Common Illnesses of Students in a University, Central Visayas, Philippines: 2014 to 2016

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Abstract

This study determined the common illnesses of students in a university in Central Visayas, Philippines from 2014 to 2016. The findings served as basis for a proposed action plan.

This quantitative study employs the descriptive design. It utilized secondary data on common illnesses which were recorded as medical diagnosis of students who consulted the medical clinic from 2014 to 2016. The study was conducted at UCLM, Mandaue City, Cebu, Philippines.

Treatment of the study includes simple percentage for the profile of the respondents and a three-year table presentation of the common illnesses experienced by the students.

Majority of the clients were 12-19 years old. There were 469 clients in 2014 (51.54%), 405 clients in 2015 (54.28%) and 332 clients in 2016 (43.91%). There were more female clients than male clients from 2014 to 2016, 52.20%, 62.33% and 62.96%, respectively.

More than 50% of the consultations occur from 6:00 AM to 2:00 PM.

Upper Respiratory Tract Infection tops the list in 2014, 2015 and 2016. Other illnesses in 2014 are (in order): Acute Gastritis, German Measles, Infected wound, Acute Tonsillitis, Viral Exanthem, Acute Folliculitis, Acute Gastroenteritis, Allergy, and Abscess.

In 2015, the other common illnesses were Acute Conjunctivitis, Infected Wound, Acute Gastroenteritis, Essential Hypertension, Acute Gastritis, Allergy, Systemic Viral Infection, Acute Tonsillitis, Abscess, and Urinary Tract Infection. In 2016, new entrants in the top ten list include Acute Sinusitis, and Sprain.

Based on the findings of the study, the most common illnesses of students in the university are Upper Respiratory Tract Infection, Infected Wound, and Abscess. It is essential for the medical clinic and its staff to be prepared with resources related to these health conditions to immediately address them as the need arises. In addition, health promotion through lectures and distribution of information materials regarding these health conditions are important activities to be conducted to attain optimal health among students.

Keywords: Upper Respiratory Tract Infection, Infected Wound, Abscess, Central Visayas, Philippines

Introduction

Illness means different things to different people. It is more than just the existence of physical signs and symptoms. Illness is the result of a disease (either physiological or psychological) or injury

that affects functioning, and occurs when there is an inability to meet one's needs. There are two major classifications of illness: acute and chronic. An acute illness is a disruption in functional ability usually characterized by a rapid onset, intense manifestations, and a relatively short duration. Acute illnesses are usually reversible. An example of an acute illness is influenza. On the other hand, a chronic illness is a disruption in functional ability usually characterized by a gradual, insidious onset with lifelong changes that are usually irreversible. Chronic illnesses last a long time, frequently throughout the individual's life. Arthritis is an example of a chronic illness. It is possible for a person to have both a chronic illness and an acute illness at the same time, for example, the person with diabetes who also develops pneumonia (Delaune & Ladner).

Schools are naturally a prime site for health education programs. The goal is to teach children from an early age how to live healthy lives, providing information, for example, on diet, exercise, and the dangers of smoking, alcohol use, and drug abuse. Studies have shown that school education programs are effective in teaching children the facts about health and safety. It is less clear, however, that they actually influence young people to behave in healthier ways (Schneider, 2011).

Anchored on the Health Promotion Model (HPM) by Nola Pender, the model is an attempt to depict the multifaceted nature of persons interacting with the environment as they pursue health. Unlike avoidance-oriented models that rely upon fear or threat to health as motivation for health behavior, the HPM has a competence or approach-oriented focus. Health promotion is motivated by the desire to increase well-being and actualize human potential (Tomey & Aligood, 2002).

There are 14 theoretical assertions derived from the model. This includes the following: (1) Prior behavior and inherited and acquired characteristics influence beliefs, affect, and enactment of health-promoting behavior; (2) Persons commit to engaging in behaviors from which they anticipate deriving personally valued benefits; (3) Perceived barriers can constrain commitment to action, mediator of behavior, and actual behavior; (4) Perceived competence or self-efficacy to execute a given behavior increases the likelihood of commitment to action and actual performance of behavior; (5) Greater perceived self-efficacy results in fewer perceived barriers to specific behavior; (6) Positive affect toward a behavior results in greater perceived self-efficacy, which can, in turn, result in increased positive affect; (7) When positive emotions or affect are associated with a behavior, the probability of commitment and action are increased (Tomey & Aligood, 2002).

Furthermore, the models asserts that: (8) Persons are more likely to commit to and engage in health-promoting behaviors when significant others model the behavior, expect the behavior to occur, and provide assistance and support to enable the behavior; (9) Families, peers, and healthcare providers are important sources of interpersonal influence that can increase or decrease commitment to and engagement in health-promoting behavior; (10) Situational influences in the external environment can increase or decrease commitment to or participation in health-promoting behavior; (11) The greater the commitment to a specific plan of action, the more likely health-promoting behaviors are to be maintained over time; (12) Commitment to a plan of action is less likely to result in the desired behavior when competing demands over which persons have little control require immediate attention; (13) Commitment to a plan of action is less likely to result in the desired behavior when other actions are more attractive and thus preferred over the target behavior; (14) Persons can modify cognitions, affect, and

the interpersonal and physical environments to create incentives for health action (Tomey & Aligood, 2002).

Related Studies

In one study conducted among Hong Kong adolescents, self-reported 3-month prevalences were obtained for cough/cold/influenza (55.2%), digestive disorders (34.6%), accidental injuries (29.5%), headache/dizziness (23.6%), chronic anxiety/insomnia (20.1%), skin problems (9.5%), asthma (3.8%), liver disease (1.3%), and menstrual pain (13.8% of female students). Self-perceived poor health, smoking, and alcohol consumption were associated with many of these illnesses. Treatment of choice depended on the illness suffered (e.g., most students with respiratory problems consulted medical practitioners, whereas most with chronic anxiety/insomnia did not). Many students lacked trust in their doctors, doctor-shopped, relied heavily on self-medication, did not comply with prescribed treatments, would not seek help about medical problems, felt they had insufficient access to health information, and wanted confidential health care (Lau, Yu, Cheung & Leung, 2000).

In another study in western Kenya, primary school children's health seeking behaviour in response to common illnesses was investigated. 57 primary school children (age 11-17 years, median 13 years) were interviewed weekly about their health status and health seeking activities for 30 weeks.

The children each experienced an average 25 illness episodes during this period. Most episodes could be categorized into 4 groups: 'cold', 'headache', 'abdominal complaints' and 'injuries'. One fifth (21%) of the illness episodes were serious enough to keep the children from school. In 28% of them, an adult was

consulted, while 72% were not reported to an adult caretaker. Of the episodes without adult involvement, 81% remained untreated, while 19% were treated by the children themselves with either herbal or Western medicines. Of all the medicines taken by the children, two thirds were provided or facilitated by adults (assisted treatment) and one third taken by the children themselves without adult involvement (self-treatment).

Among boys, the proportion of illnesses, which were self-treated increased with age from 12% in the youngest age group (<13 years) to 34% in the oldest (>14 years). In girls, the proportion of illnesses which were self-treated was consistently lower than among boys and remained constant around 9% for all age groups (Geissler, Nokes, Prince, Achieng'Odhiambo, Aagaard-Hansen & Ouma, 2000).

A total of 17,710 children less than 18 years of age selected in a stratified cluster sampling of U.S. households. *Intervention:* None. *Results:* We estimated that fewer than 5% of children have multiple (two or more) chronic conditions and that less than 1% of children had three or more such conditions. However, despite this low overall prevalence, some notable features of multiple chronic conditions stand out. Many of the most prevalent condition-pairs were allergy related, and the rates of co-occurrence of these disorders were generally higher than would be predicted on the basis of prevalence rates for the individual conditions. Children with multiple chronic conditions had more mental and physical health problems and used substantially more health services than other children. For example, the prevalence of developmental delay, learning disabilities, and emotional and behavioral problems increased sharply with the number of chronic conditions reported. Notable deterioration in such health status measures as days in bed, school absences, and activity limitation was also observed

with increasing numbers of chronic conditions. Similarly, utilization of hospital and physician services increased in tandem with increasing numbers of chronic conditions (Newacheck & Stoddard, 1994).

Objectives

This study determined the common illnesses of students in a university in Central Visayas, Philippines from 2014 to 2016. The findings served as basis for a proposed action plan.

Methods

This quantitative study employs the descriptive design. It utilized secondary data on common illnesses which were recorded as medical diagnosis of students who consulted the medical clinic from 2014 to 2016. The study was conducted at UCLM, Mandaue City, Cebu, Philippines.

Treatment of the study includes simple percentage for the profile of the respondents and a three-year table presentation of the common illnesses experienced by the students.

Results and Discussion

Table 1 presents the profile of the clients from 2014 to 2016. This table shows that majority of the clients were 12-19 years old. There were 469 clients in 2014 (51.54%), 405 clients in 2015 (54.28%) and 332 clients in 2016 (43.91%). There were more female clients than male clients from 2014 to 2016, 52.20%, 62.33% and 62.96%, respectively. More than 50% of the consultations occur from 6:00 AM to 2:00 PM.

Table 2 shows the common illnesses in 2014. Upper Respiratory Tract Infection tops this list. Other illnesses are (in order): Acute Gastritis, German Measles, Infected wound, Acute Tonsillitis, Viral Exanthem, Acute Folliculitis, Acute Gastroenteritis, Allergy, and Abscess.

Similar to table 1, tables 2 and 3 shows that Upper Respiratory Tract Infection is the number one most common illness in the university.

Table 1. Profile of the Clients

Profile	f (2014)	%	f (2015)	%	f (2016)	%
Age						
4-11 years old	40	4.39	35	4.69	37	4.89
12-19 years old	469	51.54	405	54.28	332	43.91
20-27 years old	273	30	189	24.93	206	27.24
28-35 years old	128	14.06	117	15.68	181	23.94
Total	910	100	746	100	756	100
Gender						
Male	435	47.80	281	37.67	280	37.04
Female	475	52.20	465	62.33	476	62.96
Total	910	100	746	100	756	100
Consultation Shift						
6 AM-2 PM	476	52.31	403	54.02	397	52.51
2 PM-10 PM	434	47.69	343	45.98	359	47.49
Total	910	100	746	100	756	100

Table 2. Common Illnesses in 2014

Diagnosis	F	Rank
Upper Respiratory Tract Infection	244	1
Acute Gastritis	48	2
German Measles	46	3
Infected wound	43	4
Acute Tonsillitis	42	5
Viral Exanthem	41	6
Acute Folliculitis	37	7.5
Acute Gastroenteritis	37	7.5
Allergy	36	9
Abscess	32	10

In 2015, the other common illnesses were Acute Conjunctivitis, Infected Wound, Acute Gastroenteritis, Essential Hypertension, Acute Gastritis, Allergy, Systemic Viral Infection, Acute Tonsillitis, Abscess, and Urinary Tract Infection.

In 2016, new entrants in the top ten list include Acute Sinusitis, and Sprain.

From 2014 to 2016, common illnesses that consistently remained in the top ten list were Upper Respiratory Tract Infection, Infected wound, and Abscess.

Table 3. Common Illnesses in 2015

Diagnosis	F	Rank
Upper Respiratory Tract Infection	234	1
Acute Conjunctivitis	46	2
Infected Wound	35	3
Acute Gastroenteritis	33	4
Essential Hypertension	27	5
Acute Gastritis	24	6.5
Allergy	24	6.5
Systemic Viral Infection	21	8
Acute Tonsillitis	5	10
Abscess	5	10
Urinary Tract Infection	5	10

Table 4. Common Illnesses in 2016

Diagnosis	F	Rank
Upper Respiratory Tract Infection	183	1
Acute Sinusitis	46	2
Abscess	30	3
Urinary Tract Infection	28	4
Acute Gastroenteritis	26	5
Systemic Viral Infection	25	6
Infected wound	24	7
Acute Conjunctivitis	20	9
Essential Hypertension	20	9
Sprain	20	9

Conclusion

Based on the findings of the study, the most common illnesses of students in the university are Upper Respiratory Tract Infection, Infected Wound, and Abscess. It is essential for the medical clinic and its staff to be prepared with resources related to these health conditions to immediately address them as the need arises. In addition, health promotion through lectures and distribution of information materials regarding these health conditions are important activities to be conducted to attain optimal health among students.

Literature Cited

Delaune, S. C. & Ladner, P. K. (2002). *Fundamentals of Nursing: Standards & Practice*. 2nd edition. Singapore: Delmar.

Geissler, P. W., Nokes, K., Prince, R. J., Achieng'Odhiambo, R., Aagaard-Hansen, J., & Ouma, J. H. (2000). Children and medicines: self-treatment of common illnesses among Luo schoolchildren in western Kenya. *Social Science & Medicine*, 50(12), 1771-1783.

Lau, J. T., Yu, A., Cheung, J. C., & Leung, S. S. (2000). Studies on common illnesses and medical care utilization patterns of adolescents in Hong Kong. *Journal of adolescent health*, 27(6), 443-452.

Newacheck, P. W., & Stoddard, J. J. (1994). Prevalence and impact of multiple childhood chronic illnesses. *The Journal of pediatrics*, 124(1), 40-48.

Schneider, M. J. (2011). *Introduction to Public Health*. 3rd edition. Singapore: Jones and Bartlett Publishers

Tomey, AM & Alligood, MR. (2002) Nursing theorists and their work. 5th edition. Singapore: Mosby Inc.