

SCHOOL-BASED COMPLEMENTARY ACTIVITIES ON HEALTH PROGRAMS FOR PUBLIC ELEMENTARY PUPILS

HAYZELL JOY F. GABI¹, LEODEGARIA D. ABANTO Ed.D²

<https://orcid.org/0000-0003-4997-137X>

hayzelljoy.gabi001@deped.gov.ph

Manghiniao Elementary School, Batangas, Philippine¹

Batangas State University, Batangas, Philippines²

ABSTRACT

Good health is essential for learning and cognitive ability. Ensuring good health when children are of school age can boost attendance, educational achievement and live more meaningful lives. This study used descriptive research design to assess the existing health programs in Manghiniao Elementary School during the School Year 2015-2016. Specifically, this study determined the health status of public elementary pupils considering their Body Mass Index (BMI) and acquired common health problems. The researcher employed the following statistical tools such as weighted mean and Pearson r. Finally, based on the analysis, this study proposed school-based complementary activities in accordance with the existing health programs. Respondents of the study were 31 teachers and 64 parents who provided responses through a researcher-constructed questionnaire. The researcher also conducted key informant interviews with barangay health workers. The results of this study revealed all of health programs were implemented to a moderate extent in Manghiniao Elementary School. Also, school practices relative to promoting positive health behavior and parent-teacher collaboration were often observed. Hypothesis testing revealed there was a significant relationship between the extent of implementation of health programs and manifestation of school practices. From the findings, the researcher prepared school-based complementary activities envisioned to improve the implementation of health programs in public elementary schools. These complementary activities were geared to provide the pupils with different practical applications of health care while inculcating in their minds the importance of healthy living. It was recommended that more complementary activities on health be given to the pupils and parents to encourage better health practices. This study further suggested that more health teachings be given to the parents and pupils.

Keywords: Health programs, school-based complementary activities, parent-teacher collaboration, Philippines health practices, health problems, descriptive research

INTRODUCTION

Education is known as the mechanism of providing or receiving systematic teaching. As a fundamental human right, education guarantees to enable an individual to achieve his full potential. In the Philippines, it is given a high value because it is perceived by the masses as a stepping stone out of poverty. Primary education, more known as elementary education in the Philippines, is the foundation of one's learning.

An excellent elementary education opens doors for better growth and development among children. However, other than educating pupils through reading, writing, and arithmetic, parents should be aware that their children's health and wellness can also be improved through schools' health education and health complementary activities. The health education program is achieved mainly through the music, arts, physical

P – ISSN 2651 - 7701 | E – ISSN 2651 – 771X | www.ioer-imrj.com

GABI, HJ.F., *School-Based Complementary Activities on Health Programs for Public Elementary Pupils*, pp. 55 - 64



education and health curriculum (MAPEH). Specifically, the physical education and health strands of MAPEH have been very crucial in educating the pupils about their health and wellness. The middle years of childhood are the most crucial times for some health issues, especially when it comes to adopting health behavior that can have lifelong consequences. In school, pupils may be exposed to various health themes including nutrition, physical growth and development, disease prevention, mental health, reproduction, consumer health, and drug and alcohol abuse prevention. The goal of health education is not only to increase a child's health knowledge and to create positive attitudes toward his well-being but also to promote healthy behavior. When discussing health matters, schools require the participation of both children and parents. Instilling healthy habits requires greater efforts because teachers need to encourage pupils to perform actions and uphold such in their daily lives. This is just one of the many challenges faced by MAPEH teachers in teaching physical education and health. MAPEH, subdivided into four different minor subjects, also divides the attention of pupils and teachers in its prioritization. With both physical education and health being given time only once a week, the pupils sometimes overlook its importance to their well-being. Normally, they look at MAPEH subjects as minor requirement that would not affect their grades or their lives. Another challenge encountered is the pupils' reluctance to perform physical activities during P.E. classes. Some would reason out that they are not flexible and the physical activities either hurt them or make them uncomfortable. Others are just simply shy potentially due to effects of puberty. Thus, this study determined how Manghiniao Elementary School contributes to the development of health behavior among their pupils by assessing the existing health programs being implemented. The researcher determined the health status of public elementary school pupils by considering their Body Mass Index (BMI) and common health problems. Barrameda et al. (2008) stated that BMI percentile is a more accurate measurement used to determine

whether a child is obese than just by judging from one's appearance. It is used to assess how much one's body weight departs from what is normal or desirable for one's height. Likewise, the study determined whether the health programs have had effects on the pupils' health status. This research also aimed to discover the extent of implementation of the various health programs implemented in school. It also looked into the extent of manifestation of school practices relative to promoting positive health behavior and parent-teacher collaboration to explore their significant relationship. Such coverage was done to determine if the school implements programs that promote the best interest of the pupils. This is their duty in line with the Philippines' ratification of the United Nations Convention on the Rights of the Child. Statistics show that 22 percent of Filipino children under the age of five were underweight and 70 percent of children were fully immunized (UNICEF Philippines, 2016). These facts should be taken into consideration by key stakeholders in legislating and implementing programs to promote the health and welfare of children. In SY 2015-2016, various cases of health problems and illnesses were recorded among pupils of the Manghiniao Elementary School. These cases can be very alarming and need utmost attention of the key stakeholders to resolve and prevent these health problems from further reoccurring. One of the primary reasons why the researcher opted to conduct this study in school is because education and health are interrelated with academic performance of the pupils and instructional outcomes are determined by the health quality of the school children. According to the study of Noorani (2016) of UNICEF Philippines, the government has demonstrated a strong commitment to improving children's situation in the Philippines. Despite progress however, many girls and boys continue to face barriers to the full realization of their rights, affecting their ability to survive, develop and thrive. To date, strong economic growth and a comprehensive legal and policy framework, have sadly failed to translate into improved outcomes for children across the country. A healthy lifestyle shall be observed at



the earliest stage to ensure one’s wellness. Unhealthy children cannot develop their full potential which may result to high drop-out rates and low academic performance. The researcher works as an educator and a school clinic coordinator in an elementary school and is challenged to contribute in the improvement of pupils’ health conditions. More than being a licensed educator, the researcher is a licensed nurse as well. This gives her a broader background on the concept of health in general. Thus, she wants to integrate her knowledge in the field of health to her practice of the teaching profession. The success of this study is the researcher’s commitment to significantly contribute to the health programs implemented by the education sector.

OBJECTIVES OF THE STUDY

The main goal of the study was to promote pupil’s optimum health development. Specifically, this research paper determined the following: 1) identify the health status of the school children considering the following; Body Mass Index (BMI) and common health problems; 2) discover extent of implementation of the following program as assessed by MAPEH teachers and parents: Essential Health Care Program; 3) looked into the extent of manifestation of school practices relative to: promoting positive health behavior; and parent-teacher collaboration; 4) analyze significant relationship between the extent of implementation of health programs and the manifestation of school practices in terms of promoting positive health behavior and parent-teacher collaboration; and 5) suggest school-based complementary activities on health programs for public elementary pupils

METHODOLOGY

The researcher used the descriptive research design to assess the existing school health programs being implemented by the Department of Education and Department of

Health. The instrument used in gathering data was the researcher-constructed questionnaire to collect relevant and first-hand information from respondents. Complementing the data were documentary analysis in interpreting pupil’s BMI and interview as data gathering procedures to find out significant inputs about the experiences of the teachers and parents on the implementation of health programs. The researcher employed the following statistical tools for accurate and reliable presentation and analysis of the data gathered. Weighted mean, used to determine the health problems, the extent of the implementation of the health programs, and their effectiveness; and Pearson r, used to determine the significant relationship between the extent of implementation of the health programs and their effectiveness. Purposive sampling was utilized to come up with such number of respondents. The researcher opted to choose the 31 MAPEH teachers of the school because of their knowledge in the health programs of the school. The 64 parents, on the other hand, were purposively selected in proportion with the total number of pupils.

RESULTS AND DISCUSSION

1. Health Status of Public Elementary Pupils

1.1 Body Mass Index (BMI)

Table 1
Health Status of Public Elementary Pupils in Terms of Body Mass Index

BMI	f	%	BMI Range	
			Girls	Boys
Severely Wasted			12.0-13.7	11.6-13.5
Wasted	50	5	12.1-14.8	11.8-14.8
Normal	133	12	13.0-24.7	13.0-24.7
Overweight	814	75	18.4-31.6	19.0-33.3
Obese	55	5	20.3-31.7	21.3-33.4
	30	3		
Total	1,082	100		

Body Mass Index is used to help find if children are in the healthy weight range for their height. It is used to assess how much a child's body weight departs from what is normal or desirable for the child. During the S.Y. 2015-2016, a total of 1,082 pupils were enrolled in Manghinao Elementary School. Based on the school's nutritional status assessment report, the researcher found out that 814 or 75 percent of the pupils had normal BMI; 133 or 12 percent were classified as wasted, 50 or five percent were severely wasted, 55 or five percent were overweight and 30 or three percent were obese. The data revealed that majority of the pupils have normal BMI. These imply that majority of the pupils' weight was suited to their height. This also implies that most of the pupils eat nutritious food and have not experienced some health problems that led them to be wasted or severely wasted. With such health status, it can be deduced pupils were capable of performing their learning tasks and responsibilities. However, to maintain the current healthy nutritional status of pupils with normal BMI, they should still be encouraged to sustain eating nutritious meals and exercise regularly. The BMI with the second highest number of pupils was those of wasted. Pupils with wasted BMI were usually those who were undernourished and did not have access to healthy meals. For boys, wasted pupils were those whose BMI falls within the range of 12.1 to 14.8. For girls categorized as wasted pupils were those whose BMI falls within the range of 11.8 to 14.8. It can be inferred from results then that to decrease the population of wasted pupils school management may thoroughly monitor the implementation of the school-based feeding program and ensure that the budget allocated for that activity is well-spent. Further, parents may be encouraged to serve nutritious meals at home so that the implementation of that program could be strengthened and promoted even at home. There were 50 cases in 2015-2016 classified as severely wasted. These pupils were very undernourished due to lack of nutrients and proper healthcare. Severely wasted boys were those with BMI less than or equal to 12.0 to 13.7, while for girls, severely wasted pupils were those

with BMI less than or equal to 11.6 to 13.5. Underweight pupils have risks of developing compromised immune function, respiratory diseases, digestive diseases, cancer, and osteoporosis. To decrease the number of severely wasted pupils, the same complementary activities to decrease number of wasted pupils were suggested. The implementation of the school-based feeding program was boosted in school, and it was further observed at home. There were 55 overweight pupils. An overweight pupil is not necessarily healthy. For the most part, being heavy is also a sign of malnourishment. For boys, those who were overweight had a BMI falling within the range of 18.4 to 31.6; for girls, those who were overweight had a BMI within the range of 19.0 to 33.3. According to a study conducted by the Centers for Disease Control and Prevention (2010), if one was overweight and physically inactive, there was a higher risk of developing cardiovascular disease, gallbladder disease, hypertension, diabetes, osteoarthritis, cancer, depression and mental disorders. To decrease the number of overweight pupils, physical fitness activities such as daily exercise and playing outdoor sports are encouraged both in school and at home. Finally, the least number of pupil population was obese. Obese pupils were those whose size and weight were too high for their respective heights. Similarly, obesity was also a sign of malnourishment. Obese pupils lack physical activities and eat too much fatty food. For obese boys their BMIs were greater than or equal to 20.3 to 31.7; obese girls had BMI greater than or equal to 21.3 to 33.4. Although the population of obese pupils was not too alarming with 30 reported cases, such data were not to be taken for granted. These pupils may be encouraged to be more physically active, especially during physical education (P.E.) classes and should be engaged in more active sports. Finally, their diet may be monitored and regulated by serving nutritious meals that were not fattening.

1.2 Common health problems. The presence or absence of health problems was also considered as an indicator of one's health status.



The health problems in this study pertained to the common illnesses experienced by pupils. Leading ailments of Manghinao Elementary School pupils during the visit of division health personnel was pediculosis wherein 74 pupils or seven percent of the total population were infected.

Table 2
Health Status of Public Elementary Pupils in Terms of Common Health Problems

Common Health Problems	f	%
Upper Respiratory Tract Infection (Cough and Colds)	27	2
Dental Cavities	6	0.5
Abdominal Parasitism	16	1
Sore Throat	16	1
Pediculosis (head lice)	74	7
Headache	9	0.8
Fever	27	2
Chicken Pox	4	0.3
Measles	2	0.2

The next were cough, colds, and fever wherein 27 students out of 1,082 or two percent of the total population were infected. On the other hand, sore throat and abdominal parasitism followed wherein 16 pupils or one percent were reported. The next ailment was headache wherein nine pupils out of 1,082 or 0.8 percent of the total population experienced headache. This was followed by dental cavities wherein six or 0.5 percent of the total population complained, while four cases or 0.3 percent of the total population had chicken pox. The last was measles wherein two cases or 0.2 percent of the total population was infected. It could be noted common illness of pupils were coughs and cold. This was because such illnesses were easily transmitted from one person to another by mere physical contact and by air. Realizing this health situation, the curriculum guidelines of DepEd in the implementation of health education have included the proper behavior to be observed when dealing with cough or cold. Research has also associated underweight pupils were more prone to acquiring respiratory diseases. From these, it can be deduced that to prevent the further spreading of those respiratory problems, pupils may always be encouraged to wash their

hands often and cover their mouth when coughing or sneezing. Further, dental cavities were usually acquired by pupils with bad oral habits of not brushing their teeth regularly and taking in candy, junk food, and too much sweet. This was the reason why parents should accompany their children to their dentists regularly for dental check-up. Furthermore, to prevent dental cavities from developing, pupils were encouraged to brush their teeth regularly especially after meals, avoid sweet food like candy and junk food, and always drink plenty of water. Moreover, fever was also recorded as common health problem experienced by pupils cited to be one of the most common reasons of absenteeism among pupils. Various factors can cause fever such as the weather, the lifestyle of the pupils, the environment where they live, and even the food they eat. To lessen the cases of fever, teachers may monitor their pupils. If they have fever, parents were advised to let their child to stay at home until the child feels better. This way, the risks of acquiring the same illness can be prevented. Head lice, also a common health problem among girls because of their long hair. Pupils were more prone to getting head lice because of longer exposure to sunlight, as well as bad hygiene. It was also very easy for head lice to be transferred from one pupil to another, just by mere contact of each other's hair. To prevent head lice, proper monitoring was needed. Teachers may personally speak to the parents of the pupils and encourage them to use shampoo designed to kill head lice. It is important for teachers to take extra caution not to openly name those with head lice because pupils with head lice are typically prone to humiliation. Abdominal parasitism was also another common reason of absenteeism. Many times, pupils missed their classes due to stomach aches caused by abdominal parasitism. Nowadays, worm infections can be controlled through biannual deworming with inexpensive, highly effective single-dose drugs was National School Deworming Campaign is a program widely observed and implemented nationwide which aims to deworm approximately 14 million school-aged children enrolled in public elementary



schools in one day. To prevent pupils from having abdominal parasitism, parents may be more educated on the importance of this program and ensure that majority, if not all pupils experience deworming every six months. Similarly, chicken pox was a highly contagious viral infection characterized by red itchy blisters all over the body. It is common among pupils that it is considered as a childhood rite of passage. Despite the availability of vaccines for chicken pox, parents just let their children be infected as the virus almost never infects the same person more than twice. They make sure that their children were taken care of until they recovered. The vaccine has an effectivity rate of 98 percent and parents were encouraged to have their children vaccinated between the ages of 12-15 months. Further, the data revealed that at least 15 percent of pupils experienced at least one common health problem. This means that there were still shortcomings in the implementation of health programs established to prevent the common diseases. The Centers for Disease Control and Prevention (2010) stated that underweight pupils have risks of developing compromised immune function, respiratory diseases, and digestive diseases among others. The common health problems reported among pupils may be also associated to their BMIs, particularly to those who were underweight. Save the Children also states that millions of children in the Philippines still suffer from poor health. Too many children in the country are still falling ill because of not having access to basic health services or proper nutrition.

2. Extent of Implementation of Health Programs

Health programs currently being implemented in Manghinao Elementary School were assessed by MAPEH teachers and parents. These health programs were either mandated by the DepEd or the Department of Health. According to teachers and parents, regular monitoring of proper hygiene with weighted mean of 3.42 and 3.49, respectively and training of school children of the life-saving habit of hand

washing with weighted mean of 3.46 and 3.49 were implemented to a moderate extent. To address health problems in schools, DepEd launched the DO 65, s. 2009 Essential Health Care Program (EHCP) for school children. Through this program, soap, toothbrush, toothpaste with fluoride and deworming medicines were provided for the conduct of daily hand washing and regular tooth brushing.

Table 3
Extent of Implementation of Essential Health Care Program (EHCP)

Variables	Parents		Teachers	
	WM	VI	WM	VI
1. Constructing water and hand washing facilities	3.65	GE	3.51	GE
2. Maintaining clean and sufficient hygiene kit	3.58	GE	3.48	ME
3. Regular monitoring of proper hygiene				
4. Training school children the life-saving habit of hand washing	3.49	ME	3.42	ME
5. Evaluating pupils' awareness on healthy habits	3.49	ME	3.46	ME
	3.53	GE	3.46	ME
Composite Mean	3.55	GE	3.47	ME

These were the most cost effective, evidence-based preventive complementary activities to improve the health of school children in public schools and thereby, to improve their academic performance. School heads and teachers were informed by the health and nutrition personnel for proper supervision and implementation of the daily handwashing with soap and tooth brushing with fluoride toothpaste. Parent Teachers Associations (PTAs) were encouraged to establish handwashing and brushing of teeth facilities, toothbrush holders and other improvements of the schools (SEAMEO, 2016). These findings were similar to Beshu et al. (2015) which indicated that place of residency, availability and accessibility of water and soap are important referents significantly associated with hand washing practice of primary school children. Moreover, this was in conformity with Mugambi's (2011) study that knowledge



does not always lead to practice, the hardware such as latrines, pumps and pipes for water need to be provided for hygienic practices to be sustained. Another important factor in the implementation of the EHCP was the maintenance of clean and sufficient hygiene kit. Teachers should ensure that all pupils have their own personal hygiene kit which includes their own hand soap, toothbrush, and toothpaste. Also, there should be a designated area in the classroom where pupils are allowed to keep their hygiene kits. Pupils are encouraged to leave their hygiene kits in school so they can have no excuse of forgetting them at home. Teachers should also evaluate pupils' awareness on healthy habits. This way, teachers can correct any misconceptions among pupils on healthy habits. Such practice helps educate them on the dos and don'ts in maintaining a healthy lifestyle. To maintain healthy habits, actions speak louder than words. Thus, even if pupils are aware on the importance of regular handwashing and brushing of teeth, if they do not perform such habits, then their knowledge is irrelevant. Consequently, it is important for teachers to ensure that pupils are not just aware but also observe proper hygiene both at home and in school. Finally, it is very important to train and educate children about the life-saving habit of handwashing. The hands are touching, and not noticing that they have already caught various bacteria, germs, and diseases. These bacteria are usually the root cause of illnesses and health problems. Thus, to prevent from acquiring the same, it is important for pupils to wash the hands regularly before and after meals, after going to the washroom, and before handling food. For both parents' and teachers' assessment, regular monitoring of proper hygiene got the lowest weighted mean. Thus, teachers should conduct regular monitoring in school if the pupils observe proper hygiene. The teachers may assign peers for each pupil to check each other if they both washed their hands, brushed their teeth, and took a bath. Nevertheless, both parents and teachers assessed that the EHCP was greatly implemented in schools. Such assessment reflects the pupils' health status. As it is, majority

of the pupils enrolled have normal BMIs and were free from illnesses. The pupils reported of having illnesses or health problems should be given priority in the implementation of preventive measures such as the EHCP. Since one of the most prevalent diseases reported among pupils was dental cavities, the implementation of EHCP should be strengthened and further promoted. Moreover, the Southeast Asian Ministers of Education Organization (SEAMO, 2016) emphasized the importance of parent-involvement in the success of this program. Since the goal of the EHCP is to develop tooth brushing and hand washing habits among pupils, it is not enough that this activity is only observed in school. More importantly, parents should ensure that pupils brush their teeth, wash their hands and observe proper hygiene at home.

3. Extent of Manifestation of School Practices

3.1 In terms of promoting positive health behavior.

Table 4
Extent of Manifestation of School Practices relating to Promoting Positive Health Behavior

Practices	Parents		Teachers	
	WM	VI	WM	VI
1. Consulting a dentist once a year	3.46	MO	3.43	MO
2. Brushing teeth three times a day after eating meals	3.49	MO	3.57	OO
3. Washing hands before and after meals of using toilet	3.47	MO	3.45	MO
4. Using hand sanitizer after activities	3.44	MO	3.41	MO
5. Keeping personal belongings especially hygiene kit, which includes comb, toothpaste, toothbrush, soap, towel, and sanitizer	3.45	MO	3.46	MO
6. Consulting a physician once a year	3.41	MO	3.34	MO
7. Attending awareness activities with parents and teachers	3.36	MO	3.44	MO
Composite Mean	3.42	MO	3.45	MO



To achieve optimum health, pupils are always encouraged to observe positive health practices and behavior. Parents and teachers assessed the extent of manifestation of school practices relating to promoting positive health behavior to be moderately observed with composite mean of 3.42 and 3.45, respectively. Awareness activities should be promoted and implemented. These should be conducted in such ways that will be interesting and engaging for pupils as well.

3.2 In terms of parent-teacher collaboration

Table 5
Extent of Manifestation of School Practices relating to Parent-Teacher Collaboration

Practices	Parents		Teachers	
	WM	VI	WM	VI
1. Reminding the pupils to do hand washing and tooth brushing	3.44	MO	3.46	MO
2. Providing hygiene kits to the pupils	3.49	MO	3.46	MO
3. Cleaning and maintaining hand washing facilities	3.39	MO	3.41	MO
4. Providing safe drinking water	3.39	MO	3.43	MO
5. Promoting oral health to the pupils	3.38	MO	3.41	MO
Composite Mean	3.40	MO	3.05	MO

Parents assessed as moderately observed was on the practice of providing hygiene kits to the pupils with weighted mean of 3.49; meanwhile, teachers, moderately observed the provision of hygiene kits to the pupils and reminding the pupils to do hand washing and tooth brushing with weighted mean of 3.46. In addressing the practices which were not as much performed, there were complementary activities that can be done. In school, such practice may be integrated to related academic subjects and giving rewards to the pupils consistent in performing proper hygiene. To observe the same practice at home, incentives may be given to those who follow as a way of encouragement.

4. Relationship between the Extent of Implementation of Health Programs and Manifestation of School Practices

4.1 Relationship relative to promoting positive health behavior

Table 6
Relationship Relative to Promoting Positive Health Behavior

Variables	<i>r_c</i>	p-value	Decision on H ₀	Interpretation
Essential Health Care Program	0.392	0.000	Reject	Significant

There was a significant relationship between the extent of implementation of health programs and the extent of manifestation of school practices relative to promoting positive health behavior with canonical correlations ranging from 0.392 – 0.511 and p-value of 0.000 for all health programs which was lower than the .05 level of significance. The null hypothesis was rejected.

4.2 Relationship relative to parent-teacher collaboration

Table 7
Relationship relative to Parent-Teacher Collaboration

Variables	<i>r_c</i>	p-value	Decision on H ₀	Interpretation
Essential Health Care Program	0.351	0.000	Reject	Significant

There was a significant relationship between the extent of implementation of essential health program and manifestation of school practices relative to parent-teacher collaboration with canonical correlation of 0.351 and which p-value of 0.000 lower than the .05 level of significance. The null hypothesis was rejected.

5. School-Based Complementary Activities on Health Programs for Public Elementary Pupils

The proposed school-based complementary activities on health programs



were envisioned to improve the implementation of health care programs in public elementary schools. These complementary activities may provide pupils with different practical applications of health care programs while inculcating in their minds the importance of healthy living. The activities were based on practices with lowest scores as assessed by parents and teachers.

CONCLUSION

From the findings of the study, the following conclusions are drawn:

1. Most elementary schools' pupils have normal BMI and experience common health problems.
2. The MAPEH teachers and parents concur that the existing health programs are implemented to a moderate extent.
3. Both MAPEH teachers and parents have similar assessments that school practices are moderately manifested.
4. Promoting positive behavior and parent-teacher collaboration are significantly related to all variables in the implementation of health programs and manifestation of school practices.
5. School-based complementary activities on health programs for public elementary pupils may provide different practical applications of health care and promotion of health practices among pupils as guided by parents and teachers.

RECOMMENDATION

From the findings and conclusions of the study, the following recommendations are endorsed.

1. The prepared school-based complementary activities on health programs may be reviewed as to their usability prior to implementation.
2. Health problems experienced by the pupils may be addressed to prevent absenteeism and low academic performance.

3. More complementary activities on health programs may be given to pupils and parents for them to imbibe the health practices.
4. A future study may be conducted in other districts and divisions to determine their challenges in implementing the health programs.

REFERENCES

- Barrameda, V. et al. (2008). Childhood obesity is not all cute. *Human Care.*, Volume 61 Issue 11 pages 1150-1158. Universidad de Cádiz, Cádiz, Spain <https://www.revespcardiol.org/en-prevalence-obesity-diabetes-hypertension-hypercholesterolemia-articulo-13128931>
- Besha, B., & Guche, H. (2016). Assessment of hand washing practice and its associated factors among first cycle primary school children in arba Minch town, Ethiopia, 2015. *Epidemiology: Open Access*, 6(3). <https://doi.org/10.4172/2161-1165.1000247>
- Centers for Disease Control and Prevention (2010) The association between school based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. Department of Health and Human Services. https://www.cdc.gov/healthyyouth/health_and_academics/pdf/pa-pe_paper.pdf
- Department of Education. (2013). K to 12 Curriculum Guide, Physical Education (Grade 1 to Grade 10). http://www.deped.gov.ph/sites/default/files/Final%20Physical%20Education%20110%2001.13.2014_edited%20May%201%2C%202014.pdf
- Deped Order no. 65 s.2009 - <https://www.deped.gov.ph/2009/06/22/do-65-2009-implementation-of-essential-health-care-program-ehcp-for-the-school-children/>
- Mugambi, E. M. (2011). Personal Hygiene and sanitation practices of pupils: A comparison between an intervention and a control site in Kajiado District, Kenya. <https://ir-library.ku.ac.ke/handle/123456789/2189>

Shehzad N., (2016). Situation Analysis of Children in the Philippines. UNICEF Philippines. <https://www.unicef.org/philippines/media/556/file>

Southeast Asian Ministers of Education Organization (SEAMEO). (2016). School health care and nutrition in primary school in southeast asia: Policies, programs and good practices. SEAMEO INNOTECH Commonwealth Ave., Diliman, Quezon City, Philippines. <http://www.seameo-innotech.org/wp-content/uploads/2016/10/SHN-Report-2015.pdf>

World Health Organization. (2010). WHO Global Database on Child Growth and Malnutrition. <http://who.int/nutgrowthdb/en/index.html>

AUTHOR'S PROFILE



Hayzell Joy F. Gabi is a graduate of Bachelor of Science in Nursing in Batangas State University and Master of Arts in Education, Major in Educational Management Thesis Program at the same university. Serve as a registered nurse in Philippine Red Cross Batangas Chapter under Blood Service. She practiced her nursing profession at Dr. Mario Bejasa General Hospital. She decided to study again and pursue her dreams, to work in the academic field, upon finishing the 18 Units of Professional Education she worked as a teacher in Stonyhurst Southville International School for two years. She was inspired by her mother to work in Department of Education Division of Batangas. Presently, taking Doctor of Philosophy Major in Educational Management, Teacher I of Manghiniao Elementary School and as School Clinic Coordinator. Third place as Best Implementer of Wash in School 2017 in Area II, First Place in District Level on Best Implementer of E-games Numeracy Assessment Tool.

Dr. LEODEGARIA D. ABANTO, is a guest lecturer in the College of Teacher Education Graduate School program, BatStateU, Batangas City. She finished her Master's degree in administration and supervision and a doctorate degree in Educational Management in Batangas State University main Campus. She became the Vice president for Academic Affairs of BatStateU in 2008. Her teaching experience includes being a Master teacher 2 in Batangas National High School and served as regional trainer of values education and mathematics for the department of education. A researcher of different fields and an adviser of thesis and dissertation in both CTE. -undergraduate and graduate.



COPYRIGHTS

Copyright of this article is retained by the author/s, with first publication rights granted to IIMRJ. This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution – Noncommercial 4.0 International License (<http://creativecommons.org/licenses/by/4>).