

Lasting Experiences of COVID-19 Isolation in Filipino Adults: An Interpretative Phenomenological Analysis



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ABSTRACT

Background: Adolescents are particularly vulnerable to major life disruptions. The COVID-19 pandemic disrupted key aspects of adolescent development, yet few studies have focused on the experiences of Filipino youth who underwent isolation due to infection.

Objective: To explore the lasting lived experiences of Filipino adults who were isolated due to COVID-19 as late adolescents and examine how these experiences shaped their health consciousness.

Methods: This qualitative study employed an interpretative phenomenological analysis using Colaizzi's method. Six participants aged 18 and above, who were aged 17–19 during their COVID-19 diagnosis and isolation, were recruited. One-on-one semi-structured interviews were conducted and thematically analyzed.

Results: Four main themes emerged: (1) Sources of Stress including academic disruptions, isolation,

symptoms and healthcare inefficiencies; (2) Attitudes Toward the Experience ranging from fear to calm acceptance and social responsibility; (3) Coping Strategies such as external support and personal mechanisms like spirituality and hobbies; and (4) Impact of COVID-19 which encompassed interpersonal growth, normalization of illness and varying degrees of health behavior change.

Conclusion: While the experience of isolation during adolescence posed significant stress, it also offered opportunities for personal and interpersonal growth. Most participants exhibited increased health consciousness, though behavior change was limited. These insights highlight the value of integrating health behavior interventions for young adults shaped by pandemic experiences.

Keywords: COVID-19, Isolation, Lived Experience, Filipino, Adolescents

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INTRODUCTION

Adolescence is a time of great physical, psychological and social change. Consequently, the lives and well-being of youth are disproportionately jeopardized by behavioral choices and major life experiences. The COVID-19 pandemic can be considered a determinant that affects different dimensions of adolescents' lives.[1] Adolescence has social

ordering, values, cultures and languages of its own. What an adult considers risky behaviors, and how an adult might perceive and process life experiences may be totally different in the eyes of an adolescent. [2] It has been indicated that compared to adults, this pandemic may continue to have increased long-term adverse consequences on children and adolescents' mental health. [3] Globally, adolescents of varying backgrounds have experienced higher rates of anxiety, depression and stress due to the pandemic and increased frequency of poor health habits. [4-8] The quarantine and isolation measures during the COVID-19 pandemic disrupted multiple aspects of life, including social, academic and community settings. While the direct health effects of COVID-19 have been widely studied, the indirect impact of these countermeasures on health-related behaviors remains less understood, despite their potential long-term consequences. Given the importance of adolescent lifestyles and risk behaviors to their health, and the impact of significant life experiences on their development, it is important for healthcare providers to understand these behaviors and experiences.

Few studies have addressed the lived experiences of individuals who recovered from COVID-19, and to the researchers' knowledge, there are no pieces of literature that specifically tackle the lived experiences of adolescents who recovered from COVID-19. Among those covering the phenomenological aspect of COVID-19 infection and recovery, the youngest participants in these studies were older than 18 years at the time of infection. These studies that looked into individuals' experiences during the course of sickness found that contracting the illness had effects on the person's health consciousness and psychological outlook. [9] Among these experiences, a few will stay with the individual through the passage of time. These experiences may be considered significant and may impact their health consciousness, especially among developing adolescents.

This study aims to explore the lasting lived experiences left on Filipino adults who contracted COVID-19 as adolescents and were isolated during the pandemic and to explore how these experiences may or may not have influenced their health consciousness.

METHODOLOGY

Study Design

The study utilized a descriptive interpretative phenomenological design, following Colaizzi's (1987) seven-step descriptive phenomenological method. This qualitative method allowed researchers to identify meaningful data from interviews and organize them into themes to better understand the lived experiences of participants. Using Colaizzi's seven-step phenomenological method for descriptive analysis, the study progressed as follows: reading all interview materials to form a general understanding of the research object; extracting statements related to the research problem; summarizing, extracting and encoding the extracted data; summarizing the encoded ideas and seeking common concepts to form themes and theme groups; performing a detailed description of the relationship between theme and research object; stating the essential structure that constitutes the phenomenon and; returning the final analysis to the research object for verification.

Study Population and Study Setting

The study population consisted of Filipino adults (≥ 18 years old) residing in Metro Manila who were 17–19 years old at the time they contracted COVID-19 and were isolated. No particular city in the region was selected, as the outcome of interest (lived experience) represents a perspective, rather than a geographic population. Exclusion criteria included individuals who refused to participate or were unable to provide voluntary informed consent.

Outcome to be Measured

The primary outcome measured was the lasting experiences of adults who had been isolated during adolescence due to the COVID-19 pandemic. These were derived from semi-structured interviews and analyzed for common themes and patterns.

Study Procedure

Due to the unavailability of a sampling frame or database of Filipino adults who were isolated due to COVID-19 as adolescents, participants who

met the criteria were purposely contacted through personal email contacts and referrals. This included individuals whom the researchers knew and those contacted through a chain of acquaintances. Signed consent forms were collected and one-on-one online interviews with the option to have a companion for comfort were scheduled according to the participants' convenience. All the interviews were conducted and recorded by the lead researcher, a male, ongoing medical student who completed an online training course on conducting qualitative data collection. The designated researcher has no conflict of interest to report. The interviews were semi-structured, guided by a set of adapted guide questions[9-11] and lasted on average 40-60 minutes. Time was allocated to establish rapport before the start of the interview proper. Participants were informed of the study objectives through the informed consent form and were given time to ask questions prior to start of the interview. No repeat interviews were conducted. The interviews were transcribed by two independent researchers and returned to participants for review. Each of the five researchers provided individual data codes independently before synthesis.

Guide Questions for the Interview

The following questions served to guide the broad strokes of the interview. The interviewer may ask follow-up questions to further clarify or elucidate concepts and ideas. First, the researchers would like to have a grasp of how participants remember their experience of contracting COVID-19 and subsequent isolation. The following questions are adapted from Sun, et. al.,[9] and Bhandari, Khaka, Kumar and Verma.[10]

How did you find out that you had COVID-19?
What was your reaction?

How did you feel about yourself and others when you found out you had COVID-19?

How did you feel during hospitalization/isolation as a patient with COVID-19?

What was your main form of stress during hospitalization/isolation?

How did the illness affect you? How did you respond?

How did this affect your relationship with your family? Friends?

What did you feel or think about this illness?

How do you look back on these experiences?

What do you feel?

Which of these experiences are most significant to you? Why?

Secondly, the researchers would like to look further into how these experiences may or may not have affected health behavior of these individuals. The following questions have been created with the publication "*Scale Development for Measuring Health Consciousness: Re-conceptualization*" in mind.[11]

Has this experience changed your lifestyle in any way? How? Why or why not?

How much effect do you feel these changes have made?

How do you view COVID-19 now? Does it still concern you? How about other diseases?

How conscious are you about your health? Is it more or less than before?

How aware do you feel about the health situation in your environment/community?

How responsible do you feel about your health now?

Are there any other ideas you would like to express?

RESULTS

A total of six individuals participated in the study, all of whom had mild COVID-19, diagnosed through rapid antigen testing. There were no dropouts. None of the participants were admitted to a hospital, nor were assessed to have pneumonia. Clinical presentations of the participants upon recall were fever, malaise, cough and difficulty breathing. While fitting for the clinical signs of pneumonia, none underwent radiologic studies nor were formally diagnosed by a physician as having viral pneumonia.

The researchers found the following themes common among participants: Sources of stress, in which participants reported various stressors they have identified upon revisiting their experience; their attitudes towards the experience, in which participants identified the predominant emotion they felt during the experience; coping with the experience, where participants shared how they coped with the experience; and impact of COVID-19, where

Table 1: Participant Characteristics

TOTAL	6
Sex	
Male	4
Female	2
Age	
18	1
22	1
23	4
Residence	
Manila	1
Quezon City	3
Parañaque	1
Taguig	1
Year of Isolation	
2020	3
2021	2
2022	1

participants shared how they felt the experience and pandemic had affected their lives.

Under each theme, several subthemes were identified. Under Sources of Stress, the following subthemes were identified: Academics as a stressor, physical symptoms as a stressor, the healthcare system as a stressor and isolation as a stressor. Under Attitudes Towards the Experience, the following subthemes were identified: an initial negative reaction, confidence in one’s own health, calm acceptance, a sense of social responsibility, not wanting to burden others and retrospection of the experience. Under Coping with the Experience, the following subthemes were identified: external support and coping mechanisms and under the Impact of COVID-19, the following subthemes were identified: interpersonal growth, personal growth, normalization of COVID-19 and impact on health consciousness and behavior.

Sources of Stress

Common subthemes found among participants regarding sources of stress include academics as a stressor, physical symptoms as a stressor, the healthcare system as a stressor and isolation as a stressor. Table 2 presents representative statements of this theme.

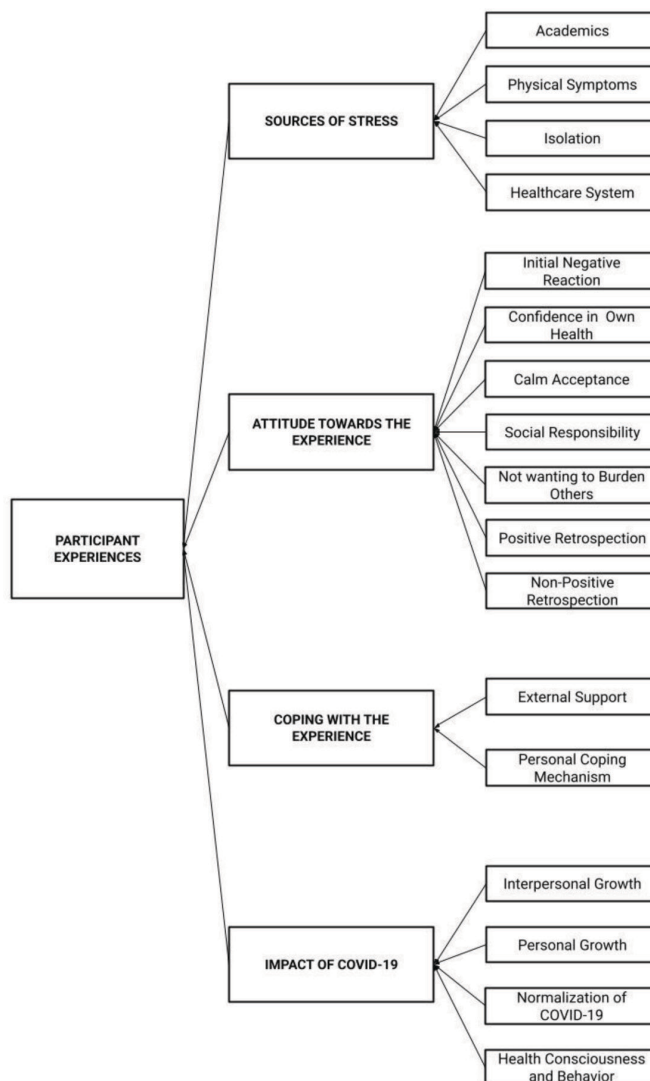


Figure 1: Coding Tree

Academics as a stressor: Given the age group the researchers investigated, all of the interviewees were found to have been college students when the pandemic hit. Thus, common among our study participants was the identification of academics as a stressor. Four out of six interviewees cited concerns over missing class during their isolation period. Feelings regarding academic stress include feeling anxious and frustrated, mostly stemming from the loss of productivity during their experience.

Physical Symptoms as a Stressor: Another stressor identified was the symptoms of COVID-19. Of note here is that one interviewee (interviewee #4) experienced more severe symptoms than the others during their isolation and talked about it extensively, whereas the others barely mentioned experiences they have had with the symptoms of COVID.

Table 2: Sources of Stress

Interviewee	Line #	Data	Subtheme
1	06	I was kinda afraid because that would have to mean I would miss two weeks in school	Academics as a Stressor
5	27	Natakot po ako. Marami po akong namimiss na schoolwork po.	Academics as a Stressor
4	92	I could sleep but I was scared because what if I sleep and I die in my sleep and I don't wake up?	Physical Symptoms as a Stressor
6	121	Actually I was worried kasi nababasa ko online before like yung sense of smell and taste nila, nawala permanently	Physical Symptoms as a Stressor
5	109	What I felt po about being isolated, siguro po naramdaman ko po at that time, yunn nga po narealize ko na parang ang hirap mag isa po	Isolation as a Stressor
2	130	When you're isolated, the main problem that will arise is, yung naffeel mo talagang mag-isa ka.	Isolation as a Stressor
1	208	It really could have all been avoided. Because the amount of frustration I felt when I realized I didn't have COVID when I first got quarantined.	The Healthcare System as a Stressor
5	38	About myself, nahirapan ako , kasi parang I don't see the need to isolate kasi wala kaming ginagawa don, di kami binibigyan ng gamot and stuff, basically nag iisolate lang kami which we can do naman sa bahay like di kami binibigyan ng gamot so parang useless din. Additionally, yung frustration din kasi walang support na gamot	The Healthcare System as a Stressor

Table 3: Attitudes Towards the Experience

Interviewee	Line #	Data	Subtheme
2	50	Medyo guilty kasi im exposed nga dun sa church, at dahil dun, the church was forced to do live-stream.	Initial Negative Reaction to the Disease
3	35	I feel frustrated because ... for the three whole years I was stuck inside the house, I decided to outside for one time with my friends	Initial Negative Reaction to the Disease
1	22	It wasn't because I was afraid that I would be dying or anything. I had full confidence in my health at that time.	Confidence in own health
4	123	I thought of, you know, im scared but deep down i think I'm gonna make it and I hope I make it because, ... im kinda young and im in my twenties, I think that I have decent immune system	Confidence in own health
3	53	During my isolation it kinda watered down, and I had accepted my fate	Calm Acceptance
6	13	Hindi naman na ako nag panic tinanggap ko nalang din kasi expected nadin na sooner or later...there's a big chance and risk na magka COVID kami	Calm Acceptance
1	8	So in the interest of protecting my sister , we all decided it would be best if we quarantined	Social Responsibility
2	28	I'm thinking of not myself but yung mga nakasalamuha ko for the past days na lolo, lola, and mga bata, na baka may have caused something na baka detrimental din to their health.	Social Responsibility
2	161	I am concerned at that time. But I don't want to bother anyone else. I dont know kumbaga di lang sa family, siguro sa society, parang isa ka ding malaking bother sa society	Not Wanting to Burden Others
4	406	Basically I'm just worried about more of inconveniencing the people around me. I don't want my parents to pay any hospital bills	Not Wanting to Burden Others
1	216	I say fondly because it was a time I got to really bond with [Tita P]... It was a good experience looking back at it all	Positive Retrospection

Table 3: Attitudes Towards the Experience

Interviewee	Line #	Data	Subtheme
2	240	At that time, kahit na nakakaguilty at that time, pero looking back parang mas marami siyang positive effect for me ... it gave me growth and somehow sense of fulfillment	Positive Retrospection
4	250	But also in general I think it was neutral you know, I got sick, I got really sick	Non-Positive Retrospection
5	117	Siguro po sakin, neutral, since wala naman po nagbago. It felt like a normal sakit lang po	Non-Positive Retrospection

Table 4: Coping with the Experience

Interviewee	Line #	Data	Subtheme
1	160	Especially my classmates who took a brunt of the work when I was gone. I appreciate that they were able to carry most of my load	External Support
2	110	I did not feel alone at that time, not only of my family, but also of the church community as well	External Support
4	174	I was waiting, I was sleeping, I was wasting time, I would go on my computer and I would go on the internet, I would play games. That would take my mind off things	Personal Coping Mechanism
5	50	Since a lot of my interests naman po kaya hanapin online, kinokonsulta po hobbies and interests ko po at that time	Personal Coping Mechanism

Isolation as a Stressor: Another stressor identified was isolation from social circles. The participants expressed difficulty with the feeling of isolation during their experience.

Frustration with the Healthcare System: Two of the participants expressed that the healthcare system itself was also a source of stress during their experience, citing that inefficiencies with protocol frustrated them.

Attitude Towards the Experience

The attitude among participants was also an identified theme which includes both positive and negative standpoints. Different outlooks like confidence, acceptance, anxiety and fear were noted. Subthemes identified include an initial negative reaction, confidence in one's own health, calm acceptance, a sense of social responsibility, not wanting to burden others and retrospection. Table 3 presents representative statements surrounding this theme.

Initial Negative Reaction to the Disease: Upon recounting their experience, five of the interviewees expressed experiencing a negative reaction upon finding out that they had COVID-19. Feelings surrounding this realization include fear, guilt and frustration. One interviewee (interviewee

1) did not express negative feelings upon finding out they had COVID-19 as they had full confidence in their own health.

Confidence in One's Own Health: Following the initial negative reaction, four of the interviewees expressed that they had confidence in their own health by virtue of their youth.

Calm Acceptance: Following the initial negative response to realizing they had caught COVID-19, the participants recounted the calm acceptance that followed. Often this stemmed after realizing their confidence in their own health.

Social Responsibility: During the pandemic, people made a lot of sacrifices and efforts for their families and selves. The participants felt a sense of responsibility to lessen the burden of disease among their families and community. Common codes noted were Sacrifice for Family and Sacrifice for Community. The researchers noted that participants felt that isolation was a necessary measure to protect their loved ones and stop the spread of disease around the household and community.

Not Wanting to Burden Others: In addition to the concern of exposing family and community to COVID-19, the interviewees also expressed concern over inconveniencing or bothering those around them. Much of this concern stems from both the material (eg, financial) and non-material resources

Table 5: Impact of COVID-19

Interviewee	Line #	Data	Subthemes
1	136	It definitely strengthened it because, you know, being stuck in the same room with literally nothing to do really makes you, you know, learn to appreciate the people in your life.	Interpersonal Growth
2	236	Because I was able to connect with others in a way na kahit not physically. Connect with mainly my churchmates. Ayun, mas napastrengthen yung relationship.	Interpersonal Growth
2	83	But then the funny thing was in the next days after the first few days, I actually enjoyed it as an introvert...I think that was also a growth time for me	Personal Growth
3	268	it just makes you realize that despite doing everything, we can only do so much. So that's that. Learning experience.	Personal Growth
1	341	We already all got the vaccines and most people kind of develop a resistance to it. At this point, it's barely even a threat. It just like, "it's there"	Normalization of COVID-19
2	206	At that time, I think COVID is part of the society na. It's not something we can remove anymore. We just need to adapt	Normalization of COVID-19
2	308	Na im taking more vitamins now kasi i know na kahit na gaano kadami yung vaccines or medicine na inumin mo, prevention is better than cure. I understand it better now	Health Consciousness and Behavior
4	430	Im definitely more health conscious now. Im trying to you know, Im trying to take my multivitamins, Im trying to like wash my hands way more often.	Health Consciousness and Behavior

(eg, time and labor) associated with taking care of them.

Retrospection: The interviewees were also asked about how they look back on the experience. Of note here is that, retrospectively, five years after the lockdowns started, the interviewees viewed the experience as mostly neutral to positive, expressing feelings of fondness and novelty towards their isolation experience. Reasons for this positive retrospection include being able to strengthen bonds with family during their time in isolation, able to have time to explore their hobbies, able to learn from the experience and the novelty of the experience itself. Only the interviewee explicitly labeled their experience as a net negative and attributed this labelling to missing out on a family outing during their illness.

Coping with the Experience

Participants also shared their experience on how they coped with stressors they experienced. Coping with the experience involved both an internal response to stress and external support from friends and family. Table 4 presents representative statements surrounding this theme.

External Support: During their experience, the participants received support from friends, family and community. Feelings regarding this experience include appreciation and thankfulness.

Personal Coping Mechanism: Aside from external support, the interviewees also shared that they coped with stresses of the experience through their own coping mechanisms. Responses shared by participants include finding comfort in spirituality and hobbies, reassuring themselves of confidence in their own health, taking medicine, education about their symptoms and finding acceptance of the situation.

Impact of COVID-19

The interviewees were also asked about how they perceived the impact the experience had on their lives. The following subthemes were identified: (1) Interpersonal Growth, (2) Personal Growth, (3) The Normalization of COVID-19 and (4) Health Consciousness and Behavior. Table 5 presents selected representative statements surrounding this theme.

Interpersonal Growth: Two of the participants expressed that the experience provided them with the opportunity to strengthen their interpersonal

relationships with their family and community. The change of pace and free time brought about by their isolation and support they received from their family and community gave them a sense of appreciation for their interpersonal bonds.

Personal Growth: Aside from interpersonal growth, the interviewees also expressed having had the opportunity to grow personally. Three interviewees expressed their personal growth in terms of learning/growing from the experience to better handle future challenges, and one interviewee expressed this growth in terms of skill growth, as their isolation brought them free time to practice their hobbies.

Normalization of COVID-19: Another common subtheme found among the interviewees with regards to health consciousness was the idea of normalization of COVID-19, in which the interviewees expressed diminishing concerns over the illness as time passed. At the time of the interview, the interviewees expressed little to no concern about COVID-19 compared to the height of the pandemic.

Health Behavior: Only three interviewees explicitly expressed a lasting change in health consciousness and behavior following their isolation. This change in consciousness and behavior expressed by the interviewees was focused on the prevention of disease (eg, better hygiene practices and taking multivitamins).

DISCUSSION

The researchers found the following themes common among participants: Sources of stress, in which participants reported various stressors they have identified upon revisiting their experience; their attitudes towards the experience, in which participants identified the predominant emotion they felt during the experience; coping with the experience, where participants recounted how they were able to deal with the stresses of the experience; and impact of COVID-19, where participants reflected on the experience and how it has changed them.

Common subthemes found among participants regarding sources of stress include Academics as a stressor, Physical symptoms as a stressor, the Healthcare system as a stressor and Isolation as a stressor.

Given the age group the researchers investigated, all of the interviewees were found to have been college

students when the pandemic hit. Thus, common among our study participants is the identification of academics as a stressor. Four out of six interviewees cited concerns over missing class during their isolation period. The feelings regarding academic stress include feeling anxious and frustrated, mostly stemming from the loss of productivity during their experience and consequences that may follow their return to school. The other two participants did not have the same concern as they got isolated during their academic downtime and did not have to worry as much about their academics.

Another stressor identified was the symptoms of COVID-19. Of note here is that one interviewee (interviewee #4) experienced more severe symptoms than the others during their isolation and talked about it extensively, whereas the others talked about their physical symptoms to a much lesser degree. While all of the symptoms of participants did not warrant hospitalization, the participants did note that the symptoms of COVID-19 they experienced were markedly different from other illnesses they had previously experienced, and that they had genuine concerns over long-term effects of COVID-19.

"New in a way that I haven't felt that kind of fever before, I think." - Interviewee 3

"I was amazed because the symptoms were so strong and it the physical aspect of it was really bad, but like at the end of the day it was just like one of the worst fevers ever," - Interviewee 4

"Actually I was worried kasi nababasa ko online before like yung sense of smell and taste nila, nawala permanently tapos sakin kinabahan ako non slight " - Interviewee 6

Another stressor identified was the isolation from social circles, where three of the six participants expressed difficulties they had from being alone. And the last stressor identified was the healthcare system itself, where two of the six participants expressed frustration with the healthcare system and how it handled the isolation protocols.

The attitude among participants towards the experience was also an identified theme which includes both positive and negative standpoints. Different negative outlooks like being anxious, in fear and guilt were noted. However, positive attitudes towards the experience were also noted such as acceptance and confidence.

Of note here is that, retrospectively, five years after the lockdowns started, participants viewed the experience as mostly neutral to positive, expressing feelings of fondness and novelty towards their isolation experience. Reasons for this positive retrospection include being able to strengthen bonds with family during their time in isolation, being able to have time to explore their hobbies, being able to learn from the experience and novelty of the experience itself. It is important to note, however, that none of the participants in the study had symptoms severe enough to warrant hospitalization and none of the participants had lost loved ones to the disease.

"How do you look back on this experience? - Fondly"
- Interviewee 1

"Uhm, siguro, it gave me growth and somehow a sense of fulfillment. It's weird pero a sense of fulfillment in terms of my hobbies, growth in terms of my relationships"- Interviewee 2

"We made it something into something that we had to charge to experience"- Interviewee 3

.Inisip ko siya na like, covid pandemic happened to us, so like hindi na maexperience ng mga future people, I mean mga newer generation so may mga stories ka na mashare sa mga future generation. Sa palagay ko, it's cool lang - Interviewee 6

During the pandemic, people made a lot of sacrifices and efforts for their families and selves. The participants felt a sense of responsibility to lessen the burden of disease among their families and themselves. Common subthemes noted were Sacrifice for family and Sacrifice for Community.

The researchers noted that participants felt that isolation was a necessary measure to protect their loved ones and stop the spread of disease around the household. In addition to a sense of responsibility towards family, the respondents also expressed a sense of responsibility towards the community they belonged to. This is particularly seen in interviewee #2 who was closely knit to their church community, who expressed feelings of concern for the elderly and young in their community, and guilty for disrupting their face-to-face church service.

"So in the interest of protecting my sister, we all decided it would be best if we quarantined"
- Interviewee 1

"I'm thinking of not myself but yung mga nakasalamuha ko for the past days na lolo, lola, and mga bata, na baka may have caused

something na baka detrimental din to their health"
- Interviewee 2

Participants also shared their experience on how they coped with stressors they experienced. Coping with the experience involved both an internal response to stress and external support from friends and family. During their experience, participants received support from friends, family and community. Support came in the form of emotional and material support. Feelings regarding this experience include appreciation and thankfulness for their friends and family. Aside from external support, the interviewees also shared that they coped with stresses of the experience through their own coping mechanisms. Responses shared by participants include finding comfort in spirituality and hobbies, reassuring themselves of their confidence in their own health, taking medicine, education about their symptoms and finding acceptance of the situation.

"Tapos I know naman na God will protect us, tapos He will not allow this to happen if there is no cause, ganun"- Interviewee 2

"Yeah they [family] were there for me, I was so thankful for them"- Interviewee 4

"since a lot of my interests naman po kaya hanapin online, kinokonsulta po hobbies and interests ko po at that time"- Interviewee 5

The interviewees were also asked about how they perceive the impact the experience had on their lives. The following subthemes were identified: Interpersonal Growth, Personal Growth, The Normalization of COVID-19 and Health Consciousness and Behavior.

Two of the participants expressed that the experience provided them with the opportunity to strengthen their interpersonal relationships with their family and community. The change of pace and free time brought about by their isolation and support they received from their family and community gave them a sense of appreciation for their interpersonal bonds.

Aside from Interpersonal growth, the interviewees also expressed having had the opportunity to grow personally. Three interviewees expressed their personal growth in terms of learning/growing from the experience to better handle future challenges, and one interviewee expressed this in terms of growth in the form of skills, as their isolation brought them free time to practice their hobbies.

Another common subtheme found among interviewees with regards to health consciousness was the idea of normalization of COVID-19, in which the interviewees expressed diminishing concerns over the illness as time passes. At the time of the interview, the interviewees expressed little to no concern about COVID-19 compared to the height of the pandemic, saying that at this point, COVID-19 is already part of our daily lives.

Only three interviewees explicitly expressed a lasting change in health consciousness and behavior following their isolation. This change in consciousness and behavior expressed by the interviewees was focused on the prevention of disease (eg, better hygiene practices and taking multivitamins). The other three interviewees expressed minimal changes in their health-seeking behavior, citing that they have returned to their pre-pandemic mindset. One interviewee expressed that the experience did not impact their health behavior, owing to the fact their isolation experience left little impression on them as they were only isolated towards the end of the pandemic and only had minimal symptoms.

“Na im taking more vitamins now kasi i know na kahit na gaano kadami yung vaccines or medicine na inumin mo, prevention is better than cure. I understand it better now”- Interviewee 2

*“Im definitely more health conscious now. Im trying to you know, Im trying to take my multivitamins, Im trying to like wash my hands way more often”
- Interviewee 4*

CONCLUSION

COVID-19 isolation during adolescence posed unique stressors but also fostered personal resilience and strengthened relationships. Participants reflected on the experience as one that challenged their mental and emotional well-being, yet gave rise to introspection, gratitude and new priorities. Most noted a heightened sense of health consciousness following their illness, although only a few translated this into sustained lifestyle changes.

This study underscores the importance of addressing the psychological and behavioral aftermath of health crises among youth. While their experiences during isolation may not have led to long-term behavioral transformation, they represent a critical opportunity for public health to engage with this age group. Therefore, integrating structured health behavior reinforcement in post-pandemic youth programming is recommended.

Conflict of Interest

The researchers have no conflict of interest to report.

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