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Exploring The Lived Experience in Challenges Among Community People in Manila Towards Dengue Outbreak

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ABSTRACT

This phenomenological study explored the lived experiences, challenges, educational encounters, preventive practices, and coping responses of community members in Manila during dengue outbreaks. Nine adult participants who had personally experienced dengue or had a family member diagnosed within the past five years were purposively selected. Data were gathered through a semi-structured interview guide covering three domains: challenges during dengue outbreaks, experiences and perceptions of dengue education and prevention, and coping responses through education and preventive measures. Thematic analysis revealed three major sets of findings. First, dengue disrupted daily life through work interruption, shifting family responsibilities, separation, school absence, fear, physical suffering, financial strain, and caregiving difficulties. Second, participants displayed uneven knowledge of dengue, drawn from hospital lectures, community activities, personal experience, and basic awareness, while education encouraged vigilance, cleanup drives, fogging, and early consultation. However, poor drainage, stagnant water, nearby waterways, outdoor exposure, inconsistent neighborhood participation, and competing responsibilities limited sustained prevention. Third, participants coped through household cleaning, removal of stagnant water, use of repellents and insecticides, protective clothing, early consultation, hydration, family support, and community participation. The study concluded that dengue is a multidimensional household and community concern requiring clinical, educational, environmental, emotional, and social responses. It recommends sustained, accessible, and child-inclusive health education; coordinated community clean-up and vector-control activities; improved drainage and surveillance; family-centered healthcare; timely referral and monitoring; and stronger collaboration among residents, healthcare workers, schools, barangay officials, local government units, and the Department of Health for sustainability.

Keywords: *dengue outbreaks, lived experiences, community health, dengue education, preventive practices, coping responses, Manila*

INTRODUCTION

Dengue remains a public health threat in tropical and densely populated areas, particularly in Manila, where urbanization, poor sanitation, waste management issues, and inconsistent preventive practices facilitate transmission. Despite government programs, outbreaks persist because residents face limited resources, competing responsibilities, misconceptions, delayed healthcare seeking, and difficulty sustaining mosquito-control measures. Existing research largely focuses on epidemiology, clinical management, and vector control, leaving limited understanding of community members' lived experiences. This study

explores dengue-related challenges, perceptions of education and prevention, coping responses, and preventive practices among Manila residents.

Statement of the Problem

This study aims to explore the lived experiences of challenges among community members in Manila during the dengue outbreak. Specifically, it seeks to answer the following questions:

Central Question: What are the lived experiences of community people in Manila in facing challenges during dengue outbreaks?

Scope and Delimitations

The focus of this study is to investigate the lived experiences of the community people in Manila about their problems regarding dengue outbreaks. This qualitative phenomenological study explored the experiences and participation related to dengue education and prevention strategies, as well as coping mechanisms, among participants encountering dengue. This will involve purposive sampling of adult community members who experienced dengue either directly or through a family member (s). Semi-structured interviews will be used for collecting data, targeting in-depth narratives and insights. The study also focuses on identifying community-based initiatives to improve dengue prevention outcomes and education. Nevertheless, the research focuses on selected proximate groups of urban communities in Manila and does not aspire to provide any causal inference or statistical generalizability.

Review of Related Literature

The literature shows that dengue remains a rapidly growing global health threat, with millions of cases and thousands of deaths reported across more than 100 countries, particularly in Southeast Asia and the Americas (World Health Organization, 2025). Effective prevention requires eliminating mosquito breeding sites, reducing exposure, and encouraging consistent community participation (Brooks, 2024). Community studies emphasize that collaboration among residents, local leaders, youth, authorities, and health workers strengthens education and sustains preventive practices (Samsudin et al., 2024). However, limited infrastructure, inadequate training, weak monitoring, poor coordination, and inconsistent public involvement continue to hinder dengue preparedness and response (Parajuli et al., 2025). Digital platforms may also improve health communication by correcting misconceptions and expanding the reach of preventive messages. Overall, successful dengue control depends on early and sustained community engagement, continuous education, strong healthcare systems, multi-sector partnerships, and adequate infrastructure that enables communities to implement consistent and context-appropriate preventive actions (Nazir et al., 2024).

Conceptual / Theoretical Framework

This study is anchored in two theories that explain how people, and even communities, understand health risks and respond to disease prevention, namely the Health Belief Model (HBM) and the Social Ecological Model (SEM). Together, they provide a solid base for examining the lived experiences, awareness, and day-to-day challenges of community members in Manila during dengue outbreaks. The Health Belief Model, developed by Irwin

M. Rosenstock in 1966 and later expanded by Becker and colleagues, explains health-related behaviors by examining how individuals perceive the threat of disease and evaluate preventive actions (Alyafei & Carr, 2024). Basically, the HBM includes perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. The model suggests that people are more likely to perform protective behaviors when they think they might get a serious disease, and when they also believe that acting will lower that risk even if the barriers are still there, like practical or manageable limitations (Boskey, 2024). In this study, the HBM serves as a lens for understanding how community members in Manila view dengue risk, how they assess its seriousness, and how they choose to take part in prevention efforts despite constraints such as limited resources, insufficient information, and other everyday difficulties.

METHODOLOGY

A qualitative method is employed to explore the lived experience of facing the challenges of the dengue outbreak.

Research Design

This study utilizes a qualitative research approach to explore the lived experiences of community members in relation to dengue outbreaks. This study adopts a phenomenological research design, which focuses on describing and interpreting the lived experiences of individuals regarding a particular phenomenon.

Research Steps

After conducting a thorough review of the related literature, the research design was carefully developed to align with the study's objectives and the community health context of selected areas in Manila. The study employed qualitative data-gathering methods, primarily semi-structured interviews with adult community members who had personally experienced dengue or cared for an affected family member. The interview guide explored participants' challenges during dengue outbreaks, experiences with dengue education and prevention programs, and coping responses through household and community-based preventive measures.

Data Collection and Sample Selection

The study purposively selected nine adult community members from selected areas in Manila who had lived there for at least three years and had personally experienced dengue or cared for an affected family member. Data collection continued until saturation was achieved. A semi-structured interview guide explored participants' dengue-related challenges, experiences with education and prevention programs, and coping responses through preventive measures. The instrument underwent expert content validation and pilot testing with 2–3 individuals who were excluded from the main study. After ethics approval and coordination with community leaders, eligible participants provided informed consent before attending 30–45-minute interviews in private settings. Interviews were audio-recorded with permission, transcribed, coded, and analyzed thematically.

Data Analysis Methods

The data collected from the semi-structured interviews were analyzed using (Braun & Clarke, 2021).” thematic analysis approach, a widely recognized method for identifying, analyzing, and reporting patterns or themes within qualitative data. The analysis followed six phases: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.

Research Assumption and Validation

This study assumes that community people in Manila possess meaningful and diverse lived experiences related to the dengue outbreak, which shape their perceived challenges and responses to the disease. It is further assumed that participants are capable of articulating their experiences regarding dengue education and prevention practices within their community, including how they acquire information, apply preventive measures, and cope with the risks associated with dengue. The study also assumes that variations in experiences may exist due to differences in environmental, social, and educational contexts, which influence how individuals understand and manage dengue-related concerns. Moreover, it is assumed that insights derived from these lived experiences can serve as a valid basis for developing practical, community-based measures to improve dengue education, strengthen preventive practices, and mitigate challenges during dengue outbreaks.

Study Limitations and Ethical Considerations

The study upheld the principles of autonomy, beneficence, justice, non-maleficence, veracity, informed consent, privacy, and confidentiality by ensuring voluntary participation, minimizing harm, equitable selection, truthful communication, secure data handling, and participant protection.

RESULTS AND DISCUSSION

Lived Experiences of Challenges During Dengue Outbreaks. Dengue outbreaks disrupted participants’ employment, livelihood, schooling, childcare, household responsibilities, and family routines. Patients and caregivers suspended work, rearranged duties, relied on relatives, and experienced separation during hospitalization. Participants described dengue as physically painful and emotionally distressing because of persistent fever, weakness, bleeding, declining platelet counts, and uncertainty about recovery. Parents felt helpless as they witnessed their children undergo repeated procedures and monitoring. Although most participants accessed consultations, hospitalizations, laboratory services, and professional care, treatment was still affected by medical expenses, transportation, hospital transfers, limited caregiver support, and difficult circumstances.

Experiences and Perceptions of Dengue Education and Prevention Practices. Participants possessed uneven dengue knowledge acquired from hospitals, community seminars, personal experiences, social contacts, and basic public information. Some understood transmission, symptoms, complications, and mosquito-control measures, while others had limited formal education. Community lectures, barangay reminders, clean-up campaigns, and fogging activities encouraged greater vigilance, environmental cleaning, removal of stagnant water, proper waste disposal, and early medical consultation. However, prevention remained

difficult because of poor drainage, nearby waterways, outdoor exposure, neighboring households, work demands, and inconsistent community compliance. Family assistance and guidance from health workers improved participation.

Coping Responses Through Education and Preventive Measures. Participants coped with dengue risks through regular household cleaning, removal of stagnant water, insecticide use, mosquito repellents, protective clothing, restricted outdoor exposure, and inspection of mosquito-hiding places. When illness occurred, families sought immediate consultation, followed laboratory monitoring, encouraged hydration, and redistributed caregiving and household responsibilities. Some also incorporated family-recommended traditional practices alongside professional care. Participants emphasized that long-term dengue prevention required year-round cleanliness, covered water containers, repeated community education, school-based awareness, regular fogging, and coordinated action among residents, healthcare workers, schools, and local authorities to reduce breeding conditions.

SUMMARY

The qualitative study conducted among community members in Manila revealed that dengue outbreaks significantly affected family routines, emotional well-being, financial stability, caregiving responsibilities, and access to healthcare. Participants also demonstrated increased awareness and preventive action through health education, household cleaning, mosquito-control practices, early consultation, and community participation. However, environmental conditions, limited resources, and inconsistent neighborhood cooperation remained major barriers to sustained prevention. The findings emphasized that effective dengue control requires continuous education, family support, accessible healthcare services, improved environmental sanitation, and coordinated efforts among residents, healthcare workers, schools, barangay officials, and local government units.

CONCLUSIONS

- Dengue emerged as a multidimensional family crisis affecting health, livelihood, education, caregiving, emotions, and finances. Effective responses require accessible care, clear education, psychosocial support, affordable treatment, referrals, and family-centered assistance.
- Dengue education improved awareness and prevention, but uneven knowledge and environmental barriers limited sustainability. Effective programs require repeated communication, sanitation, drainage, surveillance, community cooperation, and coordinated support from institutions and households.
- Participants managed dengue through cleaning, mosquito control, personal protection, prompt consultation, hydration, and family cooperation. Sustainable prevention requires year-round collective action, education, environmental management, and evidence-based care over traditional remedies.

RECOMMENDATIONS

The study recommends sustained household prevention, active community participation, stronger local government programs, clear family-centered healthcare education,

responsive Department of Health policies, and integration of dengue experiences into nursing education. Future research should examine prevention behavior, environmental risks, caregiver burden, financial effects, and long-term outcomes of community-based interventions.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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