 (0.0)	40 (18.0)
30,000 - 39,999	3 (10.3)	20 (69.0)	5 (17.2)	1 (3.4)	29 (13.0)
40,000 - 49,999	5 (5.6)	13 (72.2)	4 (22.2)	0 (0.0)	18 (8.1)
Above 50,000	16 (23.2)	44 (63.8)	7 (10.1)	2 (2.8)	69 (30.9)

*percentages are based on within-group totals

There were no significant associations found between overactivity and all socio-demographic characteristics. Overactivity refers to the overexertion of activities to avoid stress. Furthermore, overactivity is veered as a form of distraction to keep attention away from stressful circumstances. Sheppes et al. (2014) purported that when stimuli are low in intensity, and cognitive demand is low, reappraisal is preferred over distraction. In the event of intense, cognitively demanding situations, distraction was a preferred form of coping. Referring to previous assertions that the salient coping strategies used are cognitive reappraisal and problem-solving, it seems that the stress stimuli at the outset of the ECQ remain at low to moderate levels. While this assumption calls for further investigation in terms of stress perception, findings reveal that most participants do not always resort to distraction strategies such as keeping themselves busy to redirect thoughts, overeating, and sleeping more extended hours to overcome stress. Moreover, there were no disparities across socio-demographic characteristics.

Table 11.

Chi-square test results indicating relationships in coping by overactivity across socio-demographic characteristics

Overactivity (%)*					
	Never	Some times	Most of the Time	Always	Total
Age					14.49 .27
21-22	4 (3.6)	41 (36.6)	53 (47.3)	14 (12.5)	112 (50.2)
23-24	3 (5.8)	20 (38.5)	23 (44.2)	6 (11.5)	52 (23.3)
25-26	3 (12.5)	11 (45.8)	10 (41.7)	0 (0.0)	24 (10.8)
27-28	2 (9.1)	13 (59.1)	6 (27.3)	1 (4.5)	22 (9.9)
29-30	2 (15.4)	5 (38.5)	6 (46.2)	0 (0.0)	13 (5.8)
Gender					0.26 .97
Male	4 (7.7)	21 (40.4)	22 (42.3)	5 (9.6)	52 (23.3)
Female	10 (5.8)	69 (40.4)	76 (44.4)	16 (9.4)	171 (76.7)



Table 11. cont.

	Overactivity (%)*					p
	Never	Some times	Most of the Time	Always	Total N=223	
Civil Status						1.43 .70
Single	13 (6.0)	87 (40.3)	95 (44.0)	21 (9.7)	216 (96.9)	
Married	1 (14.3)	3 (42.9)	3 (42.9)	0 (0.0)	7 (3.1)	
Employment Status						5.77 .12
Employed	12 (9.0)	57 (42.5)	54 (40.3)	11 (8.2)	134 (60.1)	
Unemployed	2 (2.2)	33 (37.1)	44 (49.4)	30 (11.2)	89 (39.9)	
Household Income						18.24 .11
Below 20,000	2 (3.0)	30 (44.8)	27 (40.3)	8 (11.9)	67 (30.0)	
20,000-29,999	1 (2.5)	11 (27.5)	23 (57.5)	5 (12.5)	40 (18.0)	
30,000-39,000	3 (10.3)	8 (27.6)	17 (58.6)	1 (3.4)	29 (13.6)	
40,000-49,999	3 (11.1)	11 (61.1)	3 (16.7)	7 (18.1)	24 (8.1)	
Above 50,000	6 (8.7)	30 (43.5)	28 (40.6)	5 (7.2)	69 (30.9)	

*percentages are based on within-group totals

Table 12 shows the significant association between relaxation-recreation coping strategy and employment status, $\chi^2(2, N=223) = 7.39, p < .05$, with more employed participants engaging in recreation-relaxation activities most of the time (59.0%) to always (24.6%) compared with those who are unemployed (44.9% and 23.6%, respectively). Recreation-relaxation strategies include entertainment, rest, and engaging in activities that would keep them calm. At this early stage of the ECQ, employed participants worked from home, which could have been long hours spent in the workplace or even in traffic. While social interactions remain constrained, staying at home may provide more opportunities to rest, engage in various media forms for entertainment, and spend more time with family.

Interestingly, while civil status did not show a significant association with relaxation-recreation, $\chi^2(2, N=223) = 5.79, p > .05$, the p-value remained close to 0.06. More single participants resorted to relaxation-recreation activities most of the time (53.7%) to always (25.0%), while only 42.9% of the married respondents were engaged in such activities most of the time. Married adults are balancing out roles with childcare and household work. Toniolo-Barrios and Pitt (2020) assert that work-from-home arrangements have blurred the line delineating work and personal life. Furthermore, in the editorial written by Luttik et al. (2020) describing the pandemic as a family affair, they posited that quarantine measures have also invited vulnerability and risk within families. Parents are left to care for children 24 hours a day, without school, daycare, or even special education services to assist. Older family members with dementia or serious illnesses have to be cared for in the home without healthcare institutions' physical assistance.

Table 12.

Chi-square test results indicating relationships in coping by relaxation-recreation across socio-demographic characteristics

	Relaxation-Recreation (%)*					p
	Never	Some times	Most of the Time	Always	Total N=223	
Age						7.68 .45
21-22	0 (0.0)	22 (19.6)	61 (54.5)	29 (25.9)	112 (50.2)	
23-24	0 (0.0)	15 (28.8)	23 (44.2)	14 (26.9)	52 (23.3)	
25-26	0 (0.0)	5 (20.8)	13 (54.2)	5 (25.0)	24 (10.8)	

Table 12. cont.

	Relaxation-Recreation (%)*					p
	Never	Some times	Most of the Time	Always	Total N=223	
27-28	0 (0.0)	3 (13.6)	16 (72.7)	3 (13.6)	22 (9.9)	
29-30	0 (0.0)	5 (38.5)	6 (46.2)	2 (15.4)	13 (5.8)	
Gender						2.46 .29
Male	0 (0.0)	13 (25.0)	23 (44.2)	16 (30.8)	52 (23.3)	
Female	0 (0.0)	37 (21.6)	96 (56.1)	38 (22.2)	171 (76.7)	
Civil Status						5.79 .06
Single	0 (0.0)	46 (21.3)	116 (53.7)	54 (25.0)	216 (96.9)	
Married	0 (0.0)	4 (57.1)	3 (42.9)	0 (0.0)	7 (3.1)	
Employment Status						7.39 .03
Employed	0 (0.0)	22 (16.4)	79 (59.0)	33 (24.6)	134 (60.1)	
Unemployed	0 (0.0)	28 (31.5)	40 (44.9)	21 (23.6)	89 (39.9)	
Household Income						5.19 0.7
Below 20,000	0 (0.0)	16 (23.9)	33 (49.3)	18 (26.9)	67 (30.0)	
20,000-29,999	0 (0.0)	9 (22.5)	26 (65.0)	5 (12.5)	40 (18.0)	
30,000-39,000	0 (0.0)	14 (24.1)	14 (48.3)	8 (27.6)	29 (13.0)	
40,000-49,999	0 (0.0)	5 (27.8)	8 (44.4)	5 (27.8)	18 (8.1)	
Above 50,000	0 (0.0)	13 (18.8)	38 (55.1)	18 (26.1)	69 (30.9)	

*percentages are based on within-group totals

There is no significant association between substance abuse as a coping strategy across all socio-demographic characteristics (Table 13). More so, comparable across groups, about 77.3% of the participants reported to have never engaged in smoking to ease negative emotions nor took any medication to help them feel and think better. A study conducted in the Philippines' southern part revealed that young adults have sufficient knowledge about the outbreak and were continuously practicing healthy precautionary measures and self-awareness as a coping strategy (Baloran, 2020).

Table 13.

Chi-square test results indicating relationships in coping through substance use across socio-demographic characteristics

	Substance Use (%)*					p
	Never	Some times	Most of the Time	Always	Total N=223	
Age						8.47 .75
21-22	82 (73.2)	21 (18.8)	9 (8.0)	0 (0.0)	112 (50.2)	
23-24	39 (75.0)	8 (15.4)	4 (7.7)	1 (1.9)	52 (23.3)	
25-26	30 (83.3)	3 (12.5)	1 (4.2)	0 (0.0)	34 (10.8)	
27-28	15 (68.2)	5 (22.7)	2 (9.1)	0 (0.0)	22 (9.9)	
29-30	11 (84.6)	0 (0.0)	2 (15.4)	0 (0.0)	13 (5.8)	
Gender						1.89 .60
Male	36 (69.2)	10 (19.2)	6 (11.5)	0 (0.0)	52 (23.3)	
Female	131 (76.6)	27 (15.8)	12 (7.0)	0 (0.6)	171 (76.7)	
Civil Status						0.75 .86
Single	161 (74.5)	36 (16.7)	18 (8.3)	1 (0.5)	216 (96.9)	
Married	6 (85.7)	1 (14.3)	0 (0.0)	0 (0.0)	7 (3.1)	
Employment Status						7.39 .03
Employed	102 (76.1)	20 (14.9)	11 (8.2)	1 (0.7)	134 (60.1)	
Unemployed	65 (73.0)	17 (19.1)	7 (7.9)	0 (0.0)	89 (39.9)	
Household Income						9.12 .69
Below 20,000	50 (74.6)	12 (17.9)	4 (6.0)	1 (1.5)	67 (30.0)	
20,000-29,999	29 (72.5)	7 (17.5)	4 (10.0)	0 (0.0)	40 (18.0)	
30,000-39,000	23 (79.3)	5 (17.2)	1 (3.4)	0 (0.0)	29 (13.0)	

Table 13. cont.

	Substance Use (%)*						p
	Never	Some times	Most of the Time	Always	Total	X ²	
40,000-49,999	11 (61.1)	3 (16.7)	4 (22.2)	0 (0.0)	18 (8.1)		

Table 13. cont.

	Substance Use (%)*						p
	Never	Some times	Most of the Time	Always	Total	X ²	
Above 50,000	54 (78.3)	10 (14.5)	5 (7.2)	0 (0.0)	69 (30.9)		

*percentages are based on within-group totals

Table 14.

Spearman's correlation coefficients for challenges encountered during ECQ and coping strategies

	*He	Fo	Ho	Work	Fin	CT	Safe	HC	CS	RFa	RFr
CA	0.057	0.015	-0.016	0.038	-0.017	-0.049	-0.052	-0.04	-.158*	0.065	-0.05
SS	0	-0.01	0.017	.144*	0.106	.145*	0.114	0.126	0.044	0.026	0.041
PS	0.048	0.03	-0.014	0.064	-0.027	0.035	-0.042	0.015	-.155*	0.065	0.045
Rel	0.08	0.047	0.059	0.087	0.085	0.04	0.037	0.12	0.021	0.092	0.034
Tol	0.033	0.053	-0.028	0.042	0.078	0.01	0.047	0.106	0.013	0.06	0.121
ER	0.054	0.063	0.111	0.13	0.082	0.058	0.128	0.029	0.105	0.131	.172*
O	0.064	0.041	.133*	0.126	.133*	.149*	0.125	.139*	.150*	0.075	.191**
RR	0.059	-0.06	-0.093	0.117	0.002	-0.051	-0.071	-0.02	-0.064	0.006	0.068
SU	0.051	0.004	.133*	0.089	.146*	0.057	0.123	0.065	-0.014	0.106	0.034

***Coping:** CA-cognitive reappraisal, SS-social support, PS-problem-solving, Rel-religiosity, Tol-tolerance, ER-emotional release, O-overactivity, RR-relaxation recreation, SU-substance use; **Challenges:** He-keeping myself healthy, Fo-food availability, Ho-housing conditions, Work-work conditions, Fin-financial security, CT-access to communication and technology, Safe-community safety, HC-access to health care, CS-access to community services, RFa-relationship with family, RFr-relationship with friends; **p<0.01, *p<0.05, two-tailed.

A weak, negative association was found between cognitive reappraisal coping strategy and access to community services ($r = -.158, p<.05$) and between problem-solving coping strategy and access to community services ($r = -.115, p<.05$). These two coping strategies relate to the individual's perception and resolve to address the stressor. During the pandemic, community services were deemed essential to augment hunger, loss of jobs, and lack of mobility. However, with the absence of clear guidelines, poor communication, and poor coordination among stakeholders, providing immediate assistance to the poor and vulnerable becomes an even more significant challenge (NEDA, 2020). Community services, furthermore, call for cooperation from the public. These two types of active coping strategies may have emerged at a particular period, during the ECQ, when community services are inaccessible but most needed.

Social support was found to have a weak, positive relationship with challenges about work conditions ($r = .144, p<.05$) and access to communication and technology ($r = .145, p<.05$). Help-seeking behaviors, explicitly asking for advice from a more knowledgeable other and receiving support from friends and family, characterize social support as a coping strategy. During the early stages of the ECQ, when the guidelines were stricter and fear of transmission prevented social interactions, technology served its purpose to connect

people. Challenges at work were addressed by seeking help from co-workers who can provide both emotional and professional support. As purported by Li, Ghosh, and Nachmias (2020), there is a need to engage in frequent, substantive, interactive, and authentic communication with colleagues to perceive high proximity in virtual spaces and develop a shared identity for building resilience.

Emotional release shows a weak, positive association with friends' relationships ($r = .172, p<.05$). Emotional release pertains to venting out both negative and positive, emotions, in the form of overt behaviors such as crying, laughing, and even aggressive forms. Friendships are bound by affective qualities such as trust, loyalty, mutual support, and sentiment bonds that enable self-disclosure (Morais, 1981). Furthermore, social distancing and isolation have imposed threats to relationships as the lack of face-to-face interactions may be limiting the dyadic intimacy and intensity of commitment that defines close friends.

Overactivity shows a weak, positive association between several challenge variables, namely, housing conditions ($r = .133, p<.05$), financial security ($r = .133, p<.05$), access to communication and technology ($r = .149, p<.05$), access to health care ($r = .139, p<.05$), access to community services ($r = .150, p<.05$), and the



strongest with the relationship with friends ($r = .191, p < .01$). Overactivity, as a form of distraction, involves engaging in activities to keep attention away from stressors. However, escapism and avoidance in the form of burdening oneself with work, overeating, and oversleeping may result in poor health outcomes over time. Distraction has been veered as a disengagement, a maladaptive coping strategy that operates on avoidance. However, a recent study shows how positive distraction can induce positive emotions to address chronic stress (Waugh, Shing, & Furr, 2020). Some examples include engaging in a healthy lifestyle, home gardening, and playing games. The autonomy and agency adults possess to enable them to access different activities can promote a sense of control, goal orientation, and reestablish routines. Gaining a sense of control provides a protective factor against negative developmental outcomes related to risky and unhealthy behaviors (Zhu, Lu, & Chang, 2020). Substance abuse was found to have a weak, positive association with challenges related to housing conditions ($r = .133, p < .05$), and financial security ($r = .146, p < .05$). A perceived lack of control over such challenges would likely lead to maladaptive coping strategies such as substance use.

In addition to coping, Figures 8 and 9 show the various services that facilitated coping amid the pandemic and the ECQ. The average scale revealed digital payment schemes (61.4%) and food deliveries (48.9%) as the most helpful services during the ECQ. Online shopping became popular among young adults, with 40.3% of the participants doing this service. Among the least used services are remittance (31.4%) and micro-financing services (18.4%). Further evaluation revealed other services that became useful during ECQ, such as attending online courses, training, webinars, operating convenience stores, psychosocial support from peers, general express deliveries, and entertainment subscriptions.

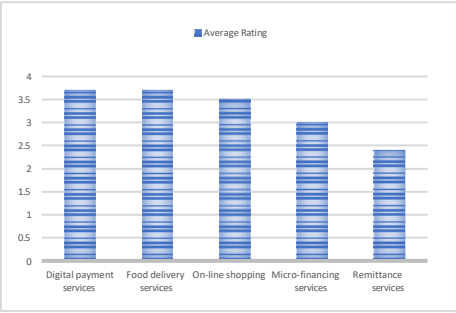


Figure 8. Average rating showing various services that helped in coping during ECQ (n=223)

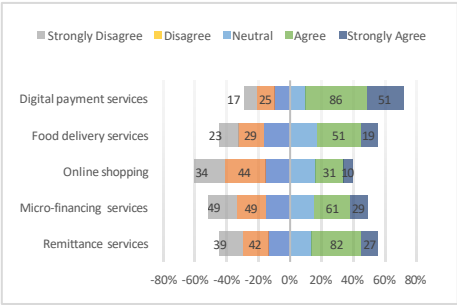


Figure 9. Various services that helped participants cope during ECQ (n=223).

3.5. Expectations Post-Enhanced Community Quarantine (ECQ)

Figure 10 shows the distribution of health-related; new normal expectations strongly diverging to the right. Results revealed that the majority of the participants highly expect online consultation (strongly agree: 28%; agree: 52%), medical supplies delivery (strongly agree: 32%; agree: 56%), increase in medicine supplies at home (strongly agree: 36%; agree: 53%), frequent handwashing and sanitizing (strongly agree: 73%; agree: 26%) and practice of physical distancing (strongly agree: 65%; agree: 31%) to be part of the new normal. Frequent handwashing and sanitizing, followed by physical distancing, showed the highest rating, indicating high compliance concerning following the standard precautionary measures. Although several articles highlight telehealth's advantage in reducing infection risk (Hollander & Carr, 2020; Perrone et al., 2020), online medical consultation was still the least expected by the participants. Skepticism and resistance to change can be attributed to external challenges such as potential costs, limited technical resources, and data privacy issues (Leochico, 2020). The further evaluation suggested other health-related expectations from the participants, including the availability of mass testing, increased medical services not limited to X-rays and MRI, work-from-home set-up, and transportation alternatives.

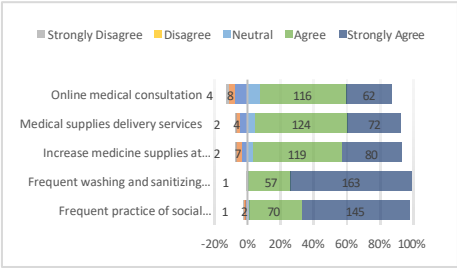


Figure 10. Health-related new normal expectations post-ECQ (n=223)

Food and nutrition-related new normal expectations are shown in Figure 11. Similarly, the distribution is strongly diverging to the right, depicting high expectations from the participants to do the listed practices when the quarantine is lifted. Increased consumption of fruits and vegetables (strongly agree: 53%; agree: 39%), healthy and well-balanced meals (strongly agree: 51%; agree: 38%), and increased awareness of the importance of nutritional recommendations (strongly agree: 51%; agree: 41%) were among the top answers. A recent study that focused on eating habits and lifestyle change among the Italian population confirmed that almost half of the participants (48.6%) perceived weight gain during the lockdown period (Di Renzo et al., 2020). In another study conducted by Deschasaux-Tanguy et al. (2020), the lockdown period was characterized by unhealthy dietary practices that may increase the risk of contracting COVID-19 due to compromised immunity. The lowest scores belong to home gardening for food production (strongly agree: 42%; agree: 41%) and availing food and grocery delivery services (strongly agree: 39%; agree: 49%). Thus, it may be attributed to the gradual easing of lockdown restrictions (as stated in the most recent Republic of the Philippines Inter-Agency Task Force Resolution No. 56, series of 2020), wherein most transactions have recently been allowed to operate, including market and grocery buying. Furthermore, other responses about food and nutrition-related expectations post-ECQ include increased awareness of home gardening, less consumption of processed food, increased consumption of nutritious food, regular eating patterns, mindfulness in choosing what to eat, availability of new food products in the market, accessibility of more online health tips, and online diet consultations.

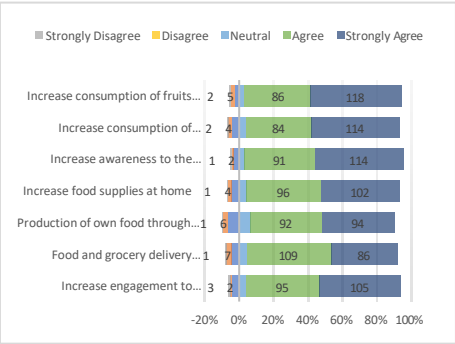


Figure 11. Food and nutrition-related new normal expectations on post-ECQ (n=223)

4. Conclusion

In this study, challenges and various coping strategies among 21 to 30-year-old Filipino adults during the ECQ were described. Although 34.9% reported preparedness, 38.7% were neither prepared nor unprepared. Participants felt secure with their food supply, internet connection, and the information they acquired from credible sources. While there

seems to be limited access to food, healthcare, and community services brought about by the ECQ restrictions and fear of COVID-19 transmission, findings suggest that individuals will continue to innovate given the resources within reach. Home-cooked meals were often prepared, while rice, bread, fruits, and vegetables comprise their usual diet. More than half of the participants take vitamin and mineral supplements, which may be attributed to a protective, health-seeking behavior emerging during a pandemic. Stocking up on food, obtaining credible information, preparing food at home, consuming fruits and vegetables in addition to the usual staple food, and taking supplements exemplify taking individual responsibility to ensure health and well-being. More so, cognitive reappraisals and problem-solving strategies also highlight the importance of personal action over one's situation. Coping strategies such as relaxation-recreation, problem-solving, religiosity, and cognitive reappraisal were among the frequently used.

In a crisis such as a pandemic, it must be realized that health consequences are the results of both individual and collective efforts to improve the well-being of the community. It also follows that post-ECQ, participants expect that more will resolve to adhere to healthy lifestyles, which also meant following nutrition recommendations, continued physical distancing, handwashing, and sanitizing. This study illustrated how 21-to 30-year-old Filipino adults could cope during the community quarantine's heightened enforcement in the Philippines. While the Department of Health mandates health and safety protocols, differences exist in each local government unit (LGU). These disparities, including a wide range of socio-demographic profiles, make it difficult to generalize at this point. Data collection was also limited to a one-time, online survey, mostly dependent on recall and self-reports. A larger sample size may be considered for theorizing, generalizability, and predicting outcomes to further research and practice. A cross-sequential study design may also be used to determine how individuals are coping, given the easing restrictions. This study's findings may be used to encourage individuals, especially young adults, to take a proactive stance in overcoming stress during the pandemic and take accountability in following the mandated health protocols.

Declaration of Conflict of Interest

The researchers declare that there is no conflict of interest involved whatsoever in this study.

Funding

The researchers received no funding support for the research and/or authorship of this article.

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