

Gender Difference in Self-reported Symptoms of Cabin Fever among Quezon City University Students during the Covid19 Pandemic

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Abstract- The Covid-19 pandemic has changed our way of life and the education sector is one of the most affected by this global crisis. This study primarily aims to determine the effects of the implementation of the Community Quarantine in Metro Manila to the students of Quezon City University, particularly the manifestation of cabin fever. A total of 252 students participated in this study via online survey. The results show that majority of the respondents experience a none to mild symptoms of cabin fever. No gender difference seen on the effects of cabin fever among students, however most of the female respondents agreed that they experience having a difficulty in concentrating and sudden food cravings. The study concludes that cabin fever is one of the many effects of community quarantine and should not be neglected. Parents and educational leaders are encourage to optimize home as a multipurpose learning environment.

Index Terms- Cabin fever, Covid-19 pandemic, Self-reported Symptoms, Gender difference, Tertiary education

I. INTRODUCTION

The Covid-19 pandemic has changed our everyday way of lives. As countries implemented preventive measures to control the transmission of covid-19 virus, world leaders have decided to impose different forms of lockdowns. Its citizens are advised to stay at home and be physically distant to one another. This brought a great impact on the different facets of the society. Schools in particular, are greatly affected on this. During community quarantine schools were closed, students leave no choice but to stay at home and were introduced in various forms of flexible learning modalities.

In the Philippines, the government implemented the Enhance Community Quarantine (ECQ) few months after the onset of the Covid-19 and a week after the World Health Organization declared that Covid-19 is characterized as pandemic (World Health Organization, 2020). Community Quarantine is a term used in the Philippines that is synonymous to lockdown, because instead of using the former, which can cause panic to people, the government adopted the terms

Community Quarantine. The Philippine government adopted the term “Community Quarantine” instead of nationwide lockdown to avoid the panic that it might cause to people. Community quarantine is classified as Enhanced Community Quarantine (ECQ), Modified Enhanced Community Quarantine (MECQ), General Community Quarantine (GCQ) and Modified General Community Quarantine (MGCQ), variations of these categories lie on the limitations of movement of people, and economic or business transactions and operations, from strict ECQ to less strict MGCQ. Among the four categories, Metro Manila experienced ECQ, MECQ, and GCQ where movement of people are completely limited, especially to those ages under 20 years old and below and senior citizens. Students from college down to the primary grade were subjected to this, they are not allowed to go out unless they have a very important or essential matters to do outside their home.

The Office of the President initially ordered the government office heads, local government units (LGU’s) and state universities and colleges to place the entire Luzon to Enhanced Community Quarantine (ECQ). A strict home quarantine shall be observed, movement shall be limited, work from home arrangement shall be implemented and classes and school activities in all levels shall be suspended from March 17, 2020 to April 13, 2020. The ECQ classification in Luzon was extended until May 15, 2020 and later changed into MECQ and GCQ (www.officialgazette.gov.ph). Quezon City is one of the hard hit area in Metro Manila of the Covid-19 pandemic, as of writing this paper, about 6,880 confirmed cases were recorded. As Quezon City covid-19 cases surge to 9,540 as of August 21, the city landed on one of the hard hit area in Metro Manila, according to Chavez (2020)

Quezon City University and its students is not exempted to this, and due to limited facilities that will take care of the covid19 patients, the university is also converted into a Quarantine Facility making face-to-face classes more obscure and not possible. In response to the memorandum ordered by the President, Quezon City University immediately advised its Faculty to postpone face-to-face classes and implement work arrangements. The President of the Philippines is firm to his

decision of “no vaccine, no face-to-face classes”. Students are isolated at their respective homes and make the most of their time indoors.

According to psychologists, medical practitioners, and other mental health professionals, isolation brought by various natural phenomena such as the pandemic may cause to a so-called cabin fever, because socialization and movement are being restricted. Originally, cabin fever is described as the irritable feelings of people who lived way out in the country and stuck in their “cabins” due to changes of season or weather. Hartwell-Walker (2020) states that because of lack of social interaction and isolation, people got restless, irritable and lonely. In addition, Fritscher (2020), stresses that cabin fever is a common response when a person experienced confinement over a long period of time. Furthermore, it describes the psychological symptoms that people may experience when they are unable to leave their home and engage in social interaction. It is not a specific diagnosis, but rather a constellation of symptoms that can occur when someone is being socially isolated, and it is not listed on DSM-5, the manual of mental illness but its acknowledge to be real and can significantly affect a person’s quality of life. He opines further that cabin fever will experience exactly the same symptoms, but many people report feeling intensely irritable or restless. Other commonly experienced effects such as irritable or being restless, lethargy, sadness or depression, trouble concentrating, lack of patience, food cravings, decreased motivation, difficulty in waking up, frequent napping, and hopelessness. It is important to note that these symptoms may also be indicative of a wide range of other disorders. If these symptoms are distressing or impacting the person’s regular functioning, a trained mental health professional could help you determine if you have a treatable disorder. The behavioral effects of cabin fever may include: (1) feeling unable to keep up with a daily or weekly routine; (2) difficulty sleeping; (3) sleeping too much; (4) difficulty concentrating; (5) changes in grooming; (6) changes in eating habits; and (7) drinking too much alcohol.

According to Young (2020), human beings evolved as social animals, and, on the whole, people tend to feel good and function better effectively when they connect with one another. In addition, Rogers (2020) states that human beings are social creatures, but some are more social than others. Also, people who are highly social or active may be more prone to cabin fever than those who are accustomed to spending time alone. The shift from a socially active way of life to a more limited and isolated one can be enough to trigger cabin fever. Furthermore, Porpa (2020) stresses that people around the world may experience cabin fever during lockdowns and physical isolation due to Covid-19 pandemic and it is more common and widespread as compared in the past decade.

Some factors that can cause or contribute to cabin fever includes feeling unable to connect physically with friends and family, being unable to partake in activities that the person finds enjoyable or meaningful, becoming burned out by work, feeling unmotivated and lethargic due to having too little or no work, and becoming increasingly anxious about finances due to a lack of income, according to Fritscher (2020); Park (2020); Rogers (2020) and Young (2020).

Sng (2020) emphasizes that different people may experience a combination of symptoms, and to a varying extent.

This depends on their personality, temperament and current coping abilities. For instance, extroverts may feel worse at first because they enjoy being with other people. Jones (2020) and Sng (2020) point out that while extroverts can adapt to being alone with time, as isolation prolongs, both extroverts and introverts may similarly find themselves feeling distressed at the situation.

Of greater concern are those who already have mental health issues. These people should seek the help they need if they feel their moods deteriorating, according to Dresden, (2020) and Lange (2020). Similarly, Dresden (2020) and Sng (2020) state that the increased distress experienced may trigger other mental health disorders like generalized anxiety, paranoia, obsessive compulsive disorder, depression and some may entertain suicidal thoughts.

In the midst of the Covid-19 pandemic, students from Local Colleges and Universities (LCUs) especially in Quezon City University (QCU) faced a hard time to adjust to the so-called “New Normal”. Identifying the experiences of students during the lockdown and whether they experienced a cabin fever is very essential at this point, so that educational leaders and even parents may develop coping strategies and activities for them. Thus, this study primarily aims to explore the effects of the implementation of the Community Quarantine in Metro Manila among the students of Quezon City University.

Specifically, this study aims to determine if the students of Quezon City University manifest symptoms of cabin fever as a result of the implementation of the Community Quarantine in Metro Manila; determine the effects of the implementation of the Community Quarantine in Metro Manila among college students in terms of physical, mental, and psychological that leads to the manifestation of cabin fever symptoms; identify the coping mechanisms used by the students to overcome the negative effects of the implementation of the Community Quarantine in Metro Manila; determine the significant difference in self-reported symptoms of cabin fever among students of Quezon City University during the implementation of the Community Quarantine in Metro Manila in terms of their gender; and based from the results, identify some interventions that may be used by educational leaders and parents to help the students to overcome the effect of cabin fever during the pandemic.

This study hypothesize that students of Quezon City University does not experience or even manifest symptoms and effects of cabin fever during the implementation of the Community Quarantine in Metro Manila, and there is no significant difference in self-reported symptoms and effects of cabin fever among students of Quezon City University during the implementation of the Community Quarantine in Metro Manila in terms of their gender.

II. METHODOLOGY

2.1 Research Design

Descriptive research design was employed in this study. Descriptive research is a type of research that is mainly concerned with describing the nature or condition and the degree in the detail of the present situation. This method is used to describe the nature of a situation, as it existed at the time of the study and to explore the cause of a particular phenomenon

according to Fraenkel, Wallen, and Hyun (2013). The aim of descriptive research is to obtain an accurate profile of the people, events or situations. With this research type, it is essential that the researcher already has a clear view or picture of the phenomena being investigated before the data collection procedure is carried out. The researcher used this kind of research to obtain first hand data from the respondents so as to formulate rational and sound conclusions and recommendations of the study. The descriptive approach is quick and practical in terms of the financial aspect. In addition, descriptive method is advantageous due to its flexibility, which can use either qualitative or quantitative data or both, giving the researcher greater options in selecting the instrument for data-gathering.

2.2 Locale and Time of the Study

The study was conducted in Quezon City during the onset of the Covid19 pandemic and the implementation of the Community Quarantine in Metro Manila, Philippines.



Figure 1. The Locale of the Study

2.3 Population and Sampling

The general population of this study refers to all college students of QCU who are officially enrolled during the Second Semester of the Academic Year 2019-2020. From a total of seven thousand one hundred seventy (7,170) students, a total of two hundred fifty two (252) students participated and served as

the respondents of this study. The total sample size was obtained using the formula of Laurentina Paler-Calmorin and Melchor Calmorin (2012). To obtain the sample respondents, the study employed the convenience non-random sampling techniques, where in the sample is any group of individuals that is conveniently available to be studied. In this case, since the city is under community quarantine, answering the survey checklist in a face-to-face manner is impossible, that is why whoever is available to answer the online survey checklist during the survey period until the total number of respondents is achieved were considered to be the respondents of the study. Furthermore, before the respondent to be included in the study, he or she must be a bonafide student of QCU during the Second Semester of the Academic Year 2019-2020, and to ensure the quality of data, those completely filled out online survey checklists were considered for data analysis and interpretation.

2.4 Research Instrument

Since the intention of this study is to describe the existing situation without any attempt to influence it, this study used a researcher-made survey checklist to determine whether the students manifest symptoms of cabin fever, their coping mechanism to overcome cabin fever, and whether their responses are affected by their gender.

To determine the instrument's validity, three experts from the field of education and psychology were asked to validate the form and content of the survey checklist. Their comments and suggestions were reflected in the final form of the instrument. In addition, to test the instrument's reliability, a total of fifteen students who are not part of this study were asked to answer the online survey checklist and the results were subjected for a Cronbach's alpha test. The results show that the instrument is reliable having a Chronbach's alpha value of 0.78.

After having found that that instrument is valid and reliable, the researcher-made survey checklist was converted into an electronic survey questionnaire using Google Forms Application and the link was posted to different social media platforms to reach wider participants. The online survey last for about five days during the first week of August, 2020.

The online survey checklist is divided into three parts: Part 1 – Informed Consent Form, Part 2 – Respondent's Profile, and Part 3 – Checklist of Cabin Fever Symptoms and Effects. Part 3 of the online survey checklist consist of five questions that gathered the self-assessment of the respondent towards the symptoms of cabin fever, which includes where do they stayed during the community quarantine, who are their companion/s during the community quarantine, what do they feel during the implementation of the community quarantine, what sudden change in their behavior and routine that they have noticed, and how do they spend their days during the implementation of the community quarantine. Questions number three and four consists of five choices which represents the degree of agreement of each respondent had on the given statement.

Statistical measures are used in making inferences, interpretations, conclusions, or generalizations of this study. After the retrieval of the online survey checklist, responses of the students were tallied, tabulated, analyzed, and interpreted by the

researchers using statistical tools such as percentage, mean, and Chi-square test.

III. RESULTS AND DISCUSSION

3.1 Respondents' Profile

The study primarily aims to explore the effects of the implementation of the Community Quarantine in Metro Manila among the students of Quezon City University, thus identifying factors such as gender, course studied, year level, location and place where the respondents stayed and their companion during the implementation of the community quarantine are deemed necessary. The following results present the profile of the respondents of this study.

Table 1. Course Studied

Course/Program	Frequency (f)	Percentage (%)
Accountancy	55	21.83
Engineering (Industrial and Electronics)	9	3.57
Entrepreneurship	124	49.21
Information Technology	64	25.40
Total	252	100.0

A total of two hundred fifty two (252) respondents participated in this study. Table 1 shows that in terms of course program, majority of the participants are taking up Bachelor of Science in Entrepreneurship with a total of one hundred twenty four (124) students or equivalent to 49.21% of the total respondents. It was followed by respondents under Bachelor of Science in Information Technology with a total of sixty four (64) students (25.40%) and Bachelor of Science in Accountancy with a total of fifty five (55) students (21.83%). And there are only nine (9) students (3.57%) from the engineering department who participated in this study.

Table 2. Year Level

Year Level	Frequency (f)	Percentage (%)
First Year	62	24.60
Second Year	104	41.27
Third Year	76	30.16
Fourth Year	10	3.97
Total	252	100.0

In terms of year level, Table 2 shows that the majority of the respondents are on their second year in the university (41.27%) which is almost half of the respondents, while 30.16% of the respondents are on their third year and about 24.60% of the respondents are on their first year, while 3.97% are on their fourth year.

Table 3. Gender

Gender	Frequency (f)	Percentage (%)
Male	73	28.97
Female	179	71.03
Total	252	100.0

Furthermore, since this study focused on the response of male and female students towards the manifestation of cabin fever symptoms, majority of the respondents who participated in this study are female with a total of one hundred seventy nine (179) or 71.03%, while the remaining 28.97% or equivalent to seventy three (73) respondents are males. The result was supported by the study of Kasahara, et al. (2019) that males are more likely to report never post on social media and females are more likely to report posting very often.

However, this data contradicts the current statistical report that males are more active online as compared to females (Kemp, 2020). This data also contradicts the report that females are less likely to be active on social media as compared to males (Kemp, 2020). Furthermore, males are found to be more addicted to social media than females (Alnjadat, et al, 2019).

Table 4. Congressional District

Congressional District	Frequency (f)	Percentage (%)
District I	15	5.95
District II	118	46.83
District III	16	6.35
District IV	10	3.97
District V	59	23.41
District VI	34	13.49
Total	252	100.0

According to the local news, Quezon City is the hardest hit area in the National Capital Region during the on-set of the Covid-19 pandemic (Ramos, 2020). In a report, a total of 1,464 virus cases were recorded in Quezon City during the conduct of this study (Ramos, 2020). Barangay Culiati, Batasan Hills, Pasong Tamo, Bahay Toro, and New Era were the most number of active cases in the city, and they are located in Districts 1, 2, and 6.

In terms of the location where the respondents live within the city, Table 4 reveals that almost half of the respondents resides in District 2 with a total of one hundred eighteen (118) or 46.83%, followed by respondents from the District 5 and 6 with a total of fifty nine (59) and thirty four (34) respondents respectively. The remaining portion of the respondents comes from District 3, 1, and 4 with a total of sixteen (16), fifteen (15), and ten (10) respondents respectively.

Table 5. Place stayed during the implementation of the Community Quarantine in Metro Manila

Place Stayed	Frequency (f)	Percentage (%)
Home	240	95.24
Apartment/Boarding House	6	2.38
Workplace	2	0.79
Others	4	1.59
Total	252	100.0

Since cabin fever is a usual response of a person who experience isolation or confinement over a long period of time (Fritscher, 2020), determining where the respondents stayed as well as their companion during the implementation of the

community quarantine is necessary to clearly describe the situation of the respondents and whether they truly manifest cabin fever symptoms during the pandemic. Table 5 shows that during the implementation of the community quarantine in Metro Manila, majority of the respondents stayed at home with a total of two hundred forty (240) respondents or equivalent to 95.24%. While the remaining four percent of the respondents either stayed on their apartment or boarding house, workplace, or working area.

Table 6. Companion during the implementation of Community Quarantine

Companion	Frequency (f)	Percentage (%)
Family	240	95.24
Friends/Classmates	3	1.19
Workmates	5	1.98
Alone	1	0.40
Others	3	1.19
Total	252	100.0

And since majority of the respondents stayed at home during the implementation of the community quarantine, it is expected that they are with their family. Table 6 shows that a total of two hundred forty (240) or equivalent to 95.24% of the respondents stayed together with their family during the community quarantine. The remaining four percent stayed together either with their friends or classmates, workmate, or spending most of their time alone.

3.2 Manifestation of cabin fever symptoms as a result of the implementation of the Community Quarantine in Metro Manila among Quezon City University students

As previously mentioned, cabin fever is a term used to describe a common response of a person who experience isolation or confinement over a long period of time (Fritscher, 2020). And it also describes the psychological symptoms that people may experience when they are unable to leave their home and engage in social interaction. Furthermore, it is not a specific diagnosis, but rather a constellation of symptoms that can occur under these circumstances. According to literature, if someone is experiencing cabin fever as a result of social distancing or self-quarantine in the wake of the coronavirus (COVID-19) pandemic, he or she may have a feeling of additional stress beyond that which stems from simply being isolated (Fritscher, 2020).

The survey conducted in this study reveals that the over-all manifestation of cabin fever among students of Quezon City University (QCU) is classified as mild, with an over-all weighted mean of 1.99, which is shown in Table 7.

Table 7. Manifestation of Cabin Fever due to the implementation of Community Quarantine

Symptoms	Weighted Mean	Verbal Interpretation	Rank
Intensely Irritable	1.74	None	8
Restless / Lethargic	1.71	None	9
Sad	2.47	Mild	1
Lazy / Demotivated	2.41	Mild	2
Fearful / Anxious	2.39	Mild	3
Hopeless	1.89	Mild	5
Helpless	1.76	Mild	7
Impatient	1.99	Mild	4
Withdrawn / Isolated	1.69	None	10
Paranoid	1.86	Mild	6
Over-all Weighted Mean	1.99	Mild	

Scale: 1-None; 2-Mild; 3-Moderate; 4-Severe; Range: None = 1.00-1.74; Mild = 1.75-2.49; Moderate = 2.50-3.24; Severe = 3.25-4.00

As gleaned from the table, symptoms such as sadness, laziness or being demotivated, and fearfulness or anxiousness are among the top three symptoms that has been observed to be prevalent among the respondents, with a computed weighted mean value of 2.47, 2.41, and 2.39 respectively. According to Baloran (2020), majority of the students displayed anxiety during lockdown. Their worries are food, financial resources and the possibility of being infected. Roy et al. (2020) revealed that individuals were worried for themselves and their families during the pandemic (as cited by Baloran, 2020). Furthermore, Lee (2020) concluded that covid-19 pandemic affects students' mental health (as cited by Baloran, 2020).

In addition, symptoms such as being impatient, hopelessness, paranoia, and helplessness are seen to be mild among the respondents with computed weighted mean values of 1.99, 1.89, 1.86, and 1.76 respectively. And lastly, majority of the student respondents reported that they have no symptoms of being intensely irritable, restlessness or being lethargic, and feeling withdrawn or isolated during the implementation of the community quarantine with computed weighted mean values of 1.74, 1.71, and 1.69 respectively. According to Fritscher (2020) not everyone manifest exactly the same symptoms, but most of the people who experience cabin fever report a feeling of intense irritability or restlessness (Fritscher, 2020).

The above results show that despite of almost six months of the implementation of the community quarantine, majority of the respondents show only mild symptoms of cabin fever. However, upon analysing the data, it revealed that these mild manifestation will eventually reach the moderate level if the implementation of the community quarantine becomes more longer in terms of time and restrictions. However, possibly that student respondents will be used to stay at home and live their lives even there is an existing lockdowns. It is possible that students are used to staying at home since they only have a school-bahay routine and minimal participation in social gatherings and larger network just like the adults. This observation might be associated with the results of their response when it comes on how they overcome the negative effects of the implementation of the community quarantine as shown in Table 9.

In addition, a previous study on the attitude of students toward schooling during covid-19 revealed that students agree on the stoppage of schools and approved the extension of the opening of classes for the next semester due to the pandemic (Baloran, 2020).

It is also important to consider that the above reported symptoms may also be an indicative of a wide range of other disorders. Fritscher (2020) noted that, if these symptoms become a distressing or impacting the person's regular way of living, it is necessary to seek the help of a well-trained mental health professional to treat the disorder.

3.3 Associated Effects of cabin fever and the Implementation of the Community Quarantine in Metro Manila

Even though cabin fever is not a recognized psychological illness, its emotional, physical, and behavioural effects are real, and they can significantly affect a person's quality of life. Literature revealed that feeling unable to keep up with a daily or weekly routine, having difficulty in sleeping, over sleeping, having difficulty in concentrating, sudden change in grooming and in eating habits, and drinking too much alcohol are some of the adverse effect of cabin fever. Table 8 shows the response of the students towards the effects of the implementation of the community quarantine to them.

The researchers classified the effects of the implementation of the community quarantine in Metro Manila among college students into physical, mental, and psychological factors, for the purpose of identifying the extent of the effects of community quarantine and its association to the manifestation of cabin fever symptoms.

Table 8. Effects of the implementation of the Community Quarantine

Effects	Weighted Mean	Verbal Interpretation
<i>Physical</i>		
Sudden change in grooming	2.08	Disagree
Loss / gain of weight	2.53	Agree
<i>Mental</i>		
Trouble / Difficulty Concentrating	2.15	Disagree
<i>Psychological</i>		
Food cravings	2.64	Agree
Changes in eating habits	2.56	Agree
Difficulty waking	2.17	Disagree
Difficulty sleeping	2.52	Agree
Frequent napping / sleeping too much	2.11	Disagree
Struggled to start on doing things	2.26	Disagree
Engage in snapping at people / short temperment	1.94	Disagree

Scale: 1 – No Comment; 2 – Disagree; 3 – Agree; Range: No Comment = 1.00-1.66; Disagree = 1.67-2.33; Agree = 2.34-3.00

As gleaned from Table 8, in terms of physical factors, majority of the respondents agreed that they either loose or gain weight during the lockdown period, with a computed weighted mean of 2.53. On the study of Zacahary, et al. (2020) lack of sleep, decreased physical activity, snacking after dinner, eating in

response to stress and eating because of the appearance or smell of the food are behaviours linked to weight gain during self-quarantine. Furthermore, Sharma (2020) state that community-wide quarantine in the pandemic has forced people to stay indoors which has the potential to cause weight gain, similar to holiday weight gain, due to availability of the food, staying at home, emotional distress, lack of physical activity, increased control levels and altered sleep. It was also found out that the change in diet and physical activity increases the risk of cardiovascular disease (Mattioli, 2020).

On the other hand, in terms of sudden change of grooming, most of the respondents disagreed that the Metro Manila lockdown does not affect their grooming habit, with computed weighted mean of 2.08. However, this computed weighted mean is somehow getting close to the fact that grooming is also affected by the lockdown.

In terms of mental factor, respondents disagree that they have experienced trouble or difficulty in concentrating due to the implementation of the community quarantine. This result shows that respondents still have their focus on things that they do in their respective home during the lockdown. This result may also be associated on how the respondents used their time to cope-up with the negative effects of the implementation of the community quarantine as shown in Table 9.

Furthermore, in terms of psychological effects of the implementation of the community quarantine, three out of the seven identified possible implications of cabin fever and effects of community quarantine, show that majority of the students agreed that they experienced them during the lockdown, such as food cravings, changes in eating habits, and difficulty in sleeping, with computed mean values of 2.64, 2.56, and 2.52 respectively. This results might also be associated on the way how the students overcome the effects of community quarantine. Sharma (2020) reported that community-wide quarantine has forced people to stay indoors which has the potential to cause weight gain due to availability of the food, staying at home, emotional distress. In addition, Zacahary, et al. (2020) stated that during self-quarantine, individuals usually have problem on sleeping, and found out to snacking frequently in response to stress.

Brooks et al. (2020) mentioned that among the psychological impact of quarantine are post-traumatic stress symptoms, confusion and anger. The stressors included are longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss and stigma. During the period of quarantine, negative psychological effect is unsurprising, yet the evidence that a psychological effect of quarantine can still be detected months or years later, as concluded from small number of studies.

According to literature, majority of the people around the world are currently experiencing cabin fever while physically isolating in response to the Covid19 pandemic (Porpora, 2020). Furthermore, cabin fever may be more common and widespread as compared before due to the implementation of lockdown or community quarantine in key areas or places across the world due to the pandemic.

The reported effects of community quarantine in Quezon City among the students can trigger cabin fever according to Rogers (2020), due to the shift from socially active

to a more restricted, limited, and isolated way of life. In addition, the above-mentioned physical, mental, and psychological factors can cause or contribute to cabin fever according to Fritscher (2020), Park (2020), and Young (2020).

3.4 Coping mechanisms of students to overcome the associated effects of cabin fever and the implementation of community quarantine in Metro Manila

Despite the context of isolation brought by the pandemic, some reports revealed that fraction of the students, most especially those who are considered as introverts, find that lockdowns or community quarantines offers a unique kind of relief (Campa, 2020). However, this study does not cover those extrinsic and intrinsic characteristics of students. This only shows that, various individuals find different ways to overcome the negative effects of certain phenomenon, such as the current pandemic. Table 9 shows the response of the students towards the coping mechanisms that they used to overcome the associated effects of cabin fever and the implementation of the Community Quarantine in Metro Manila.

Table 9. Coping mechanisms of the students to overcome the associated effects of cabin fever and the implementation of the Community Quarantine in Metro Manila

Coping Mechanisms	Frequency* (f)	Percentage (%)	Rank
Online (Social Media, Watching videos/movies, Gaming, Online Shopping/Selling, etc.).	238	94.44	1
Family bonding (Watching TV, Karaoke/ Videoke, etc.).	129	51.19	2
Household chores (Cleaning the house, Washing the dishes, Doing the Laundry, etc.)	5	1.98	5
Learning a new hobby (baking, painting/decorating, gardening, etc.)	114	45.24	3
Others	37	14.68	4

*Respondents may answer multiple response

As shown in the table, almost 95% or majority of the respondents said that they spend their time online during the implementation of the lockdown, either on social media, watching videos or movies, online gaming, and online shopping or selling. The above results show that online activities can probably lessen the symptoms of cabin fever and its associated effects.

According to the recent data on the use of internet, people all over the world who are using the internet increased by 7% as compared to last year, with a total of 4.54 billion users (Kemp, 2020). Furthermore, one third of the time in using the internet spent in using social media (Kemp, 2020), and in the Philippines, most of the Filipino spend about 9 hours and 45 minutes per day online, and considered as one of the top online users among other countries in the world (Kemp, 2020). Moreover, the above result is not surprising, because students who participated in this study are all considered digital natives or belongs to the generation who grew up in the age of modern-day technology, and the age of computers and internet (Halton, 2019).

According to Pew Research Center (2015), online activities provides a positive influence on education, personal relationship, and economy in developing nations like the Philippines, however, it has a negative influence morality and politics (Pew Research Center, 2015). Thus the above result might be associated why cabin fever symptoms are mild in general among the students of Quezon City University and show less negative effects among them.

However, spending more time online might also lead to other disorders or problems. Various studies have found that there is a significant relationship between the increasing time of using internet, most specifically, social media to poorer mental health, including depression, anxiety, feeling of loneliness or isolation, lower self-esteem, and even suicidal.

Aside from online activities, Table 9 shows that respondents also used their spare time during the lockdown to bond with their family members. As previously mentioned, majority of the respondents stayed at home during the lockdown, thus it is expected that they spend more time together with their family members. Among with the activities that they do together with their family members are watching T.V and singing in Karaoke.

During the implementation of the community quarantine, learning new hobbies is a trend. Maybe due to the fact that people become bored and doing things monotonously, they tried to find new hobbies. Table 9 shows that aside from doing online activities, bonding with their families, respondents also started to learn new hobbies during the lockdown such as baking, painting, decorating, and gardening to name a few. This result might be associated on the mild manifestation of cabin fever symptoms, student respondents did not notice the negative effects of the lockdown because they are learning new hobbies.

Surprisingly, only few of the respondents do household chores such as cleaning the house, washing the dishes, or doing the laundry during the implementation of the community quarantine. As expected, since majority of them are staying at home, they find time to help their parents to do household chores, however, the results revealed that only 1.98% or five out of the two hundred fifty two respondents perform household chores during the lockdown to overcome the negative effects associated to cabin fever and community quarantine.

The study of Baloran (2020) revealed that the most common coping strategies of students during the pandemic include strict personal protective measures, avoiding going out in public places to minimize exposure from the virus and reading information about prevention and mechanism of transmission. In addition, some students use social media and social networks such as Facebook, Twitter, Tiktok, and You tube to name a few. However, only few of the students vent emotions by crying and screaming and get help from family physicians or other professionals to reduce stress and get assurance.

Brooks et al. (2020) highlighted that it is vital to ensure that effective mitigation measures are put in place as part of the quarantine planning process because negative psychological effects of quarantine might be evident months or years later.

3.5 Significant difference in self-reported symptoms of cabin fever among students of Quezon City University during the implementation of the Community Quarantine in Metro Manila in terms of their gender

One of the primary objectives of this study is to determine the difference on the self-reported symptoms and effects of cabin fever among students of Quezon City University during the implementation of the Community Quarantine in Metro Manila in terms of their gender. Despite the fact that majority of the respondents who participated in this study were female, the result of the survey also provides a significant information.

Table 10 shows the self-reported symptoms of cabin fever in terms of gender. As gleaned from the table both gender experience a none to mild symptoms of cabin fever such as intensely irritable restless or lethargic, sadness, laziness or being demotivated, fearful or anxious, hopeless, helpless, and impatient.

Table 10. Self-reported symptoms of cabin fever in terms of gender

Symptoms	Level	Gender		Total
		Male	Female	
Intensely Irritable	None	31 (42.47)	77 (43.02)	108
	Mild	32 (43.84)	76 (42.46)	108
	Moderate	7 (9.39)	22 (12.29)	29
	Severe	3 (4.11)	4 (2.23)	7
	Total	73	179	252
Restless / Lethargic	None	36 (49.32)	83 (46.37)	119
	Mild	24 (32.88)	67 (37.43)	91
	Moderate	12 (16.44)	25 (13.97)	37
	Severe	1 (1.37)	4 (2.23)	5
	Total	73	179	252
Sad	None	5 (6.85)	14 (7.82)	19
	Mild	42 (57.53)	80 (44.69)	122
	Moderate	19 (26.03)	65 (36.31)	84
	Severe	7 (9.59)	20 (11.17)	27
	Total	73	179	252
Lazy / Demotivated	None	9 (12.33)	22 (12.29)	31
	Mild	31 (42.47)	82 (45.81)	113
	Moderate	23 (31.31)	57 (31.84)	82
	Severe	10 (13.70)	18 (10.06)	26
	Total	73	179	252
Fearful / Anxious	None	11 (15.07)	25 (13.97)	36
	Mild	29 (39.73)	79 (44.13)	108
	Moderate	24 (32.88)	58 (32.40)	82
	Severe	9 (12.33)	17 (9.50)	26
	Total	73	179	252
Hopeless	None	31 (42.47)	70 (39.11)	101
	Mild	26 (35.62)	68 (37.97)	94
	Moderate	11 (15.07)	30 (16.76)	41
	Severe	5 (6.85)	11 (6.15)	16
	Total	73	179	252
Helpless	None	34 (46.58)	84 (46.93)	118
	Mild	25 (34.25)	66 (36.87)	91
	Moderate	10 (13.70)	19 (10.61)	29
	Severe	4 (5.48)	10 (5.59)	14
	Total	73	179	252
Impatient	None	21 (28.77)	59 (32.96)	80
	Mild	29 (39.73)	77 (43.02)	106
	Moderate	18 (24.66)	36 (20.11)	54
	Severe	5 (6.85)	7 (3.91)	12
	Total	73	179	252
Withdrawn / Isolated	None	41 (56.16)	93 (51.96)	134
	Mild	20 (27.40)	53 (29.61)	73
	Moderate	8 (10.96)	26 (14.53)	34
	Severe	4 (5.48)	7 (3.91)	11
	Total	73	179	252
Paranoid	None	36 (49.32)	76 (42.46)	112
	Mild	25 (34.25)	54 (30.17)	79
	Moderate	7 (9.59)	38 (21.23)	45
	Severe	5 (6.85)	11 (6.15)	16
	Total	73	179	252

Note: Numbers in parenthesis are row percentages

Table 10 reveals that both gender experience and manifest similar mild symptoms of cabin fever, and this result is supported by the Chi-square test results in Table 11.

A total of 108 male and female agreed that they do not feel intense irritability during the community quarantine, similarly 108 of the respondents felt a mild feeling of intense irritability. And 36 of the respondents felt mild to severe feeling of intense irritability during the implementation of the community quarantine. Based from Table 10, the manifestation of being an intense irritable person during the implementation of the community quarantine is almost similar in both gender, which is from none to mild symptoms.

Majority of the respondents self-assessed that they do not feel being restless or lethargic during the implementation of the community quarantine. A total of one hundred nineteen (119) out of the 252 respondents show no symptoms of being restless or lethargic during the implementation of the community quarantine. In terms of gender, the number of respondents who experience mild to severe restlessness or being lethargic shows no difference.

In terms of sadness due to the implementation of the community quarantine, it shows interesting result as noted in Table 10. Majority of the respondents agreed that they felt mild to severe sadness during the implementation of the community quarantine and during the time of pandemic. A total of one hundred twenty two respondents self-assessed that they felt mild sadness, and almost half of the male students (57.53 %) and female students (44.69%) agreed on this. Table 10 also reveals that most of the females felt moderate to severe sadness during the community quarantine and in the time of pandemic.

Majority of the respondents agreed that they felt mild to severe laziness and being demotivated during the implementation of the community quarantine. However, in terms of gender differences, Table 10 shows almost similar number of respondents felt mild to severe laziness and demotivation during the implementation of the community quarantine.

Percentages of male and female respondents who reported that they felt mild to severe fearfulness or anxiousness during the implementation of the community quarantine are almost the same as shown in Table 10. It further revealed that majority of the respondents said that they felt mild fear or anxiousness during the community quarantine and the pandemic.

Sixty percent of the respondents felt mild to severe hopelessness during the implementation of the community quarantine. In terms of gender, self-reported cabin fever symptoms such as hopelessness shows almost similar in terms of number of respondents who reported that they felt mild to severe hopelessness. On the other hand 40% of the respondents or a total of one hundred one respondents reported that they are not hopeless during the implementation of the community quarantine.

More than half of the respondents reported that they felt mild to severe feeling of helplessness, while 47% of them said that they do not feel being helpless during the implementation of the community quarantine. In terms of gender, Table 10 reveals that number or percentage of male and female students reported similar level of being helpless during the implementation of community quarantine.

Almost half of the respondents agreed that they felt mild symptoms of being impatient during the implementation of the community quarantine. A total of one hundred six out of the 252 respondents reported that they felt mild feeling of being impatient. Table 10 also shows that in terms of gender, almost same number of male and female students reported that they felt mild to severe feeling of being impatient during the implementation of the community quarantine and the pandemic.

Table 10 reveals that most of the respondents self-reported that they do not feel being withdrawn or isolated during the implementation of the community quarantine. Surprisingly, despite the result of showing mild to moderate feeling of being sad, lazy or demotivated, fearful or anxious, hopeless, helpless, impatient, and paranoid of the students as revealed by the survey, majority of them do not feel being isolated or withdrawn during the implementation of the community quarantine. This might be associated to the fact that majority of the respondents stayed at home together with their family and do various online activities as their mechanism to combat the negative effect of the implementation of community quarantine or even the pandemic.

Lastly, more than half of the respondents self-reported that they felt mild to severe paranoia during the implementation of the community quarantine. In terms of gender, the number of male and female respondents who self-reported that they felt mild to severe paranoia during the implementation of the community quarantine is almost the same. This is also the same with those who said that they do not feel any paranoia during the implementation of the community quarantine.

Table 11. Chi-square Test Results of the Self-reported symptoms of cabin fever in terms of gender.

Symptoms	χ^2	df	Asymp. Sig. (2-sided)
Intensely Irritable	1.012	3	0.798
Restless / Lethargic	0.804	3	0.848
Sad	3.598	3	0.308
Lazy / Demotivated	0.751	3	0.861
Fearful / Anxious	0.686	3	0.877
Hopeless	0.356	3	0.949
Helpless	0.530	3	0.912
Impatient	1.861	3	0.602
Withdrawn / Isolated	1.041	3	0.791
Paranoid	4.799	3	0.187

*Significant at 0.05 level

Table 11 reveals that the Chi-square values for the symptoms such as intensely irritable ($\chi^2=1.012$; $p=0.798$), restless or lethargic ($\chi^2=0.804$; $p=0.848$), sadness ($\chi^2=3.598$; $p=0.308$), being lazy or demotivated ($\chi^2=0.751$; $p=0.861$), fearful or anxious ($\chi^2=0.686$; $p=0.877$), hopeless ($\chi^2=0.356$; $p=0.949$), helpless ($\chi^2=0.530$; $p=0.912$), impatient ($\chi^2=1.861$; $p=0.602$), withdrawn or isolated ($\chi^2=1.041$; $p=0.791$), and paranoid ($\chi^2=4.799$; $p=0.187$) are considered not significant at 0.05 level. Thus, the results show that both male and female students of Quezon City University experienced a similar level of cabin fever symptoms according to the results of their self-reported cabin fever symptoms assessment.

This study reveals that gender has nothing to do or does not directly influence the manifestation of the symptoms of cabin fever. It is important to note that anyone can have a mild to severe cabin fever symptoms during the pandemic. Therefore,

this study accepts the null hypothesis, stating that there is no significant difference between the self-reported symptoms of cabin fever among college students of Quezon City University during the implementation of the community quarantine in Metro Manila in terms of their gender.

However, Verma et al. (2011) stated that men and women tend to react differently with stress, both psychologically and biologically. In addition, historically, it was found out that women report higher level of stress than men. Not only do men and women manage stress differently, they also place a different level of importance in doing so (www.apa.org/news)

3.6 Self-reported associated effects of community quarantine and cabin fever in terms of gender

Table 12 shows the distribution of the responses of the students towards the self-reported associated effects of community quarantine and cabin fever in terms of gender. As gleaned from the table, both gender agreed that they experienced a sudden change in grooming, loss or gain of weight, trouble or having difficulty in concentrating, food cravings, changes in eating habits, difficulty in waking up, difficulty in sleeping, frequent napping or sleeping too much, struggle to start on doing things, and engaging in snapping at people or developing short temperament during the implementation of the community quarantine in Metro Manila.

Table 12. Self-reported associated effects of community quarantine and cabin fever in terms of gender

Effects	Level	Gender		Total
		Male	Female	
Sudden change in grooming	Agree	34 (46.58)	68 (37.99)	102 (40.48)
	Disagree	17 (23.29)	64 (35.75)	81 (32.12)
	No Comment	22 (30.14)	47 (26.26)	69 (27.38)
	Total	73	179	252
Loss / gain of weight	Agree	53 (72.60)	125 (69.83)	178 (70.63)
	Disagree	11 (15.07)	33 (18.44)	44 (17.46)
	No Comment	9 (12.33)	21 (11.73)	30 (11.90)
	Total	73	179	252
Trouble / Difficulty Concentrating	Agree	30 (41.10)	97 (54.19)	127 (50.40)
	Disagree	27 (36.99)	62 (34.64)	89 (35.32)
	No Comment	16 (21.92)	20 (11.17)	36 (14.29)
	Total	73	179	252
Food cravings	Agree	49 (67.12)	146 (81.56)	195 (77.38)
	Disagree	14 (19.18)	20 (11.17)	34 (13.49)
	No Comment	10 (13.70)	13 (7.26)	23 (9.13)
	Total	73	179	252
Changes in eating habits	Agree	51 (69.86)	133 (74.30)	184 (73.02)
	Disagree	14 (19.18)	28 (15.64)	42 (16.67)
	No Comment	8 (10.96)	18 (10.06)	26 (10.32)
	Total	73	179	252
Difficulty waking	Agree	39 (53.42)	93 (51.96)	132 (52.38)
	Disagree	21 (28.77)	67 (37.43)	88 (34.92)
	No Comment	13 (17.81)	19 (10.61)	32 (12.70)
	Total	73	179	252
Difficulty sleeping	Agree	53 (72.60)	128 (71.51)	181 (71.83)
	Disagree	11 (15.07)	38 (21.23)	49 (19.44)
	No Comment	9 (12.33)	13 (7.26)	22 (8.73)
	Total	73	179	252
Frequent napping / sleeping too much	Agree	40 (54.79)	83 (46.37)	123 (48.81)
	Disagree	23 (31.51)	73 (40.78)	96 (38.10)
	No Comment	10 (13.70)	23 (12.85)	33 (13.10)
	Total	73	179	252
Struggled to start on doing things	Agree	34 (46.58)	105 (58.66)	139 (55.16)
	Disagree	22 (30.14)	52 (29.05)	74 (29.37)
	No Comment	17 (23.29)	22 (12.29)	39 (15.48)
	Total	73	179	252
Engage in snapping at people / short temperament	Agree	27 (36.99)	60 (33.52)	87 (34.52)
	Disagree	27 (36.99)	75 (40.78)	102 (40.48)
	No Comment	19 (26.03)	44 (24.58)	63 (25.00)
	Total	73	179	252

Table 12 reveals that both gender agreed that they experienced the identified effects of community quarantine and cabin fever during the time of pandemic. This result is supported by the Chi-square test results in Table 13.

Table 12 reveals that 40.48% of the respondents agreed that they observed that they experience sudden change in grooming, while 32.12% of them disagreed, and 27.38% has no comment on this. In terms of gender, number of male and female respondents who responded on the associated effects of community quarantine and cabin fever is almost the same.

Majority or a total of one hundred seventy eight (or 70.63%) of the respondents reported that they either loss or gain weight during the implementation of the community quarantine. While forty four or 17.46% and thirty or 11.90% of the respondents said that they disagreed or no comment. In terms of gender, number of male and female respondents who responded on the associated effects of community quarantine and cabin fever is almost the same.

Half of the respondents or 50.40% of the respondents reported that they agreed that they have experience trouble or difficulty in concentrating during the implementation of the community quarantine, while 35.32% of them reported that they do not experience it. And 14.29% of them have no comment on this identified effect of community quarantine or cabin fever. In terms of gender, more female respondents as compared to male respondents reported that they experienced trouble or difficulty in concentrating during the implementation of the community quarantine. While most of the males responded disagree or no comment as compared to females.

Table 12 shows that 77.38% or one hundred ninety five of the respondents reported that they experienced food cravings during the implementation of the community quarantine, while 13.49% or thirty four of the respondents reported that they do not experience it. 9.13% of them have no comment on this identified effect of community quarantine or cabin fever. In terms of gender, more female respondents as compared to male respondents reported that they experienced trouble or difficulty in concentrating during the implementation of the community quarantine. While most of the males responded disagree or no comment as compared to females.

Majority of the respondents of equivalent to 73.02% of the respondents reported that they experienced changes in their eating habits during the implementation of the community quarantine, while 16.67% of them disagreed. In terms of gender, number of male and female respondents who responded on the associated effects of community quarantine and cabin fever is almost the same as shown in Table 12.

In terms of experiencing a difficulty in waking up in the morning during the community quarantine, majority of the respondents or equivalent to 53.38% agreed that they experienced it as shown in Table 12, while 34.92% of them reported that they do not experience the same while 12.70% has no comment on this reported effect of community quarantine and cabin fever. In terms of gender, number of male and female respondents who responded on the associated effects of community quarantine and cabin fever is almost the same as shown in Table 12. This result might be associated to the fact that majority of them are going online and do some online

activities during the community quarantine, and might cause them to sleep very late.

Furthermore, in terms of experiencing having some difficulty in sleeping at night, majority of the respondents or equivalent to 71.83% reported that they experienced difficulty in sleeping during the implementation of community quarantine, while 19.44% of them reported that they do not experience the same. Twenty two of the respondents or 8.73% have no comment on this. In terms of gender, number of male and female respondents who responded on the associated effects of community quarantine and cabin fever is almost the same as shown in Table 12. This result might be associated to the fact that majority of them are going online and do some online activities during the community quarantine, and cause them to sleep very late.

Table 12 reveals that majority of the respondents or 48.81% reported that they experienced frequent napping or sleeping too much, while 38.10% reported that they do not experienced the same situation during the implementation of the community quarantine. Table 12 also shows that thirty three of the respondents (13.10%) have no comment on this. In terms of gender, number of male and female respondents who responded on the associated effects of community quarantine and cabin fever is almost the same as shown in Table 12.

Half of the respondents or equivalent to 55.16% reported that they struggled to start on doing things during the implementation of the community quarantine, while 29.37% said that they do not experienced the same while on a lockdown. And 15.48% of them have no comment regarding on this identified effect. In terms of gender, number of male and female respondents who responded on the associated effects of community quarantine and cabin fever is almost the same as shown in Table 12.

Lastly, almost half or 40.48% of the respondents reported that they do not experience on engaging in snapping at people or develop short temperament during the implementation of the community quarantine, while 34.52% of the respondents, which is quite closer to those who said that they do not engage in snapping at people or develop short temperament reported that they do engaged in snapping at people or developed short temperament during the lockdown.

Table 13. Chi-square Test Results of the Self-reported associated effects of community quarantine and cabin fever in terms of gender

Symptoms	χ^2	df	Asymp. Sig. (2-sided)
<i>Physical</i>			
Sudden change in grooming	3.737	2	0.154
Loss / gain of weight	0.409	2	0.815
<i>Mental</i>			
Trouble / Difficulty Concentrating	6.036	2	0.049*
<i>Psychological</i>			
Food cravings	6.213	2	0.045*
Changes in eating habits	0.570	2	0.752
Difficulty waking	3.249	2	0.197
Difficulty sleeping	2.545	2	0.280
Frequent napping / sleeping too much	1.954	2	0.376
Struggled to start on doing things	5.446	2	0.066
Engage in snapping at people / short temperament	0.533	2	0.766

*Significant at 0.05 level

Table 13 reveals that the Chi-square values for the self-reported associated effects of community quarantine and cabin fever in terms of gender. Effects on physical factors such as sudden change in grooming ($\chi^2=3.737$; $p=0.154$) and loss or gain of weight ($\chi^2=0.409$; $p=0.815$) shows no significant difference.

However, research shows that men are less likely than women to believe that stress can impact their body/physical health. In addition, women are substantially more likely than men to say that they have tried to reduce stress over the years (www.apa.org/news). Furthermore, Table 13 also reveals that the reported effects on mental factor, such as having trouble or difficulty in concentrating ($\chi^2=6.036$; $p=0.049$) shows a significant difference. This gender difference shown that majority of the females reported that they experience difficulty in concentrating as compared to males (see also Table 12).

Effects on psychological factors reveals that the reported effects such as changes in eating habits ($\chi^2=0.570$; $p=0.752$), difficulty in waking up ($\chi^2=3.249$; $p=0.197$), difficulty in sleeping ($\chi^2=2.545$; $p=0.280$), frequent napping or sleeping too much ($\chi^2=1.954$; $p=0.376$), struggling to start on doing things ($\chi^2=5.446$; $p=0.066$), and engaging in snapping at people or having a short temperament ($\chi^2=0.533$; $p=0.766$) during the implementation of the community quarantine shows no significant difference among male and female respondents.

Maestriepieri (2012) stated that according to Psychologists, there is a basic difference in the way men and women respond to social stress. For men, it is “flight or fight” while for women it is “tend and befriend”. Taylor (2000) as cited by Maestriepieri (2012) mentioned that when it comes to stress, women are different from men. Instead of getting ready to fight or to flee, women become more likely to express affiliative social behaviour, either befriend the enemy or to seek social support from their family members and friends. In addition, instead of releasing large amounts of norepinephrine and cortisol into bloodstream like men, women respond to stress by secreting more endorphins that help alleviate pain and make us feel good about social interactions and oxytocin that is linked on motivation to behave in a friendly manner.

Interestingly, among the identified effects under psychological factors, food cravings ($\chi^2=6.213$; $p=0.045$) shows a significant difference on the self-reported associated effects of community quarantine among male and female respondents. This denotes that most of the females agreed that they experience sudden food cravings during the implementation of the community quarantine as compared to male respondents.

Generally, the results show both male and female students of Quezon City University reported similar effects of community quarantine leading to cabin fever based on the results of their self-reported cabin fever symptoms assessment. Therefore, this study accepted the null hypothesis, stated earlier that there is no significant difference between the self-reported effects of cabin fever among college students of Quezon City University during the implementation of the community quarantine in Metro Manila in terms of their gender.

3.7 Interventions that may be used by educational leaders and parents to help the students to overcome the effect of cabin fever during the pandemic.

Based from the results, educational leaders and parents are highly encourage to optimize home as a multipurpose environment for both learning and recreation or entertainment, encourage students to read books especially those that they have missed out before or even re-read their favourite books, parents or teacher may also assigned schedules for book or chapter reading, encourage the students to listen to music, watch educational TV shows or educational video online, teach the students to follow certain schedules or develop a habit of dividing their time purposely, support virtual thematic discussions and group activities, encourage them to do some exercise and constantly remind them to look over with their health and diet. And lastly, the possibility for online discussion with a health professional or a psychologist is another concrete action that can help reduce anxiety and panic and overcome feelings of being alone or powerlessness (Zaharieva, 2020).

As the country and the rest of the world is still in the midst of the pandemic, people are forced to study and work from their home, and also find entertainment to avoid cabin fever and use their idle time indoors meaningfully (Co, 2020). This study reveals that for some people, being placed under home quarantine has given them time to get in shape physically, mentally, and psychologically. Others have resorted to online activities, learning new hobbies, and spending time with their loved ones to cope with the situation. However, it was also stressed out that remote learning and working arrangements, as well as online entertainment are not privileges everyone enjoys.

IV. CONCLUSION AND RECOMMENDATIONS

Cabin fever is one of the many effects of the implementation of the Community Quarantine to people. It is a cycle of negative and distressing emotions experienced by individuals as a result of being isolated from the society or shifting away from their usual social activities. Due to Covid-19 pandemic, people all over the world are currently experiencing this phenomenon as everyone stays at home for long periods of time, most especially students. Some of the symptoms of cabin fever includes stress, restlessness, impatience, being easily agitated or highly irritable, lethargy, decreased motivation, persistent sadness, low moods, having a sense of hopelessness, mistrust of people, poor concentration, poor sleep hygiene, food cravings and even weight changes.

This study revealed that both male and female college students in Quezon City University (QCU) experience a same level of symptoms of cabin fever, which is from none to mild symptoms as revealed by the results of their self-reported assessment. And generally, the results shows both male and female students of Quezon City University reported similar effects of community quarantine leading to cabin fever based on the results of their self-reported cabin fever symptoms assessment. However, the study revealed a gender difference towards the associated effects of community quarantine that might lead to cabin fever in terms of mental and psychological

factors, such as having trouble or difficulty in concentrating and food cravings, where in most of the females agreed that they experience having trouble or difficulty in concentrating and sudden food cravings during the implementation of the community quarantine as compared to male respondents.

It is highly recommended that parents and teachers should optimize home as a multipurpose environment for both learning and entertainment, encourage students to read books especially those that they have missed out before or even re-read their favourite books, parents or teacher may also assigned schedules for book or chapter reading, encourage the students to listen to music, watch educational TV shows or educational video online, teach the students to follow certain schedules or develop a habit of dividing their time purposely, support virtual thematic discussions and group activities, encourage them to do some exercise and constantly remind them to look over with their health and diet. And lastly, whenever the symptoms of cabin fever becomes worst, it is encourage to consult with a health professional or a psychologist to help reduce anxiety and panic and overcome feelings of being alone or powerlessness.

The University through the Office of Students Affairs and Guidance, Testing and Placement Office and other related offices should create a program to constantly monitor the physical and mental state of the students. In addition, activities that will promote mental health awareness and wellbeing while the students are at home should be utilized also. Programs and activities should be done online through zoom meetings or Google meet to name a few. And since, this study does not consider the nature of the students either extrovert or introvert, it is highly recommended to conduct a similar study that focus on the effects of cabin fever to introvert and extrovert type of students.

It was recommended for future researchers to consider studying the relationship of student's personality types to the possible changes in behaviour that they have experienced while they are in community quarantine.

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