



**Knowledge, Availment, Observation and Implementation of School Health Programs Among School Nurses, Teachers and Students**

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**Abstract**

This study aims to determine the extent of (a) implementation (b) knowledge (c) availment (d) observation of school health programs among private schools as rated by teachers, school nurses and students. (e) Identify differences among private schools in the extent of implementation of programs, observation, knowledge and availment. (f) Determine differences among the knowledge and availment of students to the observation of teachers and the implementation of the school nurse. A descriptive-comparative design was used in this study. The researcher utilized a self-constructed survey questionnaire aligned with the DepEd school health manual. Data were gathered in different private secondary education institutions in Peñablanca, Cagayan and Tuguegarao City, Cagayan. Evidence show that implementation is at full extent (2.52), knowledge is fully understood (2.39), availment is partially availed (2.20), and observation is partially observed (2.34). Data showed that School B (2.48) attained highest implementation followed by School C (2.35), School A (2.24) and lastly School D (2.05). Data tend to elucidate that the school health program as mandated by the Department of Education is being implemented by school nurses in all participating private schools although one school seemed to implement it with a greater extent. Students and teachers themselves seemed to negate to avail the full benefit with regards to the four components of school health programs being offered.

*Keywords: Knowledge, Availment, School Health Programs, Cagayan and Tuguegarao City*

**INTRODUCTION**

Human development is holistic in nature. It is a lifelong process of physical, behavioral, cognitive, and emotional growth and change. According to Lean Keow (2008), holistic development of

an individual is the combination of physical, emotional, spiritual and intellectual. For instance, when students involve themselves in physical or co-curricular activities in school, they are

actually involved in holistic development in the physical, emotional and mental aspect.

Much of the development of a child is done in an educational institution as school is an inordinate part of a person's life. On the average, people spend as much as 16 years in education. Data revealed that as of October 31 2018, The Philippine Statistics Authority have reported 1,353,320 high school students enrolled in private secondary education institution. For 2014-2015, 1,337,386, for 2015-2016, and 1,341,159 Million for 2016-2017. This data shows the large number and slight increase of students currently enrolled in the private schools nationwide. This increase may have been resulted from the implementation of the K-12 program in the educational system.

In order to provide quality nursing service and education, the Department of Education (DepEd) came up with programs that would ensure the holistic development of each learner. These programs are articulated in the School Health Manual which is designed to provide quality nursing service and education to develop the child physically, mentally, emotionally, socially and spiritually for them to become a productive, self-reliant and responsible member of the society. This program has four components that focus on the health and nutrition education, healthful school living, health and nutrition services, school-community coordination for health and nutrition.

The main bulk of implementing these programs is given to school nurses. The school nurse is a key participant in the school's health team. School nurses have the

capability of immediately intervening in the event of health issues commonly experienced in the school environment. The responsibilities of the school nurse include the areas of immunization, management of mental health issues, acute and chronic health issues, advocating health promotion, environmental safety and injuries at school. (American Academy of Pediatrics, 2008)

While majority of the work is entrusted to the school nurse, some responsibility related to such programs are given to other members of the educational institution. Teachers have an impact on improving the wellbeing, health and behaviour of the students because of their frequent and direct communication with them (Melek Ardahan, Ozum Erkin, May 2018). On the part of the teachers, it is stated in the School Health Manual that the nurse should confer with teachers concerning the health status of pupils/students, in the selection of appropriate health and nutrition instructional materials and in planning in-service trainings and seminars for teachers on current health and nutrition problems. They should also initiate/conduct training of teachers as school health guardians, and they should confer with the teachers about the kind of follow-up needed by the pupils. In context, both the nurse and teacher play an integral part in developing a child. When both are present in schools, nurses work together with school personnel towards the common goal of attaining the students holistic growth and development. Communication between nurses and teachers is vitally important as communication between teachers and the school nurse helps in the care of children

with special needs such as children with chronic diseases like asthma and epilepsy or impairments of sight, hearing and other deficiencies. (Ardahan, et.al, 2018)

Throughout the years, School nursing is a field in the nursing profession that lacks monitoring. Unfortunately, despite the intention of the DepEd to help build a holistic child, an analysis and evaluation of such program has not been conducted as far as the researcher's knowledge is concerned. With such, there is a lack of information as to what extent these programs are being implemented or if they are implemented at all. There should therefore an emphasis to this because the growth that the child undergoes in these times is crucial to their future outcomes. Hence, the researcher decided to undertake the study.

### Social Learning Theory of Bandura

The Social Learning Theory of Bandura proposed that people learn from one another, via observation, imitation, and modeling. His theory integrates the continuous interaction between behaviors, personal factors including cognition and the environment, which refers to a Reciprocal Causation Model. However, Bandura does not suggest that the three factors (person, environment and behavior) make equal contributions to behavior. The influence of behavior, environment and person depends on which factor is strongest at the moment.

In this study, Bandura's social cognitive theory is patterned in the 3 factors associated with the human behavior. The

first factor is the personal factor which includes cognition. It is the knowledge, expectations and attitudes a person has that determines human behavior. The second is the environmental factor. These are social norms, access in community and other influences in the environment. The last is behavior, this is an action done when influenced by personal and environmental factors. In this study personal factors are patterned in terms of the knowledge of students to the health programs implemented by the nurse. Behavior factors are manifested in terms of the availment of a student to the health programs being implemented. The environmental factor is represented as the observation of the teachers if the School Health programs are implemented because they are part of the students environment and the implementation of the School Health Programs by the School Nurse because nurses modify the environment itself.

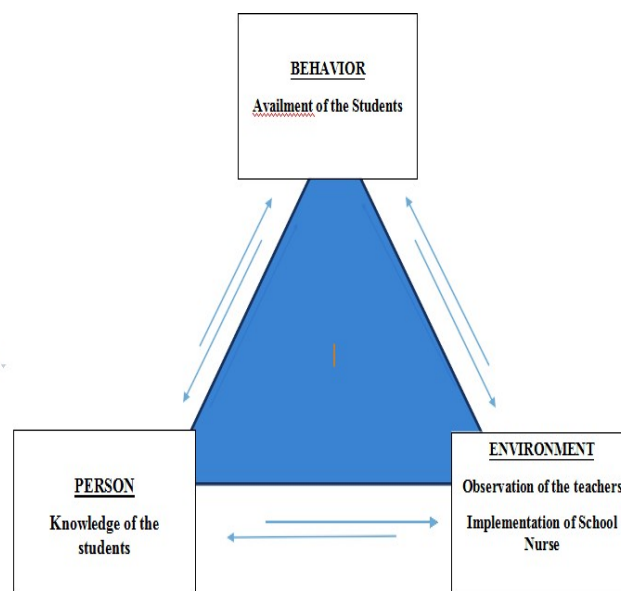
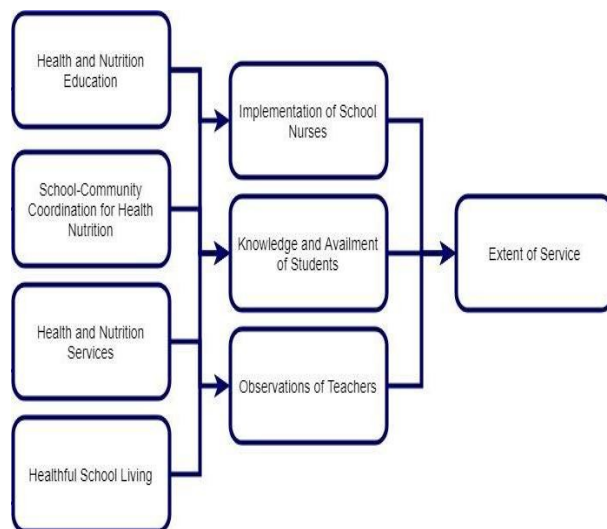


Figure 1 Social Learning Theory

The researchers developed a framework involving the four components of school nursing service, the school nurses, the teachers and the students. The four components were adapted from the DepEd school health manual. These components are the Healthful school living, Health and nutrition education, Health and nutrition services, School-community coordination for health nutrition. These school health programs were designed to promote health and provide quality nursing service and education to develop the child physically, mentally, socially and spiritually. These components are the factors that directly affect the variables of implementation of School nurse, knowledge and availment of students and observation of the teachers. The more these components are present in the learning institution, the higher the implementation, knowledge, availment and observation there is. All in all the four variables determine the extent of service.



**Figure 1.2 Research Paradigm**

## METHODOLOGY

### *Research Design*

This study is descriptive-comparative, cross-sectional, quantitative research. It seeks to determine the extent of implementation of school health programs by the school nurses, the availment and knowledge of students and the observation of teachers to these programs. The study utilizes a descriptive-comparative design. A descriptive research is a research that typically has as its main objective is accurate portrayal of peoples' characteristics or circumstances and or the frequency with which certain phenomena occur (Polit and Beck, 2012). Furthermore, this study is descriptive because it describes the extent of implementation of programs by the nurse, the observation of the teachers to these programs and the knowledge and availment of the students to the health programs. It describes the extent of services provided as they are clustered into the four components based in the school health manual, the overall extent of implementation of all schools combined. On the other hand the study is also a comparative design. A comparative design is the act of comparing two or more things with a view to discovering something about one or all of the things being compared. This technique often utilizes multiple disciplines in one study (Polit and Beck, 2012). In this research the researchers compared each schools in terms of the implementation of the four components and the overall extent of implementation of programs between each schools in terms of the implementation of the nurse, the observation of the teachers

and knowledge and availment of the students to these programs

*Population and Sampling*

The eligibility criteria for the students included in this study were students from ages 13-19 years old either male or female, are enrolled in private high school and are currently on their second academic year. The exclusion criteria would be students who are not willing to participate in the study, international students, students in their first year and students who are below 11 years old and above 19 years old and students enrolled for their first year.

**Table 1: Demographic Profile of Students**

Category	Student
<b>Age</b>	
Adolescent	350
<b>Sex</b>	
Male	152
Female	198
<b>Religion</b>	
Roman Catholic	337
Christian	9
Iglesia ni Cristo	2
Others	2

For the eligibility criteria for the teachers in this study were teachers who are working for at least 6 months in the private high school and those who are willing to participate in the study. The exclusion criteria are teachers who do not want to participate in the study and teachers

employed in public high school and who are not willing to participate in the study.

**Table 2: Demographic Profile of Teachers**

Category	Teachers
<b>Age</b>	
Young Adult	59
Middle Adulthood	27
Late Adulthood	0
<b>Sex</b>	
Male	30
Female	56
<b>Religion</b>	
Roman Catholic	83
Christian	1
Iglesia ni Cristo	1
Others	1
<b>Years of Service</b>	
> 1year	2
1-2 years	22
3-5 years	26
6 years and above	36

The eligibility criteria for school nurses in this study were nurses that have a degree in nursing, have been working in private school for at least 6 months, working at full time and are willing to participate in the study. The nurses excluded are nurses working in government high schools, nurses who are below 6 months service and those who are not willing to participate in the study.

**Table 3: Demographic Profile of School Nurses**

Category	Nurses
<b>Age</b>	
Young Adult	3
Middle Adulthood	3
Late Adulthood	0
<b>Sex</b>	
Male	0
Female	6
<b>Religion</b>	
Roman Catholic	6
Christian	0
Iglesia ni Cristo	0
Others	0
<b>Educational Attainment</b>	
BSN degree	6
<b>Years of service in the hospital</b>	
1-2 years	4
3-5 years	1
6 years above	1
<b>Years of service in school as a school nurse</b>	
3-5 years	1
6 years and above	5

*Instrumentation*

The data collection instrument used by the researchers is a self-constructed survey questionnaire based on the DepEd school health manual. In general the questionnaires are divided based in the school health manual. These 4 components according to the type of nursing role: health and nutrition education, healthful school

living, health and nutrition services, school-community coordination for health and nutrition. There were four (4) self-developed instruments utilized by the researchers. One (1) for the nurses, two (2) for the students and one (1) for the teachers. The first instrument was a self-constructed 3 point Likert scale based on the DepEd School Health Manual to determine the extent of availment. It consists of 44 items for 2nd year and 3rd year and 45 items for the 4th year. The second instrument was a self-constructed 3 point Likert scale to determine the extent of knowledge of students. . It consists of 44 items (for 2nd year and 3rd year) and 45 items for the 4th year students. The third instrument was a self-constructed 3 point Likert scale consisting 49 items and was answered by the teachers in order to determine the extent of observation and the fourth instrument used was a self-constructed 3 point Likert scale consisting of 51 items and was answered by school nurses to determine the extent of service.

*Data Analysis*

Mean Score, frequency and percentage as well as t-test, analysis of variance (ANOVA) were utilized using SPSS software for data analysis. The data gathered were analyzed to describe the extent of implementation of programs by the nurse, observation of the teachers and knowledge and availment of the students of school health program. It is also used to compare the extent of implementation between schools and between the nurses, students and teachers. Data were gathered from self-constructed questionnaires that are given to nurses, teachers and students. 4 schools were

chosen in this study. A 29% response was obtained from the 14 schools included in the criteria. All schools were inquired and only 4 schools allowed the researchers to conduct the said study.

### *Data Collection Method*

The researchers first obtained permission to conduct the study from the Institute and FEU's Ethics Review Board. Securing approval from the school principals of the selected schools was done prior to data gathering. The researchers gathered the data regarding the population of the schools selected. the number of students and teacher respondents were determined through stratified random sampling design. On the other hand, the researchers selected nurses through universal sampling design. The researchers then met with the school principals or personnel-in-charge with regards to the implementation of the study. Respondents were given informed consents and informed assents prior to answering the self-constructed questionnaires. Confidentiality of the data was prescribed. The researchers got the scores from the instruments in each of the schools and used SPSS to analyze the statistics for the respondents in the service offered by the schools.

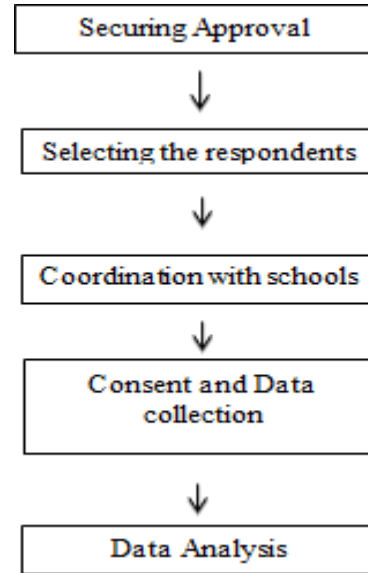


Figure 2: Data Collection Procedure

## **RESULTS**

Data gathered were analyzed to describe the extent of implementation of programs by the nurse, observation of the teachers and knowledge and availment of the students of school health program. It is also used to compare the extent of implementation between schools and between the nurses, students and teachers. Data were gathered from self-constructed questionnaires that are given to nurses, teachers and students. 4 schools were chosen in this study. A 29% response was obtained from the 14 schools included in the criteria. All schools were inquired and only 4 schools allowed the researchers to conduct the said study.

### **Discussion of Findings**

#### **Implementation**

1. What is the extent of implementation of school health programs among private schools as rated by school nurse in terms of
  - 1.1. Health and nutrition education
  - 1.2. Healthful school living
  - 1.3 Health and nutrition services
  - 1.4.School-Community Coordination for Health and Nutrition

**A. Health and nutrition education**

**Table 1.1 Extent of Implementation of School Health Programs in terms of Health and Nutrition Education in Private Schools as Rated by Nurses**

Items	Mean	Verbal Interpretation
The school nurse gives lectures and seminars about health:		
•Hygiene	2.88	FI
•Disease Prevention	2.23	PI
•Vaccines	1.79	PI
•Nutrition	2.50	FI
•Managing Illnesses	2.83	FI
•Basic First Aid	3.00	FI
The school nurse conducts the different screening procedures:		
•Vision Test	2.50	FI
•Hearing Test	2.17	FI
•Health Examination	2.67	FI
•Height and Weight Measurement	3.00	FI
The school nurses confer with the teachers about the kind of follow-up needed by the pupils.	2.67	FI
The school nurse initiates in planning in-service trainings and seminars for problems: teachers on current health and nutrition, and conducts training of teachers as school health guardians:		
•Basic First Aid Treatment	2.50	FI
•Managing Illnesses	2.17	PI
•Nutrition	2.33	PI
•Hygiene	2.33	PI
•Diet	2.00	PI
<b>OVERALL</b>	<b>2.47</b>	<b>FI</b>

Value: 1.00 – 1.67 (Not implemented); 1.68 – 2.34 (Partially implemented); 2.35 – 3.00 (Fully implemented)

Legend: NI- Not implemented; PI- Partially implemented; FI- Fully implemented

In Table 1.1, the ratings of the nurses on the extent of implementation of school health programs in terms of health and nutrition education in private schools are presented using means and with corresponding verbal interpretations.

The data revealed that school nurse giving lectures and seminars is fully implemented in terms of hygiene (Mean=2.88), nutrition (Mean=2.50), managing illnesses (Mean=2.83), and basic first aids (Mean=3.00). On the other hand, the data revealed that lectures and seminars about disease prevention (Mean=2.23) and vaccines (Mean=1.79) are partially implemented.

In terms of conducting screening procedures, the data revealed that vision test (Mean=2.50), health examination (Mean=2.67), and height and weight measurement (Mean=3.00) are fully implemented. On conducting screening via hearing test (Mean=2.17), the data revealed that this activity is partially implemented.

With a mean response of 2.67, data shows that there is full implementation of



them conferring to the teachers the kind of follow-up needed by the pupils.

In terms of the school nurse initiating planning in-service trainings and seminars for problems, teaching current health and nutrition, and conducting training of teachers as school health guardians, the data revealed that there is a full implementation of the said activities on basic first aid treatment (Mean=2.50) while the data also revealed that there is only partial implementation of the said activities on managing illnesses (Mean=2.17), nutrition (Mean=2.33), hygiene (Mean=2.33), and diet (Mean=2.00).

Overall, data shows that nurses fully implemented the school health programs in terms of health and nutrition education as mandated by DepEd with a mean response of 2.47.

**B. Healthful school living**

*Table 1.2 Extent of Implementation of School Health Programs in terms of Health School Living in Private Schools as Rated by Nurses*

	Mean	Verbal Interpretation
The school nurse encourages promotion of wholesome interpersonal relationship.	2.50	FI

Value: 1.00 – 1.67 (Not implemented); 1.68 – 2.34 (Partially implemented); 2.35 – 3.00 (Fully implemented)  
Legend: NI- Not implemented; PI- Partially implemented; FI- Fully implemented

In Table 1.2, the rating of the nurses on the extent of implementation of school health programs in terms of healthful school living in private schools is presented using mean and corresponding verbal interpretation is also provided. Overall, data shows that nurses are fully satisfied with the way they encourage promotion of wholesome interpersonal relationship with a mean response of 2.50.

**C. Health and nutrition services**

*Table 1.3 Extent of Implementation of School Health Programs in terms of Health and Nutrition Services in Private Schools as Rated by Nurses*

	Mean	Verbal Interpretation
The School nurse help in organizing a functional school clinic.	2.83	FI
The school nurses treat common ailment that was identified:		
•Fever	3.0	FI
•Colds	3.0	FI
•Coughs	3.0	FI
•Stomachache	3.0	FI
•Constipation	3.0	FI
The school nurse provides health guidance and counselling for the students with:		

•Behavior Problems	2.83	FI
•Depression	2.83	FI
•Anxiety	2.83	FI
The school nurse renders the first aid treatment immediately.	3.00	FI
The school nurse isolate students who have communicable diseases and refer them immediately to a health agency for a proper treatment.	3.00	FI
<b>OVERALL</b>	<b>2.94</b>	<b>FI</b>

Value: 1.00 – 1.67 (Not implemented); 1.68 – 2.34 (Partially implemented); 2.35 – 3.00 (Fully implemented)

Legend: NI- Not implemented; PI- Partially implemented; FI- Fully implemented

In Table 1.3, the ratings of the nurses on the extent of implementation of school health programs in terms of health and nutrition services in private schools are presented using means and with corresponding verbal interpretations.

In terms of the nurses helping in organizing a functional school clinic, the data revealed that this activity is fully implemented with a mean response of 2.83. Moreover, the data revealed that they fully implement treatment of common ailment that was identified such as fever, colds, coughs, stomachache, and constipation, all with a mean response of 3.00.

The data revealed that there is also a full implementation of health guidance and counseling for students on behavior problems (Mean=2.83), depression (Mean=2.83), and anxiety (Mean=2.83).

In terms of first aid treatments, the data revealed that there is a full implementation of rendering first aid treatment immediately with a mean response of 3.00. The data revealed that there is also a full implementation of isolating students who have communicable diseases and refer

them immediately to a health agency for a proper treatment, with a mean response of 3.00.

Overall, data shows that there is a full implementation of school health programs in terms of health and nutrition services as mandated by DepEd with a mean response of 2.94.

### D. School-Community Coordination for Health and Nutrition

**Table 1.4 Extent of Implementation of School Health Programs in terms of Health and Nutrition Services in Private Schools as Rated by Nurses**

	Mean	Verbal Interpretation
The school nurse conducts school-community assemblies:		
•Feeding Program	2.00	PI
•Outreach Program (4 <sup>th</sup> Year)	1.50	NI
•Community Outreach Program	1.67	NI
The school nurse acts as a resource person in school-community health related activities	2.83	FI
The school nurse confers with teachers concerning the health status of pupils/students.	2.83	FI
<b>OVERALL</b>	<b>2.17</b>	<b>PI</b>

Value: 1.00 – 1.67 (Not implemented); 1.68 – 2.34 (Partially implemented); 2.35 – 3.00 (Fully implemented)

Legend: NI- Not implemented; PI- Partially implemented; FI- Fully implemented

In Table 1.4, the ratings of the nurses on the extent of implementation of school health programs in terms of school-community coordination for health and nutrition in private schools are presented using means and with corresponding verbal interpretations.

The data revealed that feeding programs (Mean=2.00) and community outreach programs (Mean=1.67) are not implemented while outreach programs by 4<sup>th</sup> year students (Mean=1.50) are not implemented. In terms of the nurses being resource person in school-community health related activities, the data revealed that this is fully implemented with a mean response of 2.83. Finally, the data revealed that there is a full implementation of them conferring with teachers the health status of pupils/students, with a mean response of 2.83

Overall, data shows that there is a partial implementation of school health programs in terms of health and nutrition services as mandated by DepEd with a mean response of 2.17.

2. What is the extent of knowledge of school health programs among private schools as rated by students in terms of:

- 2.1 Health and nutrition education
- 2.2 Healthful school living
- 2.3 Health and nutrition services
- 2.4 School-Community Coordination for Health and Nutrition

### A. Health and nutrition education

**Table 2.1 Extent of Knowledge on School Health Programs in terms of Health and Nutrition Education in Private Schools by Students**

	Mean	Verbal Interpretation
The school nurse gives lectures and seminars about health:		
•Hygiene	2.52	PU
•Disease Prevention	2.34	PU
•Vaccines	2.12	PU
•Nutrition	2.53	FU
•Managing Illnesses	2.58	FU
•Basic First Aid	2.67	FU
The school nurse conducts the different screening procedures:		
•Vision Test	2.42	FU
•Hearing Test	2.28	PU
•Health Examination	2.60	FU
•Height and Weight Measurement	2.80	FU
OVERALL	2.49	FU

Value: 1.00 – 1.67 (Not understood); 1.68 – 2.34 (Partially understood); 2.35 – 3.00 (Fully understood)

In Table 2.1, the ratings of the students on the extent of their knowledge on school health programs in terms of health and nutrition education in private schools are presented using means and with corresponding verbal interpretations.

The data revealed that the students fully understood the lectures and seminars by nurses about health on topics such as hygiene (Mean=2.52), nutrition (Mean=2.53), managing illnesses (Mean=2.58), and basic first aid (Mean=2.67). On the other hand, the data

revealed that they partially understood lectures and seminars given by nurses about disease prevention (Mean=2.34) and vaccines (Mean=2.12).

Moreover, in terms of the nurse conducting different screening procedures, the data revealed that the students fully understood screening for vision test (Mean=2.42), health examination (Mean=2.60), and height and weight measurement (Mean=2.80) while there was only partial understanding on screening procedure on hearing test (Mean=2.28).

Overall, data shows that the students fully understood school health programs of their schools in terms of health and nutrition education as mandated by DepEd with a mean response of 2.49.

### A. Healthful school living

**Table 2.2 Extent of Knowledge on School Health Programs in terms of Health School Living in Private Schools by Students**

	Mean	Verbal Interpretation
The school nurse encourages promotion of wholesome interpersonal relationship.	2.28	PU
Value: 1.00 – 1.67 (Not understood); 1.68 – 2.34 (Partially understood); 2.35 – 3.00 (Fully understood)		

Legend: NU- Not understood; PU- Partially understood; FU- Fully understood

In Table 2.2, the ratings of the students on the extent of their knowledge on school health programs in terms of health school living in private schools are

presented using means and with corresponding verbal interpretations.

In terms of promoting wholesome interpersonal relationship by nurses, the data revealed that the students partially understood such activity, with a mean response of 2.28.

### B. Health and nutrition services

**Table 2.3 Extent of Knowledge on School Health Programs in terms of Health and Nutrition Services in Private Schools by Students**

	Mean	Verbal Interpretation
The School nurse help in organizing a functional school clinic.	2.48	FU
The school nurses treat common ailment that was identified:		
• Fever	2.77	FU
• Colds	2.73	FU
• Coughs	2.68	FU
• Stomachache	2.68	FU
• Constipation	2.56	FU
The school nurse provides health guidance and counselling for the students with:		
• Behavior Problems	2.21	PU
• Depression	2.15	PU
• Anxiety	2.12	FU
The school nurse renders the first aid treatment immediately.	2.46	FU
The school nurse isolates students who have communicable diseases and refer them immediately to a health agency for a proper treatment.	2.54	FU
OVERALL	2.49	FU
Value: 1.00 – 1.67 (Not understood); 1.68 – 2.34 (Partially understood); 2.35 – 3.00 (Fully understood)		

Legend: NU- Not understood; PU- Partially understood; FU- Fully understood

In Table 2.3, the ratings of the students on the extent of their knowledge on school health programs in terms of health and nutrition services in private schools are presented using means and with corresponding verbal interpretations.

The students fully understood school nurse's help in organizing a functional school clinic, with a mean response of 2.48. Moreover, in terms of treating common ailment by nurses, the data revealed that they fully understood this health program about fever (Mean=2.77), colds (Mean=2.73), coughs (Mean=2.68), stomachache (Mean=2.68), and constipation (Mean=2.56).

The students partially understood the health program where nurses provide health guidance and counseling to students about behavioral problems (Mean=2.21), depression (Mean=2.15), and anxiety (Mean=2.12).

In terms of nurse's rendering first-aid treatment immediately, the data revealed that they fully understood this activity with a mean response of 2.46. The students also understood that the nurse isolates students who have communicable diseases and refer them immediately to a health agency for a proper treatment, with a mean response of 2.54.

Overall, data shows that the students fully understood school health programs of their schools in terms of health and nutrition

services as mandated by DepEd with a mean response of 2.49.

### C. School-Community Coordination for Health and Nutrition

*Table 2.4 Extent of Knowledge on School Health Programs in terms of School-Community Coordination for Health and Nutrition in Private Schools by Students*

	Mean	Verbal Interpretation
The school nurse conducts school-community assemblies:		
• Feeding Program	2.11	PU
• Outreach Program (4 <sup>th</sup> Year)	2.26	PU
• Community Outreach Program	2.44	FU
• The school nurse acts as a resource person in school-community health related activities	2.36	FU
<b>OVERALL</b>	<b>2.29</b>	<b>PU</b>
Value: 1.00 – 1.67 (Not understood); 1.68 – 2.34 (Partially understood); 2.35 – 3.00 (Fully understood)		

Legend: NU- Not understood; PU- Partially understood; FU- Fully understood

In Table 2.4, the ratings of the students on the extent of their knowledge on school health programs in terms of school-community coordination for health and nutrition in private schools are presented

using means and corresponding verbal interpretations are also provided.

In terms of conduct of school-based assemblies by the nurse, the data revealed that the students fully understood such activity on community outreach program (Mean=2.44) and on activity where school nurse acts as a resource person in school health related activities (Mean=2.36). On the other hand, the data revealed that there was only partial understanding by students about feeding program (Mean=2.11) and outreach program for 4<sup>th</sup> year students (Mean=2.26).

Overall, data shows that the students partially understood school health programs of their schools in terms of health and nutrition services as mandated by DepEd with a mean response of 2.29.

### Availment

3. What is the extent of availment of school health programs among private schools as rated by students in terms of:

- 3.1 Health and nutrition education
- 3.2 Healthful school living
- 3.3 Health and nutrition services
- 3.4 School-Community Coordination for Health and Nutrition

#### A. Health and nutrition education

**Table 3.1 Extent of Availment of School Health Programs in terms of Health and Nutrition Education in Private Schools by Students**

	Mean	Verbal Interpretation
<b>The school nurse gives lectures and seminars about health:</b>		
•Hygiene	2.40	FA
•Disease Prevention	2.06	PA
•Vaccines	1.84	PA
•Nutrition	2.35	FA
•Managing Illnesses	2.40	FA
•Basic First Aid	2.59	FA
<b>The school nurse conducts the different screening procedures:</b>		
•Vision Test	2.23	PA
•Hearing Test	2.06	PA
•Health Examination	2.51	FA
•Height and Weight Measurement	2.71	FA
<b>OVERALL</b>	2.32	FA
Value: 1.00–1.67 (Not availed); 1.68–2.34 (Partially availed); 2.35–3.00 (Fully availed)		
Legend: NA- Not availed; PA- Partially availed; FA- Fully availed		

In Table 3.1, the ratings of the students on the extent of their availment of school health programs in terms of health and nutrition education in private schools are presented using means and with corresponding verbal interpretations.

The data revealed that students have fully availed of lectures and seminars by the school nurse about hygiene (Mean=2.40), nutrition (Mean=2.35), managing illnesses (Mean=2.40), and basic first aid (Mean=2.59). However, the data revealed that students have only partially availed lectures and seminars about disease prevention (Mean=2.06) and about vaccines (Mean=1.84).

The data revealed that students have fully availed of the conduct of screening procedures by school nurse on health examination (Mean=2.51) and height and weight measurement (Mean=2.71).

However, the data revealed that students have only partially availed of the screening procedure on vision test (Mean=2.23) and hearing test (Mean=2.06).

Overall, data shows that the students partially availed the school health programs in terms of health and nutrition as mandated by the DepEd, with a general mean response of 2.32.

### B. Healthful school living

**Table 3.2 Extent of Availment of School Health Programs in terms of Health School Living in Private Schools by Students**

	Mean	Verbal Interpretation
The school nurse encourages promotion of wholesome interpersonal relationship.	2.13	PA
Value: 1.00 – 1.67 (Not availed); 1.68 – 2.34 (Partially availed); 2.35 – 3.00 (Fully availed)		
Legend: NA- Not availed; PA- Partially availed; FA- Fully availed		

In Table 3.2, the ratings of the students on the extent of their availment of school health programs in terms of health school living in private schools are presented using means and corresponding with verbal interpretations.

The data revealed that they have partially availed of the promotion of wholesome interpersonal relationship made by nurses, with a mean response of 2.13.

### C. Health and nutrition services

**Table 3.3 Extent of Availment of School Health Programs in terms of Health and Nutrition Services in Private Schools by Students**

	Mean	Verbal Interpretation
The School nurse help in organizing a functional school clinic.	2.34	PA
The school nurses treat common ailment that was identified :		
•Fever	2.56	FA
•Colds	2.47	FA
•Coughs	2.43	FA
•Stomach ache	2.40	FA
•Constipation	2.25	PA
The school nurse provides health guidance and counselling for the students with:		
•Behavior Problems	1.91	PA
•Depression	1.85	PA
•Anxiety	1.82	PA
The school nurse renders the first aid treatment immediately.	2.21	PA
The school nurse isolates students who have communicable diseases and refer them immediately to a health agency for a proper treatment.	2.26	PA
<b>OVERALL</b>	<b>2.23</b>	<b>PA</b>
Value: 1.00 – 1.67 (Not availed); 1.68 – 2.34 (Partially availed); 2.35 – 3.00 (Fully availed)		
Legend: NA- Not availed; PA- Partially availed; FA- Fully availed		

In Table 3.3, the ratings of the students on the extent of their availment of school health programs in terms of health and nutrition services in private schools are presented using means and with corresponding verbal interpretations.

On the school nurse helping in organizing functional clinic, the data revealed that students have partially availed of the services related to this activity, with a mean response of 2.34.

On the other hand, the data revealed that students have fully availed of the services offered by the school nurses in treating common ailment such as fever (Mean=2.56), colds (Mean=2.47), coughs (Mean=2.43), and stomach ache (Mean=2.40). However, the data revealed that they only partially availed of the services in treating constipation (Mean=2.25).

In terms of health guidance and counseling provided by the clinic, the data revealed that students have only partially availed this service for behavior problems (Mean=1.91), depression (Mean=1.85), and anxiety (Mean=1.82).

On the students' availment of the immediate first aid treatment, they data revealed that students have only partially availed of this service, with a mean response of 2.21. Finally, the data revealed that students only partially availed the nurse services in terms of isolating students who have communicable diseases and refer them immediately to a health agency for a proper treatment, with a mean response of 2.26.

Overall, data shows that the students partially availed the school health programs in terms of health and nutrition services as mandated by the DepEd, with a general mean response of 2.23.

### D. School-Community Coordination for Health and Nutrition

*Table 3.4 Extent of Availment of School Health Programs in terms of School-Community Coordination for Health and Nutrition in Private Schools by Students*

	Mean	Verbal Interpretation
The school nurse conducts school-community assemblies:		
• Feeding Program	1.86	PA
• Outreach Program (4 <sup>th</sup> Year)	2.16	PA
• Community Outreach Program	2.26	PA
• The school nurse acts as a resource person in school-community health related activities	2.15	PA
<b>OVERALL</b>	<b>2.11</b>	<b>PA</b>
Value: 1.00 – 1.67 (Not availed); 1.68 – 2.34 (Partially availed); 2.35 – 3.00 (Fully availed)		
Legend: NA- Not availed; PA- Partially availed; FA- Fully availed		

In Table 3.4, the ratings of the students on the extent of their availment of school health programs in terms of school-community coordination for health and nutrition in private schools are presented using means and with corresponding verbal interpretations.

In terms of the conduct of school-community assemblies, the data revealed that students have only partially availed/participated on feeding programs (Mean=1.86), outreach program of 4<sup>th</sup> year students (Mean=2.16), and community outreach programs (Mean=2.26). Moreover, the data revealed that students have partially



availed of community health related activities conducted by the school nurse as resource person, with a mean response of 2.15.

Overall, data shows that the students partially availed the school health program in terms of school-community coordination for health and nutrition as mandated by the DepEd, the general mean response of 2.11.

**Observation**

4. What is the extent of implementation of school health program done by nurses as rated by the teachers in terms of:

- 4.1 Health and nutrition education
- 4.2 Healthful school living
- 4.3 Health and nutrition services
- 4.4 School-Community Coordination for Health and Nutrition

**A. Health and nutrition education**

*Table 4.1 Extent of Implementation of School Health Programs in terms of Health and Nutrition Education in Private Schools as Rated by Teachers*

	Mean	Verbal Interpretation
The school nurse gives lectures and seminars about health:		
• Hygiene	2.39	FO
• Disease Prevention	2.23	PO
• Vaccines	2.02	PO
• Nutrition	2.33	PO
• Managing Illnesses	2.46	FO
• Basic First Aid	2.47	FO
The school nurse conducts the different screening procedures:		
• Vision Test	2.49	FO
• Hearing Test	2.48	FO
• Health Examination	2.61	FO
• Height and Weight Measurement	2.67	FO

The school nurses confer with the teachers about the kind of follow-up needed by the pupils.	2.38	FO
The school nurse initiates in planning in-service trainings and seminars for problems: teachers on current health and nutrition, and conducts training of teachers as school health guardians:		
• Basic First Aid Treatment	2.29	PO
• Managing Illnesses	2.24	PO
• Nutrition	2.28	PO
• Hygiene	2.31	PO
• Diet	2.10	PO
<b>OVERALL</b>	<b>2.36</b>	<b>FO</b>
Value: 1.00 – 1.67 (Not observed); 1.68 – 2.34 (Partially observed); 2.35 – 3.00 (Fully observed)		

In Table 4.1, the ratings of the teachers on the extent of implementation of school health programs in terms of health and nutrition education in private schools are presented using means and with corresponding verbal interpretations.

On the nurse giving lectures and seminars, the data revealed that teachers fully observed such activity on hygiene (Mean=.239), managing illnesses (Mean=2.46), and basic first aid (Mean=2.47). However, the data revealed that teachers partially observed the giving of lectures and seminars by the school nurse about disease prevention (Mean=2.23), vaccines (Mean=2.02), and nutrition (Mean=2.33).

The data revealed that teachers have fully observed screening procedures conducted by nurses on vision test (Mean=2.49), hearing test (Mean=2.48),

health examination (Mean=2.61), and height and weight measurement (Mean=2.67).

With a mean response of 2.38, the data revealed that that teachers have fully observed the nurses conferring to them the kind of follow-up needed by the pupils. Moreover, the data revealed that teachers have only partially observed the conduct of trainings and seminars by school nurse for them as teachers about basic first aid (Mean=2.29), managing illnesses (Mean=2.24), nutrition (Mean=2.28), hygiene (Mean=2.31), and diet (Mean=2.10).

Overall, data shows that the teachers fully observed the school health programs in terms of health and nutrition education as mandated by the DepEd, the general mean response of 2.36.

### B. Healthful school living

**Table 4.2 Extent of Implementation of School Health Programs in terms of Health School Living in Private Schools as Rated by Teachers**

	Mean	Verbal Interpretation
The school nurse encourages promotion of wholesome interpersonal relationship.	2.31	PO

Value: 1.00 – 1.67 (Not observed); 1.68 – 2.34 (Partially observed); 2.35 – 3.00 (Fully observed)

Legend: NO- Not observed; PO- Partially observed; FO- Fully observed

In Table 4.2, the ratings of the teachers on the extent of implementation of school health programs in terms of healthful school living in private schools are

presented using means and with corresponding verbal interpretations.

With a mean response of 2.31, the data revealed that they partially observed the school nurse encouraging the promotion of wholesome interpersonal relationship.

### C. Health and nutrition services

**Table 4.3 Extent of Implementation of School Health Programs in terms of Health and Nutrition Services in Private Schools as Rated by Teachers**

	Mean	Verbal Interpretation
The School nurse help in organizing a functional school clinic.	2.57	FO
The school nurses treat common ailment that was identified :		
•Fever	2.81	FO
•Colds	2.81	FO
•Coughs	2.79	FO
•Stomach ache	2.78	FO
•Constipation	2.77	FO
The school nurse provides health guidance and counselling for the students with:		
•Behavior Problems	1.99	PO
•Depression	2.00	PO
•Anxiety	2.01	PO
OVERALL	2.50	FO

Value: 1.00 – 1.67 (Not observed); 1.68 – 2.34 (Partially observed); 2.35 – 3.00 (Fully observed)

Legend: NO- Not observed; PO- Partially observed; FO- Fully observed

In Table 4.3, the ratings of the teachers on the extent of implementation of school health programs in terms of health and nutrition services in private schools are

presented using means and with corresponding verbal interpretations.

The data revealed that they fully observed the school nurse help in organizing a functional school clinic (Mean=2.57). Moreover, the data revealed that teachers also fully observed the school nurses treating common ailment such as fever (Mean=2.81), colds (Mean=2.81), coughs (Mean=2.79), stomach ache (Mean=2.78), and constipation (Mean=2.77).

On the other hand, the data revealed that teachers have partially observed the school nurse providing health guidance and counseling to students about behavior problems (Mean=1.99), depression (Mean=2.00), and anxiety (Mean=2.01).

Overall, data shows that the teachers fully observed the health programs in terms of health and nutrition services as mandated by the DepEd, the general mean response of 2.50

#### D. School-Community Coordination for Health and Nutrition

**Table 4.4 Extent of Implementation of School Health Programs in terms of School-Community Coordination for Health and Nutrition in Private Schools as Rated by Teachers**

	Mean	Verbal Interpretation
The school nurse conducts school-community assemblies:		
•Feeding Program	1.98	PO
•Outreach Program(4 <sup>th</sup> Year)	2.13	PO
•Community Outreach Program	2.12	PO
•The school nurse acts as a resource person in school-community health related activities	2.36	FO
•The school nurse confers with teachers concerning the health status of pupils/students.	2.37	FO
<b>OVERALL</b>	<b>2.19</b>	<b>PO</b>
Value: 1.00 – 1.67 (Not observed); 1.68 – 2.34 (Partially observed); 2.35 – 3.00 (Fully observed)		
Legend: NO- Not observed; PO- Partially observed; FO- Fully observed		

In Table 3.4, the ratings of the teachers on the extent of implementation of school health programs in terms of health and nutrition services in private schools are presented using means and with corresponding verbal interpretations.

The data revealed that teachers partially observed the conduct of school-community assemblies by nurses such as feeding program (Mean=1.98), outreach program for 4<sup>th</sup> year students (Mean=2.13), and community outreach program (Mean=2.12). Also, the data revealed that teachers fully observed the school nurse acting as a resource person in school-

community health related activities (Mean=2.36). Finally, the data revealed that teachers also fully observed the school nurse with teachers concerning the health status of pupils/students (Mean=2.37).

Overall, data shows that the teachers partially observed the school health programs in terms of school-community coordination for health and nutrition as mandated by the DepEd, the general mean response of 2.19.

5. What are the differences among private schools in the extent of implementation as (a) health and nutrition education, (b) healthful school living, (c) health and nutrition services (d) School-Community Coordination for Health and Nutrition when respondents are grouped as to different schools:

**Table 5.1 Comparison Among Schools on Extent of Implementation of Health and Nutrition Program**

	Mean	F Value	p-Value	Decision	Interpretation
School A	2.25	34.194	.000	Reject Ho	There is significant difference
School B	2.46				
School C	2.42				
School D	2.08				

In Table 5.1, result of the comparison among schools on the extent of implementation of health and nutrition program using One-Way Analysis of Variance (ANOVA) is presented. Since the p-value result is 0.00 which is less than the level of significant set at 0.05, hence the null

hypothesis is rejected. Therefore, there is a significant difference in the extent of implementation of health and nutrition programs among different schools.

This indicates that School B tends to implement health and nutrition programs to a greater extent as oppose to School A, C and D. This might be because the years of service of the school nurses. School B have school nurses with more than 6 years experience as compared to the years of service of the school nurses in schools A, C and D. This is because years of experience is related and associated with expertise. Years of experience or service may provide fluidity and flexibility in terms of rendering quality nursing care. In addition, implementation or performance of a school also differs related to their years of service and experience. (Bobay K, Gentile DL, Hagle M, 2009). In relation to this, a study about understanding the clinical expertise of nurses stated that the most skilled clinical performance and implementation of protocols and programs is attained in a supportive environment where learning takes place. (McHugh, 2011). In the case of school B, there are two nurses employed which may help establish a supportive environment.

The result of the post-hoc test using Tukey HSD Test is presented in Appendix E.

**Table 5.2 Comparison Among Schools on Extent of Implementation of Healthful School Living Program**

	Mean	F Value	p-Value	Decision	Interpretation
School A	2.30	16.299	.000	Reject Ho	There is significant difference
School B	2.51				
School C	2.25				
School D	1.92				

In Table 5.2, result of the comparison among schools on the extent of

In Table 5.2, result of the comparison among schools on the extent of implementation of healthful school living program using One-Way Analysis of Variance (ANOVA) is presented. Since the p-value result is 0.00 which is less than the level of significant set at 0.05, hence the null hypothesis is rejected. Therefore, there is a significant difference in the extent of implementation of healthful school living programs among different schools.

This indicates that School B tends to implement healthful school living programs to a greater extent as oppose to School A, C and D. This might be because there are more children in the School B, there is increasing recognition that the common conditions of ill health among school children can be dealt with effectively, simply and cheaply through school health and nutrition programs that include school based health and nutrition services, along with supportive school health policies, safe water and sanitation and skills based health education, including hygiene. (Schools and Health, 2018) In addition, this might be because the years of service of the school nurses. School B have school nurses with more than 6 years experiences compared to the years of service of the

school nurses in schools A,C and D. This is because years of experience is related and associated with expertise. Years of experience or service may provide fluidity and flexibility in terms of rendering quality nursing care. In addition, implementation or performance of a school also differs related to their years of service and experience. (Bobay K, Gentile DL, Hagle M, 2009). In relation to this, a study about understanding the clinical expertise of nurses stated that the most skilled clinical performance and implementation of protocols and programs is attained in a supportive environment where learning takes place. (McHugh, 2011). In the case of school B, there are two nurses employed which may help establish a supportive environment.

The result of the post-hoc test using Tukey HSD Test is presented in Appendix E.

**Table 5.3 Comparison Among Schools on Extent of Implementation of Health and Nutrition Services**

	Mean	F Value	p-Value	Decision	Interpretation
School A	2.37	8.107	.000	Reject Ho	There is significant difference
School B	2.50				
School C	2.42				
School D	2.24				

In Table 5.3, result of the comparison among schools on the extent of

In Table 5.3, result of the comparison among schools on the extent of implementation of health and nutrition services using One-Way Analysis of Variance (ANOVA) is presented. Since the p-value result is 0.00 which is less than the

level of significant set at 0.05, hence the null hypothesis is rejected. Therefore, there is a significant difference in the extent of implementation of health and nutrition services programs among different schools.

This indicates that School B tends to implement health and nutrition services programs to a greater extent as oppose to School A, C and D. This might be because the years of service of the school nurses.School B have school nurses with more than 6 years experienceas compared to the years of service of the school nurses in schools A,C and D. This is because years of experience is related and associated with expertise.Years of experience or service may provide fluidity and flexibility in terms of rendering quality nursing care. In addition, implementation or performance of a school also differs related to their years of service and experience. (Bobay K, Gentile DL, Hagle M, 2009). In relation to this, a study about understanding the clinical expertise of nurses stated that the most skilled clinical performance and implementation of protocols and programs is attained in a supportive environment where learning takes place. (McHugh, 2011). In the case of school B, there are two nurses employed which may help establish a supportive environment.

The result of the post-hoc test using Tukey HSD Test is presented in Appendix E

**Table 5.4 Comparison Among Schools on Extent of Implementation of School-Community Coordination for Health and Nutrition**

	Mean	F Value	p-Value	Decision	Interpretation
School A	2.04	22.638	.000	Reject Ho.	There is significant difference
School B	2.45				
School C	2.30				
School D	1.95				

In Table 5.4, result of the comparison among schools on the extent of

In Table 5.4, result of the comparison among schools on the extent of implementation of school-community coordination for health and nutrition using One-Way Analysis of Variance (ANOVA) is presented. Since the p-value result is 0.00 which is less than the level of significant set at 0.05, hence the null hypothesis is rejected. Therefore, there is a significant difference in the extent of implementation of school-community coordination for health and nutrition programs among different schools.

This indicates that School B tends to implement school-community coordination for health and nutrition programs to a greater extent as oppose to School A, C and D. This might be because the years of service of the school nurses.School B have school nurses with more than 6 years experienceas compared to the years of service of the school nurses in schools A,C and D. This is because years of experience is related and associated with expertise.Years of experience or service may provide fluidity and flexibility in terms of rendering quality nursing care. In addition, implementation or performance of a school also differs related to their years of service and experience. (Bobay K, Gentile DL, Hagle M, 2009). In relation to this, a study

about understanding the clinical expertise of nurses stated that the most skilled clinical performance and implementation of protocols and programs is attained in a supportive environment where learning takes place. (McHugh, 2011). In the case of school B, there are two nurses employed which may help establish a supportive environment.

The result of the post-hoc test using Tukey HSD Test is presented in Appendix E

6. Is there a significant difference in the extent of implementation as to (a) health and nutrition education, (b) healthful school living, (c) health and nutrition services (d) School-Community Coordination for Health and Nutrition among private school when respondents are grouped as to:

**Table 6.1 Comparison Among Respondents' Ratings of the Extent of Implementation of Health and Nutrition Program**

	Mean	F Value	p-Value	Decision	Interpretation
Nurse	2.47	13.772	.000	Reject Ho.	There is significant difference
Teachers	2.32				
Student (Knowledge)	2.42				
Student (Availment)	2.36				

In Table 6.1, result of the comparison among respondents' ratings of the extent of implementation of health and nutrition program using One-Way Analysis of Variance (ANOVA) is presented. It is noted that the p-value result is 0.00 which is less than the level of significant set at 0.05,

hence the null hypothesis is rejected. Therefore, there is a significant difference in nutrition programs based on the respondents' ratings.

This indicates that nurses tend to implement health and nutrition programs to a greater extent as opposed to what teachers observe and students undertood and avail. This is because nurses are the ones who are in charge of implementing the school health programs. School nurses facilitate positive student responses to normal development; promote health and safety; intervenes with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning. (American Academy of Pediatrics, 2008).

The result of the post-hoc test using Tukey HSD Test is presented in Appendix E.

**Table 6.2 Comparison Among Respondents' Ratings of the Extent of Implementation of Healthful School Living Program**

	Mean	F Value	p-Value	Decision	Interpretation
Nurse	2.50	3.404	.017	Reject Ho.	There is significant difference
Teachers	2.31				
Student (Knowledge)	2.28				
Student (Availment)	2.13				

In Table 6.2, result of the comparison among respondents' ratings of the extent of implementation of healthful

school living program using One-Way Analysis of Variance (ANOVA) is presented. It is noted that the p-value result is 0.017 which is less than the level of significant set at 0.05, hence the null hypothesis is rejected. Therefore, there is a significant difference in the extent of implementation of healthful school living programs based on the respondents' ratings.

This indicates that nurses tend to implement healthful school living programs to a greater extent as opposed to teachers and students. This is because the main or general objective of school nurses is to provide quality nursing service and education to develop the child physically, mentally, socially and spiritually healthy to become a productive, self-reliant and responsible member of the society. (DepEd School Health Manual, 1997)

The result of the post-hoc test using Tukey HSD Test is presented in Appendix E.

**Table 6.3 Comparison Among Respondents' Ratings of the Extent of Implementation of Health and Nutrition Services Program**

	Mean	F Value	p-Value	Decision	Interpretation
Nurse	2.94	25.848	.000	Reject Ho.	There is significant difference
Teachers	2.50				
Student	2.49				
(Knowledge)					
Student	2.23				
(Availment)					

In Table 6.3, result of the comparison among respondents' ratings of

the extent of implementation of health and nutrition services program using One-Way Analysis of Variance (ANOVA) is presented. It is noted that the p-value result is 0.00 which is less than the level of significant set at 0.05, hence the null hypothesis is rejected. Therefore, there is a significant difference in the extent of implementation of health and nutrition services programs based on the respondents' ratings.

This indicates that nurses tend to implement health and nutrition services programs to a greater extent as opposed to what teachers observe and students undertood and avail. This is because one of the tasks of a school nurse were controlling and preventing common and infectious diseases, implementing health education and counselling, concerning with routine health problems (Xiaoming Yu, 2009). As of 2011, the former Department of Education secretary ordered the strengthening of health and nutrition programs in schools. DepEd should intensify its medical, dental and nursing services throughout the year as preventive measures in order to protect not only the students, but also the teachers and non-teaching personnel against diseases. (Luistro, 2011)

The result of the post-hoc test using Tukey HSD Test is presented in Appendix E Table 5.3. The two groups have significant differences in their ratings if p-value is less than 0.05.



**Table 6.4 Comparison Among Respondents' Ratings of the Extent of Implementation of School-Community Coordination for Health and Nutrition**

	Mean	F Value	p-Value	Decision	Interpretation
Nurse	2.17	6.784	.000	Reject Ho.	There is significant difference
Teachers	2.19				
Student	2.29				
(Knowledge)					
Student	2.11				(Availment)

In Table 6.4, result of the comparison among respondents' ratings of the extent of implementation of school-community coordination for health and nutrition using One-Way Analysis of Variance (ANOVA) is presented. It is noted that the p-value result is 0.00 which is less than the level of significant set at 0.05, hence the null hypothesis is rejected. Therefore, there is a significant difference in the extent of implementation of school-community coordination for health and nutrition programs based on the respondents' ratings.

This indicates that students tend to be involved in programs of school-community coordination for health and nutrition programs as opposed to nurses and teachers. This is because the students together with the teachers were the target for implementation of the school health programs. The focus of the school health programs was to promote health and well-being for students. (Michelle Banfield Kelly McGorm and Ginny Sargent, 2015) The result of the post-hoc test using Tukey HSD Test is presented in Appendix E Table 6.4.

## CONCLUSION

In conclusion, the extent of implementation as rated by the nurses is on full implementation, the extent of knowledge as rated by the students is full knowledge, the extent of availment as rated by students is partial availment and the extent of observation as rated by teachers is partial observation. Furthermore, with regards to the implementation of the school health programs in the different participating schools, data reveals that the school health programs are being implemented fully in only two schools and partially in the other schools involved in the study. Data suggests that school b tends to implement in a greater extent as oppose to other schools. When respondents are grouped as teachers, students and nurse, evidence show that the highest extent of implementation involves the nurses, followed by the knowledge of the students, the observation of the teacher and last is the availment of the students.

## RECOMMENDATIONS

In the light of the result of this study, the researchers recommend the use of our study so that professional school nurses including those future nurses may help impact the future of school-based nursing in its practice, administration and education. This study can also contribute to the existing knowledge and implementation on school nursing in some schools in Manila. it can also be translated into policies in the future.

### Nursing Service

This study would recommend the school nurses to improve the

implementation of the program in the school nursing practice which lacks implementing. The nurses would be able to assess what programs are still being utilized and that it may help in strengthening the impact of school nurses to provide care for the students. This research may be used as a guide in what programs need strengthening especially in the aspects of mental health and other programs that are neglected.

### **Nursing Research**

This study would like to recommend the nursing research to explore more about the things that could possibly hinder nurses to fully implement the programs within the school health manual of DepEd, what are the possible reasons why knowledge and availment differ and why teachers observation are partial. This study can be a guide for some researchers who would like to know more about the extent of implementation of school health programs here in the Philippines. This may also be used as a baseline data for future research regarding to the extent of school health nursing but on a larger scale.

### **Nursing Education**

This study would recommend clinical instructors who teach school nursing to instil within the students the appropriate measures in better understanding of the duties and responsibilities of a school nurse. Clinical instructors could use the results of this study to give students knowledge about the health programs that a nurse would implement in the school with regards to rendering holistic development to the students.

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