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Quarantine Experiences of COVID-19 Patient's Close Contacts in Eastern Samar Province, Philippines

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Abstract

Objectives: The primary aim of this qualitative research was to describe the quarantine experiences of COVID-19 patients' close contacts in the Province of Eastern Samar, Philippines. **Methods:** The participants were seventeen (17) key informants purposively selected from different municipalities in the province. Data were gathered through key informant interview. Qualitative analyses were done using the thematic analysis. **Findings:** Results of the study revealed 14 codes, 7 categories within the four themes: (1) the experiences in the initial stage of quarantine period; (2) the experiences in the mid-stage of quarantine period; (3) the experiences in the late stage of quarantine period; and (4) coping mechanism. **Novelty:** This study highlights that despite the physical symptoms and emotional burden issues, the close contacts showed positive self-coping mechanism approaches which indicated that they were helpless yet resilient during the quarantine period. The external support from their families and the government helped the close contacts to handle the quarantine experience.

Keywords: COVID19; close contacts; pandemic experience; quarantine period; thematic analysis

1 Introduction

The COVID-19 pandemic has sparked widespread concern throughout the world. In China and numerous other nations, including the Philippines, the disease has spread extensively and fast. The overall population is susceptible to COVID-19 pneumonia, which is extremely infectious and spreads mostly through touch and droplets. COVID-19 has been transmitted from person to person among close contacts since the middle of December 2019. The number of cases in the Philippines surpassed 473,000. As the COVID-19 pandemic continues to threaten nations around the world, national governments and health agency design, execute, and amend health policies and standards based on WHO guidelines, other countries' experiences, and on-the-ground observations. ⁽¹⁾

Infectious diseases control relies heavily on contact tracing. Its emphasis as a surveillance technique will have a significant influence on lowering mortality while minimizing the impact on lower and middle-income nations' frail economic systems. ⁽²⁾ A person who may perhaps came in contact with an individual with COVID-19 within one meter distance for more than 15 minutes interaction is considered a

close contact. ⁽³⁾ To contain the virus and cut off transmission channels, the government has made significant efforts to identify and quarantine close contacts of confirmed cases. Restricting movement to see if a person exposed to an infection gets ill, thereby reducing the risk of infecting others, is called quarantine, whereas isolation is the process of isolating infected people from those who are not. ⁽⁴⁾ Quarantine is the first line of defence in the fight against contagious diseases. The basic goal of quarantine is to stop the spread of contagious agents from possibly infectious individuals. ⁽⁵⁾ For the prevention of infectious diseases; there are several forms of quarantine. During the severe acute respiratory syndrome (SARS) epidemic, video surveillance of those confined at home was prevalent. ⁽⁴⁾ Individuals who had been exposed to SARS in Toronto were advised not to leave their houses or have guests. ⁽⁶⁾ In the Philippines, close contact of COVID-19 patients is isolated at home, hotel, or health centre for temporary protection. Several studies have looked at the psychological experiences of those who were confined during significant infectious disease epidemics. Many researches have been done on the psychological effects of quarantine. Majority of these studies focused on SARS, swine flu, and Ebola, with 23 of them finding a link between quarantine and negative psychological effects. When compared to expected levels in the general population, most showed an increase in common mental disorders (such as anxiety, depression, and disorientation). According to a new study, quarantine for the prevention of infectious diseases has significant psychological consequences such as rage and disorientation, which might have long-term negative psychological consequences. ⁽⁶⁾

A study that looked at the psychological impacts of isolation disclosed that students are at risk of psychological distress in the event of traumatic occurrences, such as health issues. Since the pandemic's progression is unknown, and its effects on mental health could be long-term, it is critical to research the most effective interventions at the school level, identify the most vulnerable subgroups, and plan for acute and long-term psychological services to control and reduce fear, and thus the burden of psychological problems. ⁽⁷⁾ Investigation on COVID-19 patients' psychological experiences and coping techniques throughout the quarantine period was conducted and showed that suspected patients were taught to have psychological self-help techniques such as embracing their own negative thoughts and altering their attitudes about COVID-19. ⁽⁸⁾ Patients with confirmed or suspected COVID-19 infections were fearful of the consequences of infection, whereas those in quarantine felt bored and lonely. ⁽⁹⁾

The major community control measure available was to quarantine close contacts of COVID-19 positive. The majority of the research evaluated found unfavourable psychological impacts such as disorientation, and hostility. Lengthier quarantine periods, virus fears, frustration, boredom, insufficient supplies, insufficient knowledge, financial loss, and stigma were all stressors. ⁽⁶⁾ People who have had previous encounter with COVID-19 patients may be more stressed as a result of this. These individuals are more susceptible to a variety of emotional and mental issues. However, there is little information on the quarantine experience of close contacts in the Philippines, particularly in the province of Eastern Samar, in the present COVID-19 pandemic condition. The researcher had undertaken a qualitative study to analyse the experiences of close contacts during the quarantine period in the Province of Eastern Samar. As a result, the goal of this research is to report the experiences of COVID-19 patients' close contacts throughout the quarantine period and to assess the techniques or help they got to cope with the emotional changes they experienced while quarantined.

2 Methodology

2.1 Research Design

This research was carried out based on the qualitative research method. Phenomenology was the preferred research design. Phenomenological study is a qualitative research method that is used to describe how human beings experience a certain phenomenon and make meaning out of it. In a phenomenological study, the researcher is able to analyse the perceptions, perspectives, understandings, and feelings of those people who have actually experienced or lived the phenomenon (Creswell & Creswell, 2018).

2.2 Research Locale

This study was conducted in the Province of Eastern Samar, Eastern Visayas, Philippines.

2.3 Participants of the Study

In this study, the participants were seventeen (17) purposively selected key informants from different municipalities in Eastern Samar, Philippines. The inclusion criteria for the participants are as follows: (1) those who have been identified as close contacts of COVID-19 patients by health authorities and IATF; (2) person who would willingly engage in the study; and (3) individuals under the age of 18 were all eligible to participate. Individuals with serious illnesses or those who are unable to speak well are

among the exclusion criteria.

2.4 Data Collection

To acquire information, the researcher conducted interview. The interview approach permits the researcher to collect open-ended data, to explore participant thoughts, feelings and beliefs about a particular topic and to explore deeply into personal and sometimes sensitive concerns.⁽¹⁰⁾ Informed consent papers were delivered online prior to the interview. The semi-structured, one-on-one, in-depth interview begins when they have consented. Telephone interviews were done. Social distance and other IATF-recommended health measures were properly adhered to in the case of a face-to-face interview. Before the actual interview, the researcher pre-tested the interview guide on five COVID-19 patients' close contacts having similar characteristics with the target respondents. The researcher used the pre-test result to improve the questions in the interview guide. Since the 17 purposively selected respondents were professionals, English language was the medium used during the interview. In this case, the questions are not specific to a certain topic. All of the interviews were captured on tape. To improve the accuracy of transcription, the interviews were digitally recorded with the participants' agreement. The digital tape was transcribed verbatim. When new data came in, the interview transcript was analysed simultaneously with thoughts on the content and code changes. After then, the researcher interviews the next person until the data is saturated, which means that the data collection has completed because there are no new topics emerging from the interview. The Research Ethics Committee of Eastern Samar State University was asked to approve the project. The participants were made aware of the fact that their information would be kept confidential.

2.5 Data Analysis

Data gathering and analysis applied the constant comparative method (Glaser and Holton, 2004). After each interview, the recorded discussion was transcribed verbatim and encoded in a written document to facilitate data analysis. To analyse the interview transcripts, the following steps were involved:

1. Open Coding- the whole interview transcript was read. To identify the codes and their properties, text were fragmented in Microsoft OneNote. All the identified codes and their properties were written in the code notes.
2. Axial Coding- codes which were mutually exclusive were grouped together by the researchers. These codes were given appropriate headings based on their properties. The experiences of COVID-19 patients' closed contacts throughout the quarantine period were identified.
3. Selective Coding- the techniques or help they got to cope with emotional changes they experienced while quarantined and the consequences of the phenomenon were identified. The story line was made in a form of diagram.

3 Results and Discussion

The result of analyses depicted in Table 1 outlines a sum of 14 codes, 7 categories within the four themes: (1) the experiences in the initial stage of quarantine period; (2) the experiences in the mid-stage of quarantine period; (3) the experiences in the late stage of quarantine period; and (4) coping mechanism.

Table 1. Data contained in participants' interview transcripts

Themes	Categories	Codes (Frequency of Statements)	
The experiences during the initial stage of quarantine period	Obedience with quarantine order	High compliance with quarantine order	(17)
		Resistance to quarantine but accept for compliance	(6)
	Varied psychological feelings	Fear on being quarantined	(3)
The experiences during the mid-stage of quarantine period	Multiple emotions	Fear on contacting COVID-19	(10)
		Feeling impatient	(4)
	Physical symptoms	Feeling nervous	(6)
		Sore throat	(2)
		Cough and cold	(7)
The experiences during the late stage of quarantine period	Optimism	Fever	(8)
		Looking forward to end the quarantine	(14)
	Self-distraction	Feeling of calmness	(7)
Coping mechanisms	External supports	Use of electronic gadgets	(12)
		Care from the family and friends	(16)

Continued on next page

Table 1 continued

Support from health workers

(9)

3.1 The Experiences in the Initial Stage of Quarantine Period

In the transcripts, the close contacts described their experiences in the initial stage of quarantine period based on what they felt when they knew that they were known as close contacts of COVID-19 patients (C: “compliance of quarantine and feeling of fear). Thus, all (17) participants stated that they complied with the quarantine policies though a few had resisted and feared in the start. For example:

KI 4:	“I feel stress and exhausted”
KI 6:	“My greatest fear was during the night that the rescue vehicle/team went to our residence to fetch me because I have to be quarantined in a facility.”
KI 7:	“I had sleepless nights because of the fear to be quarantined.”
KI 10:	“I felt so shocked, I don’t know what to do and worried as well because I might transfer the virus to my children if ever I am positive with COVID-19.”
KI 11:	“I feel afraid and I resisted to be quarantined but have to accept and follow for compliance.”
KI 13:	“I feel anxious.”
KI 17:	“I am lonely and depressed.”

The statements of the participants focused on their feelings upon knowing that they will be under quarantine. In fact, as many as ten (10) feared on being contacted with COVID-19. This is congruent with the findings in the study on COVID-19 stigma that participants showed unwillingness to be quarantined.⁽¹¹⁾

3.2 The Experiences in the Mid-Stage of Quarantine Period

Participants labelled their experiences during the mid-stage of quarantine period. They shared on having physical symptoms and multiple emotions, the participants affirmed:

KI 1:	“I feel afraid when the symptoms arise.”
KI 5:	“Whenever my phone rings, it always created fear on me that the contact tracer might inform me of the RT-PCR result and I am positive of COVID-19.”
KI 8:	“Every morning upon waking up, I assess myself if I had the symptoms. Also I keep on asking my mother if she felt anything different.”
KI 15:	“When the symptoms arises (cold and cough) I was really worried with my health, I fear that I infected my family.”

Participants who were isolated in facilities or away from relatives were the most likely to experience a variety of unpleasant emotions. Without interpersonal communication confined persons separated themselves from one another and were more prone to experience unpleasant emotions.⁽¹²⁾ Those who had been quarantined generally reported a high prevalence of emotional disturbance⁽¹³⁾ and depression.⁽¹⁴⁾

3.3 The Experiences in the Late Stage of Quarantine Period

Participants described their experiences during the late stage of quarantine period. They shared on being optimistic that they will overcome with all the undesirable feelings they felt.

KI 3:	"I feel calm; It was my faith that really kept me from loneliness all throughout the quarantine period."
KI 6:	"I never lost faith that all those things happened for a reason so I was always looking for the silver linings and less concentrate on the <i>bête noirs</i> "
KI 12:	"I feel optimistic."
KI 14:	"I always think that this will be over. One thing is being away from my family for a while doing nothing compared to the usual days."
KI 16:	"I had a deep breath upon hearing that the result was negative, but I feel stigmatized."

The findings that close contacts who undergone quarantine felt stigmatized were in line with the findings of the study that persons who were quarantined had experienced discrimination.⁽¹⁵⁾ Another study found that stigma among respondents was driven by fear and blame for infection, and it manifested in various ways leading to a reluctance to disclose their coronavirus status to others.⁽¹⁶⁾

3.4 Coping Mechanisms

Furthermore, the participants claimed that they overcome the various quarantine experiences due to self-coping mechanisms or self-distraction and external supports. They affirmed:

KI 2:	"Aside from the usual exercise and prayers, I kept my emotion at an even keel."
KI 5:	"I read books; I keep on praying and hear online masses."
KI 9:	"During the home quarantine period I work on my module and practiced on the piano."
KI 11:	"I have the positive thoughts; keep my immune system strong through supplements, enough sleep and prayer."
KI 12:	"I received moral support from my family, friends, and colleagues."
KI: 14:	"My family is my support system along the way."
KI 17:	"I really felt the love and moral support from the health workers."

Analysis of the interviews revealed that the close contacts of the COVID-19 patients had experienced emotional burden but despite these, they stayed strong during the quarantine period due to their self-coping strategies, support of the family, and care from health workers. Some contacts believe in prayers and strong faith to survive. Other contacts, retort boredom to watching e-movies and reading to distract their attention.

4 Conclusions

Based on the findings, the following conclusions were formulated: the experiences of the COVID-19 patients' close contacts varied from the initial stage of quarantine period, mid-stage of quarantine period, late stage of quarantine period, and coping mechanisms. Despite emotional and health issues, the close contacts showed positive self-coping mechanism strategies which indicated that they were strong during the quarantine period. The external support from their families and the government helped the close contacts to handle the quarantine experience.

References

- 1) Talabis DAS, Babierra AL, Buhat CAH, Lutero DS, Quindala KM, Rabajante JF. Local government responses for COVID-19 management in the Philippines. *BMC Public Health*. 2021;21(1):1711–1711. Available from: <https://doi.org/10.1186/s12889-021-11746-0>.
- 2) Vecino-Ortiz AI, Congote JV, Bedoya SZ, Cucunuba ZM. Impact of contact tracing on COVID-19 mortality: An impact evaluation using surveillance data from Colombia. *PLOS ONE*. 2021;16(3):e0246987–e0246987. Available from: <https://doi.org/10.1371/journal.pone.0246987>.
- 3) Ríos-Jasso J, Reyes-Veyna L, Cerda-Luna RM, Duque-Jara I, Galvan-Jimenez M, Ramirez-Hernandez LA, et al. The role of close contacts of COVID-19 patients in the SARS-CoV-2 transmission: an emphasis on the percentage of nonevaluated positivity in Mexico. 2020. Available from: <https://doi.org/10.1016/j.ajic.2020.10.002>.
- 4) Chen D, Song F, Tang L, Zhang H, Shao J, Qiu R, et al. Quarantine experience of close contacts of COVID-19 patients in China: A qualitative descriptive study. *General Hospital Psychiatry*. 2020;66:81–88. Available from: <https://doi.org/10.1016/j.genhosppsych.2020.07.006>.
- 5) Singh A, Gupta V, Goel PK. Quarantine during COVID-19 pandemic: A cross-sectional study to investigate its compliance and psychological impact among health care professionals in Southern Haryana. *Indian Journal of Health Sciences and Biomedical Research (KLEU)*. 2022;1(1). Available from: https://doi.org/10.4103/kleuhsj.kleuhsj_182_21.
- 6) Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 2020;p. 30460–30468. Available from: [https://doi.org/10.1016/s0140-6736\(20\)30460-8](https://doi.org/10.1016/s0140-6736(20)30460-8).

- 7) Villani L, Pastorino R, Molinari E, Anelli F, Ricciardi W, Graffigna G, et al. Impact of the COVID-19 pandemic on psychological well-being of students in an Italian university: a web-based cross-sectional survey. *Globalization and Health*. 2021;17(1):39–39. Available from: <https://doi.org/10.1186/s12992-021-00680-w>.
- 8) Zhou S, Huang X, Qian Y, Gao B, Tang D. Common psychological conflicts and coping strategies of COVID-19 patients. *Chinese Mental Health Journal*. 2020;03:248–250.
- 9) Xiang YT, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *Lancet Psychiatry*;7(3):7128153–7128153. Available from: [https://doi.org/10.1016/S2215-0366\(20\)30046-8](https://doi.org/10.1016/S2215-0366(20)30046-8).
- 10) Dejonckheere M, Vaughn LM. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health*. 2019;7(2):e000057–e000057. Available from: <https://doi.org/10.1136/fmch-2018-000057>.
- 11) Lohiniva AL, Dub T, Hagberg L, Nohynek H. Learning about COVID-19-related stigma, quarantine and isolation experiences in Finland. *PLOS ONE*. 2021;16(4):e0247962–e0247962. Available from: <https://doi.org/10.1371/journal.pone.0247962>.
- 12) Xiao C. COVID-19)-Related Psychological and Mental Problems: Structured Letter Therapy. *A Novel Approach of Consultation on 2019 Novel Coronavirus*. 2020;17:7047000–7047000. Available from: <https://doi.org/10.30773/pi.2020.0047>.
- 13) Yoon MK, Kim SY, Ko HS, Lee MS. System effectiveness of detection, brief intervention and refer to treatment for the people with post-traumatic emotional distress by MERS: a case report of community-based proactive intervention in South Korea. *Int J Ment Health Syst*. 2016;10:4976505–4976505. Available from: <https://doi.org/10.1186/s13033-016-0083-5>.
- 14) Hawryluck L, Gold WL, Robinson S, Pogorski S, Galea S, Styrar R. SARS control and psychological effects of quarantine;vol. 10. Toronto, Canada. PMCID. 2004. Available from: <https://doi.org/10.3201/eid1007.030703>.
- 15) Chen D, Song F, Tang L, Zhang H, Shao J, Qiu R, et al. Quarantine experience of close contacts of COVID-19 patients in China: A qualitative descriptive study. *General Hospital Psychiatry*. 2020;66:81–88. Available from: <https://doi.org/10.1016/j.genhosppsych.2020.07.006>.
- 16) Dub T, Hagberg L, Nohynek H. Learning about COVID-19-related stigma, quarantine and isolation experiences in Finland. *Learning about COVID-19-related stigma, quarantine and isolation experiences in Finland Lohiniva AL*. 2021;16. Available from: <https://doi.org/10.1371/journal.pone.0247962>.