

Health seeking behaviour of People Living in Selected Rural Communities Amidst COVID 19-Pandemic: The Case of Lagonoy, Camarines Sur, Philippines

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ABSTRACT : The COVID-19 epidemic had a significant impact on the Philippines. In fact, the Philippines now have 876,225 confirmed COVID-19 cases after 11,378 new infections were recorded, totaling 6,218 cumulative cases from March 27 2020 to April 14 2021 in the Bicol area, with Camarines Sur having the highest percentage at 73.49 percent. Lagonoy, which is a municipality in the Camarines Sur province, has also been noted as one of the Municipalities having reported active cases. The primary goal of this study is to investigate the preventive, curative, and rehabilitative health seeking behaviors of residents of rural villages in Lagonoy, Camarines Sur during the COVID-19 Pandemic. Results in this study shows that doctors remain the most trusted medical professionals among those in rural areas. In times of pandemic, individuals opt to be safe by adhering to therapy and medication that is backed by solid evidence because conventional medicine is proved based on science and study. Traditional medicine, meanwhile, was extensively employed as an alternative and a short-term symptom reliever in rural areas. Additionally, many adhere to severe health precautions like staying in, donning facemasks, avoiding social contact, and washing their hands. It has been demonstrated that doing this effectively stops the COVID-19 infection from spreading. Strong COVID-19 prevention measures include isolation, contact tracing, screening, and quarantine. In order to be more effective, quarantine should be implemented sooner and cover a larger area. The fundamental issue facing the various towns has continued to be limited funding and resources, which got worse during the COVID-19 pandemic. Quarantine should be imposed early and should encompass a bigger community in order to be more efficient. vaccination should be encouraged for the safety of all people.

KEYWORDS : COVID-19, isolation, medicine, pandemic, prevention

I. INTRODUCTION

The Philippines was crucially affected by the COVID-19 pandemic. In fact, Philippines now have 876,225 confirmed cases of COVID-19 after 11,378 new infections were reported, a total of 6,218 cumulative cases from March 27 2020- April 14 2021 in the Bicol region; wherein Camarines Sur has the highest percentage which accounts for 73.49%. As part of the Camarines Sur province, Lagonoy has also been marked as one of the Municipalities with active cases reported. The government responded with an extended lockdown across Metro Manila for over two months, affecting the incomes and livelihoods of millions of households. The dual challenges of infection risk and income loss are especially critical in rural areas, such as Lagonoy, where most of the family income level is low and vulnerable to extreme poverty due to disaster and ignorance of the people. Health seeking behaviour is defined as “any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy.” Partido areas such as Lagonoy have experienced catastrophic disasters and unfortunately lost lives for some people. This could have a flow-on effect which may also include increased risk for civil and political conflict over dwindling resources and mental health issues arising from trauma, displacement, conflict and more limited access to natural resources used for food, medicine, cultural and spiritual fulfilment. This socio-economic condition had worsened during the COVID-19 pandemic.

Poverty is found to be most prevalent especially in rural communities where the majority of the people depend on farming and other industrial establishments as their primary source of living. They also have limited access to basic services, specifically health services and are often isolated from the centers of business and local government because of distance and poor infrastructures. People are not empowered to demand the delivery of services and influence how the government allocates resources and prioritizes projects (Songco 2016)^[1]. In the Philippines, an extreme drop in prenatal visits, utilization of treatment for tuberculosis and consultations for hypertension was observed a year after the pandemic started^[2]. Social distancing restrictions resulted in fewer pediatric consults among the under-5 populations^[2]. Routine vaccinations for children have also been delayed

due to stock issues and the inability of health workers to implement pre-pandemic strategies such as mass campaigns and home visitations^[3]. Significant changes in health workforce priorities also led to a decline in the delivery of routine public health services^[4]. COVID-19 has a propensity to affect the more vulnerable among the population in terms of age, pre-existing diseases, and other health conditions. Health seeking behavior of people living in the rural areas should also need to be identified especially as the COVID-19 pandemic hits the country and the double burden of non-communicable diseases and communicable diseases appears to transcend patterns and mortality across country and income levels. Information on the existing disease pattern and health seeking behavior is essential to provide need based health care delivery to any population. Community based study can only reflect the true picture of disease patterns in a given community as there are new emerging infectious diseases such as COVID-19. Direct ways that COVID-19 pandemic could affect health seeking behavior includes food, water insecurity, sanitation impacts, vulnerable shelter, and human settlements. Social impact of COVID-19 pandemic on health will impact most of the population in the coming decades and put the lives and wellbeing of billions of people at increased risk and susceptibility to already weak structures like those in rural residents. Therefore, we must modify our health system to effectively address these challenges and become empowered and resilient, especially the effect of COVID-19 pandemic on health and nutrition. This study aims to give emphasis on the People’s health seeking behavior amidst COVID-19 pandemic in the Rural areas of Lagonoy, Camarines Sur, Philippines where poor and marginalized people live, which are the most important patient for the health sector’s prevention, testing, isolation, and treatment services.

II. METHODOLOGY

Research Design. A community based cross sectional study design was conducted among households in the rural communities in Lagonoy, Camarines Sur. The first part of the questionnaires was on the demographic profile of the respondents. The second part focuses on health seeking behavior in terms of preventive, curative and rehabilitative aspects during covid-19 pandemic. The third part concentrated on the perceived barriers that influence the respondent’s health seeking behavior in terms of personal, socioeconomic and environmental aspects. The fourth part was an open ended question which primarily established the different strategies to cope with health seeking challenges in the midst of covid-19 pandemic. Systematic random sampling was used to recruit participants by household. Both quantitative and qualitative was used in the collection of data.

Statistical Analysis. In order to analyze the quantified data that was gathered from the survey using a semi structured questionnaire, the data were tabulated and percentage was computed.

Sources of Data. Data was collected by interviewing selected participants face to face by using a pretested semi structured questionnaire. Content and face validity of the questionnaire was established by literature review and consultation with concern experts and peer review. Health seeking behavior of selected participants was assessed using a mixed method research design from existing literature. The data was obtained from the household living in the ten ((10) Barangay communities in Lagonoy, Camarines Sur, Philippines such as: Binanuahan (A), Burabod (B), Cabotonan (C), Dahat (D), Kinahologan (E), Loho (F), Manamoc (G), Omalo (H), Panagan (I), and Panicuan (J), which will serve as the primary source of data. The study also utilizes secondary data which includes raw data from published summaries, related journals and articles

III. RESULTS AND DISCUSSION

Health Seeking Behavior of People Living in Rural Communities in Lagonoy, Camarines Sur, Philippines

TABLE 1. Health seeking behavior of people in terms of curative, preventive and rehabilitative aspects amidst COVID-19 Pandemic

| Health consulted to a Doctor | Barangays | | | | | | | | | | TOTAL | % |
|---------------------------------------|-----------|----|---|----|---|----|---|---|---|---|-------|------|
| | A | B | C | D | E | F | G | H | I | J | | |
| For Curative | | | | | | | | | | | | |
| With Symptoms | 16 | 20 | 8 | 17 | 7 | 20 | 5 | 5 | 3 | 7 | 1123 | 75.9 |
| With Advice From The Doctor/Relatives | 7 | 8 | 2 | 2 | 1 | 6 | 2 | 5 | 2 | 8 | | 8 |
| Severe Illness | 12 | 46 | 5 | 26 | 3 | 6 | 2 | 2 | 4 | 5 | 111 | 7.51 |
| | 6 | 32 | 1 | 7 | 3 | 8 | 6 | | 3 | 2 | 68 | 4.60 |

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| | | | | | | | | | | | | |
|--------------------------------|---|----|--------|---|----|----|---|---|--------|--------|------|------|
| With Schedule For Consultation | 3 | 18 | 1 4 | 8 | 6 | 14 | 3 | 4 | 3 | 1 2 | 85 | 5.75 |
| For Preventive | | | | | | | | | | | | |
| Monthly | 3 | 17 | 7 7 | 5 | 13 | 3 | 4 | 1 | 1 0 | 70 | 4.74 | |
| 2 X A Year | | | 1 | 1 | | | | | | 2 | 0.14 | |
| Annually | | | 4 | 1 | 1 | | | 2 | 1 | 9 | 0.61 | |
| For Rehabilitative | | | | | | | | | | | | |
| Weekly | | | 1 | 2 | | | | | | 3 | 0.20 | |
| Daily | | | 2 | | | | | | 1 | 3 | 0.20 | |
| Never (Self-Medication) | | | 1 | 3 | | | | | | 4 | 0.27 | |

Table 1 presented the Health seeking behavior living in the rural area in terms of curative, preventive, and rehabilitative aspects amidst COVID-10 Pandemic.

In terms of curative, the majority of barangay B (208), and F (206) consulted the doctor when symptoms occurred and followed by barangay A (167) and D (172). Generally, out of one thousand four hundred seventy-eight (1,478) respondents only one hundred eleven (111) consulted a doctor with advice of a relative or a doctor and only sixty-eight (68) consulted with severe illness. For prevention, only two (2) and nine (9) consulted twice a year and annually respectively. For rehabilitation only barangay D and E and three of them consulted the doctor weekly and only barangay C and I consulted daily and four (4) respondents from barangay D and E never consulted or they only applied self-medication. According to Byrne SK. (2008)^[5] people usually just go to the hospital and consult a doctor when there are symptoms already. People frequently put off going to the doctor even when they suspect it may be necessary; in a recent national survey in the United States (U.S.), nearly one-third of participants admitted to putting off going. 5-7 Even people with serious health issues or who are exhibiting symptoms put off going to the doctor. Delaying medical care may lead to late disease detection, decreased survival, and possibly avoidable human suffering.

TABLE 2. Health seeking behavior of people in terms of Medicine Use (n=1553)

| Kind of medicine use | Barangays | | | | | | | | | | TOTAL | % |
|---|-----------|----|---|----|---|----|---|---|---|---|-------|------|
| | A | B | C | D | E | F | G | H | I | J | | |
| Conventional Medicine | 14 | 27 | 8 | 16 | 5 | 20 | 5 | 5 | 3 | 8 | 1156 | 75.4 |
| | 2 | 4 | 8 | 8 | 1 | 0 | 6 | 7 | 5 | 5 | | 1 |
| Traditional or Herbal Medicine | | | 2 | | | | | | | 1 | 330 | 21.5 |
| | 63 | 58 | 5 | 54 | 8 | 91 | 9 | 4 | 6 | 2 | | 3 |
| Medicine Advertise by the Media (Internet, TV, Radio, Etc.) | 5 | 8 | 2 | 25 | | 2 | 1 | | 1 | 2 | 46 | 3.00 |

As shown in Table 2, the majority of the respondents from Barangay B (274) and barangay F (200) used conventional medicine. Generally, top priority medicine used by the respondent were conventional medicine (75%) followed by herbal or traditional medicine (21.53%) and the least is medicine endorsed or advertised in the media. Conventional medicine relies on techniques that have been shown via carefully planned trials and research to be secure and efficient. But there is a dearth of reliable research for many complementary and alternative therapies, making them difficult to recommend. Many complementary and alternative therapies' risks and potential advantages haven't been proven^[7]. With this, during COVID-19 Pandemic, most people still believe in the effectiveness of conventional medicine which is proven based on science and studies. Traditional medicine is the second most used type of medicine in the rural areas wherein they still used alternative forms of medicine. The findings show that people employed a variety of conventional and folk medical techniques to prevent and cure OVID-19. While some of the proposed techniques may be helpful, some might not work as well or might have negative side effects. Therefore, it is advised to instruct consumers and healthcare professionals in the use of dependable ways and the avoidance of unauthorized methods^[8]. Herbal remedies may be able to control the production and release of cytokines that promote inflammation, hinder the growth of viruses in host cells, and alter specific molecular pathways that are connected to the RAA system based on the previous explanation.

The usage of herbal remedies as COVID-19 therapies may be beneficial. It is still not advised for people to use a supplement containing one of these substances to treat or prevent COVID-19 without seeking the counsel of a physician or using it under their direct supervision^[8].

TABLE 3. Health seeking behavior of people in terms of Consultation

| COVID -19 Consultation is done to | Barangays | | | | | | | | | | TOTAL | % |
|-----------------------------------|-----------|----|---|----|---|----|---|---|---|---|-------|------|
| | A | B | C | D | E | F | G | H | I | J | | |
| Doctor | 15 | 21 | 7 | 16 | 6 | 15 | 5 | 4 | 4 | 8 | 1052 | 70.4 |
| Nurse/Midwife | 3 | 4 | 9 | 5 | 4 | 7 | 3 | 5 | 0 | 2 | 177 | 11.8 |
| Traditional Healer | 19 | 18 | 5 | 26 | 3 | 59 | 6 | 2 | 1 | 8 | 263 | 17.6 |
| Friends | 37 | 81 | 5 | 49 | 3 | 51 | 7 | 4 | 1 | 5 | 2 | 0.13 |

Table 3 shows where the respondents consulted if they are infected from COVID -19 virus, either from the doctor, nurse/midwife, traditional healer and other trusted person or friends. Among these four (4) the respondent's rated the doctor as the highest with a rating of 1052 or 70.41 percent; followed by traditional healer; a total of 263 with a percentage of 17.60 percent; while the last was other person a total of 2 with 0.13percent. The results gave an implication that respondents have a strong faith from consulting from the doctor followed by the traditional healer. During the focus group discussion, the respondents give an orientation on proper health protocol and guidelines once COVID-19 virus hits their families or other relatives. Doctors form an essential part of an effective response to the COVID-19 pandemic. They have critical roles in diagnosis, containment and treatment, and their commitment to treat despite increased personal risks is essential for a successful public health response^[9]. With respect to moral theory, numerous grounds have been offered for the view that doctors have a duty to treat or an obligation to provide care to patients.³ With regards to pandemics, claims about the duties of doctors are most often grounded in so-called 'special duties' or 'role related' duties. In other words, by virtue of their profession, doctors have more stringent obligations of beneficence than most, and they have obligations to a specified group of persons (their patients) that non-medical personnel have no obligation to help^[10]. Clark^[11] argues that the duty can be justified with reference to: (A) special skills possessed by healthcare professionals, which mean that they are uniquely placed to provide aid, thereby increasing their obligation; (B) the individual's freely made decision to enter the profession with the knowledge of what the job entails and the nature of the associated risks; and (C) the social contract between healthcare professionals and the society in which they work.

Factors influencing Health Behavior

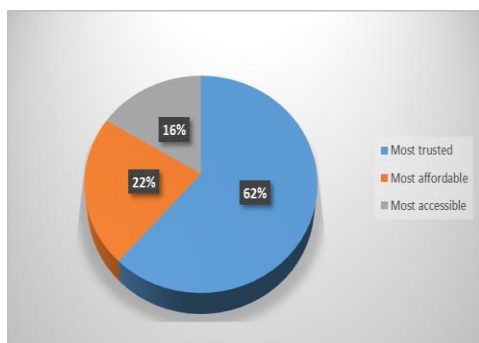


Figure1. Main reasons for consultation

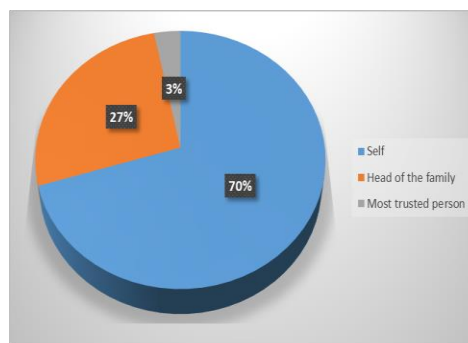


Figure 2. The person decided for consultation

Fig. 1 shows the main reason that influences health behavior. It was noted that the respondent consulted to the most trusted doctor (62%) or to another person, 22% of respondents consulted to the most affordable and 16% for the most accessible. These results reflect that since Corona Virus spread widely across the globe and infected millions of people^[12] it is just wise for the respondent to consult the most trusted doctor. Further most of the people living in the rural area were lacking income some prepared to consult that is most affordable and

accessible. On the other hand, in terms of who influences the respondent to decide for consultation to a doctor as shown in Fig. 2 the decision is from their own with a rating of 70%. This result implied that everyone's ultimate goal in life is to have quality life which can only be attained if the person is healthy and above all quality life is self-responsibility. Bioethicist Daniel Callahan^[13] has argued that “nothing is more evident in the statistics of public health than the role played by individual health behavior in contributing to accidents, illness and disease.” Epidemiologist S. Leonard Syme,^[13] stated No one would [question] that, as individuals, we are responsible for our health. In the final analysis, we are the only ones who can change our behavior. We are the only ones who lift fork to mouth, who inhale smoke, who plant feet on the sidewalk. And we are the only ones who can decide to do these things.

Possible Major Impact of COVID 19

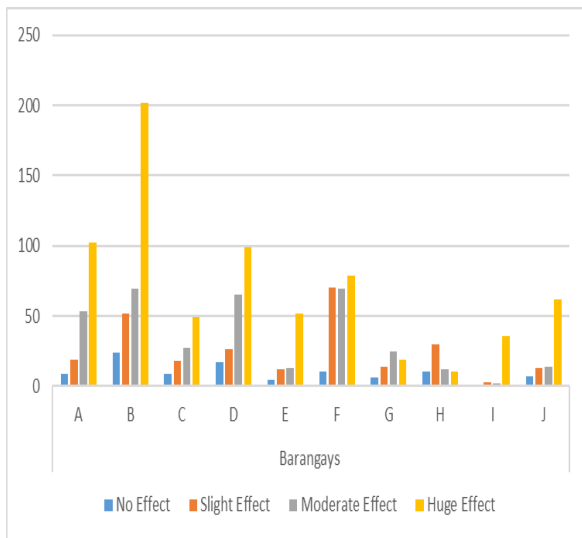


Figure 3. Effects of COVID-19 Pandemic in Health

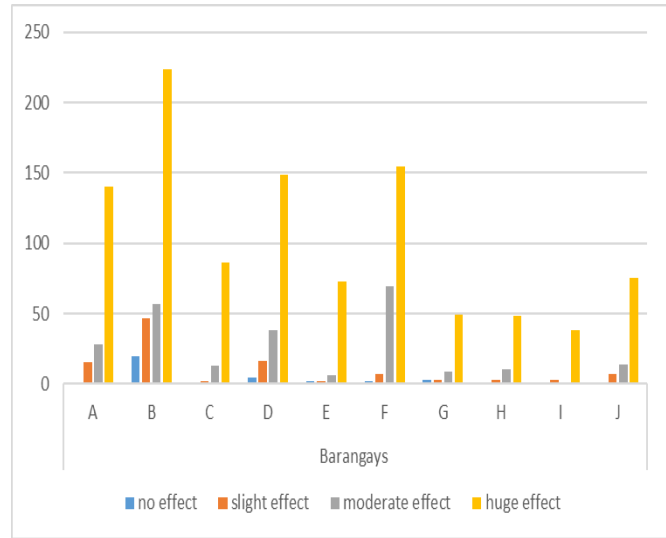


Figure 4. Effects of COVID-19 Pandemic in Economy

Fig. 3 presented the impact of COVID-19 pandemic with regards to the effects to our health. It was noted that COVID-19 Pandemic there was a huge effect to barangay B followed by barangay D and A into thier. While barangay H there was a slight effect in on their health. Generally, the majority of the respondents perceived that COVID-19 pandemic had a huge effect on the health of people. Many studies also support this effect as the pandemic suddenly changes all aspects of our life, especially health. Many people become reluctant to visit the hospitals to consult and seek treatment and medication. One example is the current study discovered that a significant barrier to accessing maternal healthcare services was fear of COVID-19. To avoid undoing the progress made in lowering poor health-seeking behaviors among pregnant women, it is necessary to increase awareness of the importance of obtaining maternal health services during the pandemic^[14]. On the other hand, as shown in Fig.4 majority COVID-19 Pandemic has a huge effect on our economy. According to Jinjin MOU, (2020) the COVID-19 will change the macro environment of the world economy from the aspects of aggregate demand and total supply, labor income and financial market trade. The evolution of the disease and its economic impact is highly uncertain. But before that, people did not treat infectious diseases as an important factor affecting the economy^[15]. The infection has not only become a public health crisis but has also affected the global economy. Significant economic impact has already occurred across the globe due to reduced productivity, loss of life, business closures, trade disruption, and decimation of the tourism industry. COVID-19 may be a “wake-up” call for global leaders to intensify cooperation on epidemic preparedness and provide the necessary financing for international collective action^[16].

Perceived Barriers for seeking health care services during Covid-19 pandemic

TABLE 4. Perceive barrier of the respondent in terms on personal

| Personal Barriers | Barangays | | | | | | | | | | TOTAL | % | |
|---|-----------|-----|----|-----|----|-----|----|----|----|----|-------|-------|--|
| | A | B | C | D | E | F | G | H | I | J | | | |
| A. Personal | | | | | | | | | | | | | |
| Hesitancy to share their health condition | 45 | 69 | 21 | 39 | 13 | 35 | 16 | 13 | 7 | 8 | 266 | 17.95 | |
| Comfortable with traditional healer | 13 | 43 | 7 | 5 | 3 | 19 | 8 | 1 | 1 | 9 | 119 | 8.03 | |
| Lack of time for consultation | 20 | 52 | 13 | 28 | 2 | 11 | 2 | | 1 | 2 | 198 | 13.36 | |
| Inadequate knowledge in identifying symptoms and treatment | 6 | 4 | 4 | 9 | 2 | 9 | 3 | | 1 | 1 | 39 | 2.63 | |
| Inadequate knowledge in the different health services available in the barangay | 17 | 31 | 3 | 28 | 5 | 28 | 2 | 1 | 2 | 5 | 150 | 10.12 | |
| Distrust to medical staff as well as their offered medical treatment | 2 | 18 | 1 | 1 | | 1 | 3 | 1 | | 1 | 30 | 2.02 | |
| Scared to go for consultation due to COVID-19 infection | 107 | 144 | 58 | 133 | 33 | 133 | 26 | 34 | 12 | 49 | 680 | 45.88 | |

Table 4 shows perception of the respondents regarding personal barriers for seeking care services during COVID-19 Pandemic. It was noted that the majority of the respondents were scared to go for consultation due to COVID-19 infection with 45.88 percent rating and 17.95 percent of them were hesitant to share their health condition. Some reasons are lack of time for consultation (13.36%) and inadequate knowledge in the different health services available in the barangay (10.12%). These results implied that since this pandemic due to the virus causes anxiety to each individual. In fact, a persistent threat that is ambiguous might grow oppressive over time^[17]. There is no way for a person to know if the person next to him is infected or not, which adds more uncertainty to the situation. Reports and estimates on the mortality rate are impossible to conduct with any degree of accuracy because many infected people are asymptomatic. When the unknown is intensely felt, it can cause anxiety and lead to intolerance to uncertainty^[18]. Anxiety appears to have as its foundational fear a fear of the unknown (Gallagher et al., 2014; Carleton, 2016)^[19-20]. Fears associated with COVID-19 include anxiety brought on by unpredictable and uncontrollable situations in addition to fear of the unknown^[21,22].

TABLE 5. Perceive barrier of the respondent in terms on Socio-Economics

| Socio-Economic Barriers | Barangays | | | | | | | | | | TOTAL | % |
|---|-----------|----|----|----|----|----|----|----|---|---|-------|-------|
| | A | B | C | D | E | F | G | H | I | J | | |
| Expensive health services | 66 | 63 | 21 | 70 | 23 | 29 | 13 | 11 | 6 | 8 | 330 | 22.68 |
| Unavailability of resources due to community limited implementation | 43 | 61 | 31 | 59 | 21 | 51 | 19 | 19 | 5 | 4 | 333 | 22.89 |
| Most affordable in traditional health services | 13 | 29 | 9 | 8 | 6 | 6 | 0 | 1 | 1 | 7 | 120 | 8.25 |
| Consultation is not considered as priority from the families income | 12 | 18 | 7 | 5 | 4 | 0 | 7 | 2 | 4 | 0 | 99 | 6.80 |
| Lack of accessible health services due to the implementation of health protocol | 32 | 84 | 19 | 39 | 7 | 4 | 2 | 2 | 1 | 2 | 314 | 21.58 |
| Delayed in receiving appropriate treatment and health services | 66 | 69 | 92 | 27 | 7 | 9 | 2 | 3 | 1 | 2 | 127 | 8.73 |
| Low quality of health services | 19 | 12 | 0 | 4 | | 7 | 2 | 4 | | 4 | 132 | 9.07 |

Table 5 reveals that barriers to accessing health services were identified by the respondents such as: a) Unavailability of resources due to community limited implementation, b) Expensive health services and c) Lack of accessible health services due to the implementation of health protocol. Truly, the COVID-19

pandemic has significant socio-economic implications for numerous industries, including healthcare ^[23]. The implementation of teleconsultations in outpatient clinics (especially in primary care) sped up significantly ^[24]. Moreover, the duration of the research and development process was shortened due to the urgent need for the implementation of COVID-19 prevention and treatment methods ^[25]. Findings from the WHO report on health services during the COVID-19 pandemic showed that disruptions of essential health services were reported by nearly all countries around the world ^[26]. All types of health services were affected, including essential services for communicable diseases, non-communicable diseases, mental health, reproductive health, and child/adolescent health ^[26]. According to the WHO estimates, emergency services were the least disrupted during the COVID-19 pandemic ^[26].

TABLE 6. Perceive barrier of the respondent in terms on Environmental

| Environmental Barriers | Barangays | | | | | | | | | | TOTAL | % |
|--|-----------|--------|--------|---------|--------|---------|--------|--------|--------|--------|-------|-----------|
| | A | B | C | D | E | F | G | H | I | J | | |
| Lack of public transportation for strict community quarantine as response to covid-19 transmission | 1 5 | 1 8 | 1 7 | 5 | 1 9 | 19 | 1 9 | 1 5 | 1 6 | 1 9 | 171 | 11.3 5 |
| Distance from Health Center, Rural Health Unit and hospitals from their residence | 8 | 2 6 | 2 4 | 4 | 5 | 7 | 1 2 | 2 2 | 3 | 2 2 | 133 | 8.83 |
| Numerous limitations for the implementation of health protocol | 4 6 | 8 2 | 9 | 63 | 1 4 | 58 | 8 | 6 | 2 | 1 1 | 299 | 19.8 5 |
| Approachable traditional healer | 1 7 | 6 8 | 3 | 10 | 1 4 | 15 | 3 | 1 | | 8 | 139 | 9.23 |
| Medicinal plants are available in their surroundings | 6 | 2 3 | 4 | 13 | 2 | 5 | 2 | | 1 | | 56 | 3.72 |
| Feeling of anxiety acquire COVID-19 from the different health facility | 8 9 | 9 6 | 3 6 | 10 4 | 2 2 | 11 2 | 1 9 | 1 5 | 1 6 | 2 6 | 535 | 35.5 2 |
| Reliance that staying at home will easily cure rather than from the hospitals & rural health unit | 2 9 | 4 9 | 1 7 | 9 | 1 8 | 29 | 4 | 2 | 4 | 1 2 | 173 | 11.4 9 |

Table 6 reveals that most of the respondents identified two (2) environmental barriers for accessing health services; a) Feeling of anxiety that might acquire COVID-19 from the different health facility and b) Numerous limitations for the implementation of health protocol. These results implied that respondents feared to stay in a quarantine facility because of numerous limitations in health protocol. Some respondents reacted that stay in a health facility has both physical and psychological effects which are very stressful. Furthermore, insufficient funds, improper resource allocation, short-ranged mentality, lack of interest etc. constitute the lack of resources ^[27]. Lack of resources complicates setting up isolation wards or treatment centers for coronavirus and providing critical care to those suffering from the most severe cases of COVID-19. Increase in the number of COVID-19 infected cases might put significant pressure on hospitals related to critical care facilities, some of which may not have proper resources or manpower to cope with this situation ^[28]. This barrier includes resources like equipment, personnel, financial dealings etc. which are considered to be critical barriers while implementing COVID-19 preventive measures.

3.5 Strategies or measures employed to cope with health seeking challenges in the midst of COVID-19 pandemic

TABLE 7. Strategies to cope COVID-19 pandemic in terms of preventive

| Strategies to cope COVID-19 pandemic | Barangays | | | | | | | | | | TOTAL | % |
|---|-----------|-----|-----|-----|----|-----|-----|----|----|----|-------|------|
| | A | B | C | D | E | F | G | H | I | J | | |
| Follow for health safety protocols | 47 | 89 | 37 | 67 | 30 | 91 | 16 | 14 | 17 | 27 | 435 | 35% |
| Wear facemask, face shield, PPE & observe social distancing | 41 | 75 | 25 | 36 | 20 | 61 | | 26 | 16 | 32 | 332 | 27% |
| Wear Personal Protective Equipment (PPE) | 93 | | 39 | 109 | | | | 18 | 7 | 18 | 284 | 23% |
| Stay at home | | 48 | | | | 74 | | | | | 122 | 10% |
| Avoid crowded places | 36 | | | 22 | | | | 5 | 3 | 7 | 73 | 6% |
| Total | 217 | 212 | 101 | 234 | 50 | 226 | 166 | 63 | 43 | 84 | 1246 | 100% |

Table 7 shows the preventive measures to cope up COVID-19 pandemic 35 % or four hundred thirty-five (435) respondents perceived that the best preventive measure is to follow the safety protocols and followed by Wearing facemask, face shield, PPE & observing social distancing. This implied that they were aware of what would happen if they were affected by COVID-19 which is a deadly infectious disease. As countries around the world face the continuing threat of the COVID-19 pandemic, national governments and health ministries formulate, implement and revise health policies and standards based on recommendations by the World health organization (WHO), experiences of other countries, and on-the-ground experiences [29]. Early health measures were primarily aimed at preventing and reducing transmission in populations at risk. These measures differ in scale and speed among countries, as some countries have more resources and are more prepared in terms of healthcare capacity and availability of stringent policies [30-31]. Some policies in place, such as voluntary physical distancing, wearing of face masks and face shields, mass testing, and school closures, could be effective in one locality but not in another [32-33]. In the Philippines, the Inter-Agency Task Force on Emerging Infectious Diseases (IATF) was convened by the national government in January 2020 to monitor a viral outbreak in Wuhan, China. The first case of local transmission of COVID-19 was confirmed on March 7, 2020. Following this, on March 8, the entire country was placed under a State of Public Health Emergency. By March 25, the IATF released a National Action Plan to control the spread of COVID-19. A community quarantine was initially put in place for the national capital region (NCR) starting March 13, 2020 and it was expanded to the whole island of Luzon by March 17. The initial quarantine was extended up to April 30 [34-35]. Several quarantine protocols were then implemented based on evaluation of IATF.

TABLE 8. Strategies to cope COVID-19 pandemic in terms of curative

| Strategies to cope COVID-19 pandemic | Barangays | | | | | | | | | | TOTAL | % |
|--------------------------------------|-----------|-----|----|-----|----|-----|----|----|----|----|-------|------|
| | A | B | C | D | E | F | G | H | I | J | | |
| Stay at home | 21 | 32 | 32 | 38 | 1 | 56 | 8 | 31 | 6 | 17 | 242 | 28% |
| 14-day home quarantine | 28 | 69 | 15 | 21 | | 88 | | | | | 221 | 25% |
| Self-isolation/self-medication | 55 | 31 | | 44 | 7 | | 19 | 7 | 7 | 18 | 188 | 22% |
| Consultation to medical doctor | 46 | | 9 | | 21 | | | 10 | 7 | 19 | 112 | 13% |
| Avoid COVID-19 possible suspect | 6 | 52 | 10 | 5 | | 38 | | | | | 111 | 13% |
| Total | 156 | 184 | 66 | 108 | 29 | 182 | 27 | 48 | 20 | 54 | 874 | 100% |

Since COVID-19 is contagious and deadly diseases, respondents agreed that it is better to stay home, follow the 14-day home quarantine and self-medicate whether affected by the pandemic or not (Table 8). This is one way to help the government to stop the spread of the virus. According to Xiao, Y. et.al, (2020) [36]. The COVID-19

pandemic has altered every aspect of our work and life. In response to the national and local containment policies, companies, organizations and institutions encouraged their employees to work remotely at home to stay safe. Significantly, Work From Home (WFH) saves daily commuting time and offers more flexibility for workers to take care of their families.¹ WFH allows employees to choose working at times when they are most productive, and WFH can be beneficial for avoiding distractions from coworkers, especially in open plan offices^[37]. However, while there are benefits to WFH, numerous negative aspects of full time WFH have also been described. Employees who are at home do not have the opportunity to socialize with colleagues and may have decreased physical movements, such as loss of walking between different meeting locations.^[38] For individuals who live alone, full time WFH without face-to-face interactions and social support everyday could contribute to mental issues such as social isolation and depression.^[38-39]. This study provides only an insight into some preventive measures that can be done by the respondents. It limits the effect of staying home for a long period of time. Other studies on the effect WFH may be conducted.

TABLE 9. Strategies to cope COVID-19 pandemic in terms of rehabilitative

| Strategies to cope COVID-19 pandemic | Barangays | | | | | | | | | | TOTAL | % |
|--------------------------------------|-----------|---------|--------|--------|--------|---------|--------|--------|--------|--------|-------|------|
| | A | B | C | D | E | F | G | H | I | J | | |
| Stay at home | 4 9 | 49 | 2 2 | 6 1 | 1 4 | 48 | 1 0 | 2 8 | 2 0 | 2 4 | 325 | 38% |
| Healthy life style | | 63 | 2 4 | | | 82 | | | | | 169 | 20% |
| Get vaccinated | 3 4 | 30 | 8 | 3 2 | 3 | 37 | 6 | 2 | 1 | 2 | 155 | 18% |
| Self-care | | 53 | 3 9 | | | 51 | 9 | | | | 152 | 18% |
| 14 days home quarantine | | 40 | | 4 | 3 | 3 | 4 | | | 7 | 61 | 7% |
| Total | 8 3 | 23 5 | 9 3 | 9 7 | 2 0 | 22 1 | 2 9 | 3 0 | 2 1 | 3 3 | 862 | 100% |

Table 9 shows the coping mechanism to Rehabilitate COVID-19 pandemic. Stay at home and Healthy life style got the higher of 38% and 20% respectively. Others respondent recommends to get vaccinated and self-care with a score of 18%. In all aspect of pandemic multiple restriction on human activities by the government has been made not only the Philippines but throughout world. According to Given the high rate of SARS-CoV-2 contagiousness and rapid diffusion, since March 2020, there have been introduced multiple restrictions on human activities and physical interactions worldwide to prevent the spread of the virus, which forced people to stay at home influencing their food habits and lifestyles with potentially negative health consequences^[40]. According to WHO one effective way to stop spreading the COVID-19 is to get vaccinated. Vaccination mandates can be ethically justified; however, their ethical justification is contingent upon a number of conditions and considerations, including the contexts within which they are implemented^[41]. Mandatory vaccination should be considered only if it is necessary for, and proportionate to, the achievement of one or more important societal or institutional objectives^[41]. Policy makers should consider specifically whether vaccines authorized for emergency or conditional use meet an evidentiary threshold for safety sufficient for a mandate^[42].

IV. CONCLUSION

The COVID-19 pandemic has a major effect on health and lifestyle behaviors to the Filipinos. This study reveals that most people in the rural areas still go to the doctor as the most trusted medical professional to consult when there are symptoms of illnesses. Conventional medicine is proven based on science and research, therefore during times of pandemic, people choose to be safe by following what is supported by strong evidence for treatment and medication. Meanwhile, traditional medicine was used widely in the rural areas as a form of alternative and temporary relief of symptoms. It is shown that using both conventional and traditional medicine will improve one's well-being. This is justifiable as long as there are no dangerous effects on health. The health of the populace depends on adherence to public health rules and guidelines, especially during an outbreak of an infectious disease like the ongoing COVID-19 pandemic. Governments all around the world have put in place a range of movement restrictions and quarantine measures as well as published public health advice to stop the spread of COVID-19. However, the degree to which the general populace complies with public health recommendations will primarily determine how well the government responds to the pandemic, particularly if

pharmaceutical interventions and vaccinations are still in development or are not generally accessible. To stop the rapid spread of COVID-19 and avoid a strict lockdown as well as the related financial and health implications, it is essential to follow the advised official health rules (e.g., social distance, avoiding large crowds, using masks, and better cleanliness practices). Staying at home primarily is very important during the COVID-19 Pandemic. When combined, quarantine, contact tracing, screening, and isolation are powerful COVID-19 preventive strategies. Quarantine should be imposed early and should encompass a bigger community in order to be more efficient. vaccination should be encouraged for the safety of all people.

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BIOGRAPHIES AND PHOTOGRAPHS

Short biographies (120-150 words) should be provided that detail the authors' education and work histories as well as their research interests. The authors' names are italicized. Small (3.5 X 4.8 cm), black-and-white pictures/digitized images of the authors can be included.



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