

P-ISSN: 2394-1685 E-ISSN: 2394-1693 Impact Factor (RJIF): 5.38 IJPESH 2023; 10(4): 269-271 © 2023 IJPESH www.kheljournal.com Received: 07-05-2023

**Jhon Roy Abellar Estopil** M.Ed., Doctorand, Valencia City, Bukidnon, Philippines

Accepted: 11-06-2023

Lovella D Serrano Professor, University of Mindanao, Davao City, Philippines

#### Corresponding Author: Jhon Roy Abellar Estopil M.Ed., Doctorand, Valencia City, Bukidnon, Philippines

# Educational technology standards in physical education and health beliefs of students: The mediating role of physical activity self-efficacy

## Jhon Roy Abellar Estopil and Lovella D Serrano

#### Abstract

The study aimed to find out the mediating effect of physical activity self-efficacy (MV) on the relationship between technology standards in physical education (IV) and the health beliefs of students (DV). This research used descriptive correlation and mediation techniques method. This study involved 303 respondents and utilized a stratified random sampling technique for data gathering, done electronically through email with a link to the Google form-made questionnaire sent to respondents. Mean, Pearson-r, and Med-graph using Zobel's z-test statistical tools were used. The results found a high descriptive level for IV, no overall result for DV, yet individually computed per indicator, and a moderate descriptive level for MV. Whereas a significant relationship was found between the IV and three indicators of the DV, no significant relationship was found for the other two indicators of the DV. At the same time, a significant relationship was found between the IV and between the MV and the four indicators of the DV, except for one. Lastly, the results revealed a full mediation effect between the relationship between IV and an indicator of DV and a partial mediation effect between the relationship of the IV and to other two indicators of DV. Implications of the study were also provided in this paper.

**Keywords:** Educational technology standards in PE, health beliefs, physical activity self-efficacy, descriptive- correlational and mediation technique, Philippines

#### Introduction

Throughout human civilization, beliefs during pandemics and health crises have significantly impacted public health, causing havoc, panic, and anxiety (Scheidel W, 2018)<sup>[1]</sup>. Misleading health beliefs can lead to false information and affect people's lifestyles and health practices (Kilgo, Yoo & Johnson, 2019)<sup>[2]</sup>. In the Philippines, some rural Filipinos prefer self-diagnosis and alternative treatments, worsening their health conditions (Stanford School of Medicine, 2019)<sup>[3]</sup>, which highlights the potential risk behaviors associated with health beliefs, negatively affecting overall well-being (Jose, *et al.*, 2020)<sup>[4]</sup>.

Research has shown that individuals with poor health beliefs may struggle to adhere to their health conditions' recovery, compared to those with strong self-belief (Enarson & Walsh, 2018)<sup>[5]</sup>. During health emergencies, engaging in preventive practices is vital, especially for vulnerable groups like children, older adults, indigenous persons, and disabled individuals (Sunhee Kim & Seoyong Kim, 2020)<sup>[6]</sup>. Studies in Hong Kong have revealed varying responses about preventive measures for disease infection, indicating a lack of clarity among respondents (Kwok S. *et al.*, 2020)<sup>[10]</sup>.

Information from instructional technology and internet/media platforms can influence individuals' health-related behaviors, including engagement in positive health-belief interventions (Montesi M., 2021)<sup>[7]</sup>. Engaging in physical activity is considered a self-efficacy behavior, promoting an individual's desire for fitness and exercise (Najarkolaei *et al.*, 2015; Ye, Zhou & Wu, 2020)<sup>[8, 9]</sup>. Technology's role in providing health information can foster self-efficacy behaviors towards well-being (Wu, 2020)<sup>[9]</sup>.

While research has explored educational technology standards (ETS) for teachers and students (Parker, J., 2021) <sup>[11]</sup>, health beliefs among adults (Kilgo, Yoo & Johnson, 2019) <sup>[2]</sup>, and physical activity self-efficacy (Roldan & Reina, 2021) <sup>[12]</sup>, limited attention has been given to the relationship between ETS in physical education and students' health beliefs, along with the mediating effect of physical activity self-efficacy.

International Journal of Physical Education, Sports and Health

This study aims to fill this gap by examining these variables' interconnectedness, providing valuable insights into students' health beliefs, fitness interventions, and holistic well-being. The locale chosen for this study is Thailand, given the researcher's current work location, enabling future comparative analyses across different cultural practices and educational settings.

## Methods

This research utilized a descriptive-correlational research design with mediating techniques to examine the relationship between educational technology standards in physical education, health beliefs of students, and physical activity self-efficacy. The study was conducted in the Province of Lampang, Thailand, where the researcher currently works and is interested in exploring the practices and beliefs of Thai students.

The population consisted of students aged 18 and above, enrolled in physical education classes during the academic year 2021-2022 in selected schools in Lampang. The sample was determined using stratified random sampling, with a total of 303 students, and a final sample size of 31 was used for the reliability test.

Data collection was done online due to COVID-19 preventive measures, using 'Google Forms' as the platform. The questionnaires were translated into Thai to accommodate the language preferences of Thai students. The research instruments were validated and pilot-tested with satisfactory reliability scores.

Statistical tools employed in the study included mean to assess the levels of educational technology standards, health beliefs, and physical activity self-efficacy. Pearson r was used to determine the relationship among variables, while the medgraph using Sobel's z test was utilized to assess the significance of the mediation effect of physical activity selfefficacy.

Ethical considerations were carefully followed, with voluntary participation of students and the assurance of privacy and confidentiality of their data. Informed consent was obtained, and potential risks were addressed. Plagiarism, fabrication, dishonesty, and conflicts of interest were avoided, and the study adhered to ethical guidelines throughout.

## **Results and Discussion**

Level of Educational Technology Standards in Physical Education: Based on the mean ratings, the level of educational technology standards in physical education was perceived to be high. Among the indicators, social, ethical, legal, and human issues obtained the highest mean score of 3.99, followed by technology operations and concept with a mean score of 3.94, both described as high. Other indicators, such as productivity and professional practice (mean score of 3.83), planning and designing learning environments and experiences (mean score of 3.77), assessment and evaluation (mean score of 3.69), and planning of teaching according to individual differences and special needs (mean score of 3.49), were also described as high.

## Level of Health Beliefs of Students

The level of health beliefs of students was assessed individually for each indicator. The benefits for exercise obtained the highest mean score of 3.73, categorized as a high level, while the perceived health problems garnered the lowest mean score of 1.75, indicating a very low descriptive level. Other indicators, including barriers for exercise, cues to action for exercise, and significant others' help for exercise, were described as low in terms of health beliefs.

## Level of Physical Activity Self-Efficacy

The level of physical activity self-efficacy was perceived to be at a moderate level, with an overall mean score of 2.95. Among the indicators, students and time received moderate mean scores of 3.29 and 2.98, respectively. The space and institution indicators were also described as moderate, with mean scores of 2.91 and 2.63, respectively.

#### **Correlation Analyses of the Variables**

Pearson Product Moment Correlation analyses were conducted to determine the relationships between the variables. Educational technology standards in physical education showed no significant correlations with perceived health problems and barriers for exercise. However, they had a positive and significant correlation with health beliefs related to benefits for exercise, cues to action for exercise, and significant others' help for exercise. Furthermore, educational technology standards in physical education had a positive and significant correlation with physical activity self-efficacy.

Physical activity self-efficacy exhibited positive and significant correlations with all health belief indicators, including benefits for exercise, cues to action for exercise, barriers for exercise, perceived health problems, and significant others' help for exercise.

## Mediation Analysis of the Three Variables

The study conducted mediation analyses to determine the effect of physical activity self-efficacy as a mediator between educational technology standards in physical education and health beliefs of students. Full mediation was achieved in the relationship between educational technology standards and cues to action for exercise, indicating that physical activity self-efficacy fully mediates this relationship. Partial mediation was observed in the relationships between educational technology standards and benefits for exercise and significant others' help for exercise, suggesting that physical activity self-efficacy partially mediates these relationships.

Overall, the results indicate the importance of physical activity self-efficacy in mediating the relationship between educational technology standards in physical education and certain health beliefs of students. These findings provide valuable insights into how physical activity self-efficacy plays a role in shaping students' health beliefs and can aid in developing effective fitness interventions in physical education settings.

## Conclusion

The findings of this study highlight the importance of educational technology standards and physical activity selfefficacy in shaping students' health beliefs and engagement in physical activities. The integration of educational technology in physical education classes can positively influence students' perception of the benefits of exercise and the support they receive from others. However, it is essential to recognize that perceived health problems and barriers to exercise may not be directly influenced by educational technology standards and physical activity self-efficacy.

## Recommendations

Based on the study's results, we recommend that educational institutions continue to support teachers in integrating educational technology into physical education classes.

Professional development programs and resources, such as instructional videos and tracking mechanisms, can enhance students' learning experiences and motivation to engage in physical activities. Furthermore, promoting a positive physical learning environment with adequate space and institutional support can contribute to improving students' physical activity self-efficacy.

#### Acknowledgement

The researcher would like to express his profound gratitude to the following persons who extended their valuable time and effort for the accomplishment of this study: Dr. Lovella D. Serrano, the research adviser, for her positive criticism and advice that greatly enriched this study;

Dr. John Vianne B. Murcia, the research statistician, for his immense expertise in the interpretation of data and his unwavering support for the accomplishment of this study's research findings; Members of the panel during the final defense, headed by Dr. Jocelyn B. Bacasmot, which is also my research editor, with Dr. Joel B. Tan, Dr. Pedrito M. Castillo II, and Dr. Rodolfo M. Osorno II, for their opinions, comments and suggestions to enhance this study; The University of Mindanao and to the President Dr. Guillermo P. Torres, Jr. for supporting this educational endeavor through scholarship programs;

All respondents from the selected schools in Lampang, Thailand who willingly helped and provided honest information; Parents and siblings, who have been my constant source of inspiration; friends who have given the drive and advice, to deal with all my tasks with discipline, determination and prayer; And more importantly, to the almighty God; for his unconditional love, guidance, and protection.

#### **Conflict interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### References

- Scheidel W. The impact of pandemics on inequality. In K. K. Sanderson & M. L. Roberts (Eds.), Disease, Health Care and Government in Late Imperial, Soviet and Post-Soviet Russia (pp. 11-28). Routledge; c2018.
- Kilgo CA, Yoo JH, Johnson ML. Examining health beliefs in older adults: A cautionary tale. Journal of Applied Gerontology. 2019;38(8):1081-1099. https://doi.org/10.1177/0733464817723820
- 3. Stanford School of Medicine. Rural Health in the United States; c2019. Retrieved from https://ruralhealth.stanford.edu/health-pros/nursingtools/rural-health-united-states
- 4. Jose PE, Ryan N, Pryor J. Does Social Connectedness Promote a Greater Sense of Well-Being in Adolescence Over Time? Journal of Research on Adolescence. 2020;30(1):38-54. https://doi.org/10.1111/jora.12464
- Enarson E, Walsh L. Belief Systems and Diverse Social Contexts: A Comparison of Health Beliefs and Recovery Practices among Women with Chronic Illness. Women's Studies International Forum. 2018;66:43-49. https://doi.org/10.1016/j.wsif.2017.12.010
- 6. Sunhee Kim E, Seoyong Kim Y. The effect of health beliefs on preventive behaviors during the COVID-19 pandemic. Journal of Korean Academy of Nursing. 2020;50(6):699-708.

https://www.kheljournal.com

https://doi.org/10.4040/jkan.2020.50.6.699

 Montesi M, Buchwald D. Technology use and health beliefs in the primary care setting. Journal of Primary Care & Community Health. 2021;12:21501327211029416.

https://doi.org/10.1177/21501327211029416

- Najarkolaei FR, Niknami S, Shokravi FA, Tavafian SS, Fesharaki MG, Jafari MR. Exercise and Physical Activity for Osteoporosis and Health Belief Assessment: A Case-Control Study. Iranian Red Crescent Medical Journal. 2015;17(9):e26125. https://doi.org/10.5812/ircmj.26125
- Ye X, Zhou S, Wu J. The Relationship Between Health Belief, Self-Efficacy, and Self-Regulation for Exercise in Chinese Adults With High Blood Pressure: A Cross-Sectional Study. Frontiers in Psychology. 2020;11:1365. https://doi.org/10.3389/fpsyg.2020.01365
- Kwok S, Adam S, Ho JH, Iqbal Z, Turkington P, Razvi S, Le Roux CW, *et al.* Obesity: a critical risk factor in the COVID-19 pandemic. Clinical obesity. 2020 Dec;10(6):e12403.
- 11. Dongus JA, Parker JE. EDS1 signalling: At the nexus of intracellular and surface receptor immunity. Current opinion in plant biology. 2021 Aug 1;62:102039.
- Roldan A, Reina R. Are Self-Efficacy Gains of University Students in Adapted Physical Activity Influenced by Online Teaching Derived From the COVID-19 Pandemic?. Frontiers in Psychology. 2021 Apr 9;12:654157.