



## EDUCATION STUDENTS' HEALTH CARE SYSTEM AND DISEASE AWARENESS DURING THE COVID-19 PANDEMIC

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### Abstract

Healthcare access remains to be a major global issue, resulting in more serious health concerns among students. Hence, recognizing the health care system and diseases in Iloilo city is critical in understanding the nature of environmental exposures of education students during the COVID-19 pandemic. This study determined education students' level of awareness on the health care system and diseases during the COVID-19 pandemic. This descriptive-correlational research study utilized a duly-validated researcher-made questionnaire and was administered through Google Forms among the thirty (30) conveniently selected education students. The statistical tools used were: mean, standard deviation, and Pearson's R testing set at .05 level of significance. All statistical computations were processed using Statistical Package for Social Sciences (SPSS). The results showed that education students were slightly aware ( $M = 2.44$ ,  $SD = 0.24$ ). Moreover, there were significantly high positive correlations ( $r(26) = 0.752$ ,  $p = 0.001$ ) on the access to medical care, location of health facilities, the spread of diseases common in the area, health, and average lifespan of Ilonggos. Awareness of sustainable healthcare system and prevention of diseases among students will stimulate wider discernment of health care access and services, especially during the COVID-19 pandemic and even in the new normal.

**Keywords:** *health care system, diseases, awareness, education students*

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## **INTRODUCTION**

The link between education and health is never apparent. Poor health can generate educational setbacks and interfere with education, not simply as a result of poor educational attainment (Center on Society and Health, 2015). Our health and well-being are affected by our social, physical, and environmental surroundings in ways that are intimately related to health policy. Environmental hazards, as well as many other health consequences, are heavily determined by spatial location (the geographic context of locations and the connectivity between them). The location of health-care facilities, the targeting of public-health measures, and the monitoring of disease outbreaks, for example, all have a geographical context (Dorling, Shaw, and Tunstall, 2014). Furthermore, the Philippine Constitution of 1987 recognizes health as a fundamental human right. In the Philippines, this is given through a dual health-care delivery system that includes both the public and private sectors. Health services are supplied by government facilities under the national and municipal governments, and the public sector is mainly funded through a tax-based budgeting system (World Health Organization, 2018).

Health-care access has an influence on a person's entire physical, social, and mental health, as well as their quality of life. There is a need to understand illness risk factors and how they interact with the social, built, and natural settings, such as genetics, lifestyle, environment, and profession (Lagomarsino, Garabrant, Adyas, Muga, & Otoo, 2012). Also, healthcare access continues to be a major worldwide problem which leads to a more serious concern and widespread of untreated diseases. According to recent research by the World Health Organization (WHO) and the World Bank (2015), about 400 million people throughout the world do not have access to basic healthcare services. Abrigo and Paqueo (2017) states that policy responses to improve access to healthcare services vary by country, but generally range from more traditional supply-side interventions, such as direct provision of healthcare services, to more recent innovations, such as the expansion of social health insurance and the introduction of conditional cash transfer programs, to induce healthcare demand (Tangcharoensathien & Palu, 2015). Social health insurance appears to be the most prevalent demand-side intervention with many of the major reforms implemented in recent years (Lagomarsino, et al., 2012). Poor chronic illness management, increased burden from avoidable diseases and disability, and early mortality are among potential health consequences of limited health care access (Gulliford, 2020).

Equitable access to education and health care is regarded as one of the pillars of greater community capacity across societies (Nunn et al., 2008). In the light of these realities and with the aim of contributing valuable information, the researchers seek to determine education students' level of awareness on health care system and diseases during the COVID-19 pandemic. Furthermore, it is hypothesized that there was no statistically significant relationship in the respondent's level of awareness. Thus, this study was undertaken.

## **METHODOLOGY**

### **Purpose of the Study and Research Design**

A descriptive-correlational method of research was used in this study which aims to describe the variables and the relationships that occur naturally between and among them. (Driessnack et al., 2007). The descriptive-correlational design fits well into this study for it intends to determine the relationship on education students’ level of awareness on health care system and diseases during the COVID-19 pandemic as a potential basis for its comprehensive dissemination.

**Respondents**

The respondents of the study were thirty (30) education students who were currently residing in the city of Iloilo. The convenient sampling technique was employed in the selection of the respondents of the study.

**Instrumentation**

This study utilized a duly-validated researcher-made questionnaire administered through Google Forms. The researcher's readings, past studies, professional literature, and relevant published and unpublished research were used to develop the questionnaire's draft. The said instrument was composed of 20 questions. 4 point Likert scale in conjunction with the mean and ranking scheme was utilized.

The following are the scales used to indicate the education students’ level of awareness on the health care system and diseases during the COVID-19 pandemic.

| <b>Responses</b> | <b>Assigned Score</b> |
|------------------|-----------------------|
| Highly Aware     | 4                     |
| Aware            | 3                     |
| Slightly Aware   | 2                     |
| Not Aware        | 1                     |

**Data Collection**

After the letter of permission to conduct the study was approved by the Dean, the questionnaire was administered to the respondents of the study through messenger and e-mail. Responses were generated through Google forms which were disseminated last September 6-11, 2021. Thirty (30) copies of the questionnaire given out were successfully completed and retrieved. After data gathering, the researchers tallied the responses and underwent statistical treatment. The Likert scale for interpreting the level of awareness is as follows.

| <b>Scale</b> | <b>Description</b> |
|--------------|--------------------|
| 3.26-4.00    | Highly Aware       |
| 2.51-3.25    | Aware              |
| 1.76-2.50    | Slightly Aware     |
| 1.00-1.75    | Not Aware          |

**Data Analysis Procedure**

The collected data were analyzed using quantitative data analysis approaches. The descriptive analysis uses frequencies, percentages, mean, and standard deviation while inferential statistics uses one-way Pearson’s r to present quantitative data collected from students using questionnaires. Data were analyzed using Statistical Package for Social Sciences (SPSS) version 20 testing set at .05 level of significance. The scale of interpreting the correlations is as follows.

| Scale                      | Description                               |
|----------------------------|---|
| 0.90-1.00 (-0.90 to -1.00) | Very high positive (negative) correlation |
| 0.70-0.90 (-0.70 to -0.90) | High positive (negative) correlation      |
| 0.50-0.70 (-0.50 to -0.70) | Moderate positive (negative) correlation  |
| 0.30-0.50 (-0.30 to -0.50) | Low positive (negative) correlation       |
| 0.00-0.30 (0.00 to -0.30)  | Negligible correlation                    |

**RESULTS**

Table 1 Education Students’ Awareness on Health Care System and Diseases during the COVID-19 Pandemic

|   | M           | SD          | VI                    |
|---|-------------|-------------|-----------------------|
| Access to medical care                    | 2.38        | 0.17        | Slightly Aware        |
| Location of health facilities             | 2.86        | 0.55        | Aware                 |
| The spread of diseases common in the area | 2.42        | 0.79        | Slightly Aware        |
| Health and average lifespan of Ilonggos   | 2.08        | 0.70        | Slightly Aware        |
| <b>Congregated Result</b>                 | <b>2.44</b> | <b>0.24</b> | <b>Slightly Aware</b> |

Legend: Highly Aware (3.26 - 4.00), Aware (2.51 – 3.25), Slightly Aware; (1.76 - 2.50), Unaware; (1.00 - 1.75)

Table 1 tells that education students’ level of awareness on the health care system and diseases during the COVID-19 pandemic. Specifically, the data revealed that they were aware of the location of healthcare facilities in the city (M=2.86, SD=0.55), yet were slightly aware of their access to medical care (M=2.38, SD=0.17), the localized spread of diseases (M=2.42, SD=0.79), and the city population’s health and average lifespan (M=2.08, SD=0.70) which prompted that overall, education students were slightly aware in regards to the healthcare system and diseases in the city (M=2.44, SD=0.24).

Table 2 Relationship of Education Students’ Awareness on access to medical care, location of health facilities, the spread of diseases common in the area, health and average lifespan of Ilonggos

| Variables                                      | Access to medical care |          | Location of health facilities |          | Spread of diseases common in the area |          | Health and average Lifespan of Ilonggos |          |
|--|------------------------|----------|-------------------------------|----------|---------------------------------------|----------|---|----------|
|  | <i>R</i>               | <i>p</i> | <i>r</i>                      | <i>p</i> | <i>r</i>                              | <i>p</i> | <i>r</i>                                | <i>P</i> |
| <b>Access to medical care</b>                  | -                      | -        | -                             | -        | -                                     | -        | -                                       | -        |
| <b>Location of health facilities</b>           | .599*                  | -        | -                             | -        | -                                     | -        | -                                       | -        |
| <b>Spread of diseases common in the area</b>   | .752*                  | -        | .685*                         | -        | -                                     | -        | -                                       | -        |
| <b>Health and average Lifespan of Ilonggos</b> | .796*                  | -        | .590*                         | .001     | .800*                                 | -        | -                                       | -        |

Note\*. Correlation is significant at the 0.05 level (2-tailed).

The result showed that there were significant high positive correlations ( $r(26) = 0.752$ ,  $p = 0.001$ ) towards education students' awareness on access to medical care, location of health facilities, the spread of diseases common in the area, health, and average lifespan of Ilonggos.

## DISCUSSION

Many people continue to live with some sort of residual impairment as a result of advances in medical treatment and healthcare systems, which have resulted in better rates of disease and injury survival. From the findings of the study, education students were moderately aware but not completely informed on the health care system and diseases during the COVID-19 pandemic. With this, they were not able to fully practice their privileges as citizens who are given the right to proper healthcare.

This indicates that there lies a need to widen their awareness to fully convey their demands to health care experts, navigate, and take advantage of available healthcare privileges while prolonging the average lifespan of the city given that the poll done by 2nd PhilCare Index (2019) showed that Ilonggos are among the most stressed of all Filipinos (Daily Guardian, 2019). Life expectancy is influenced by factors relating to a person's quality of life, such as high stress, as well as traditional lifestyle-associated risk factors (National Institute for Health and Welfare, 2020). Imperatively, stress is confirmed to have a relation with suicidal thinking (Rosiek et al., 2016) and it is no coincidence (Conserva, 2020) that the Iloilo Police Provincial Office recorded 78 suicide cases in 2019 and 63 further incidents from January 1 to September 15, 2020. Consequently, Pedroso (2021) affirms that Ilonggo students battle to keep up with

academic expectations. Feizi, Aliyari, and Roohafza (2012) purport that personal qualities, lifestyle, social support, and appraisal of the stressors, life events, and sociodemographic and occupational variables can all influence the degree of stress experienced and how a person reacts to it. On the contrary, Ilonggos' tenacious lifestyle and traditions have persisted and are still prominent today (Pedroso, 2021) continuously making everyone resilient during the pandemic.

However, the findings of this study suggested that the lack of information among Ilonggos not only makes it difficult for them to get services, but it also makes them politically vulnerable as major participants in the system's management. (Pridmore, Thomas, Havemann, et al., 2007). Accordingly, for screening and early identification, it is critical to be aware of disease and symptoms. During the COVID-19 outbreak, videoconferencing technology has shown to be a valuable platform for facilitating and supporting teaching initiatives (Pedroso et al., 2021). When people are aware of an illness and its symptoms, they are more likely to take steps to prevent it from happening to them or to seek medical attention for routine checkups. (Roche, 2021). As awareness is crucial in the efforts to improve healthcare access, it provides relevant tools, knowledge, and skills to communities, medical professionals, and patients so that they can make high-quality, educated decisions about prevention, diagnosis, treatment, care, and support (Merck, 2018). In the same way, disease awareness entails understanding the elements that cause disease, its symptoms, and how to prevent it. Disease knowledge is essential for living a healthy life (Apollo Homecare, 2021). As a result, delivering precise and factual information during public health emergencies like the pandemic is a critical component of epidemic management methods. Early knowledge of the illness outbreak will assist the general public in understanding risk behavior and responding quickly to the outbreak (Balkhy et al., 2010). Educational seminars and learning activities that provide experiential and meaningful learning boost students' understanding (Pedroso, 2021). It follows that, if people are not aware of diseases and healthcare options it keeps them from taking preventative action or from visiting their doctor and accessing care.

The findings also support the concepts put forth by the 2nd PhilCare Wellness Index in the year 2019, as they found out that Ilonggos are better able to pay their medical bills and see their doctors and dentists on a more regular basis than the rest of the country (Daily Guardian, 2019). According to the survey conducted between ages 18-90 years old, Iloilo led in most other elements of wellness in the Visayas. Ilonggos enjoy the most leisure time, are the most health-conscious, are the most content with their personal life, and are also the most financially capable of the region's population (Daily Guardian, 2019). Furthermore, Iloilo topped the medical wellness domain countrywide with a score of 2.61 or "good". Ilonggos could be a role model for Filipinos when it comes to preparing for medical emergencies (Paragas, 2019). In contrast, in the US over half of all Americans lack copies of essential personal documents. Documents such as insurance forms, medical, vital, and immunization records should be collected and kept safe. Given the numerous warnings that a new epidemic will ultimately develop, as well as the abundance of information and lessons acquired from previous epidemics, this lack of readiness is particularly startling.

Even so, the Centers for Disease Control and Prevention (2018) highlights that potentially life-threatening circumstances have actual consequences for personal and public health. Furthermore, health disaster preparation exercises were found to improve participants' understanding of emergency activities, policies, and procedures, as well as their general competence and confidence (post-exercise) (Skryabina, et al., (2017). Due to the particular nature of the COVID-19 crisis, which entails a large level of stress and uncertainty, the leader's personality attributes and leadership style are crucial in creating trust and responsibility within the organization (Pedroso, Siason, Tiangco-Siason, 2021). Therefore, to improve access to healthcare, people must first learn to raise their awareness. Providing communities, medical professionals, and patients with the tools, information, and skills they need to make good decisions about prevention, diagnosis, treatment, care, and support will lead to the mitigation of the effects of diseases.

## CONCLUSION

The education students were fairly cognizant of the locations of health facilities within the Iloilo city. However, information about the spread of common diseases offered health care services and health status within the area still needs more dissemination. It is also revealed that the casual attitudes of ordinary education students on health care issues are because of inequality, while it still exists in the society, is never a serious problem in the city. In this regard, full awareness of the community should be addressed in as much as it is in a viable position to stimulate wider discernment of health care access and services through in-depth academic discussions and may take active participation in local and national health care equality advocacy, and seminars. Sustainability of the health care system within the city should be ensured and the authorities should give more advocacy to health-initiated programs which could raise students' level of awareness and involvement as well. It is also revealed that the casual attitudes of ordinary education students on health care issues are because of inequality, while it still exists in the society, is never a serious problem in the city.

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