International Journal of Psychological Science
2025, Vol. 5, No. 3, pp. 63-73
https://doi.org/10.11648/j.ijps.20250503.13

Research Article

Mental Health and Quality of Life During the COVID-19 Pandemic Among Local Residents in San Isidro, Bohol

Sahra Zean Baloria Robles*

Graduate School & Professional Studies, University of Bohol, Tagbilaran, Philippines

Abstract

The coronavirus disease pandemic is a global pandemic affecting mental health and quality of life. This study aimed to determine the mental health and quality of life during the coronavirus disease pandemic among residents in San Isidro, Bohol. The study used a quantitative descriptive survey method and utilized a modified tool designed by Meo et al., Oli Ahmed, and the WHO Quality of Life Scale. A total of 365 respondents 18 years old and above were randomly selected from the 12 barangays of San Isidro, Bohol with a 5% margin of error at a 95% confidence level. Frequency and Percentage, Weighted Mean, Chi-square Test, Spearman's Rho, Wilcoxon Signed Ranks Test, and Friedman Test were used to analyze the data. It was found that the level of mental health of the respondents had a fair mental health status and good quality of life. There was a significant degree of relationship between the mental health status and the respondents' quality of life. Also, there was a significant degree of difference between the dimensions of mental health and the degree of variance among the different dimensions of quality of life. It implies that the mental health of the residents during the pandemic affects their quality of life.

Keywords

Mental Health, Quality of Life, Status, COVID-19 Pandemic, Local Residents

1. Introduction

Mental Health is a condition of well-being in which a person recognizes his or her potential, can cope with typical life challenges, can work more effectively, and can contribute to his or her community. Mental Health can harm daily life, relationships, and physical health. Moreover, stress, worry, and anxiety can all have an impact on a person's mental health and disturb their daily routine. [2, 3]

Quality of Life is the degree to which a person is healthy, comfortable, and able to participate in or enjoy life events. It is generally complex because it can apply to both an individual's personal experience of life and the home environments in which they find themselves. As a result, quality of life is extremely subjective. While one person may define the quality of life in terms of wealth or life satisfaction, another may define it in terms of capabilities.

Mental Health and Quality of Life are related to the Master of Arts in Teaching Social Science as it deals with human behavior in its social and cultural aspects. It also engages in scientific undertakings of social phenomenon in which its fundamental principle is that it is created by society, as opposed to something that occurs naturally in the world, like viruses or the COVID-19 pandemic that the world is currently facing. This phenomenon significantly affects the mental health and quality of life of many people, specifically the

*Corresponding author: szbrobles@universityofbohol.edu.ph (Sahra Zean Baloria Robles)

Received: 3 August 2024; **Accepted:** 27 December 2024; **Published:** 13 September 2025

residents of the countries affected by the COVID-19 virus. The COVID-19 pandemic is another life challenge and life event that makes people experience more stress and worry.

The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing global pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It is an infectious disease that can spread among humans. The novel virus was first identified in the Chinese city of Wuhan in December 2019; a lockdown in Wuhan and other cities in surrounding Hubei failed to contain the outbreak, and it quickly spread to other parts of mainland China also affecting many countries, including the Philippines.

Quarantine and quarantine measures procedures were implemented by international and government health organizations in response to this worldwide health disaster to slow the virus's spread. Suspension of lights avoidance of big gatherings forced face mask use in many countries, social isolation, working from home, homeschooling of children, and health mandates to stay at home were among other measures. While the WHO and other international health organizations are working hard to contain the outbreak, such a period of public health crisis has far-reaching consequences for human health and well-being, as well as psychological problems and symptoms like stress, worry, and anxiety in the overall population [4, 6, 7, 15, 1].

As specified in the study by [1] (Factors associated with mental health and quality of life during the coronavirus disease pandemic in Brazil), they evaluated the impact of coronavirus disease-2019 (coronavirus disease)-induced social isolation on Brazilians' mental health and quality of life. In Brazil, which became a pandemic epicenter, they discovered high levels of depressive and anxiety symptoms, as well as low levels of quality of life. In their study, so many characteristics were linked to negative mental health symptoms. Those data may help local health policies deal with the mental health consequences of coronavirus disease.

Lockdowns in Bohol, Philippines, are implemented to contain the spread of the coronavirus. This harms the mental health and quality of life of the residents, as it can lead to stress, worry, and anxiety. Family members are also concerned that their family members will die due to the virus. Research has been conducted on mental health and quality of life during the COVID-19 pandemic in small provinces of the Philippines, but there is a lack of research in other countries affected by the virus.

This study aimed to determine the mental health and quality of life of the residents of San Isidro in Bohol during the COVID-19 pandemic. The findings of the study could help formulate intervention programs to help the residents cope with the pandemic and its ramifications on their mental health.

1.1. Theories

Theory of Emotion. Although theorists William James and Carl Lange proposed their respective theories on the relationship between stress and emotion in 1884 and 1885, they shared a common understanding of the relationship: emotions do not emerge instantly after the perception of the stressor or stressful event; they emerge after the body's reaction to stress. According to [30], you only feel fear or any other emotion once you've gone through these physical changes. This means that emotional activity is impossible to manifest unless it is linked to the brain.

Behavioral Psychology Theory. Behavioral psychology is a theory developed by [35] in 1913 by building off the work of Russian psychologist Ivan Pavlov. It suggests that the environment shapes human behavior and is used in psychotherapy and education about mental health. Pavlov's classical conditioning showed that objects or events will trigger a response, which is still relevant today.

Edward Thorndike and Clark Hull are credited with shaping the behavioral psychology theory into what it is today. Thorndike introduced the direction of development, while Hull pioneered the drive theory, which states that as organisms suffer deprivation, it generates exact needs, wants, and drives in people that directly impact the behavior. Watson also contributed to the behavioral approach.

Quality of Life Theory by Abraham Maslow (1962). Abraham Maslow's book Towards a Psychology of Being is still considered a consistent explanation of the quality of life today. He believed that existentialistic psychology is based on the concept of human needs and that taking responsibility for one's own life encourages us to become more accessible, powerful, happy, and healthier.

Maslow's notion of self-actualization has a significant role in modern medicine, especially during the COVID-19 pandemic. The true change for those affected by the virus may lie in knowing and practicing the noble path of personal development. Those who are afflicted may recognize their yearning for life, their wants, and their drive to contribute, but can only discover their exact essence when they examine their own life and existence thoroughly [18].

1.2. Legal Bases

United Nations Sustainable Development Goal # 3: It aimed "good health and well-being. It ensures healthy lives and promotes well-being for all ages. The UN Development Programme noted significant variations in countries' ability to cope with and recover from the COVID-19 dilemma. The Pandemic is a defining moment for health emergency preparedness and investment in vital 21st-century public services [50].

United Nations Sustainable Development Goal # 8: It promotes sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all. It helps in sustaining and create decent jobs for all. [11]

Republic Act No. 11036. This Act creates a National Mental Health Policy to enhance the provision of Integrated Mental

Health Services, protecting, and promoting the rights of people utilizing psychosocial health services, appropriating funds therefore, and other purposes. In this act, the state affirms the fundamental right to the mental health of all Filipinos, as well as the fundamental rights of the citizens who require mental health assistance [47].

Executive Order No. 168, s. 2014 is an order to create the Inter-Agency Task Force to manage emerging infectious diseases in the Philippines. Furthermore, the Secretary of the Department of Health may recommend to the President that the Armed Forces of the Philippines be enlisted to supplement the Philippine National Police and other law enforcement agencies to impose the quarantine of specific areas, facilitating the transport of EID patients, and other purposes necessary for the successful implementation of this Order [25].

1.3. Related Literature

As the COVID-19 pandemic spreads all over the world, it is instilling significant fear, worry, and concern in the general population, as well as in specific groups such as older individuals, care workers, and people with pre-existing medical conditions. As new measures and implications are implemented, particularly quarantine and its impact on many people's regular activities, routines, or livelihoods, levels of psychological distress, depression, harmful drug and alcohol use, and self-harm or suicidal behavior are projected to increase. For already affected populations, issues of quality care and continuity for citizens with developing or existing mental health problems, as well as the mental health and well-being of frontline workers, are now the main concerns as stated in the article of the World Health Organization, Europe, entitled "Mental health and COVID-19".

According to the World Health Organization (Mental Health & COVID-19), fear, worry, and stress are natural reactions to real or perceived threats, as well as when confronted with uncertainty or the unknown. As a result, fear is natural and understandable in the context of the COVID-19 pandemic. Faced with new challenges such as working from home, temporary unemployment, home-schooling children, and a lack of physical contact with other family members, friends, and colleagues, people must look after both their mental and physical health [49, 50].

Mental Health. Emotional, psychological, and social well-being all contribute to this research's mental health. It has an impact on how we think, feels, and act. It also influences how we deal with stress, interact with others, and make decisions. Mental health is essential at all stages of life, from childhood through adolescence to adulthood. [42, 47].

1.3.1. Dimensions of Mental Health

Stress. The Mental Health Foundation defines stress as the feeling of being overwhelmed or unable to cope with mental or emotional pressure. It can be caused by a variety of conditions or occurrences in one's life and is often triggered by unexpected or threatening situations [12].

Worry. Worrying is a type of future thinking that is defined as thinking about future events in a way that feels anxious or apprehensive [48].

The Centers for Disease Control and Prevention has released an article entitled Coping with Stress, which highlights the importance of managing stress in a healthy way to reduce the effects of the COVID-19 pandemic on people's lives.

Quality of Life. Quality of life is subjective and refers to an individual's experience of their existence and the living situations in which they find themselves. It is defined as the extent to which an individual is healthy, comfortable, and able to participate in or enjoy life events [9].

1.3.2. Dimensions of Quality of Life

Physical Health. Physical health is defined as the absence of disease or disability. It can include a variety of topics such as a healthy diet, a healthy weight, dental health, personal hygiene, and sleep. Physical health is essential for overall well-being. [17, 32]

Psychological Domain. The Psychological Domain is used to evaluate the quality of life of psychological health, such as affective moods, cognition, and mental concentration. [33, 34]

Level of Independence. The ability to carry out everyday living activities safely and autonomously is referred to as functional or level of independence [21, 22].

Social Relations. Interactions between two or more persons, groups, or organizations are referred to as social relations. Individual social relationships are made up of a wide range of social, physical, and verbal encounters that foster the interchange of thoughts and feelings [23, 43].

Environment. The term "environment" refers to all of the elements that act on an individual from without. Environmental impacts start even before conception, in the mother's womb. The physical environment encompasses the location of residency, the climate, the natural landscape, the food accessible, and all other geographical elements. The impact of home, neighborhood, school, church, and social surroundings is included in the social environment [36-39].

Spiritual/Religion/Personal Beliefs. Spirituality is a wide concept that has been found in many people, particularly through religious activities. The World Health Organization defines Quality of Life as an assessment of one's place in life about their desires, aspirations, standards, and problems in the context of the culture and value system in which one lives. Quality of life encompasses general well-being and happiness, including access to school, employment opportunities, the lack of personal conflict or threats, and good bodily and emotional health. It is subjective and includes intangible elements like spiritual ideas and a feeling of belonging. Qualitative life is essential for evaluating the efficacy of public health, medical, and workplace interventions and programs [16, 10].

1.4. Related Studies

Coping During COVID-19 Pandemic: Relations with Mental Health and Quality of Life is a study conducted by [42] (2021) in Canada, US. They concluded that depression and anxiety are significantly higher than pre-pandemic levels, and recognizing effective coping strategies is critical to minimizing the negative mental health implications of COVID-19. The most used coping strategies were distraction and acceptance; however, acceptance-based coping was not related to mental health or quality of life, whereas distraction-based coping was affiliated with worse mental health and quality of life. Positive reframing was a remarkably resilient coping strategy, and it was linked to mental health and quality of life both cross-sectionally and longitudinally. Positive reframing methods, such as cognitive-behavioral therapy, may be efficient therapeutic methods during the pandemic.

In the study by [40] (2020) about the Prevalence of stress, anxiety, and depression among the general population during the COVID-19 pandemic in Iran, it was stated that in just a few months, the COVID-19 pandemic had declared a global emergency. This contagious virus has not only brought up public health concerns but has also led to a series of psychological and mental disorders. According to their findings, the COVID-19 pandemic can have an impact on mental health in individuals and communities. As a result, in the present situation, it is critical to identify individuals prone to psychological disorders from various groups and layers of populations so that the general population's mental health can be protected and improved with appropriate mental health strategies, methods, and treatments.

A Diary Study on When and With Whom Recovery Experiences Modulate Daily Stress and Worry During a COVID-19 Lockdown by [26] (2021) in Canada. It talks about the effect on people's mental health by being on lockdown due to the COVID-19 pandemic. It was also stated that finding ways to reduce low feelings about the pandemic is critical in this highly challenging context. Further research revealed that when people experienced pandemic-related psychological detachment, relaxation, mastery, control, pleasure, or connectedness at specific times of the day, their mood improved the next time they were measured, indicating a protective effect. The findings of their research will help understand the role of recovery life experience during lockdowns, and it is suggested that many people could benefit from such incidents throughout the day when they are self-isolating. However, for people who have different risk factors, such as being single with dependents, some recovery experiences at specific times of the day may not produce the desired results, and more research is needed to determine whether guilt or domestic burden may explain this finding.

Xiong et al [51] (2020) conducted a systematic review study on the Impact of the COVID-19 pandemic on mental health in the general population. Their study examined the general public's psychological state during the COVID-19 epidemic, as well as the accompanying risk factors in Toronto, ON. Most investigations found a significant frequency of adverse mental symptoms. The COVID-19 pandemic poses a unique hazard to mental health in high, medium, and low-income countries. Priority should be given to the prevention of mental diseases in addition to flattening the curve of viral transmission. A combination of government policy that merges viral risk mitigation with safeguards to mitigate mental health dangers is desperately needed.

As specified in the study of [46] (Factors associated with mental health and quality of life during the COVID-19 pandemic in Brazil), they evaluated the impact of coronavirus disease-2019 (COVID-19)-induced social isolation on Brazilians' mental health and quality of life. In Brazil, which became a pandemic epicenter, they discovered high levels of depressive and anxiety symptoms, as well as low levels of QoL. In this study, many characteristics were linked to negative mental health symptoms. This data may help local health policies deal with the mental health consequences of COVID-19.

The research of [24] (2020) titled “The coronavirus disease 2019 pandemic in Taiwan: An online survey on worry and anxiety and associated factors”, found that during the pandemic, respondents in Taiwan experienced high levels of anxiety and concern about the COVID-19. The findings emphasize the importance of improving healthcare professionals' planning and expertise in dealing with the psychological effects of infectious disease outbreaks.

The purpose of the study of [13] (2021) in China was to examine the influence of the COVID-19 pandemic and lockdown policy on physical health, psychological health, physical activity, and overall well-being in the context of HRQoL, with an emphasis on the role of emotional regulation as a moderator. The Chinese people's physical health, psychological health, and overall well-being were harmed because of the COVID-19 pandemic and lockdown measures. It has been proposed that emotional regulation intervention minimizes the adverse psychological effects to improve quality of life. Emotional regulation can efficiently function one's sentiments in their social environment for quality of life.

In the study by [20], (2020) (Spain, Italy, and Iran) about the Impact of the COVID-19 pandemic on the sexual behavior of the population: The vision of the East and the West, stated that because human sexuality is a complicated process with many contributing components, psychological, social, and biological variables relating an increase in sexual dysfunction due to fear or anxiety should be examined. Suggestions that may be given are that establishing a new relationship is very risky since maybe one of them is infected and having non-monogamous sex also is risky. If one of them does not go outside or has perilous work, the only safe way is to have sex with primary or monogamous sex. The pandemic is drastically transforming couple and their relationships: confinement, difficulties in having sex, loss of work, economic troubles, and an uncertain future might function as catalysts to

break up many marriages.

2. Statement of the Problem

The purpose of this study is to determine the mental health and quality of life during the COVID-19 pandemic among the residents of San Isidro, Bohol, as of Calendar Year 2022. The study's findings will serve as the basis for formulating the proposed intervention program.

Specifically, it seeks to answer the following questions: What is the profile of the residents in terms of age, sex, civil status, highest educational attainment, and employment status? What is the level of the mental health status of the respondents during the COVID-19 pandemic in terms of stress-allied queries, and worrying allied queries? What is the level of the respondent's quality of life in terms of physical health, psychological domain, level of independence, social relations, environment, and spirituality/religion/personal beliefs? Is there a significant degree of relationship between the profile of the respondents and the following: level of mental health status, and level of quality of life? Is there a significant degree of correlation between the level of mental health status during the COVID-19 pandemic and the level of quality of life? Is there a significant degree of difference between the two dimensions of mental health? Is there a significant degree of variance among the six domains of quality of life? What recommendation may be formulated based on the findings?

2.1. Research Methodology

2.1.1. Design

The study used the quantitative descriptive survey method of research. In gathering the data, three modified questionnaires were used. To measure the mental health status of the residents during the COVID-19 Pandemic, the study used the COVID-19 Pandemic: Impact of Quarantine on Medical Students' Mental Wellbeing and Learning Behaviors authored by: Meo, Abukhalaf, Alomar, Sattar, and Klonoff and COVID-19 Outbreak in Bangladesh and Associated Psychological Problems: An online survey written by Oli Ahmed and to measure the quality of life of the residents The World Health Organization Quality of Life Assessment (WHOQOL) Written by: Mick Power and Willem Kuyken on behalf of the WHOQOL Group [27, 5, 19].

2.1.2. Respondents

The study used simple random sampling among the respondents of San Isidro, Bohol. The inclusion criteria of this research are the residents of the said barangays of the Municipality of San Isidro, Bohol, who are 18 years old and above (either male or female). However, excluded in this research are those residents who are not yet of the legal age to enter a contract, 17 years old and below. The sample of respondents was computed using an online sample size calculator at a 95% confidence level and a 5% margin of error.

2.1.3. Environment

San Isidro is a municipality located in the interior part of Bohol province. It is situated 32 kilometers away from the province's capital, Tagbilaran City, and has a land area of 60.04 square kilometers or 23.18 square miles. The municipality is divided politically into 12 barangays, namely: Abehilan, Baryong Daan, Baunos, Cabanugan, Caimbang, Cambansag, Candungao, Cansague Norte, Cansague Sur, Causwagan, Masonoy, and Poblacion [11].

2.1.4. Instrument

The research instrument utilized a modified tool adopted from the study of Meo et al., in their research entitled COVID-19 Pandemic: Impact of Quarantine on Medical Students' Mental Wellbeing and Learning Behaviors, Oli Ahmed in his research entitled COVID-19 outbreak in Bangladesh and associated psychological problems: An online survey and The World Health Organization Quality of Life Assessment (WHOQOL) drafted by Mick Power and Willem Kuyken on behalf of the WHOQOL Group.

The study was subjected to face validity, pilot testing, and a reliability test to guarantee consistency and accuracy of measurement by computing Cronbach's Alpha Analysis. The Cronbach Alpha result is as follows: 0.940 and 0.986. This means that the instrument is reliable. The research instrument will be encoded in google e-form, and the respondents will be given this link (https://bit.ly/3uWvRHL) via messenger or text [1].

Table 1. *Mental Health Status of the Residents.*

Scale	Responses	Interpretation
4	Strongly Agree	Very Good Mental Health Status
3	Moderately Agree	Good Mental Health Status
2	Slightly Agree	Fair Mental Health Status
1	Disagree	Poor Mental Health Status

Table 2. *Residents Quality of Life.*

Scale	Responses	Interpretation
4	Strongly Agree	Very Good Quality of Life
3	Moderately Agree	Good Quality of Life
2	Slightly Agree	Fair Quality of Life
1	Disagree	Poor Quality of Life

The tool contained three sections. The first section provided the sociodemographic characteristics of the participants: age, sex, civil status, highest educational attainment, and employment status. The second section determines the mental health status of the residents during the COVID-19 Pandemic. It has 19 items using a 4-point Likert scale format with the response ranging from strongly agree (4) to disagree (1). The last section determines the resident's quality of life. It has 96 items using a 4-point Likert scale format with the response ranging from strongly agree (4) to disagree (1). The questionnaire was composed of questions on the dimensions of quality of life, physical health, psychological domain, level of independence, social relations, environment, and spirituality/religion/personal beliefs.

2.1.5. Data Gathering Procedures

Phase 1: The researcher presents a letter of approval to the Dean of the University of Bohol Graduate School, Dr. Buenaventurada D. Libot, and the Vice President for Academics Atty. Marlumina B. Teh asking permission to conduct a study outside the school premises. The researcher also sent a letter to the Mayor of San Isidro, Bohol, Atty. Diosdado N. Gementiza Jr., and to the Barangay Captains of the 12 barangays.

Phase 2: Before dissemination of the questionnaire, the respondents were asked to fill out an informed consent form and explain the research goals and objectives to ensure that their rights were not violated. The researcher ensured that all health standards were enforced correctly, including physical distance, the use of a face mask and face shield, as well as the use of sanitizers and alcohol.

Phase 3: After that, the questionnaires were collected, tallied, tabulated, and interpreted. The researcher ensures that the data is securely stored, will be kept confidential and anonymous, and will be managed appropriately [25].

2.1.6. Ethical Considerations

Before the study began, the protocol was strictly followed. Before the distribution of the questionnaire, the researcher went through the Research Ethics Committee's review procedures and received a "Clearance to Gather Data" to ensure that the "do not harm principle" would be followed.

The researcher obtained proper authorization and consent from the residents using an informed consent form, which they signed to indicate their readiness to participate as study respondents willingly. Throughout the study, the researcher assured that the essential principles of research would be followed. These principles are the principles of anonymity, and confidentiality, among others. They were informed of their rights as well as the study's objective, and they were given the option to withdraw their participation at any moment. They were also assured of adequate data management and the utmost confidentiality of the information obtained.

It also went through an integrity test and citation audit to ensure that it wasn't plagiarized by other researchers. During the data collection process, strict adherence to health safety protocols was also observed [49].

2.2. Scope and Delimitation of the Study

This study was conducted in San Isidro, Bohol, focusing on residents aged 18 years and above during the year 2022. It specifically examined two dimensions of mental health (stress and worry) and six domains of quality of life (physical health, psychological domain, independence, social relations, environment, and spirituality/religion/personal beliefs).

The study did not include residents below 18 years of age, institutionalized individuals, or those living outside San Isidro. Moreover, the research relied on self-reported survey data, which may be influenced by recall bias and personal perceptions [31].

3. Results and Discussions

Level of Mental Health Status of the Residents During the COVID-19 Pandemic. The overall composite mean of the level of Mental Health Status of Residents During the COVID-19 Pandemic is 2.2904, or Fair Mental Health Status. Stress-allied queries had the greatest composite mean of 2.7581 out of the two dimensions, with an interpretation of Good Mental Health Status. Worrying allied queries received a composite mean of 1.8216 or Fair Mental Health Status [14, 29, 45].

Level of Respondents' Quality of Life. The overall composite means of the respondent's quality of life is 3.2160 interpreted as Good Quality of Life. All the dimensions have a different interpretation. Physical health got a mean of 2.9068; it is followed by the psychological domain got a mean of 3.2979; dimension 3, level of independence got a mean of 3.2181; dimension 4, social relations, got a mean of 3.1942; next dimension 5, got a mean of 3.0550; lastly dimension 6 with a mean of 3.6253 [10, 8, 44].

Table 3. *Relationship Between Respondents' Profile on the Level of Mental Health Status.*

Respondents' Level of Mental Health Status	p-value	Result	Decision
A. Age Profile	0.241	Insignificant	Failed to Reject
B. Sex Profile	0.030	Significant	Reject

Respondents' Level of Mental Health Status	p-value	Result	Decision
C. Civil Status Profile	0.708	Insignificant	Failed to Reject
D. Highest Educational Attainment Profile	0.023	Significant	Reject
E. Employment Status Profile	0.085	Insignificant	Failed to Reject

Relationship Between Respondents' Profile on the Level of Mental Health Status. Based on the above-mentioned result, two of the variables reveal a significant relationship which is the sex profile with a p-value of 0.030 and the highest educational attainment profile with a p-value of 0.023; thus the null hypothesis is rejected. It means that there is a significant degree of relationship between respondents' profiles on the level of mental health status. It supports the study of [20, 28]. P. et al., (2020) that human sexuality is a complicated process with many contributing components, psychological, social, and biological variables relating to an increase in sexual dysfunction due to fear or anxiety.

Table 4. *Relationship Between Respondents' Profile on the Level of Quality of Life.*

Respondents' Level of Quality of Life	p-value	Result	Decision
A. Age Profile	0.609	Insignificant	Failed to Reject
B. Sex Profile	0.018	Significant	Reject
C. Civil Status Profile	0.479	Insignificant	Failed to Reject
D. Highest Educational Attainment Profile	0.095	Insignificant	Failed to Reject
E. Employment Status Profile	0.701	Insignificant	Failed to Reject

Relationship Between Respondents' Profile on the Level of Quality of Life. Based on the above-mentioned result, it was found that sex profile has a significant relationship with the level of quality of life with a p-value of 0.018; thus the null hypothesis is rejected. It means that there is a significant degree between respondents' profiles on the level of quality of life [41, 15].

Table 5. *Correlation Between Mental Health Status of the Residents During the COVID-19 Pandemic and the Quality of Life.*

Correlation		Mental Health Status of the Residents During the COVID-19 Pandemic	Respondents' Quality of Life
Spearman's rho	Correlation Coefficient	1.000	.326**
	Sig. (2-tailed)		0.000
	N	365	365

Ho: There is no significant correlation between the mental health status of the residents during the COVID-19 Pandemic and the Quality of Life.

Correlation Between Mental Health Status of the Residents During the COVID-19 Pandemic and the Quality of Life. It shows that the p-value is 0.000 which is less than 0.05 in the level of significance. It indicates that there is a significant degree of relationship between the mental health status of the residents during the COVID-19 pandemic and the respondents' quality of life. It implies that the mental health status of the residents during the COVID-19 pandemic also affects the respondents' quality of life. This finding implies the study of [42] (2021) which concluded that depression and anxiety are significantly higher than pre-pandemic levels and that recog-

nizing effective coping strategies is critical to minimizing the negative mental health implications of COVID-19. Distraction-based coping strategy was affiliated with worse mental health and quality of life. Positive reframing was a particularly resilient coping strategy, and it was linked to mental health and quality of life both cross-sectionally and longitudinally.

Table 6. *Degree of Difference Between the Two Dimensions of Mental Health.*

Wilcoxon Signed Ranks Test		N	Mean Rank	Sum of Ranks
B. Worrying Allied Queries – A. Stress Allied Queries	Negative Ranks	314[a]	191.29	60063.50
	Positive Ranks	41[b]	76.26	3126.50
	Ties	10[c]		
	Total	365		

Table 7. *Test Statistics of Degree of Difference Between the Two Dimensions of Mental Health.*

Test Statistics	B. Worrying Allied Queries – A. Stress Allied Queries
Z	-14.713[b]
Asymp. Sig. (2-tailed)	0.000

Ho: There is no significant degree of difference between the two dimensions of Mental Health.

Degree of Difference Between the Two Dimensions of Mental Health. It shows that the outcome of the computation utilizing the Wilcoxon Signed Ranks Test reveals a p-value of 0.000 which was less than the 0.05 level of significance. It means that there was a significant degree of difference between the two dimensions of mental health, thus the null hypothesis is rejected. It signified that respondents' responses on the two dimensions were on the level and did not differ significantly [12, 24, 26].

Table 8. *Analysis of Variance on the Six Domains of Quality of Life.*

Friedman Test	
A. Physical Health	Mean Rank
B. Psychological Domain	2.28
C. Level of Independence	3.98
D. Social Relations	3.56
E. Environment	3.43
F. Spirituality/Religion/Personal beliefs	2.68
Test Statistics	5.07
N	365[*]
Chi-Square	530.576
Df	5
Asymp. Sig.	0.000
a. Friedman Test	

Ho: There is no significant degree of variance in the six domains of Quality of Life.

Analysis of Variance on the Six Domains of Quality of Life. The result of the test displayed a p-value of .000 which is lesser than 0.05, the set level of significance. There is a significant degree of variance among the different dimensions of quality of life. The spirituality/religion/personal beliefs dimension got the highest rank with a mean of 5.07 while the physical health dimension got the lowest rank with a mean of 2.28. Thus, the null hypothesis is rejected. It means that the different dimensions namely physical health, psychological domain, level of independence, social relations, environment, and spirituality/religion/personal beliefs, vary significantly [16].

4. Conclusions

Anchored on the aforementioned findings, the following conclusions were drawn:

The Correlation Between Mental Health Status of the Residents During the COVID-19 Pandemic and the Quality of Life. It indicates that there is a significant degree of relationship between the mental health status of the residents during the COVID-19 pandemic and the respondents' quality of life. It implies that the mental health status of the residents during the COVID-19 pandemic also affects the respondents' quality of life. The study by [42] (2021) found that depression and anxiety are significantly higher than pre-pandemic levels and that effective coping strategies are essential to minimizing the negative mental health implications of COVID-19. There is a significant degree of difference between the two dimensions of mental health thus the null hypothesis is rejected. It signified that respondents' responses on the two dimensions were on the level and did not differ significantly. Furthermore, results showed a significant degree of Variance in the Six Domains of Quality of Life. Thus, the null hypothesis is rejected. It means that the different dimensions namely physical health, psychological domain, level of independence, social relations, environment, and spirituality/religion/personal beliefs, vary significantly [46, 40].

5. Recommendations

From the findings and conclusions, the following recommendations are herein provided.

Appropriate dissemination of information about the COVID-19 virus as well as proper advice and practices on how to prevent the spread of the COVID-19 virus to the residents from the Department of Health, Local Government Unit, and Barangay Health Workers are recommended. This will educate the residents about the COVID-19 virus and take actions and practices to avoid infecting the virus to their families and friends, and most especially, to protect their selves against the COVID-19 virus.

It is recommended that the Department of Health, Local Government Unit, Barangay Officials, and Health workers coordinate to implement programs and activities to help residents cope with the COVID-19 pandemic.

Residents should be trained in emotional acceptance, self-soothing, and therapeutic modalities to effectively address sadness and depression.

The COVID-19 pandemic has had a significant impact on the social relations of residents, particularly on their sex life and sexual needs. It is recommended that married residents should communicate with their partners and become intimate with each other, and seek counseling to help them express their feelings, discuss issues, and resolve their problems.

In this time of the pandemic, residents should evaluate their beliefs, meditate, and find the purpose and meaning of life. It is recommended to spend time alone and search for the meaning of their life.

A proposed intervention program implementation is hereby suggested.

Abbreviations

COVID-19	Coronavirus Disease of 2019
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
WHO	World Health Organization

Author Contributions

Sahra Zean Baloria Robles is the sole author. The author read and approved the final manuscript.

Conflicts of Interest

The author declares no conflicts of interest.

References

[1] Algahtani, F. D., Hassan, S.-un-N., Alsaif, B., & Zrieq, R. (2021, January 20). Assessment.

[2] of the quality of life during the COVID-19 pandemic: A cross-sectional survey from the Kingdom of Saudi Arabia. MDPI. https://bit.ly/3hkqE4Y

[3] American Psychological Association. (n. d.). Apa PsycNet. American Psychological Association. https://bit.ly/3hk0m2B

[4] Amit Aharon, A., Dubovi, The author., & Ruban, A. (2021, January 14). Differences in mental health and health-related quality of life between the Israeli and Italian population during a COVID-19 quarantine. Quality of Life Research. https://bit.ly/3hBlNfT

[5] authors, A., & Ahmed, O. (n. d.). COVID-19 outbreak in Bangladesh and Associated Psychological Problems: An online survey. Taylor & Francis. https://bit.ly/3HXaAkn

[6] authors, A., & Ferreira, F. de O. (n. d.). Coping in the COVID-19 pandemic: How different resources and strategies can be a risk or protective factor to mental health in the Brazilian population. Taylor & Francis. https://bit.ly/3hh2tEk

[7] authors, A., Wilson, J. M., & Additional informationFundingThis work was supported by a RAPID grant from the National Science Foundation under Award ID BCS-2027027. The funding organization was not involved in designing the study. (n. d.). COVID-19 worries and mental health: The moderating effect of age. Taylor & Francis. https://bit.ly/313dN2B

[8] Bou-Hamad, The author., Hoteit, R., & Harajli, D. (n. d.). Health worries, life satisfaction, and social well-being concerns during the COVID-19 pandemic: Insights from Lebanon. PLOS ONE. https://bit.ly/3BVAVOh

[9] Centers for Disease Control and Prevention. (2021, July 22). Coping with stress. Centers for Disease Control and Prevention. https://bit.ly/3o1cLwF

[10] Cherblanc, J., Bergeron-Leclerc, C., Maltais, D., Cadell, S., Gauthier, G., Labra, O., & Ouellet-Plamondon, C. (2021, June). Predictive factors of the spiritual quality of life during the COVID-19 pandemic: A multivariate analysis. Journal of religion and health. https://bit.ly/3BUMzsO

[11] Cheval, S., Mihai Adamescu, C., Georgiadis, T., Herrnegger, M., Piticar, A., & Legates, D. R. (2020, June 10). Observed and potential impacts of the COVID-19 pandemic on the environment. MDPI. https://bit.ly/3snXnN2

[12] Coppola, The author., Rania, N., Parisi, R., & Lagomarsino, F. (1AD, January 1). Spiritual well-being and mental health during the COVID-19 pandemic in Italy. Frontiers https://bit.ly/3K3x9FD

[13] Dai, J., Sang, X., Menhas, R., Xu, X., Khurshid, S., Mahmood, S., Weng, Y., Huang, J., Cai, Y., Shahzad, B., Iqbal, W., Gul, M., Saqib, Z. A., & Alam, M. N. (1AD, January 1). The influence of COVID-19 pandemic on physical health–psychological health, physical activity, and overall well-being: The mediating role of emotional regulation. Frontiers. https://bit.ly/36JyGCh

[14] Dawson, D. L., & Golijani-Moghaddam, N. (2020, July 30). COVID-19: Psychological flexibility, coping, mental health, and well-being in the UK during the pandemic. Journal of Contextual Behavioral Science. https://bit.ly/3hgsTGp

[15] Dhaheri, A. S. A., Bataineh, M. F., Mohamad, M. N., Ajab, A., Marzouqi, A. A., Jarrar, A. H., Habib-Mourad, C., Jamous, D. O. A., Ali, H. The author., Sabbah, H. A., Hasan, H., Stojanovska, L., Hashim, M., Elhameed, O. A. A., Obaid, R. R. S., ElFeky, S., Saleh, S. T., Osaili, T. M., & Ismail, L. C. (n. d.). Impact of COVID-19 on Mental Health and quality of life: Is there any effect? A cross-sectional study of the MENA region. PLOS ONE. https://bit.ly/3hK0Dfm

[16] Dobrakowski, P. P., Skalski, S., Surzykiewicz, J., Muszyńska, J., & Konaszewski, K. (2021, October 22). Religious coping and life satisfaction during the COVID-19 pandemic among Polish Catholics. the mediating effect of Coronavirus Anxiety. Journal of clinical medicine. https://bit.ly/35fuTMt

[17] Elizabeth Scott, P. D. (2020, November 27). Spirituality can improve many aspects of your life and health. Verywell Mind. https://bit.ly/3h0zJPU

[18] Encyclopædia Britannica, inc. (n. d.). Quality of Life. Encyclopædia Britannica. https://bit.ly/3uZsGzo

[19] Herman, H. (2021, September 4). The World Health Organization Quality of Life Assessment (WHOQOL): Development and general Psychometric Properties 1 this paper was drafted by Mick Power and Willem Kuyken on behalf of the WHOQOL Group. The WHOQOL Group comprises a coordinating. Social Science & Medicine. https://bit.ly/3t6ZFR7

[20] Ibarra, F. P., Mehrad, M., Mauro, M. D., Godoy, M. F. P., Cruz, E. G., Nilforoushzadeh, M. A., & Russo, G. The author. (2020, July 27). Impact of the COVID-19 pandemic on the sexual behavior of the population. the vision of the East and the West. International braz j urol. https://bit.ly/3tebHXl

[21] J;, A. E. M. A. D. (n. d.). Nutrition and quality of life in older adults. The Journal of Gerontology. Series A, Biological sciences and medical sciences. https://bit.ly/3h2XEOS

[22] Kumar, V. K., Puttaiah, A., Murugan, G., & Raju, S. (n. d.). Evaluation of functional independence and pain in COVID-19 patients with mild neurological impairments during the hospital stay. International Journal Of Medical Science And Clinical Research Studies. https://bit.ly/3M1suWr

[23] Lardone, A., Sorrentino, P., Giancamilli, F., Palombi, T., Simper, T., Mandolesi, L., Lucidi, F., Chirico, A., & Galli, F. (2020, December 18). Psychosocial variables and quality of life during the COVID-19 lockdown: A correlational study on a convenience sample of young Italians. PeerJ. https://bit.ly/3spC25T

[24] Lu, W.-H., Ko, N.-Y., Chang, Y.-P., Yen, C.-F., & Wang, P.-W. (2020, October 30). The coronavirus disease 2019 pandemic in Taiwan: An online survey on worry and anxiety and associated factors. International journal of environmental research and public health. https://bit.ly/2ZEZC2L

[25] Mayo Foundation for Medical Education and Research. (2021, November 23). COVID-19: How to manage your mental health during the pandemic. Mayo Clinic https://mayocl.in/3sYbV4S

[26] Ménard, J., Foucreault, A., Leduc, H., Meunier, S., & Trépanier, S.-G. (1970, January 1). A diary study on when and with whom recovery experiences modulate daily stress and worry during a COVID-19 lockdown: Semantic scholar. undefined. https://bit.ly/3M1n0ej

[27] Meo, S. A., Abukhalaf, A. A., Alomar, A. A., Sattar, K., & Klonoff, D. C. (2020, May). COVID-19 pandemic: Impact of quarantine on medical student's mental well-being and learning behaviors. Pakistan journal of medical sciences. https://bit.ly/3tCDEZi

[28] Mirzaei, N., Jahanian Sadatmahalleh, S., Bahri Khomami, M., Moini, A., & Kazemnejad, A. (2021, March 1). Sexual function, mental health, and quality of life under the strain of COVID-19 pandemic in Iranian pregnant and lactating women: A comparative cross-sectional study. Health and Quality of Life Outcomes. https://bit.ly/3IrWoRn

[29] Nelson, N. A., & Bergeman, C. (1970, January 1). [PDF] daily stress processes in a pandemic: The effects of worry, age, and affect: Semantic scholar. undefined. https://bit.ly/3JUcR16

[30] Origins of mental health. Johns Hopkins Bloomberg School of Public Health. (n. d.). https://bit.ly/3s627ql

[31] Panayiotou, G., Panteli, M., & Leonidou, C. (1970, January 1). Coping with the invisible enemy: The role of Emotion Regulation and awareness in quality of life during the COVID-19 pandemic: Semantic scholar. undefined. https://bit.ly/3JX9kir

[32] Physical Health - Food. Head to Health. (n. d.). https://bit.ly/3JIWHaQ

[33] Poulios, A., Christopoulos, A., Pavlopoulos, V., Tsiodra, M., Stefanakou, E., Stavrakaki, M., Risvas, C., Panaritis, C., Lagos, E., Ktena, M., Karadimitri, K., Bekiari, A., Alexopoulou, K., Pomini, V., Gournellis, R., & Ginieri-Coccosis, M. (2021, October 13). COVID-19 and quality of life: The role of cognitive, affective, and behavioral factors. Psychology. https://bit.ly/3vjYpvf

[34] Psychological domain | SpringerLink. (n. d.). https://bit.ly/3IeycC8

[35] Psychology and environment: Meaning, types, and experiments. Psychology Discussion - Discuss Anything About Psychology. (2016, November 5). https://bit.ly/3p47Met

[36] Purba, F. D., Kumalasari, A. D., Novianti, L. E., Kendhawati, L., Noer, A. H., & Ninin, R. H. (n. d.). Marriage and quality of life during the COVID-19 pandemic. PLOS ONE. https://bit.ly/3sn4vJq

[37] Quality of Life. Institute for Work & Health. (n. d.). https://bit.ly/3vccSJB

[38] Religious coping in the time of... - journals.sagepub.com. (n. d.). https://bit.ly/3Is5fT7

[39] Rume, T., & Islam, S. M. D.-U. (2020, September). Environmental effects of COVID-19 pandemic and potential strategies of Sustainability. Heliyon. https://bit.ly/3Ir1mh8

[40] Salari, N., Hosseinian-Far, A., Jalali, R., Vaisi-Raygani, A., Rasoulpoor, S., Mohammadi, M., Rasoulpoor, S., & Khaledi-Paveh, B. (2020, July 6). Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: A systematic review and meta-analysis. Globalization and Health. https://bit.ly/3t8ahhm

[41] Shaigerova, L., Vakhantseva, O., Almazova, O., Shilko, R., & Dolgikh, A. (2021, August 13). Relationship quality in couples related to the mental health of women and men during the COVID-19 pandemic and stay-at-home orders: European psychiatry. Cambridge Core. https://bit.ly/3BSMaah

[42] Shamblaw, A. L., Rumas, R. L., & Best, M. W. (2021). Coping during the COVID-19 pandemic: Relations with mental health and quality of life. Canadian Psychology/Psychologie Canadienne, 62(1), 92. https://bit.ly/3TtKaxV

[43] Social relations. Social Relations definition | Psychology Glossary. (n. d.). https://bit.ly/3h4Faxk

[44] Stress. Mental Health Foundation. (2021, November 11). https://bit.ly/36vnitF

[45] Taylor, S., Landry, C. A., Paluszek, M. M., Rachor, G. S., & Asmundson, G. J. G. (2020, October 24). Worry, avoidance, and coping during the COVID-19 pandemic: A comprehensive network analysis. Journal of Anxiety Disorders. https://bit.ly/35uzSIS

[46] Vitorino LM; Yoshinari Júnior GH; Gonzaga G; Dias IF; Pereira JPL; Ribeiro IMG; Fran ça AB; Al-Zaben F; Koenig HG; Trzesniak C; (n.d.). Factors associated with mental health and quality of life during the COVID-19 pandemic in Brazil. BJPsych open. https://bit.ly/3lm6TMq

[47] What is mental health? What Is Mental Health? | MentalHealth.gov. (n.d.). https://bit.ly/3v1P5Ms

[48] What is worry? Psychology Tools. (2022, January 29). https://bit.ly/3I6G8VZ

[49] World Health Organization. (2022, February 4). Mental health and COVID-19. World Health Organization. https://bit.ly/3sTMP79

[50] World Health Organization. (n. d.). Mental health and COVID-19. World Health Organization. https://bit.ly/3GZHe4o

[51] Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M. W., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Ho, R., Majeed, A., & McIntyre, R. S. (2020, December 1). Impact of COVID-19 pandemic on Mental Health in the general population: A systematic review. Journal of affective disorders. https://bit.ly/3o0F6D4