The Psychological Impact of Covid-19 Quarantine among Selected Elderly Residents of Selected Regions in Luzon, Philippines

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Abstract: - Coronavirus disease (COVID-19) brought about by severe acute respiratory syndrome coronavirus 2 has rapidly spread across the globe since it started in December of 2019. As a response to this pandemic, strict protocols such as quarantine were implemented. This study seeks to analyze the psychological impact of quarantine due to the pandemic and assess its correlation to certain demographic variables such as location, age, sex, civil status, occupation, living arrangement, income status, and health status. It utilized a quantitative descriptive method and focused on the working-age group of 60-64 years residing in regions with the highest number of reported COVID-19 cases — National Capital Region, Region 3, and Region 4A. A survey questionnaire was developed and underwent beta testing before deployment to gather the needed data. An online survey through snowball sampling method was then conducted. Google forms were used to distribute informed consent forms and surveys to 300 respondents through social media sites. Respondents were allowed to have a legally authorized representative to help them answer the questions. The data were analyzed using percentage, weighted mean, and analysis of variance with Eta for correlation. Significant findings are made wherein data shows that quarantine confinement has affected the psychological factors — motivation, attitude and beliefs, and socialization — of the elderly to large and very large extents and is correlated to four demographic variables: location, age, occupation, and health status. This paper recommends further explorative research into different age groups and psychological factors and recommends utilizing other data gathering techniques.

Key Words: —*COVID-19, Elderly, Luzon, Psychological Impact, Quarantine.*

I. INTRODUCTION

The Coronavirus disease or COVID-19 (previously known as 2019 n-CoV) brought about by severe acute respiratory syndrome coronavirus 2 or SARS-CoV-2 has rapidly spread across the globe since it started in December of 2019. As of February 2021, confirmed cases had reached 104 million and over 2.2 million deaths [1].

The first case of COVID-19 in the Philippines was documented on the 22nd of January 2020 [2]. A pandemic was declared by the World Health Organization on 11 March 2020, and right then, a partial lockdown was imposed on the island of Luzon on the 16th of March.

The Philippines has been under quarantine measures since then [3], along with a strict protocol that mandates any person who is sixty (60) years old and above to remain in their residences. These protocols were strictly enforced and were only eased by October 2020 [4], revising the restrictions to ages sixty-five (65) and above [5]. A total of six (6) months of quarantine confinement.

According to the Department of Health in April 2021 [6], 864,868 confirmed cases were reported in the Philippines, with the National Capital Region, Region 4-A, and Region 3 as the Top Regions with the highest recorded cases. NCR accounts for 383,661 cases, while Region 4-A records 147,216 cases and Region 3 with 64,662 documented cases.

It can never be denied that the mitigating measures and the absence of physical interaction being imposed can significantly reduce COVID-19 disease's transmission. Nonetheless, simultaneous effects of these actions can also impact

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psychological well-being and social isolation that must never be disregarded.

Before the pandemic, a study by *Seyfzadeh et al. [7]* revealed that the elderly have vague feelings of happiness as there is an association between aging and increasing social isolation. It has been emphasized that older adults have smaller and shrinking social networks; hence, they are much more vulnerable to loneliness. These can significantly contribute to a decline in mental health statuses, causing depressive episodes, anxiousness, and poorer cognitive functioning [8].

With all these said, this paper will further elucidate the effects of the pandemic, quarantine or isolation in particular, and its psychological impacts on people, especially to the elderly, in correlation to their demographic profile.

II. REVIEW OF LITERATURE

A. Background, Confidentiality, And Consent

Background:

With the start of the quarantine period, as the elderly are part of the population most vulnerable to the virus, they were advised to stay at home as much as possible and were almost strictly prohibited from going outside, unless necessary, and in cases where no other family member could go instead of them. However, because they only have few people with whom they can interact outside their work, the quarantine implementation to lessen the infection also resulted in less social interaction [9]. Lack of social interaction could initiate anxiety and worsen mood [9], as social distancing and loneliness have also been linked to anxiety and depression, further raising mental health concerns [10]. In addition to the anxiety that could be experienced due to the pandemic itself, elderlies would also worry, not just about themselves but also their family, due to job suspensions [11], which may result in a lack of resources and necessities during the quarantine [12].

Brooks [13] also stated that many individuals who have been quarantined experienced short and long-term mental health problems. Being quarantined was one of the causes of acute stress disorder and a high prevalence of psychological distress and disorder symptoms.

Confidentiality:

Confidentiality is about privacy and respect for someone's wishes [14]. It can keep a person's information unless the party agrees to share the private details with other parties. In a research setting, the participants provide themselves with their personal information (e.g., name, email address, phone number), which can be linked back to the results [15]. The data that could be shared is dependent on the decision made by the participants and the researchers.

Consent:

Gathering the participants' consent first is crucial and necessary before performing the research, especially when it requires the subjects' personal information. According to Family Health International [16], informed consent is a legal requirement and communication process between the participant and researcher before initiating research and continues throughout the study period. It is essential that the potential participant understands the provided information and can make a voluntary decision whether to participate or not in the study. However, there are cases where a participant's informed consent was challenging to obtain. Having elderly as participants, a legally authorized representative (LAR) could help obtain their consent. According to the GBS-CIDP Foundation International [17], LAR is an individual who, under law, can act on behalf of another person.

B. Demographic Profile

Region:

One of the areas being examined upon studying mental or psychological health issues is one's environment. Certain factors such as the place of residence, surrounding community, and neighborhood are influential predictors of the psychological well-being of an individual [18]. In a study conducted by Uttara, S., Bhuvandas, N., & Aggarwal, V. in 2012 [19] it has been mentioned that urbanization, industrialization, and economic development of regions or places encourage change; it significantly impacts human behaviors. Now, this also plays a role, especially in the context of the COVID-19 pandemic. In 2020, it was studied by Rocklov and Sjodin [20] that population density is well related to the spread of the virus. This study is evident as the places mentioned above were among the top regions with the highest recorded cases of COVID-19. In a report by the Department of Health last September 2020 [21], the reported confirmed cases in the Philippines are 309,303, of which 53% is from NCR, 17% is from Region IV-A, 7% is from Central Visayas, and 5% is from Central Luzon.

Age:

With the pandemic that the COVID-19 has brought, one of the most affected age groups is the older adults, specifically individuals in their 60s and above, as these people are at a

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higher risk for severe illness [22]. Thus, adults aged sixty (60) and above are restricted to go out and remain at their homes based on a protocol made, particularly in the Philippines [23]. The older population has strictly followed this protocol since April 2020. A similar study about the pandemic concerns and worries of Americans in the United States has been conducted, and it showed that the older adults in America were more likely to believe that COVID-19 is a "significant crisis" to the world and a threat to the health of the community [24]. A relationship could be formed in which the older the respondents, the more likely they were to perceive COVID-19 as a threat [25]. In addition, according to Barari, et. al. [26], the 60+ age group is considered the most disciplined or dutiful group towards preventive rules and procedures among the other age groups they tested, following what they are told, especially during a pandemic.

Sex Differences:

In studying psychological or mental health issues and coping strategies, sex difference is one of the many areas that are being examined. Epidemiological studies have looked upon the association of anxiety-related psychopathology and depression with regards to the different coping strategies of the two sexes. Findings have repeatedly shown that women have a higher prevalence of anxiety disorders (i.e., generalized anxiety disorder, panic disorder, and specific phobias) and depression diagnoses than men, with a female-to-male ratio of approximately 2:1 or greater [27].

In addition, according to the American Psychological Association [28], compared to women, men tend to be diagnosed with diseases related to substance abuse or antisocial disorders. Therefore, sex difference is one of the parameters in this research to acquire a more comprehensive and in-depth assessment of how the pandemic has affected the psychological well-being of the said group as a whole and an individual per se.

Civil Status:

Marital status also has a role in the emotional and psychological quality of life of an individual. It has been reported that married people have better mental health than those divorced or widowed [29]; this could be because they have someone who supports them and can share their emotions and problems, especially when the end of the pandemic is still unknown. It is stated in the study conducted by Gutiérrez-Vega et al. in 2018 [30] that those who are divorced or widowed had the highest frequency of negative feelings like loneliness, which is associated with depression for older adults. In addition,

according to Gustavsson & Beckman [31], the elderly who are not in a relationship tend to feel bad from isolation. The author also added that sleeping pattern problems, depressed emotions, and difficulties in concentrating might be experienced for those not in a relationship.

Occupational Status:

According to Navarro-Abal, Climent-Rodríguez, López-López, & Gómez-Salgado [32], employment is not only for sustaining economic needs but also helps in attaining different latent functions. The said latent functions include establishing relationships outside the family, time structure, setting goals and objectives beyond the personal sphere; it also helps define the status and identity of an individual and sustain the development of an activity. However, the social structure, including the sense of structure and goal of an individual, could change due to unemployment since, for most people, structure comes from their work. Change in social structure due to unemployment commonly leads to higher somatic symptoms, depression, and anxiety levels. Involuntary loss of job negatively affects older people's mental health [33]. While higher demands of work from older people can also negatively affect their psychological well-being [34], losing their job during the pandemic may have a more significant effect. It will also affect their family, especially if they are the sole breadwinner.

Living Arrangement:

Several studies have shown that living arrangements play an important role in health in old age [35]. Based on the cross-study of Kharicha et al. in 2007 [36], elderly living alone was reported to have fair or poor Health-Related Quality of Life (HRQOL), having difficulties in daily living activities, worse memory, mood, and worsening function.

In the study of Zhang et al. in 2019 [37], it stated that living arrangement plays a crucial role in adults' psychological health and wellness. Even as it could serve as a structural factor of social support, ironically, it contributes to depression among older adults. Therefore, the implications of household structure and living arrangement, including the health risks and the uncertainties caused by the pandemic, present a potential threat not just to the physical aspect but also to the overall well-being of the age group.

Income Status:

One of the critical socioeconomic factors to survive the challenges brought upon by the pandemic is income status. This factor profoundly affects one's health status because of the

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social gradient of health wherein the higher a person's income, education, or occupation level, the healthier they tend to be. On the other hand, the lower socioeconomic groups are at greater risk of poor health, have higher illness rates, disability, and death, and live shorter lives than those from higher groups [38]. A study from Thailand in 2017 [39] was conducted about the influence of the socioeconomic factors on the daily life activities and quality life of the elderly, and it was shown that seniors with low incomes were more likely to be anxious and less likely to accept death in the late stage . Moreover, according to Frank [40], low-income elderly are likely to have low levels of social support during the pandemic.

Health Status:

The early data regarding the demographic trend in COVID-19 infection, death, and recovery in the Philippines shows the vulnerability of the older population. Although the age group 60 and above is only 8% of the total population of the Philippines, so far, they account for the majority of the COVID 19 deaths [41]. With this, the government issued protocols where senior citizens, starting from 60 years old above, were prohibited from going outside their houses because of the high COVID-19 risk.

Although the purpose of quarantine is to keep people safe from COVID-19, it has also taken a toll on the physical well-being of older individuals. Staying at home leads to a more sedentary lifestyle and unhealthy behaviors linked to increased mortality and morbidity in older individuals [42].

C. Psychological Factors

Motivation:

Motivation is an essential factor in our everyday lives as it affects how we make decisions and how we learn and remember things [43]. De Witte [44] stated in her report about her interview with Carstensen regarding her recent study that older people are trying to avoid or overcome the psychological effects of COVID-19 through engaging back to life by reconnecting with loved ones and doing meaningful activities.

Attitude and Beliefs:

The attitude and beliefs of an individual can also mirror their psychological state, and different views about quarantine, social distancing, or COVID-19, in general, correlates to their psychological condition. The attitude of many Filipinos regarding the restrictions was mainly seen to be frightening. In a survey conducted by Ipsos in 2020 [45] before the end of ECQ in Metro Manila, 94% expressed worry about contracting COVID-19 despite the implemented restrictions that can

contribute to stress. A study by Czeisler et al. [46] also found a significant association between age and feeling safe concerning mitigation strategies, with adults older than 65 reportedly feeling "less safe," and therefore more compliant with the health protocols and preventive measures implemented. On the other hand, self-awareness regarding health consciousness was observed as a result of the pandemic. According to Pu et al. [47], the pandemic made people prioritize the importance of health, causing them to feel the fragility of life profoundly.

Socialization:

Lack of socialization from physical, social distancing is connected to loneliness, which may impact one's psychological health aside from the effects brought by the virus. Social relationships are a significant buffer against the negative consequences of stress [48]. However, since physical socialization is limited, many people have now admitted that they are constantly anxious and lost in focus. Smith et al. [49] stated that adhering to protocols relating to social distancing is significantly associated with factors such as sex, age, and annual household income. Socialization creates relationships that give a sense of belonging, especially to the elders who have a small circle of people they interact with. Socialization also improves the quality of life and is a potential promoter of mental and physical health.

III. METHODOLOGY

A. Research Design

The researchers used a quantitative descriptive method for this study, which integrated survey questionnaires in collecting data and was treated using statistical tool analysis. The technique used to gather data was done through disseminating surveys via questionnaires online, specifically in Google form, for respondents belonging to the 60 to 64 working-age group based on the demographic profile given

B. Research Locale

The study was conducted at the National Capital Region, Central Luzon (Region III), and CALABARZON (Region IV-A), which were among the Top 5 Regions in the Philippines with the highest recorded COVID-19 cases. The documented cases from these regions account for about 380,000 or more than half of almost 600,000 total cases in the Philippines in March 2021 [50]. The said region also has the highest distribution of senior citizens (adults ages 60 and above) in the Philippines, accounting for 36.2% of the total senior citizen population [51].

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C. *Sampling Procedure*

The sampling procedure was done through exponential non-discriminative Snowball sampling, which is a method of gathering information to access specific groups of people [52]. This sampling worked through the referrals of the first set of respondents until the required sample size, or at least 80% of the calculated sample size, is acquired. Due to the current situation, the expected respondents are not easily accessible. With the help of social media, the survey, which is in Google Forms, was sent to the eligible respondents via social media platforms.

D. *Data Collection*

In the data gathering, questionnaires were developed with the help of a licensed psychometrician from the University of Santo Tomas and underwent beta testing. It was then distributed to the respondents through online resources. Social networking sites, such as Facebook, Instagram, and Twitter, were used to contact the respondents regarding their consents.

Researchers visited public groups of senior citizens and residents of the selected regions on the aforementioned social networking sites, posting details of the study and the inclusion requirements of the respondents. Persons who wished to participate were asked to react or comment on the said post and were given a survey link privately. Respondents also referred other possible respondents to the researchers. The survey was conducted for two weeks in March.

The participants were excluded from the study given the following: (1) did not fit with the age requirement, (2) residing outside the NCR, Central Luzon (Region III), and CALABARZON (Region IV-A), (3) already retired or unemployed before the advent of the COVID-19 quarantine, and (4) the participant failed to answer the informed consent form before answering the survey questionnaire.

Researchers sought the residents of the said regions — who may have a senior citizen or elderly in the family — to serve as an authorized representative or guardian of the elderly in answering the survey so that technology stress or emotional/psychological distress may be avoided.

This made the study more inclusive, as the study included even the digitally challenged elderly and thus representative of the target respondents. Researchers' contact numbers and emergency hotlines were also provided to ensure the respondent's physical and mental safety and security.

E. *Data Analysis*

All the collected from the respondents were summarized and tabulated. The demographic profile percentage of the respondents was computed. The computation was done to determine the frequency of each profile over the overall respondent population

$$P = \frac{f}{N} x 100$$

Where: f = frequency of responses
N = total number of respondents

The weighted mean was used to determine the quantitative average of the respondents' responses to the items in the survey questionnaire, and the responses were given weights based on the Likert scale provided in the questionnaire.

$$X = \frac{\Sigma fx}{N}$$

Where: X = weighted mean
fx = products of the frequency and their unit weights
Σfx = sum of the products of the frequency and their unit weights
N = total number of respondents

Verbal interpretations were set as follows to determine the extent of the quarantine effect on the psychological factors

Table 1 | Verbal Interpretations of Weighted Mean

VALUES RANGE	PARAMETERS
(4.21 - 5.00)	Very Large Extent
(3.41 - 4.20)	Large Extent
(2.61 - 3.40)	Neutral
(1.81 - 2.60)	Little Extent
(1.00 - 1.80)	Very Little Extent

Analysis of variance (ANOVA) with Eta correlation were used to investigate the relationship between nominal and interval data and estimate the effect size, which indicates the extent to which dependent variables can be predicted, controlled, and explained by independent variables. IBM SPSS Statistics Version 23.0 was used to analyze the data.

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F. Ethical Approval

This study was reviewed and approved, by the Research Ethics Committee of the University of Santo Tomas, Faculty of Pharmacy.

IV. RESULTS AND DISCUSSION

Based on the data gathered, 130 out of the 300 or 43.4% of the respondents were from Central Luzon, the other 122 (40.7%) respondents were from NCR, and 48 (16.0%) from CALABARZON. Most of the respondents were at the age of 64 years old (37.7%); more than half are female (60.3%), married (53.0%), and are currently living with their spouse and children (43.3%); 177 or 59.0% of the 300 respondents were self-employed, while others were either employed part-time (21.0%) or full time (20.0%) before the pandemic. Amidst the pandemic, 179 (59.7%) of the respondents reported to have become unemployed; and 61.3% reported having a monthly income of less than Php 9,520. Most of the respondents did not experience any health issues two weeks before the data gathering, although 32.3% did have minimal body pains, and 6.7% reported having a chronic medical condition.

Table 2 | Respondent Demographics

REGION	Frequency	Percentage
NCR	122	40.7%
Region 3	130	43.3%
Region 4-A	48	16.0%
Total	**300**	**100%**
AGE		
60 years old	50	16.7%
61 years old	28	9.3%
62 years old	69	23.0%
63 years old	40	13.3%
64 years old	113	37.7%

Total	300	100%
SEX		
Male	119	39.7%
Female	181	60.3%
Total	300	100%
CIVIL STATUS		
Single	29	9.7%
Married	159	53.0%
Widowed	88	29.3%
Separated	24	8.0%
Total	300	100%
LIVING ARRANGEMENT		
With spouse and children	130	43.3%
With spouse only	24	8.0%
With children only	76	25.3%
With relative	52	17.3%
Co residence with non kin (dorm/boarding house)	4	1.3%
Living alone	14	4.7%
Total	300	100%
EMPLOYMENT STATUS (BEFORE)		
Full time employed	60	20.0%
Part time employed	63	21.0%

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Self employed	177	59.0%
Total	300	100%
EMPLOYMENT STATUS (DURING)		
Work from home	121	40.3%
Unemployed	179	59.7%
Total	300	100%
INCOME STATUS		
Less than Php 9,520	184	61.3%
Php 9,520 - Php 19,040	56	18.7%
Php 19,040 - Php 38,080	27	9.0%
Php 38,080 - Php 66,640	14	4.7%
Php 66,640 - Php 114,240	10	3.3%
Php 114,240 - Php 190,400	0	0.0%
More than Php 190,400	9	3.0%
Total	300	100%

The extent of the impact of quarantine confinement on the respondents psychologically was measured in terms of the following psychological factors: Motivation, Attitude and beliefs, and Socialization.

Motivation is the first psychological factor. The extent of its effect was determined using five statements regarding their eagerness to accomplish simple tasks, do new things, learn, improve their health, and set goals during quarantine confinement. The first statement revealed that the elders find joy in accomplishing simple tasks such as doing their daily routine with a mean of 4.42, which means that quarantine affected this statement to a very large extent. The second statement has shown that elders are eager to learn and try new things as it has a mean of 4.31 which means that quarantine has

a very large extent of effect in this statement. In the third statement, elders are motivated to improve their health with a mean of 4.81, which means that quarantine affected this statement to a very large extent.

On the other hand, although elders plan and set goals for possible events or activities after the pandemic, it only has a mean of 4.09 which means that quarantine has affected this statement to a large extent only, unlike to the extent of quarantine effects to other reports. The last account showed that elders are focused when doing their daily tasks with a mean of 4.42, which means that the quarantine has a very large effect on this statement. Overall, quarantine has affected the Motivation of elders to a very large extent, with a weighted mean of 4.42.

As the second psychological factor, Attitudes and beliefs were determined using five statements about the respondents' knowledge regarding the current COVID-19 situation in the Philippines. The first statement revealed the elders believed that COVID-19 would eventually be controlled with a mean of 4.54, in which the quarantine affected this statement to a very large extent. On the other hand, the second statement stated the respondents' satisfaction with the actions of the Department of Health against COVID-19 garnered a mean of 3.42 and affected them to a large extent only. For the third statement, the results showed that the respondents believed the pandemic situation is alarming, with a mean of 4.63 to which has affected them to a very large extent. The fourth statement, in which the elders believed that they would eventually contract COVID-19 despite preventive measures, showed a mean of 4.53, indicating it affected them to a very large extent. Lastly, the fifth statement expressed that the respondents believed quarantine measures and health protocols kept them safe from contracting COVID-19, with a mean of 4.60, which affected them to a very large extent during quarantine confinement.

The extent of the last psychological factor, Socialization, was determined using five statements about the elders' opinions regarding the social interactions during the COVID-19 quarantine confinement. The first statement results showed a mean of 3.23 with a verbal interpretation of neutrality in which the respondents felt uncomfortable about not being able to socialize with other people. With a mean of 3.99, the second statement showed the respondents had been affected by the quarantine to a large extent that they felt afraid of interacting with other people outside the house when they run for errands. The same goes with the third statement, which garnered a mean of 3.84, which also affected to a large extent that the respondents felt a slight tinge of panic when someone they do

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not know comes near them. The fourth statement revealed that the elders felt anxious and uncomfortable to a large extent during the quarantine period with the thought or sound of someone coughing or sneezing, showing a mean of 4.20. Lastly, the fifth statement, identical to the three previous statements, with a mean of 3.62, showed the elders had been affected o a large extent that felt a feeling of inadequacy due to the implementation of physical distancing. Overall, it has a weighted mean of 3.77 which means that the COVID-19 quarantine has a large extent of effect on the psychological parameter, socialization.

Table 3 | Extent of Impact of Quarantine on Psychological Factors

MOTIVATION	Mean	Verbal Interpretation
1. I find joy in accomplishing simple tasks (daily routine).	4.42	Very Large Extent
2. I am eager to learn and try new things	4.31	Very Large Extent
3. I am motivated to improve my health.	4.81	Very Large Extent
4. I plan and set goals for possible events or activities post-pandemic.	4.09	Large Extent
5. I am focused when doing my daily tasks.	4.48	Very Large Extent
Weighted Mean Response	**4.42**	**Very Large Extent**
ATTITUDE AND BELIEFS		
1. COVID-19 will eventually be controlled.	4.54	Very Large Extent
2. I am satisfied with the actions of the Department of Health against COVID-19.	3.42	Large Extent
3. The situation is as alarming as they say.	4.63	Very Large Extent
4. I will eventually contract COVID-19 despite preventive measures.	4.53	Very Large Extent
5. Quarantine measures and health protocols keeps me safe from COVID-19.	4.60	Very Large Extent
Weighted Mean Response	**4.34**	**Very Large Extent**
SOCIALIZATION		
1. I feel uncomfortable about not being able to socialize with other people.	3.23	Neutral
2. I now feel afraid of interacting with other people when going outside our house to run for errands.	3.99	Large Extent
3. I feel a slight tinge of panic when someone I do not know comes near me.	3.84	Large Extent
4. The thought or sound of someone coughing or sneezing near me makes me feel anxious and uncomfortable.	4.20	Large Extent
5. Ever since physical distancing was implemented, I started having a feeling of inadequacy because of not being able to come near my friends or people in our neighborhood.	3.62	Large Extent
Weighted Mean Response	**3.77**	**Large Extent**

For correlation between the demographic variables and psychological factors, the result shows that the location of the respondents has a significant correlation to the psychological factor of Socialization with a p-value of 0.000 and an Eta correlation coefficient of 0.306. The age of respondents was found to impose a significant association to the psychological factor of Attitudes and Beliefs with a p-value of 0.001 and an Eta correlation coefficient of 0.197. Similarly, employment status before the pandemic was significantly correlated, having

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a p-value of 0.024 with a 0.110 Eta correlation coefficient, to the psychological factor of Socialization. Lastly, the reported health status of respondents has a significant correlation to the Motivation of the elderly, having a p-value of 0.001 and 0.185 Eta correlation coefficient.

Table 4| Correlation of Demographics to Psychological Factors

Indicators	p-value	Eta Coefficient	Remark
REGION			
Motivation	0.578	-	Not Significant
Attitude and Beliefs	0.088	-	Not Significant
Socialization	**0.000**	**0.306**	**Significant**
AGE			
Motivation	0.417	-	Not Significant
Attitude and Beliefs	**0.001**	**0.197**	**Significant**
Socialization	0.158	-	Not Significant
EMPLOYMENT STATUS (BEFORE)			
Motivation	0.998	-	Not Significant
Attitude and Beliefs	0.699	-	Not Significant
Socialization	**0.024**	**0.110**	**Significant**
HEALTH STATUS			
Motivation	**0.001**	**0.185**	**Significant**
Attitude and Beliefs	0.422	-	Not Significant
Socialization	0.138	-	Not Significant

V. CONCLUSION

The majority of the elderly surveyed came from Central Luzon, aged 64, female, married, and living with their spouse and children. The respondents' employment status was greatly affected by the quarantine, with more than half reporting to have become unemployed. Thus, families of most of the elderly were earning a monthly income of less than Php 9,520. Nevertheless, most respondents reported being in reasonably good health status. Most of them were not experiencing any concerning signs or symptoms or any health issues, and only 6.7% reported having a chronic medical condition.

Regarding the extent of the effect of quarantine confinement, the data results revealed that Motivation and Attitude and beliefs had been affected to a very large extent. In contrast, Socialization has been affected to a large extent.

Lastly, it was found out that four (4) out of nine (9) demographic variables show a significant correlation with the effects of the pandemic on the psychological well-being of the elderly. These are the location, age, employment status before the pandemic, and the health status of the respondents.

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