

Quarantine: A Psychological Burden among College Students of Metro Manila

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ABSTRACT

Challenges are posed by the rapid onset of unexpected changes brought on by the pandemic, as well as the imposition of home quarantine to achieve social separation and reduce the danger of infection and this increases the chances of having an anxiety specifically to students. This study was conducted to assess the level of anxiety of the 50 college students from different locations during the extended lockdowns and quarantines. The chosen location of the researcher are Valenzuela City, Caloocan City, Quezon City, San Juan City and Mandaluyong City aged 19-60 years old. Results were revealed using Beck Anxiety Inventory and showed moderate anxiety to 32 college students. Given the value between the age and location of respondents, the correlation coefficient .347 shows that the relationship between these two variables are weak. It doesn't give any significant relationship between the age of the respondents and their location. The high rating of anxiety scores in this study are due to powerful media coverage, the news and sometimes fake news in the social media platform, the controlled movement of the people and the essentials which are stated by the respondents of this study.

Keyword: - Anxiety, Quarantine

1. INTRODUCTION

Coronavirus disease (COVID-19) is an infectious disease brought on by a new coronavirus strain. This new virus and disease were unknown before to the December 2019 outbreak in Wuhan, China. On January 30, 2020, the Philippine Department of Health revealed the country's first case of COVID-19, a 38-year-old Chinese woman. The first local transmission of COVID-19 was confirmed on March 7, 2020 [1]. In this instance, President Rodrigo Roa Duterte issued Proclamation 922 declaring a public health emergency throughout the entire Philippines. On March 12, 2020, he announced a community quarantine to begin in Metro Manila on March 15, 2020, and Metro Manila is still experiencing various restrictions to this day. Except for public sectors and food security, there are restrictions on the movement of all individuals in Luzon. Land, domestic air, and domestic sea transportation from Metro Manila were suspended, with a few exceptions. Those who came from countries with localized COVID-19 transmissions are subject to international travel restrictions. The temporary closure of non-essential establishments and businesses until further notice. Temporarily, all schools are prohibited from conducting classes and activities, and working from home is encouraged. President Duterte accepted the Inter-Agency Task Force's (ITF) recommendation on April 7 to extend the enhanced community quarantine (ECQ) in Luzon until April 30, 2020 [2].

Before a series of community quarantines were established, residents had little choice but to remain at home until the quarantine was lifted. Unfortunately, a second variety, the Delta variant, also known as B.1.617.2, is more contagious. IATF-EID proposed a stronger community quarantine, returning the entire NCR to ECQ until August 20, 2021. Staying at home is a pain in the neck, particularly if you belong to the working class. Food and other necessities must be provided every day. Bills and additional financial commitments must be paid on schedule, but not now. These caused public disruption in their daily lives. They are more likely to be influenced by the

government's ability to cope with the problem. Personal protection equipment must be used when being outdoors and is now in short supply on the market for consumers. As the expanded community quarantine is extended, more and more people face difficulties. As of July 31, 2021, the Department of Health Philippines [3] reports a total of 1,597,689 confirmed cases, including 28,016 deaths and 1,506,277 recoveries. As of July 30, 2021, the World Health Organization reported that the number of confirmed cases had reached 196,553,009, causing widespread concern. More infections means there will likely be more cases, deaths, and other complications. This information overload could be a formula for unmanaged anxiety in which individuals are concerned about something they do not understand.

Changes to daily life have been swift and unprecedented, as cases of the virus surge, the death toll escalates, and draconian measures to contain the spread of the disease increase across regions of the globe. Although there has been substantial attention to measures to identify people with the coronavirus infection, identifying the mental health care needs of people impacted by this pandemic have been relatively neglected [4]. In a recent, large survey of people highly susceptible to the coronavirus infection (i.e., Chinese medical workers), the prevalence rate of traumatic stress was at an alarming 73.4%, depression was at 50.7%, generalized anxiety was at 44.7%, and insomnia was at 36.1% [5]. Although these findings are disturbing, they are not isolated, as research on the psychological impact of previous global disease outbreaks has demonstrated clear links between pandemic-related anxiety and elevated symptoms of stress, anxiety, contamination concerns, health anxiety, post-traumatic stress, and suicidality.

Quarantine is typically a traumatic experience for those who must endure it. Sometimes, separation from loved ones, lack of mobility, uncertainty regarding sickness condition, and boredom can have major consequences. Following the implementation of quarantine during earlier outbreak, there have been reports of suicide, significant outrage, and lawsuits filed. The potential benefits of mandated mass quarantine must be carefully evaluated against the psychological burden it may place on college students [22].

This research was carried out to examine the levels of anxiety among college students during the quarantine in Metro Manila. This can assist teachers in understanding how their students are coping with during this pandemic. Different types of anxiety impede everyday activities, including schoolwork. Presented in this study are some suggestions for reducing students' anxiety so that they can find and create stress-reducing and coping learning methods. Moreover, future researchers will be able to explore this condition further using this relevant data.

1.1. Research Questions

This study sought to identify the levels of anxiety of the college students who are in the extended community quarantine measures mostly in college students in Metro Manila. Specifically, the researchers intend to measure the succeeding detailed questions:

1. What is the demographic profile the respondents in terms of:
 - 1.1. Age
 - 1.2. Location
2. What is the level of anxiety of the college students on the extended community quarantine in selected communities of Metro Manila?
3. Is there a significant relationship between the anxiety levels of respondents when grouped according to their age?
4. Is there a significant relationship between the anxiety levels of respondents when grouped according to their location?
5. What recommendations can be generated in this findings?

2. REVIEW OF RELATED LITERATURE

2.1. Anxiety

Anxiety and other emotions are characterized in terms of situation, affective reactions or subjective feelings, psychophysiological responses, and expressive or motivated behavior are used to describe anxiety and other emotions. Anxiety is a multidimensional phenomenon that includes (a) cognitive uncertainty about the nature and extent of potential danger and one's ability to cope with it; (b) subjective feelings of fear and

apprehension about impending or anticipated harm; (c) characteristic physiological signs of autonomic arousal such as increased heart rate, sweating, muscle tension and diarrhea; and (d) expressive or motivated behavioral actions such as worried facial expressions and active pacing [6]. Freud was the first to attempt to explain the significance of anxiety in terms of psychological theory. He perceived anxiety to be a distressing affective state or condition. This state, as observed in individuals with anxiety-neurosis, was defined by everything encompassed by the term "nervousness," as well as efferent discharge phenomena. Specific symptoms of the latter condition included heart palpitations, abnormalities in respiration, perspiration, tremor and trembling, vertigo, and a variety of other physiological and behavioral aspects [7].

Anxiety derives from the Latin word "angere," which means to produce distress [9]. Additionally, anxiety has been defined as a vague, uncomfortable feeling that is increased by continuous stress and the presence of several stressors [9]. Depression and anxiety are the most frequent mental disorders, and co-occurring with these two diseases is also highly common. Many people with anxiety also suffer from depression, and vice versa. In college students, anxiety and depression are more widespread than in the general population [10]. On the opposite side study in 2016, investigated both physical and mental health concerns. The study examined asthma, allergies, mononucleosis, strep throat, and urinary tract infections, among other physical health issues. The results of the study also demonstrated a correlation between physical and mental health difficulties [11].

In a study about the effects of COVID-19 on college students' mental health in the United States, among 195 individuals, 138 (71%) said that their stress and anxiety had grown owing to the COVID-19 pandemic, whereas 39 (20%) reported that it had remained unchanged and 18 (9%) reported that it had decreased. Only 10% of those who reported higher stress and anxiety utilized mental health counseling services. The vast majority of participants (n=189, 97%) assumed that other students were feeling the same levels of stress and worry as they were due to COVID-19 [12].

2.2. Quarantine

In an effort to reduce the spread of the coronavirus, many nations have enacted a variety of disease control measures, such as social isolation and obligatory lockdown or stay-at-home orders, in the Philippines, beginning in March 2020, the government enforced a nationwide mandatory lockdown, sometimes known as a 'community quarantine', banning all forms of physical and social activity outside the home with the exception of frontline and vital personnel. In addition, schools were physically shuttered at the middle of March 2020 and remain closed as of the time of writing; remote teaching and learning environments have been developed as a temporary remedy. It was determined that these interventions, along with other disease control methods, effectively reduced the number of confirmed cases and deaths related with COVID-19 in the United States [3] and in other countries [13].

Although lockdown policies effectively mitigated or slowed the transmission of the coronavirus disease, they have negatively impacted people's way of life, with severe consequences for mental and psychological health and well-being, especially among young people [14]. According to the Australian Psychological Society [14], a prolonged lockdown may result in physical, mental, and/or emotional exhaustion as a result of the overwhelming disruptions to a person's routines and activities, social isolation, lack of security, imminent threat to health, and unpredictability of what's to come. Though subjective, fatigue is typically a negative sensation characterized by an overwhelming sense of tiredness that is not alleviated by rest or food consumption, an intense desire to sleep, a lack of physical and mental energy, and diminished drive and enjoyment [14]. It impairs a person's capacity to operate properly on a daily basis and may result in a diminished quality of life [14].

Previous research has demonstrated conclusive evidence of lockdown-related tiredness among Australian people after a few months of the countrywide lockdown mandate [15], which seems to grow over time [16]. Lockdown-related weariness manifested as depression, physical exhaustion, decreased interest in previously liked activities, emotional outbursts, anxiety, and fear [14]. Other signs of increasing fatigue during the lockdown period included fatigue [16], sleep disturbance [17], uncertainty, loneliness [18], irritability [16], fear and increased worry [19], lack of motivation [20], and loss of interest in formerly enjoyed [21].

2.3. Anxiety of College students related to Quarantine

Previous epidemiological research indicates that lockdowns and quarantine procedures, despite being required, may cause negative psychological effects such as despair, tension, and anxiety [22]. This is congruent with the findings of Covid-19 pandemic research conducted on Chinese and Western civilizations [8]. In particular, students were among the populations most affected by these psychological difficulties. It has been demonstrated that students were susceptible to mental health issues even before the epidemic [9] as a result of academic difficulties and numerous personal and psychosocial stressors. These include leaving the family home, establishing new social ties, time management and multitasking, adjusting to new social and geographical contexts, and allocating economic resources. The lockdown exacerbated these challenges and worsened the mental health of students due to fear of infection [5], financial hardship [23], physical inactivity [4], challenges of relocation [24]. Additionally, Emergency Remote Teaching (ERT) has been demonstrated to exacerbate students' mental health difficulties [24].

College students are especially susceptible to the negative mental and psychological health effects of lockdown and stay-at-home orders, since they constitute a threat to their physical, mental, and emotional health as well as their educational and developmental progress [18]. During the mandatory lockdown time, there were significant increases in the prevalence of mental disorders such as anxiety, depression, and psychological distress, as well as indications of physical weariness such as sleepiness, headaches, insomnia, fatigue, and muscle soreness, among adolescents. Consequently, efforts should be taken to properly support young people throughout the pandemic in order to mitigate the negative impacts of the lockdown on their mental, psychological, and physiological health.

3. METHODOLOGY OF THE STUDY

Given the urgency of the situation and the limited networks of opportunity to gather data, the researcher surveyed the respondents through online. Beck Anxiety Inventory (BAI) self-report measure was used. It is a 21-item questionnaire that needs the number to be encircled for each statement. Students indicated how much they have been bothered by the series of lockdowns and quarantines for the past year. Responses are rated on a 4-point Likert scale and range from 0 (not at all) to 3 (Severely-it bothered me a lot). From June 25 2021 up to July 25, 2021, members of the public in different barangay and cities were approached in the social media platform. Eligible participants were 19 years of age or older. The researchers messaged the respondents in Facebook groups and some in the set of students enrolled in a tertiary institution of Valenzuela City where the researcher is teaching.

Cross sectional quantitative research design was used in this study. Purposive sampling was used followed by the set of limitations: (a) residing in cities of Valenzuela, Caloocan, Mandaluyong, San Juan and Quezon, (b) male and female college students aged 19-60 years old. Data were analyzed using frequency, means and standard deviations under descriptive statistics. These were used to present the description of the respondents in terms of demographic data and the level of significance. Chi-square and Pearson-r was also used to determine the strong levels of relationship between variables.

3.1 Results and Analysis

A total of 50 college students from different cities were approached in the social media platform. The survey form was then emailed/sent to them via private message. All 50 members agreed to participate.

Table 1. Frequency and Percentage distribution of the Respondents according to Age

Age group	Frequency	Percent
19-30	18	36
31-40	22	44
41-60	10	20
Total	50	100

In table 1, It was shown that 36% of the respondents are 19-30 years old, 44% of which are between 31-40 years old and 20% are from ages 42-60 years old.

Location	Frequency	Percent
Valenzuela city	9	18
Quezon city	10	20
Mandaluyong city	10	20
San Juan city	10	20
Caloocan city	11	22
Total	50	100

Table 2. Frequency and Percentage distribution of the Respondents according to Location

The table shows that 18% of the respondents are from Valenzuela City, Quezon city has 20% of the respondents including Mandaluyong City and San Juan City while Caloocan city has 22% of the respondents.

Table 3. Frequency and Percentage Distribution of the Level of Anxiety of the Respondents

Levels of Anxiety	Frequency	Percent
Low anxiety	18	36.0
Moderate anxiety	32	64.0
Total	50	100.0

Moderate levels of anxiety are at 64% of the total population of the respondents. This shows that people express increased anxiety during this time of crisis. 36% of the respondents demonstrates low level of anxiety. In a study made by Sherman Lee about mental health screener for COVID-19 related anxiety; Receiver operating characteristic (ROC) analyses were used to evaluate the diagnostic viability of the CAS as a mental health screening tool, as well as determine a cut score that best distinguishes individuals who experience clinically significant impairment because of coronavirus anxiety (individuals who scored >20 on the WSAS) from those who were also anxious but not disabled by the pandemic. The ROC graph displayed the convex pattern that is indicative of good discrimination ability, while the area under the curve (AUC) demonstrated solid diagnostic accuracy for the CAS (AUC = 0.94, $p < .001$). A CAS score ≥ 9 optimally classified adults as having (90% sensitivity) or not having (85% specificity) dysfunctional levels of anxiety (Youden's index of 75) with a false positive rate of 15%. Thus, these results support the CAS as a diagnostically accurate mental health screening tool with strong classification features.

Table 4. The relationship between age and Levels of anxiety

Age	Low Anxiety	Moderate Anxiety	Total
19-30	7	11	18
31-40	8	14	22
41-60	3	7	10
Total	18	32	50

Chi= 26.128, DF=24; Sig = .347

Based on the findings, its significant relationship is at .347 which doesn't give any significant relationship between the age of the respondents and their levels of anxiety. On a study authored by (Khesht-Masjedi 2019) about the relationship between gender, age, anxiety, depression and academic achievement among teenagers, the results indicate that girls are more anxious at 21.8% than boys at 11.6% ($F= 21.448, t= 5.420$), while boys with 29.5% are more depressed than girls with 17.8% ($F= 25.530, t= 4.847$). Additionally, there were significantly negative correlation between academic achievement and depression. There was no statistically significant difference in the mean of anxiety and age, but a significant increase in anxiety level of respondents who are 31-40 years old was significantly different from other ages.

Table 5. The relationship between location and Levels of anxiety

Location	Low Anxiety	Moderate Anxiety	Total
Valenzuela City	3	6	9
Quezon City	1	9	10
Mandaluyong City	4	6	10
San Juan City	7	3	10
Caloocan City	3	8	11
Chi= 8.412, DF=4; Sig = .078			

The table indicates that in every location there is high percentage of moderate anxiety levels compared to low anxiety levels. The findings conveys a significant score of .078 which rejects the relationship between the location of the respondents to their levels of anxiety.

4. CONCLUSIONS

The lockdown and quarantine of the population have direct or indirect effects on all aspects of society. To contain the outbreak and safeguard students from COVID-19, all schools have been shuttered until the pandemic is contained. Long-term home quarantine and online learning are associated with a variety of stress-related emotional responses, including as increased anxiety and other negative feelings. This study examined the occurrence of anxiety among home-quarantined college students in Metro Manila and the risk factors associated with this condition. According to the results, quarantine during a pandemic is one of the psychological burdens placed on students. Prevalently, when the majority of schools and colleges organize online academic activities, teachers are in constant contact with students and can thus play a crucial role in the promotion of psychological health among students.

To reduce the impact of psychological distress on students during "home-quarantine," it is necessary to develop programs or strategies that encourage students to seek assistance anytime they experience anxiety, depression, or stress. Additionally, spirituality and religiosity may ease emotional stress. Additionally, students can help alleviate their anxiety by being more open and non-directive in their communication. This is an opportunity to learn responsibility, accountability, involvement, and collaboration by taking on some daily chores at home, such as maintaining their possessions and utilities.

They can learn skills such as cooking, money management, first aid, room organization, and participating to the management of duties such as laundry, cleaning, and cooking. Excessive internet use, such as COVID-19-related internet surfing, should be avoided because it causes anxiety. Similarly, reckless and excessive usage of social media and online gaming should be discouraged. In such circumstances, engaging in creative activities such as art, music, and dance can help everyone manage their mental health and well-being. These strategies will enable teachers to detect anxiety early and intervene effectively to prevent it.

The following describes the involvement of teachers during the COVID-19 pandemic and lockdown to decrease the anxiety of the students. Teachers can commit time to educating students about COVID-19 and preventative health behaviors in accordance with the students' level of maturity and international organization norms. Students might be instructed on the necessity of acting responsibly amid the present pandemic. They can model and demonstrate the preventative actions through their behavior. They can also conduct creative online academic and non-academic sessions by making their classes more interactive, involving students through quizzes, puzzles, and minor competitions, and by assigning more creative homework to break up the monotony of online lessons. Standard educational content may be utilized. UNESCO, for instance, has provided numerous online instructional resources [25]. Teachers have a responsibility to promote the mental health of their students. They can debate the meaning of wellbeing and its significance for students. They can aid in the instruction of simple activities like as deep breathing, muscle relaxation, diversion, and positive self-talk. Through the use of more concrete examples, "life skills" connected to stress management can be the subject of virtual courses [18].

Teachers can help students comprehend the significance of prosocial behavior and human values such as empathy and patience, among others. This can assist them in understanding their place in society and the distinction between social and emotional separation. Teachers must communicate with parents or guardians over the Internet or via telephone in regards to student feedback and mental health. Due to the digital gap, they can phone parents, make their contact information available to parents, and designate a time when they can be reached. They can act as an entry point for identification and referral to mental health specialists. They are responsible for acting as a bridge between the parent and the student based on their interactions with students and the results of screening tools. If they see a problem with a child, they can discuss it with the parents and recommend the child or adolescent to mental health professionals. Teachers must, with the assistance of school administrators, make sure that academic and life skills-related reading material is accessible to disadvantaged children who do not have Internet access. If possible, they should have access to the internet [18].

This study has several limitations. First, it was conducted through the social media platform and are restricted to 5 cities here in Metro Manila. Second, this study has the potential to be biased towards the students who are particularly concerned about the crisis. Their beliefs and attitudes reflect the information available at the time and will not be stable. The rapid increase in the number of the pandemic COVID-19 cases in the Philippines and worldwide gives the respondents heightened anxiety. 32 out of 50 respondents incur moderate anxiety regardless of their location and age while 18 respondents did have low anxiety score based on Beck Anxiety Inventory. It demonstrates that psychological complications may arise during or after the Enhanced Community Quarantine. But on the other hand, age and location does not defy the levels of anxiety. Rather, the researchers conclude that there is not enough evidence to suggest an association between age and location of the respondents to the levels of their anxiety.

Encourage the students to undertake specific behavior related to mental health. Schools should continuously provide clear and sufficient information about the outbreak, and that the government should respond quickly and effectively to this pandemic situation. The high rating of anxiety scores in this study stated by some respondents are due to powerful media coverage, the news and sometimes fake news in the social media platform, the controlled movement of the people and the essentials. The COVID-19 pandemic remains active, isolating many students at home. To ease the psychological burden imposed by the pandemic, urgent and appropriate interventions should be implemented with the involvement of educators.

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