

RESEARCH ARTICLE

Exploring intention to seek formal healthcare amid COVID-19: Trends and predictors among the youth in Metro Manila

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ABSTRACT

Background: The COVID-19 pandemic has seen a rise in lockdowns, fear, and anxiety. Analyzing the attitudes, subjective norms, and perceived behavioral controls in seeking formal healthcare is vital due to its manifestation in their intention. Determining the factors that affect this intention would see which factors encourage one's willingness to seek formal healthcare, especially due to the various dynamics introduced by the pandemic.

Objective: The study sought to determine how attitudes, subjective norms, and perceived behavioral controls influence intention in seeking formal healthcare of the youth in Metro Manila during the pandemic.

Methodology: A cross-sectional study involving a survey of the youth in Metro Manila was conducted. Pearson correlation and multiple linear regression were used to see the relationships of the variables, and how these affect each other.

Results: One hundred sixty youth respondents from Metro Manila were included in the study. Subjective norms had the highest correlation and effect on one's intention to seek formal healthcare during the pandemic. Perceived behavioral controls followed subjective norms in their degree of correlation and were a predictor of intention. Lastly, attitudes had a significantly weak correlation with intention and were not a significant predictor of intention.

Conclusion: The youth gives more bearing to the concern of others regarding their well-being, as well as the challenges perceived in seeking formal healthcare in their intention to seek it. Giving more emphasis on lowering perceived barriers, alleviating concerns, and promoting seeking health during the pandemic would help encourage the youth's intention.

Keywords: *theory of planned behavior, seeking formal healthcare, intention, COVID-19, youth, Metro Manila*

Introduction

In light of the Coronavirus Disease 2019 (COVID-19) pandemic and the rise of lockdowns in specific areas, the healthcare system of various countries has been affected [1,2]. There is an observed strain on the finances and resources of healthcare systems to accommodate the infected population and healthcare workers, and also to provide support to the vulnerable population during a lockdown [1-3]. Due to the pandemic, there was an observed decrease in the utilization of healthcare systems due to heightened fear, anxiety, and concern [4].

The youth is said to be in a critical and vulnerable period of development as this is a transition from early adolescence

to peak maturity [5-8]. Moreover, during the COVID-19 pandemic, it was observed that there is a significantly greater rate of infection of COVID-19 among the youth compared to older adults [9]. Therefore, there is a need for the youth to be protected due to their vulnerability during the pandemic [9,10]. There also exists an opportunity for further research regarding the youth to understand how the COVID-19 pandemic impacted them, especially the new dynamics imposed by it [10].

Moreover, the COVID-19 pandemic has also affected urban cities due to lockdowns and the prevalence of infections [11]. During the pandemic, it was determined that Metro Manila was the most vulnerable region in the

Philippines in terms of COVID-19 infections [11,12]. This high vulnerability to infections may be attributed to the highly urbanized environment in Metro Manila, wherein the prevalence of enclosed spaces, slums, and overcrowding increased the spread of infectious diseases, particularly COVID-19 [11,13,14].

Since it was determined that the youth and those in Metro Manila are vulnerable during the COVID-19 pandemic, it is vital that they are protected [9-11]. Furthermore, it is important that they continue to seek healthcare despite this vulnerability during the pandemic. Therefore, the variables affecting access to formal healthcare need to be determined so that those who need it may access and utilize it and the barriers can be addressed [1,2].

A theory may be used to determine the variables that may affect one's behavior to seek formal healthcare. Specifically, the person's intentions in seeking formal healthcare and the variables affecting them may be determined through Ajzen's (1991) Theory of Planned Behavior (TPB) [15]. According to Webb and Sheeran (2006), one's attitudes, subjective norms, and perceived behavioral controls are manifested in one's behavior through behavioral intentions [16]. This means that intentions are vital since they are a function and manifestation of one's attitudes, subjective norms, and perceived behavioral controls [16]. However, despite intention being a determinant of behavior, there are cases in which the presence of intention itself would not determine the conduct of the behavior [17]. Therefore, by looking at one's intention, only the effects of attitudes, subjective norms, and perceived behavioral controls would be determined, and any other external factors, such as lifestyle, motivation, self-worth, and the emotional response, would then affect an individual's behavior in seeking formal healthcare [16,17].

In determining the behavior of seeking formal healthcare, studies have utilized Ajzen's (1991) [15] TPB to describe an individual's intention [18,19]. The application of TPB in the intention to seek formal healthcare was observed to be that the attitudes, subjective norms, and perceived behavioral controls are presumed to affect the willingness to seek formal healthcare, wherein perceived behavioral controls were observed to have the highest predictor in determining their intention to seek it [18,19].

It is observed that a lot has to be considered in determining the factors affecting the intention of an individual to seek formal healthcare during the COVID-19 pandemic [20,21]. According to Mertens *et al.* (2020) [22], and Solomon

et al. (2020) [4], in applying the TPB during the pandemic, attitudes such as anxiety, worry, and fear have affected the assessment of an individual in seeking healthcare, with a decrease of up to 48% in observed hospitalizations. These fears and worries during the pandemic were determined to be a factor in this decrease [4,22]. Meanwhile, Lovrić *et al.* (2020) [23], explained that subjective norms such as stigma and concern during the pandemic are primary factors in an individual's decisions on seeking formal healthcare, wherein a higher stigma, accompanied by the worry of people who are close to the individual, would result in a less likely initiative to seek it. Additionally, Lovrić *et al.* (2020) [23] discussed that aside from subjective norms, one's sex could also play a factor in the intention to seek formal healthcare. Furthermore, studies conducted before the pandemic such as those of Nañagas *et al.* (2015) [24], and Dassah *et al.* (2018) [25], determined that the perceived behavioral controls of individuals such as financial factors, access to healthcare facilities, and the challenges of traveling could affect their intention to seek formal healthcare, wherein an increased perceived difficulty in accessing healthcare services would result in their lower intention or willingness to seek it. With the studies conducted on the intention to seek formal healthcare and the factors affecting it before and during the pandemic, it was determined that there are variations in the findings between those conducted before and during the pandemic [22-25]. This variation of findings may suggest that there is still a need to conduct studies regarding the intention to seek formal healthcare during the pandemic in order to determine the variables that affect it [10,20].

With the observed studies utilizing TPB, it was found that there is a lack of research conducted in Metro Manila during the pandemic that focuses solely on the youth's intention to seek formal healthcare and the related factors influencing it [10,20,23,26]. Additionally, with the absence of related topics, especially during the pandemic, a whole new dynamics is on display due to the magnitudinal shifts in one's psychological status imposed by it, especially on the youth [10,20,21]. Therefore, this presents an opportunity to examine and investigate the attitudes, behavioral controls, and current subjective norms of the youth in Metro Manila during the COVID-19 pandemic, which could affect their intention to seek formal healthcare [20].

The study would be beneficial to the youth, particularly in Metro Manila, as it would allow their attitudes, subjective norms, perceived behavioral controls, and intention to seek formal healthcare during the pandemic, to be quantified, analyzed, and represented [27-29]. Additionally, the study

would be beneficial in alleviating certain stigmas associated with seeking formal healthcare, especially the stigma regarding mental health [30]. Lastly, this study can contribute to helping promote the utilization of healthcare facilities and services, in which the findings could be used to spread awareness regarding the possible decline in seeking healthcare among the youth in Metro Manila, by summarizing how different factors affect their intention to seek it [27,31,32].

The study sought to determine how attitudes, subjective norms, and perceived behavioral control influence their intention to seek formal healthcare during the pandemic. Specifically, the study intended to answer the following questions:

1. What are the attitudes, subjective norms, and perceived behavioral controls of the youth in seeking formal healthcare during the pandemic?
2. What is their level of intention in seeking formal healthcare?
3. How do their attitudes, subjective norms, and perceived behavioral controls influence their intention?

In attaining its objectives, the study focused on the youth's attitudes, subjective norms, perceived behavioral controls, and their intention to seek formal healthcare in Metro Manila during the COVID-19 pandemic. These are dependent on Ajzen's (1991) [15] TPB, wherein these variables guide their intention to seek formal healthcare [15,19]. This focus is due to the observed vulnerability and the need for further research on the youth in Metro Manila [9-11]. Furthermore, the study focused only on formal face-to-face healthcare, and did not include other forms of healthcare that do not involve a professional healthcare practitioner such as traditional medicine and alternative healthcare.

Methodology

Study Design and Setting

The study used a cross-sectional research design. According to Setia (2016) [33], a cross-sectional study aims to observe the participants and the factors that affect the participants at the same point in time. Furthermore, the study aimed to review and identify the factors affecting the youth in Metro Manila in seeking formal healthcare. To identify and review these factors, the researchers will be using the Theory of Planned Behavior [15], and previous studies. The following will be determined through TPB: attitudes, subjective norms,

intentions, and perceived behavioral controls when it comes to seeking formal healthcare [15,19].

The study was conducted online, particularly through Google Forms, email, and various social media platforms. Moreover, the study was conducted to focus on Metro Manila, Philippines.

Participants and Sampling

Since youth is a crucial stage in development that is accompanied by various changes and effects on health, the population of the study was focused on the youth in Metro Manila [5-9] particularly, 18-30 year olds. All respondents were asked for their consent in participating in the study.

The respondents were chosen through a purposive and referral sampling technique. The specified sampling technique was used due to the limitations brought upon by the COVID-19 pandemic, the lack of information or literature on the population, and because it would be able to garner respondents based on the set criteria. The eligibility criteria used were as follows: the respondent must be within the age range of 18 to 30 years old and must be residing in Metro Manila. Meanwhile, in selecting the actual participants, they must have had experienced any condition that might require them to seek and get medical care or they had intentions to seek formal healthcare during the COVID-19 pandemic.

The study involved 160 respondents from the youth in Metro Manila. It was determined that the study would involve a sample size far greater than the calculated minimum in order to consider the possibilities of disqualification and a poor response rate. In determining the sample size, G-power 3.1.9.7 [34], a statistical analysis tool, was utilized. With an alpha score of 0.05 and a medium effect size of 0.15, the computed minimum sample size for tests of multiple linear regression and correlation would be 74 respondents. Furthermore, according to Wilson-VanVoorhis and Morgan (2007) [35], the rule of thumb for sample sizes for the examination of relationships such as correlation and regression would start at 50 respondents, in addition to 8 respondents for every independent variable. Using the rule of thumb by Wilson-VanVoorhis and Morgan (2007) [35], the calculated minimum sample size was also 74. Therefore, the sample of the study, which involved 160 respondents, was deemed to be adequate.

Variables and Instrumentation

According to Ajzen's (1991) [15] TPB, attitude is the degree to which an individual finds a behavior favorable or

unfavorable. In this study, attitudes are the youth's perceptions regarding the need, security, and fear of seeking formal healthcare during the pandemic. Moreover, subjective norms, according to Ajzen (1991) [15], are the social pressures to behave. In this study, subjective norms are how much families and friends influence the youth from seeking formal health care during the pandemic. Additionally, perceived behavioral controls are the perceived abilities to seek healthcare which is guided by perceived barriers [15]. In this study, perceived behavioral controls are how much the youth thinks that their family's monthly income is sufficient to seek healthcare, the ease of access in going to the hospital considering quarantine restrictions such as checkpoints or travel passes, and the availability of healthcare resources and infrastructure in their general area. Lastly, behavioral intention is one's readiness to perform a given behavior [5]. In this study, intention refers to how willing the youth are in seeking formal healthcare during the COVID-19 pandemic.

The study used a five-sectioned online questionnaire that determined the participants' attitudes, subjective norms, perceived behavioral controls, and intention to seek formal healthcare along with their socio-demographic characteristics. Components from Ajzen's (1991) [15] TPB were analyzed so that the significance of each component in the context of the youth who are seeking formal healthcare in Metro Manila during the COVID-19 pandemic would be determined. These components are determinants of a model or framework based on TPB [15]. Furthermore, the study revised sample questions from Ajzen's (2013) [36] guide to the creation of questionnaires based on TPB, to the context of the study. A sample question from Ajzen's (2013) [36] guide which measured subjective norms would be, "Most people who are important to me approve of my exercising for at least 20 minutes, three times per week for the next three months"; the contextualized version of this question for the study was, "Most people who are close to me approve of my going to the hospital or clinic during the pandemic". Moreover, the questionnaire was created to have ten initial questions for each variable to be analyzed in order to compensate for any removal of questions during pre-testing.

The instrument was pre-tested by first distributing it to a smaller sample of 25 respondents. Through the reliability analysis of the pre-test answers, certain questions for each variable were dropped in order to have a Cronbach's alpha score greater than or equal to 0.70. Upon dropping certain questions, it was determined that the Cronbach's score of questions regarding attitudes was 0.70, subjective norms were also 0.70, perceived behavioral controls were 0.84,

and the intention was 0.83. Since all Cronbach's scores were greater than or equal to 0.70, the questionnaire was deemed to be reliable.

The first section of the questionnaire deals with the sociodemographics of the chosen respondents, such as their age, sex, and current residence. The succeeding sections were based on Ajzen's (2013) [36] guide on creating a questionnaire based on the Theory of Planned Behavior. Furthermore, the succeeding sections utilized a 5-point Likert scale, with "1" being "Strongly Disagree", "2" being "Disagree", "3" being "Neutral", "4" being "Agree", and "5" being "Strongly Agree". The second section contains four items that determine their attitudes on seeking formal healthcare during the pandemic; a sample statement for their attitudes would be "I believe that seeking formal healthcare is valuable". Furthermore, the third section contains three items that deal with the subjective norms affecting the respondents in seeking formal healthcare during the COVID-19 pandemic; an example statement of this would be "Most people who are close to me approve of going to the hospital or clinic during the pandemic". The fourth section contains seven items, and would determine their perceived behavioral controls in seeking formal healthcare; a sample statement would be "I am confident that my family could afford formal healthcare". Lastly, the fifth section would determine the behavioral intention of the respondents in seeking formal healthcare and contains four items; a sample statement would be "I am willing to go to the hospital or clinic".

Data Collection and Analysis

The instrument was distributed to the sample through email and social media. The participants' emails and contact information were gathered through public information that was already present either in their involved academic institution, organization, or their public social media profiles. All participants had the option to decline to participate in the study. The participants were also encouraged to distribute the survey to peers that they perceived would have the same eligibility criteria used for the study.

Upon being contacted by the researchers, the participants were given a link to the Google forms questionnaire as well as an accompanying letter of intent. Prior to the participants answering the questionnaire, they were asked to read and answer an informed consent form. The informed consent would not only inform the respondent on how their data would be handled but also on the study's scopes and criteria for participation; allowing them to be informed on whether or not they are included within the study's eligibility criteria, which may minimize the number of disqualified respondents

due to criteria ineligibility. Also, the names of the respondents would not be asked in the survey questionnaire in order to preserve confidentiality. Those who did not sign the informed consent would not be able to answer the survey, and they would be removed as a respondent. The information on those who were not included in the study would then be deleted. Upon their approval, acknowledgment, and submission of the informed consent, they would then be allowed to proceed with the rest of the survey. Moreover, the survey was designed such that if they have inputted an answer that did not follow the sample's eligibility criteria, such as not being within the age range of 18-30 years old, the survey would automatically end. This was conducted in order to allow a more convenient sorting of the data, as well as to minimize the disqualified respondent's information from being shared with another party.

After the respondents have finished and submitted their survey, their answers would automatically be inputted in Microsoft Excel. Only the researchers would have access to the respondents' answers and were not shared with any third party not associated with the study. Through Excel, the respondents' answers would be sorted and cleaned for more convenient analysis.

In the analysis of the gathered data, the study utilized descriptive statistics such as mean, frequency, and standard deviation. A t-test was conducted on the mean scores of the measured variables, with sex as a grouping variable in order to compare the mean scores between males and females. Meanwhile, ANOVA was conducted on their mean scores where age and current residence were separate grouping variables. Furthermore, Pearson's correlation was conducted to determine the association of attitudes, subjective norms, and perceived behavioral controls, with each other, and also the stated individual variables with intention. Lastly, a multiple linear regression analysis was conducted to determine the degree to which attitudes, subjective norms, and perceived behavioral controls affected the intention to seek formal healthcare during the pandemic.

Test of Assumptions

Certain assumptions must be met for the statistical analyses to be applicable. The test of the assumptions would include the correlation of variables, its multicollinearity, multivariate normality, and homoscedasticity.

In testing the correlation of variables, all variables had a significant correlation with intention. Furthermore, the test of multicollinearity shows that the variables showed no

values greater than 0.80. Then, it was determined that the variables were normally distributed, which means that the respondent's answers showed a natural trend with no significant outliers. Lastly, in testing homoscedasticity, it was observed that the variables were distributed generally equal around the zero line and had balanced residuals. Thus, all assumptions have been satisfied.

Results

The survey questionnaires were distributed to a total of 573 individuals residing in Metro Manila through email. However, only 375 answered the survey, giving a response rate of 65.4%. Out of the 375 respondents, only 160 were qualified. The reasons for disqualification were: they are not residing in Metro Manila, they do not belong to the age of the youth (18-30 years old), or their responses were deemed to be rushed or spammed. Those who were disqualified from the study were immediately notified of their disqualification through email. Moreover, the information on those who were disqualified or not included in the study were immediately deleted in order to prevent a third party from accessing their data.

Profile of the Respondents

The study involved 160 respondents of the youth or young adults in Metro Manila. Table 1 shows the sociodemographic characteristics of all respondents and categorizes each characteristic in their age, sex, and current city/location of residence. Most respondents (78.75%), were in the age range of 18-20 years old, most of them are females (53.13%). Lastly, the majority of the respondents reside in the Southern Manila District (51.25%).

Descriptive Analysis

As seen in Table 2, the mean score of attitudes, subjective norms, perceived behavioral controls, and intention of males was higher compared to females. However, only their subjective norms, perceived behavioral controls, and intention were observed to be significant ($p < 0.05$). This means that during the pandemic, the youth's subjective norms, perceived behavioral control, and intention significantly varied depending on their sex.

Furthermore, as seen in Table 2, those within the age range of 27-30 years old were observed to have the highest mean score for attitudes, subjective norms, perceived behavioral controls, and intention. Meanwhile, the age range of 24-26 years old was seen to have the second-highest mean

Table 1. Profile of the Respondents' Sociodemographic Characteristics (n=160).

Sociodemographic Characteristics		Frequency	Percentage
Age (n=160)	18-20	126	78.75 %
	21-23	17	10.63 %
	24-26	8	5.00 %
	27-30	9	5.63 %
Sex (n=160)	Female	85	53.13 %
	Male	75	46.88 %
Location of Current Residence (n=160)	Capital District	18	11.25 %
	Eastern Manila District	52	32.50 %
	Northern Manila District	8	5.00 %
	Southern Manila District	82	51.25 %

Table 2. Descriptive Analysis of Data (n = 160).

Variables	Attributes	Attitudes	Subjective Norms	Perceived Behavioral Controls	Intention
Sex	t-value	-1.10	-2.37	-3.10	-3.69
	p-value	0.273	0.019	0.002	< .001
	Mean Scores of Male	4.32	3.42	3.57	3.71
	Mean Scores of Female	4.22	3.03	3.23	3.20
Age	F-value	0.5221	1.903	0.0102	0.7442
	p-value	0.673	0.166	0.999	0.540
	Mean of Ages 18-20	4.24	3.38	3.21	3.39
	Mean of Ages 21-23	4.27	3.04	3.19	3.70
	Mean of Ages 24-26	4.38	3.67	3.21	3.28
Location	Mean of Ages 27-30	4.50	3.89	3.27	3.72
	F-value	2.254	0.483	1.367	1.363
	p-value	0.105	0.697	0.275	0.276
	Mean of Capital District	4.22	3.22	3.19	3.06
	Mean of Northern Manila District	4.00	3.58	3.16	3.28
Cronbach's α	Mean of Southern Manila District	4.21	3.35	3.09	3.48
	Mean of Eastern Manila District	4.41	3.47	3.41	3.52
General Mean Score		0.70	0.70	0.84	0.83
	Skewness	4.27	3.39	3.21	3.44
	General Standard Deviation	-0.668	-0.205	0.186	-0.0680
		0.5712	0.933	0.819	0.901

score for attitudes and subjective norms, while having the second-highest for perceived behavioral controls with the age range of 18-20. Furthermore, the age range of 21-23 had the third-highest mean score for attitudes, lowest for subjective norms and perceived behavioral controls, and, second-highest for intention. Lastly, the age range of 18-20 had the lowest mean score for attitudes, third-highest for subjective norms, also second-highest for perceived behavioral controls, and third highest for intention. Although there were observed differences between the mean values of the various age ranges, all of them were deemed to be insignificant. This means that during the pandemic, the youth's attitudes, subjective norms, perceived behavioral controls, and intention did not vary significantly based on their age.

Moreover, as seen in Table 2, the Eastern Manila District had the highest score for attitudes, followed by the Capital District, then the Southern Manila District, while the Northern Manila District had the lowest. For subjective norms, the Northern Manila District had the highest mean score, followed by the Eastern Manila District, then Southern Manila District, while the Capital District had the lowest mean score. Meanwhile, for the perceived behavioral controls, The Eastern Manila District had the highest mean score, followed by the Capital District, then Northern Manila District, while the Southern Manila District had the lowest. Lastly for intention, the Eastern Manila District had the highest mean score, followed by the Southern Manila District, then the Northern Manila District, while the Capital District had the

lowest mean score. However, all variables were observed to be insignificant ($p > 0.05$). This means that the measured variables did not vary significantly with the youth's current residence during the pandemic.

Pearson Correlation Results

As seen in Table 3, there appears to be a very weak correlation between attitudes and subjective norms ($r = 0.127$), deeming it to be insignificant ($p = 0.110$; $p > 0.05$). Additionally, attitudes have a weak correlation with perceived behavioral controls ($r = 0.243$), however, is deemed significant ($p = 0.110$; $p > 0.05$). Meanwhile, attitudes have a significant very weak correlation with intention ($r = 0.157$, $p = 0.047$; $p < .05$). Furthermore, there appears to be a significant and moderately strong correlation between subjective norms and perceived behavioral controls ($r = 0.482$, $p < .001$). Additionally, subjective norms and intention also have a significant and moderately strong correlation ($r = 0.562$, $p < .001$). Lastly, there is an observed significant and moderately strong correlation between perceived behavioral controls and intention ($r = 0.527$, $p < .001$). Subjective norms have the highest correlation between intention, followed by perceived behavioral controls. Attitudes have the lowest observed correlation with one's intention in seeking formal healthcare during the pandemic. All significant variables were positive

with intention. This means that as one's subjective norms and perceived behavioral controls increase, intention also increases. Furthermore, this may mean that as one's families or friends encourage and tolerate them to seek health, and as it becomes more available and accessible to them, they become more willing to seek it. Thus, subjective norms and perceived behavioral controls may influence their intention.

Multiple Linear Regression Analysis For the Intention to Seek Formal Healthcare

As seen in Table 4, the conduct of the multiple linear regression for the intention to seek formal healthcare of the respondents suggests that their attitudes appear to have no significant effect on their intention ($p = 0.678$; $p > .05$). Furthermore, the subjective norms of the respondents seem to have a significant effect on their intention to seek formal healthcare ($p < .001$). Lastly, in the case of the respondents' perceived behavioral controls, it appears to have a significant effect on their intention to seek formal healthcare ($p < .001$). Subjective norms appear to have the most significant effect on intention, followed by perceived behavioral controls. Furthermore, it is determined that intention increases by 38.7% as subjective norms increase, and by 36.0% as perceived behavioral controls increases. This means that the youth's subjective norms are the highest predictors of intention among

Table 3. Pearson's Correlation of Variables ($n=160$).

		Attitudes	Subjective Norms	Perceived Behavioral Controls	Intention
Attitudes	Pearson's r p-value	— —			
Subjective Norms	Pearson's r p-value	0.127 0.110	— —		
Perceived Behavioral Controls	Pearson's r p-value	0.243 0.002	0.482 < .001	— —	
Intention	Pearson's r p-value	0.157 0.047	0.562 < .001	0.527 < .001	— —

Table 4. Results of Multiple Linear Regression for Intention ($n=160$).

Predictor	Estimate	SE	t	p	R ²	F	df	p
					0.402	35.0	(3,156)	<.001
Attitudes	0.0419	0.1006	0.417	0.678				
Subjective Norms	0.3868	0.0682	5.672	< .001				
Perceived Behavioral Controls	0.3603	0.0794	4.536	< .001				

other variables. The high effect of subjective norms could be explained by how one's family members are encouraging or tolerating them in seeking healthcare, which thus increases their willingness to seek it by reciprocating this encouragement or tolerance. Additionally, it is determined that the model explains 40% of the variance in the youth's intention to seek formal healthcare during the pandemic.

Discussion

Summary of Results

In the conduct of the variable's correlation and multiple linear regression, it was found that subjective norms had the highest correlation and the most significant effect on the youth's intention to seek formal healthcare during the COVID-19 pandemic. This is then followed by their perceived behavioral controls. Lastly, attitudes had the weakest correlation and had no significant effect on their intention to seek formal healthcare. It is important to determine the variables that have a more significant effect on the intention to seek formal healthcare to understand which of these may require attention compared to those that are deemed insignificant [29]. Therefore, by knowing which variables are to be prioritized, those who are capable of changing or influencing subjective norms and behavioral controls could create policies or guidelines that would encourage the youth's intention to seek formal healthcare [19,37].

Factors Affecting Seeking Formal Healthcare

The descriptive analysis of the data has shown the effects of one's sex in their intention to seek formal healthcare, where males are observed to be more willing to seek formal healthcare during the pandemic. This means that one's sex has a significant bearing on their intention, wherein males may have a higher willingness to seek formal healthcare during the pandemic compared to females. This agrees with the findings of Splinter *et al.* (2021) [38], where females residing in urban areas, such as those in Metro Manila, have a higher healthcare avoidance, and lower intention to seek formal healthcare during the pandemic. The findings are also in line with those of Pinchoff *et al.* (2020) [39], where young females have a lower willingness to seek healthcare services during the pandemic, with some of them outright declining to seek healthcare services. However, when compared to studies before the pandemic, it was observed that it was the young males who have lower intentions to seek formal healthcare compared to females [40,41]. This may mean that the pandemic has introduced a

shift in the youth's intention to seek formal healthcare, which varies depending on their sex.

The results of the multiple linear regression analysis show that one's intention in seeking formal healthcare could significantly be predicted by subjective norms and perceived behavioral controls. These results are supported by the findings of Mmari *et al.* (2016), wherein the youth's parents have a high influence on their evaluation of seeking healthcare, and their intention to seek it [42]. Furthermore, Mmari *et al.*, determined that through regression, the opinions of families, the family structure, the capability of healthcare services, and the availability of resources were significant influences on the youth's intention to seek health. Similarly, the findings of Côté *et al.* (2012) [43] are also in line with the findings of the study, however, they do not explain how attitudes lack an effect on their intention. Furthermore, the results of the study are in line with the findings of Euser *et al.* (2022) [44], where subjective norms serve as a vital factor in one's decision during the pandemic. Moreover, Euser *et al.* explained that the greatest social factors that affect the intention of the youth's healthcare-seeking behaviors were determined to be the expectations of their parents and if their friends would also seek healthcare during the pandemic. These were also consistent with this study's findings. However, attitudes were also determined to be accompanying factors that affect their intention, which was not consistent with the findings of this study. Lastly, the results of the study generally support Ajzen's (1991) [15] Theory of Planned Behavior, although accompanied by slight variations; in which the higher the opinions or norms of their peers, and the lesser their barriers, the more they positively affect intention. Meanwhile, their attitudes do not seem to play a significant role in seeking formal healthcare during the pandemic. This may be, in the context of the pandemic, due to the variations of individuals' perspectives or attitudes regarding seeking formal healthcare, wherein due to various circumstances, such as their value in seeking healthcare, their fears, and others may affect their intention differently. Thus, this presents an opportunity for future studies to focus on and explore.

Study Implications

Subjective norms and perceived behavioral controls are deemed to be significant in one's willingness to seek formal healthcare. Additionally, the study shows that the youth give more importance to the opinions and encouragement of the people close to them regarding seeking formal healthcare, as compared to their attitudes. Since seeking

formal healthcare is vital not just for the individual but also for the healthcare system, it is determined that improving the subjective norms and behavioral controls associated with formal healthcare would improve their willingness to seek it, which could help the youth to further utilize healthcare services and facilities. This means that subjective norms and perceived behavioral controls are to be prioritized over attitudes since both were observed to be the most significant predictors of the youth's intention to seek formal healthcare during the pandemic.

Since the study's results were observed to be similar to previous studies with a similar population and setting, it was determined to be applicable to the youth in Metro Manila during the COVID-19 pandemic. Furthermore, since the study was conducted in an urban setting, it is determined that its findings would apply to the youth of other urban cities or locations in the Philippines. Additionally, the study applies to other urban cities in the Philippines because of the generally uniform degree of behavioral controls such as lockdowns, and available information or opinions regarding the pandemic, observed in urban environments.

Limitations

Due to the ongoing pandemic and the implementation of lockdowns, the study was conducted online. Thus, only those with access to the internet would be able to answer the online survey. Furthermore, the intentions of the youth towards seeking formal healthcare were only based on their attitudes, subjective norms, and perceived behavioral controls, as determined in the Theory of Planned Behavior. The study did not determine other variables that may have influenced their intention.

Conclusion

The study gives quantitative explanations of how the intention or willingness to seek formal healthcare of the youth in Metro Manila during the pandemic could be affected by their subjective norms and perceived behavioral controls. Therefore, the findings of the study emphasize these factors to encourage or increase their willingness to seek formal healthcare despite the barriers, concerns, fears, and stigma that are present during the pandemic.

In conclusion, the study determines that through its findings, as well as the Theory of Planned Behavior, the youth's subjective norms and perceived behavioral controls are significantly manifested in their intention to seek formal

healthcare during the pandemic. Moreover, the lack of effects of attitudes to this intention could be due to the varying effects of fear, perceptions, and the favorability of formal healthcare, on their willingness to seek it. Finally, the results of the study mean that the youth gives more bearing or importance to the encouragement or tolerance of others regarding their well-being, as well as the perceived challenges in seeking formal healthcare such as the cost and transportation, in assessing formal healthcare, and their intention to seek it.

Since it is observed that attitudes have no significant bearing on one's intention to seek formal healthcare, future studies may be conducted to analyze the factors that may change and explain an individual's perceptions and degree of favorability in seeking formal healthcare, especially when there are new dynamics in play that were introduced due to the pandemic.

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