IMPLEMENTATION OF SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP) IN THE DISTRICT OF CALBIGA

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A Thesis

Presented to

the Faculty of the College of Graduate Studies

SAMAR COLLEGE

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In Partial Fulfilment

of the Requirements for the Degree

MASTER OF ARTS IN EDUCATION

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LEO A. PENTASON

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APPROVAL SHEET

In partial fulfilment of the requirements for the degree in Master of Arts in Education major in Educational Management, this thesis entitled, "**IMPLEMENTATION OF SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP) IN THE DISTRICT OF CALBIGA**" has been prepared and submitted by **LEO A. PENTASON** who, having passed the comprehensive examination, is hereby recommended for oral examination.

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Above all, to the **Almighty God**,

my source of life, strength, wisdom and knowledge,

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A B S T R A C T

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Abstract

This study determined the level of implementation of School Health and Nutrition Program (SHNP) in the District of Calbiga during the School Year 2017-2018. Specifically, this study answered the following questions: 1) what is the

profile of the teacher-respondents with respect to the following variates, namely: age and sex, civil status, highest educational attainment, gross monthly family income, number of relevant in-service trainings, number of years in teaching, and attitude toward SHNP implementation; 2) what is the profile of the school administrator-respondents with respect to the following variates: age and sex, civil status, highest educational attainment, gross monthly family income, number of relevant in-service trainings, number of years as school administrator and attitude toward SHNP implementation; 3) what is the level of implementation of the SHNP as perceived by the teacher-respondents and school administrator-respondents in terms of the following parameters: health and nutrition education, health and nutrition services, healthful school living, school community coordination, and mandated school health and nutrition program.

Likewise, it answered the following: 4) is there a significant difference between the perceptions of the two groups of respondents on the level of implementation of the SHNP along the above-cited parameters; 5) is there a significant relationship between the perceived level of implementation of the SHNP and the following factors:

teacher-related factors and school administrator-related factors; and 6) what implications may be derived from the results of this study.

From the afore-cited specific questions, the following null hypotheses were tested: 1) there is no significant relationship between the perception of the two groups of respondents on the level of implementation of SHNP along the identified parameters, and 2) there is no significant relationship between the perceived level of implementation of the SHNP and the following factors: teacher-related factors and school administrator-related factors.

Based on the findings of the study, it was revealed that most of the teachers "moderately implemented" the School Health and Nutrition Program (SHNP) like the maintenance of proper ventilation and lighting in all classrooms. Likewise, most of the school administrators "moderately implemented" the School Health and Nutrition Program (SHNP) like the maintenance of proper ventilation and lighting in all classrooms.

Furthermore, most of the school administrators "strongly agreed" that the implementation of the School Health and Nutrition Program (SHNP) would benefit all students for them to perform well academically. While in differentiating the perception of the two groups of

respondents on the level of implementation of the SHNP, the evaluation was significant.

In associating the teacher-respondents' perception on the level of implementation of SHNP and their profile variates, the following was the evaluation arrived at: age, significant; sex, not significant; civil status, not significant; highest educational attainment, not significant; gross monthly family income, not significant; number of relevant in-service trainings, significant; number of years in teaching, significant; and attitude toward SHNP implementation, not significant.

Finally, in associating the school administrator-respondents' perception on the level of implementation of SHNP and their profile variates, the following was the result: age, significant; sex, not significant; civil status, not significant; highest educational attainment, significant; gross monthly family income, not significant; number of relevant in-service trainings, not significant; number of years as school administrator, not significant; and attitude toward SHNP implementation, significant.

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THE PROBLEM AND ITS BACKGROUND

Introduction

Education is a systematic process through which a child or an adult acquires knowledge, experience, skill and sound attitude. It makes an individual civilized, refined, cultured, and educated. For a civilized and socialized society, education is the only means (https://johnparankimalil.word press.com/2012/03/26/meaning-nature-and-aims-of-education/ 17 January 2018).

Education in the Philippines is managed and regulated by the Department of Education (DepEd), Commission on Higher Education (CHED) and Technical Education and Skills Development Authority (TESDA). DepEd is responsible for the K to 12 basic education; it exercises full and exclusive control over public schools and nominal regulation over private schools. It also enforces the national curriculum that has been put in place since 2013.

According to the 1987 Philippine Constitution, Article 14, Section 1, "the State shall protect and promote the right of all citizens to quality education at all levels and shall take appropriate steps to make such education accessible to all." Also, as stated in Article II, Section 15, "the State shall protect and promote the right to

health of the people and instill health consciousness among them (https://www.constituteproject.org/constitution/Philippines 1987/ 18 January 2018).

Former Education Secretary Luistro stressed the DepEd Order Number 43, Series of 2011, otherwise known as the "Strengthening the School Health and Nutrition Programs For the Achievement of the Education for All (EFA) and Millennium Development Goals (MDGs)". He said that "It is very important that our school children are taught disease prevention and the right attitude on health and nutrition to enhance their motivation and capacity for learning". Luistro added that these initiatives are in line with the Education For All and Millennium Development Goals of improving education outcomes, reducing absenteeism and ensuring that school-aged children remain in school.

The DepEd, through the Health and Nutrition Center (HNC), is strengthening the School Health and Nutrition Programs (SHNP) into its key programs and aligning all its activities into one seamless whole. This is envisioned to make this department better able to determine the effectiveness and relevance of its programs, and to make these more responsive to the DepEd's mission of enhancing the student's motivation and capacity for learning, improving learning outcomes, reducing absenteeism, and ensuring that school-age children are able to stay in

school as enunciated in EFA and MDGs. The SHNP, a key component of the department's thrusts, is designed to maintain and improve the health of schoolchildren by preventing diseases, promoting health-related knowledge, attitudes, skills, and practices.

In addition, aligning the SHNP with the DepEd's programs will keep it in step with its targets, and pave the way for a more systematic and holistic approach in the implementation, monitoring, and evaluation of its multifarious undertakings.

Education and health go hand in hand. Children need to be healthy to be fit for school. Children who are hungry, who suffer from stomachaches, from toothaches, and from itchy skin infections cannot actively participate in school. Even the best education system cannot guarantee high academic performance when students are often ill. On the other hand, children who are healthy will be attentive in school. They will participate and benefit from what the school system has to offer. School health and nutrition programs have the potential to link resources for education, health nutrition, and sanitation at one venue: the school (www.savethechildren.org/SHNProgramUpdate 2012/ 18 January 2018).

Furthermore, schools are a second home for children and, therefore, the ideal setting to familiarize children

with health-promoting values and habits. While they have established the rights of a child to health and education, it cannot be denied that a healthy, educated citizenry is an asset and a major element of a strong nation. The fruits on early investments on good health and education starting from childhood will be reaped in their adult life. An effective, efficient, and integrated school health and nutrition program could be one of the nation's key strategies to address health, social and economic issues.

According to Abellar (2017), the District of Calbiga has only one school nurse from the Division Office catering to a population of almost seven thousand pupils and students from 37 elementary schools and two secondary schools. Although there are clinics in charge in some of the school, it is not enough to cater to the health and nutrition needs of the district. Aside from financial and distance matters, health and nutrition problems affect student's attendance in school and their academic performance.

Furthermore, a major reason is due to the fact that, as shown in the 2017 Annual Health Report of Calbiga District (Appendix J), there are 818 out of 2,639 cases or 31 percent of them who have dental caries, 425 cases of pediculosis or 16 percent, 354 cases or 13 percent of impacted cerum, 330 cases or 12.5 percent, colds/rhinitis,

315 or 12 percent cases of dirty teeth, 156 or 5.9 percent cases of cough, and 153 or 5.8 percent cases of pale conjunctiva.

In addition, the same report showed the Elementary and Secondary Nutritional Status. For elementary, it shows that 64 students or 1.67 percent are severely wasted, 267 students or 6.93 percent are wasted, 161 students or 4.15 percent are severely stunted. For secondary, 30 students or 0.92 percent are severely wasted, 193 students or 5.93 percent are wasted, 797 students or 26.04 percent are severely stunted, and 226 students or 7.38 percent are stunted. It also showed that the district has one school with three stars in SBM-WINS, three schools have two stars, four schools have one star, and 30 schools have no start all.

It is on the above-cited premises that the researcher was motivated to conduct this study.

Statement of the Problem

This study determined the level of implementation of School Health and Nutrition Program (SHNP) in the District of Calbiga during the School Year 2017-2018.

Specifically, this study answered the following questions:

1. What is the profile of the teacher-respondents

with respect to the following variates:

1.1 age and sex;

1.2 civil status;

1.3 highest educational attainment;

1.4 gross monthly family income;

1.5 number of relevant in-service trainings;

1.6 number of years in teaching; and

1.7 attitude toward SHNP implementation?

2. What is the profile of the school administrator-respondents with respect to the following variates:

2.1 age and sex;

2.2 civil status;

2.3 highest educational attainment;

2.4 gross monthly family income;

2.5 number of relevant in-service trainings;

2.6 number of years as school administrator; and

2.7 attitude toward SHNP implementation?

3. What is the level of implementation of the SHNP as perceived by the teacher-respondents and school administrator-respondents in terms of the following parameters:

3.1 health and nutrition education;

3.2 health and nutrition services;

3.3 healthful school living;

3.4 school community coordination; and

3.5 mandated school health and nutrition program?

4. Is there a significant difference between the perceptions of the two groups of respondents on the level of implementation of the SHNP along the above-cited parameters?

5. Is there a significant relationship between the perceived level of implementation of the SHNP and the following factors:

5.1 teacher-related factors; and

5.2 school administrator-related factors?

6. What implications may be derived from the results of this study?

Hypotheses

From the above-cited specific questions, the following null hypotheses were tested:

1. There is no significant relationship between the perception of the two groups of respondents on the level of implementation of SHNP along the following parameters:

1.1 health and nutrition education;

1.2 health and nutrition services;

1.3 healthful school living;

1.4 school community coordination; and

1.5 mandated school health and nutrition program.

2. There is no significant relationship between the perceived level of implementation of the SHNP and the following factors:

2.1 teacher-related factors; and

2.2 school administrator- related factors.

Theoretical Framework

This study was anchored on the following theories: Social Cognitive Theory of Bandura (1986), the Social Practice Theory of Giddens (1984) and Bourdieu (Maller, (2012:6-7), and the Theory of Reasoned Action and Planned Behavior of Fishbein and Ajzen (http://people.umass.edu/ aizen/f&a1975.html// 27 January 2018).

The Social Cognitive Theory of Bandura (https:// newyorkessays.com/ essay-banduras-social-cognitive-theory/ 18 January 2018) states that observation, imitation, and modeling play a primary role in this process. Bandura's theory combines elements from behavioral theories which suggest that all behaviors are learned through conditioning, and cognitive theories, which take into account psychological influences such as attention and memory. It simply claims that through watching others, observing their actions and behaviors, one will imitate and learn by proxy. It is through such observation of behavior that children start to imitate and model similar behaviors

as they develop and learn. People learn from other people. The idea that children develop both cognitively and behaviorally by merely observing others is often considered the merging of cognitive theories and behaviorists theories.

Additionally, Social Practice Theory (https://tasa. org. au/ wp- content/ uploads/2012/11/ MallerCecily1. pdf/ 19 January 2018) has contributed to current understandings of health and wellbeing, both in health sociology and public health more broadly. Viewed from the outside by other disciplines public health is often lauded as being highly successful in regard to changing individual behaviours to produce positive outcomes, namely reductions in rates of illness and diseases. The value of using such contemporary strains of social practice theory in health research is that not only do they consider key features of built and social environments otherwise known as 'context' and often treated as external factors, or even ignored, in health behaviours research as active components of social practices. They also further cut through the idea that individuals are solely responsible and can, therefore, be blamed for their own health status.

Moreover, the Theory of Reasoned Action and Planned Behavior of Fishbein and Azjen serves to understand an individual's voluntary behavior. The ideas found within the

theory of reasoned action have to do with an individual's basic motivation to perform an action. TRA says that a person's intention to perform a behavior is the main predictor of whether or not they actually perform that behaviour (http://people.umass.edu/aizen/f&a1975.html, 27 January 2018).

According to the theory, intention to perform a certain behavior precedes the actual behavior. This intention is known as behavioral intention and comes as a result of a belief that performing the behavior will lead to a specific outcome. Behavioral intention is important to the theory because these intentions are determined by attitudes to behaviors and subjective norms.

Likewise, the Theory of Reasoned Action suggests that stronger intentions lead to increased effort to perform the behavior, which also increases the likelihood for the behavior to be performed. It predicts a person's health behavior by their attitude toward performing a behavior. A person's intention to perform a behavior is predicted by 1) a person's attitude toward the behaviour; and 2) subjective norms regarding the behavior. Subjective norms are the result of social and environmental surroundings and a person's perceived control over the behavior. Generally, positive attitude and positive subjective norms result in greater perceived control and increase the likelihood of

intentions governing changes in behavior.

From the saying of Scottish physicist, Maxwell, "there is nothing as practical as a good theory." This implied that as experienced teachers, they believe that they operate according to theories. The practice is driven by the "theories" about what will work for the students. Some of those theories are explicit and are learned in school; some are tacit and are the products of years of experience in schools—as teachers, parents, and students.

The theories that have been briefly explored have enormous potential both for helping teachers explain why they teach in the ways they do and for disturbing those patterns and prompting teachers to rethink their practice. Although many people want to claim that teachers are born, not made, we believe that good teaching requires teachers to create and use, expand and reject, construct and reconstruct theories of learning and teaching. Those theories are not intuitions, or "common sense" but carefully crafted lessons learned from years of experience and careful inquiry. We also believe that teachers have more power over their pedagogical choices when they have made their theories explicit and tested them with classroom experience, colleagues' critiques, and knowledge of current research (https://files.eric.ed.gov/fulltext/ED495823.pdf, 19 January 2018).

Based on the same source, the overall accountability for health and safety lie with the employer of the members of staff in the school. However day-to-day running of the school including responsibility for the health and safety of staff and students is normally delegated to the teachers and school management team. They have a key role in making sure risks are managed effectively on site. Sensible and effective management of health and safety relies on every member of the management team making sure risk is managed responsibly and proportionately. Good communication by all parties is critical to getting this right. Where you have employee health and safety representatives or a safety committee they can play a valuable role in contributing to the development of a positive health and safety culture.

The foregoing statements intensify that teachers do not only focus on the teaching-learning process, but also giving them the best possible health condition while learning. They help in the promotion of optimal childhood health, growth, and intellectual development; prevent immediate health problems, such as iron deficiency anemia, obesity, eating disorders, and dental caries. Teachers as front liners in the implementation of SHNP help children and adolescents decrease absenteeism, in the long run, attain full educational potential, and good health by providing them with the knowledge, skills, proper behavior,

social support, and environmental reinforcement needed to become functionally literate individuals.

Conceptual Framework

Figure 1 shows the conceptual framework of the study.

The base of the paradigm depicts the locale of the study which are the elementary and secondary schools in the District of Calbiga involving its teachers as well as the elementary and secondary school administrators. The upper box on the left side contains the personal profile of the teacher-respondents such as age and sex, civil status, highest educational attainment, gross monthly family income, number of years in service, seminars attended, and attitude toward SHNP implementation.

The upper on the right side box contains the personal profile of the administrator-respondents such as age and sex, civil status, highest educational attainment, gross monthly family income, number of years as school administrators, trainings attended, and attitude toward SHNP implementation.

The upper center box reflects the level of implementation of School Health and Nutrition Program along health and nutrition education; health and nutrition services, healthful school living; school-community participation; and mandated health and nutrition program.

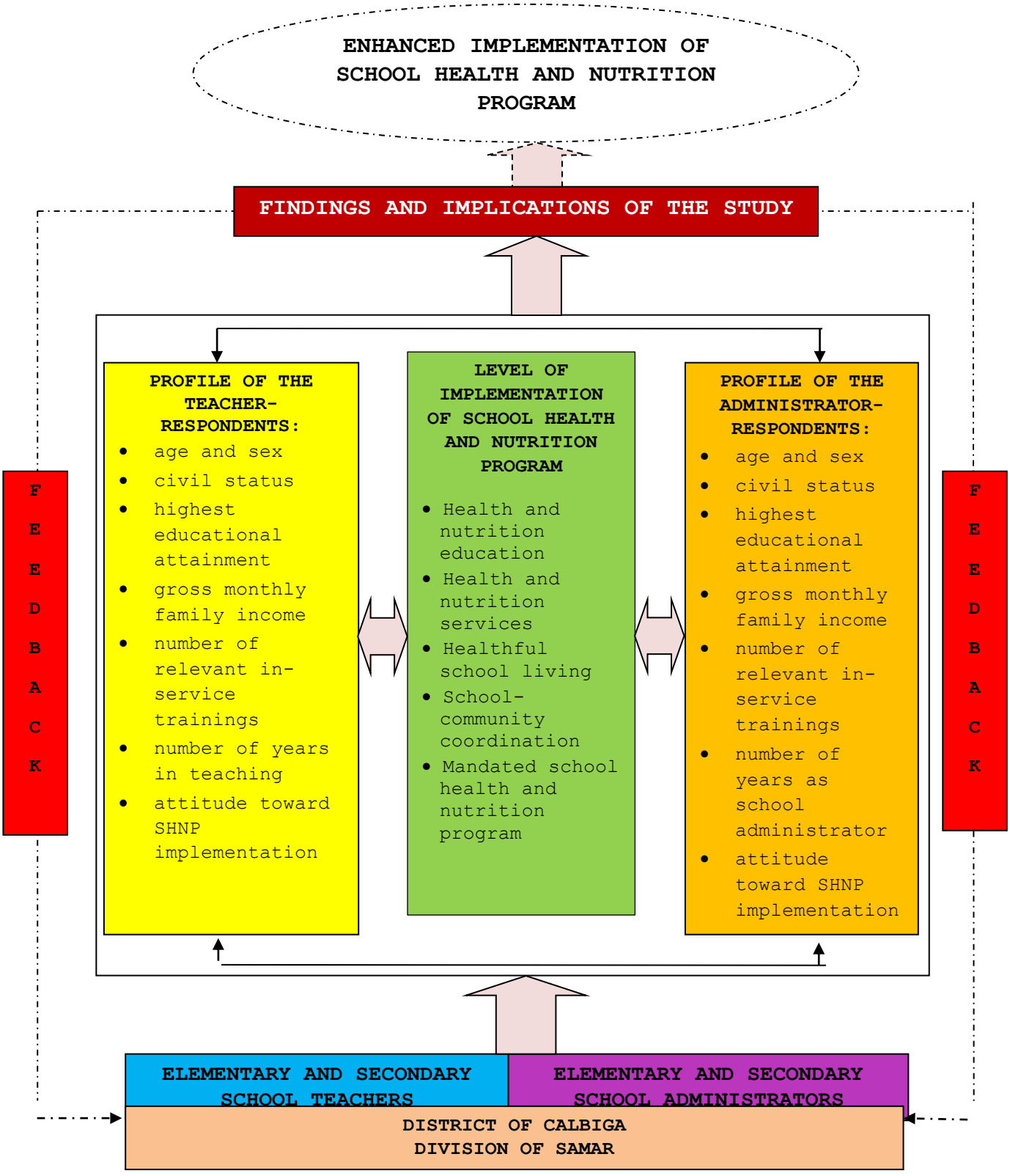

Figure 1. The Conceptual Framework of the Study

The arrows below and above the three small boxes reflect the perceptions of both the teachers and school administrators.

The afore-cited teacher-respondents and school administrators' personal variates are statistically correlated with the identified level of implementation of SHNP in elementary schools and secondary schools of Calbiga District. On the other hand, the levels of perception of the two groups of respondents are statistically treated for their significant difference.

The box above the arrow from the big box containing the major variables contains the findings and implications of the study. These served as the feedback mechanism to the research environment which is the Calbiga District. Immediately following it is the uppermost perforated oblong bearing the ultimate goal of this study which is the enhanced implementation of School Health and Nutrition Program.

Significance of the Study

Findings of this study would be beneficial to teachers, school administrators, students, parents, school health personnel, DEPED officials, and future researchers.

To the Teachers. The results of this study would improve teacher's implementation of school health and

nutrition program. They would be more concerned in helping the student problems and needs. The findings of the study would serve as input to teachers in adopting health and nutrition education, to improve their services, healthful school living with proper school-community coordination, and mandated school health and nutrition program. Enhanced implementation of SHNP is the main purpose of this study and, therefore, would result to better performance in maintaining a safe and healthy environment for the student's contributory in the improvement of academic performance of the students. This would also be an avenue for the formulation of new policies and approaches for teacher's development program.

To the School Administrators. The findings of this study would aid them in crafting and visualizing a thorough picture of a strengthened School Health and Nutrition Program. This will give them inputs to come up with an optimized health management system thereby creating a responsive and service oriented school. Developmental plans will also be taken into consideration for the benefit of the school populace.

To the Students. The findings of this study would serve as an input to the students in improving their health and nutritional status. They would be able to apply the concepts learned in the classroom and community and

translate this into an acceptable behavior. This would help them develop and maintain their values and desirable habits. It would make them comfortable and safe as they venture their purpose of coming to school. In the long run, it would increase their participation and attendance thereby enhancing their academic performance.

To the Parents. The result of this study would guide parents on how to contribute in the implementation of School Health and Nutrition Program. It would enlighten them on their functions not only as parent but as stakeholders of the school. It would deepen their understanding and commitment on the programs implemented by school personnel. It would also add confidence on their part that their young sons and daughters are in good hands and safe while in school.

To the School Health Personnel. The findings of the study would aid the school nurse, clinic-in-charge, and other personnel in the strength and weaknesses in the implementation of the total school and nutrition program. This would guide them in making strategic intervention to increase the coverage of their service. They would be able to come up with contingency plan in cases of emergency.

To the DepEd Officials. Findings of this study would give them inputs on school policies that may be crafted for the improvement of the teachers' competence in implementing

SHNP. They would be guided with information on schools needing technical assistance and supervision.

To the Future Researchers. Future researchers would find this study a rich source of literature for a parallel study on SHNP implementation.

Scope and Delimitation

This study focused on the implementation of School Health and Nutrition Program along health and nutrition education, health and nutrition services, healthful school living, school-community participation, and mandated health and nutrition program based on the assessment of the two groups of respondents which were compared for any significant variation. The study involved the teachers and school administrators in the District of Calbiga for school.

This study was conducted during the School Year 2017-2018.

Definition of Terms

The following terms are herein defined conceptually and operationally to provide a common frame of reference to the readers.

Attitude Toward SHNP Implementation. This term refers to manner of thinking and feeling that reflects a state of mind or disposition on School Health and Nutrition Program

(https://www. the// free//dictionary.com// attitude// 18 January 2018). In this study, it refers to the emotional response or feeling of teacher-respondents and school administrator-respondents in implementing school health and nutrition program.

BMI. This term refers to Body Mass Index which is a key index for relating weight to height. BMI is a person's weight in kilograms divided by height in meters squared (https://www.medicinenet.com/script/main/art.asp?articlekey=16125, 18 January 2018). As used in this study, BMI or Body Mass Index refers to the nutritional status of students whether they are severely wasted, wasted, severely stunted, and stunted.

Civil Status. This term refers to the state of being married or not married — usually used on official forms to ask if a person is married, single, divorced, or widowed (https://www.merriamwebster.com/dictionary/civil status, 20 March 2018). In this study, it refers to the respondent current status as to single, married, widowed, live-in, separated, or annulled.

Gross Monthly Family Income. This term refers to the total monthly compensation received by the working family members age fifteen or older living in the same household (http://www.businessdictionary.com/definition/familyincome.html/March20,2018). In this study, it refers to the

aggregate amount of money received by all working members of the family per month in the exercise of profession or income received from their primary and secondary occupations.

Healthful School Living. This term refers to health promoting school that constantly strengthens its capacity as a healthy setting for living, learning and working (http://www. who. int/ school_youth_health/gshi/hps//en// 18 January 2018). As used in this study, healthful school living refers to the type of school environment conducive for learning where there is presence of functional school canteen and school clinic, classrooms are lighted and ventilated, school practices proper waste disposal, room have adequate comfort rooms, and there is an availability of fire equipment.

Health and Nutrition Education. This term refers to conveyance of needed information, or the facts about health and nutrition and changing unhealthy attitudes so students have the motivation to establish healthy eating practices. It also refers to the process of teaching positive skills so students have all the tools to accomplish their nutritional goals (https://nces.ed.gov/ surveys/frss/ publications/96852/ index.asp?sectionid=3/ 27 January 2018). As used in this study, it refers to the manner by which students gain knowledge and insights from

the teacher and students through integration of concept to class, lecture, counseling and other health and nutrition activities.

Health and Nutrition Service. This term refers to psychosocial services like individual or group counseling and debriefing during emergency situations. It also refers to the conduct of medical-dental examinations and services for learners and teachers especially those without direct access to basic health services (Enclosure DepEd Order No. 42 S. 2016). In this study, health and nutrition services refers to services given to students and teachers in the District of Calbiga which includes Body Mass Index Identification, classroom inspection and maintenance of homeroom guidance area, first aid treatment, referrals of patients to nearest health facility, and special attention and services given to persons with disability.

Highest Educational Attainment. This term refers to **Educational attainment is a term used in reference to the highest level of education an individual has received (**https://www.reference.com/ education/ meaning-educational-attainment-d1062fa18450de6e#/ **20 March 2018). In this study, highest educational attainment refers to the highest level of educational completion.**

Mandated School Health and Nutrition Program. This terms refer to Health Services Package conducted by school

with major activities related to health and nutrition which includes deworming, physical check-up, first aid, school check list and child mobilization clubs (https://www.jica.go.jp/project/nepal/ 002/materials/pdf/leaflet 01.pdf/ 18 January 2018). As used in this study, mandated school health and nutrition programs includes major health program like Deworming, Weekly-Iron Folic Acid Supplementation, School-Based Immunization, and SBM-WINS.

Number of Relevant In-Service Training. This terms refers to training given to employed teachers throughout their career,a program of instruction/training provided by an agency or institution for its employees. The program is held in theinstitution or agency and is intended to increas e the skills and competence of the employees in a specific area (https://www.collinsdictionary.com/dictionary/english/in-service-education). In this study, it refers to the number of trainings attended by teacher-respondents and school-administrator-respondents about health and nutrition.

Number of Years in Teaching. This term refers to the number of years of passing an information or skill so that others may learn (https://www.merriam-webster.com/dictionary/teach, 20 March 2018). In this study, it refers to the number of years in the teaching profession in the Department of Education.

Number of Years as School Administrator. This term refers to the number of years a person has when it comes to managing a school (https://www.merriam-webster.com/dictionary/administrator/ 20 March 2018). In this study, it refers to the number of years that a principal, school head or teacher in charge have in the performance of duties as administrator of the school.

SBM-WINS. This term refers to the program implementation about water, sanitation and hygiene in schools as incorporated in School Based Management (SBM-WINS Manual November 2007:6). As used in the study, SBM WINS refers to the SBM-WINS practices of elementary and secondary schools in the District of Calbiga which identifies their star ratings.

School-Community Coordination. This term refers to the relationship between school and the community where provision of leadership for collaboration and development for services of children, families and community members (http:///www.communityschools.org/leadership//coordinator.aspx/ 18 January 2018). As used in this study, school-community coordination refers to the conduct of PTA meetings, home/hospital visits, nutrition survey, health and nutrition activity in the LGU, and conduct of community extension and research.

Student. This term refers to a person who is studying

(https://www.collinsdictionary.com/dictionary/english/student, 18 January 2018). As used in this study, the term student refers to learners from elementary and secondary schools in Calbiga District.

Teacher. This term refers to one who teaches (https://www.merriamwebster.com/ dictionary/ teacher/ 18 January 2018). As used in this study, teacher refers to elementary and secondary teachers of Calbiga District who are the respondents of this study.

Chapter 2

RELATED LITERATURE AND STUDIES

This chapter presents the related literature and studies reviewed by the researcher to support the rationale of this study which were taken from books, magazine, journals, other published materials, theses, and electronic and other sources. It presents pieces of information relevant to the conduct of this study.

Related Literature

The following concepts of both local and foreign authors had been found to have connection and impact on this study. These concepts had been considered for the bases of this study.

Universal Declaration of Human Rights in Article 1 states that all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. It states further in Article 25, Section 1 that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness,

disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (http://www.un.org/en/documents/udhr/ 22 January 2018).

In addition, Article 26 states that everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace and parents have a prior right to choose the kind of education that shall be given to their children. In Article 29, it is stated that everyone has duties to the community in which alone the free and full development of his personality is possible.

According to the Education for All (EFA) Global Monitoring Report 2015, education lights every stage of the journey to a better life, especially for the poor and the most vulnerable. Education's unique power to act as a catalyst for wider development goals can only be fully

realized, however, if it is equitable. That means making special efforts to ensure that all children and young people – regardless of their family income, where they live, their gender, their ethnicity, whether they are disabled can benefit equally from its transformative power. Education empowers girls and young women, in particular, by increasing their chances of getting jobs, staying healthy and participating fully in society and it boosts their children's chances of leading healthy lives. To unlock the wider benefits of education, all children need the chance to complete not only primary school but also lower secondary school, and access to schooling is not enough on its own. Education needs to be of good quality so that children actually learn.

Furthermore, education is vital to eliminate malnutrition in the long term especially education that empowers women. Malnutrition is the underlying cause of more than a third of global child deaths. Educated mothers are more likely to ensure that their children receive the best nutrients to help them prevent or fight off ill health, know more about appropriate health and hygiene practices, and have more power in the home to make sure children's nutrition needs are met.

In South Asia, 22 million fewer children would be stunted if all mothers reached secondary education. In

Honduras, the chances of children being stunted is fifty four percent if they are born to mothers with less than primary education, falling to thirty three percent for those born to mothers with primary education, and to ten percent if they are born to mothers with at least secondary education.

By age one, adverse effects of malnutrition on life prospects are likely to be irreversible. In Vietnam, children whose mothers have reached lower secondary education are 67 percent less likely to be stunted than those whose mothers have no education. In the United Republic of Tanzania, children aged 6 months to 23 months whose mothers had at least secondary education were almost twice as likely to consume food rich in micronutrients as children whose mothers had less than primary education (The Education for All Global Monitoring Report, 2013 UNESCO).

School health and nutrition programs aim to prevent and treat the causes of ill health that affect children's ability to learn, while creating a safe and supportive school environment that promotes healthy behaviors. Simple interventions such as regular deworming and micronutrient supplementation can prevent children from becoming anemic and can have a substantial effect on their school performance. Hand washing with soap is among the most effective and inexpensive ways to prevent diarrheal

diseases and pneumonia, which together are responsible for the deaths of more than 3.5 million children under five years. Promoting healthy behaviors through school, such as hand washing with soap, is a very effective way of improving the health of the entire community today and in the future, as these children become parents themselves (Bangladesh School Health and Nutrition Manual, January 2010).

Improving the health and nutrition of children also has an impact on children's education and community development more generally. Healthy and well-nourished children stay in school longer than malnourished children; they learn more and become healthier and more productive adults. Keeping girls enrolled in school can delay the age at which they first get pregnant, and such girls tend to have fewer babies than girls who drop out of school, with babies who are heavier and healthier. These outcomes are difficult to measure, as they show effects from one generation to the next, but they are no less important (http://www.deped. gov.ph/ orders/ do-43-2011, 18 January 2018).

The active participation of other government organizations (GOs), local government units (LGUs), non-government organizations (NGOs), professional associations, other private-sector groups, and concerned individuals

shall be intensified by enlisting their involvement in the preventive health care, poverty alleviation, hunger mitigation, public health awareness campaign, and all other programs aimed at promoting the health and nutritional status of school children and school personnel(http://www.deped.gov.ph/ orders/ do-43-2011, 18 January 2018).

Luistro also sought the active participation of government agencies, local government units, non-government organizations and the private sector on preventive health care, poverty alleviation, hunger mitigation, and health awareness. He also stressed that "health and nutrition is a concern that needs the attention of all sectors because it directly impacts our education and economic system" (http:www.officialgazette.gov.ph/2011/07/ 06luistro orders-strengthening-of-health-and-nutrition-programs-in-schools/ 18 January 2018).

UNESCO said that immunizing children against common and preventable illnesses is important not only to their overall health, but also to their readiness to learn and subsequent schooling. But it noted the gaps between the richest and poorest households in immunization coverage, and identified the Philippines as among the countries that have seen little improvement in the total percentage of children fully immunized. UNESCO has conducted site visits

to the Philippines and other countries to find out if schools are child-friendly. It identified poor school infrastructure and lack of maintenance as major problems. Only one in three schools in the Philippines were declared to be in good physical condition—without broken windows or peeling paint. The UNESCO also found that the official intended instructional time is not the same as actual learning time in some countries. For example, one-third of pupils in the Philippines, as well as Argentina and Paraguay reported problems with teachers' late arrival, absenteeism and skipping class, it said. Programs such as the cash transfer, school feeding, compulsory kindergarten education, the multisector approach to early childhood services and textbook monitoring that have contributed to improving access to quality of Philippine education were, however, held up as good examples in the UNESCO report (http://www.philstar.com/campus/2015/04/10/1442429/education-all-ending-ph-fails-meet-targets/ 22 January 2018).

Health and education affect individuals, society, and the economy and, as such, must work together whenever possible. Schools are a perfect setting for this collaboration. Schools are one of the most efficient systems for reaching children and youth to provide health services and programs. At the same time, integrating health services and programs more deeply into the day-to-day life

of schools and students represents an untapped tool for raising academic achievement and improving learning. Studies demonstrate that when children's basic nutritional and fitness needs are met, they attain higher achievements (https://www.cdc.gov//healthyschools//wscc//WSCCmodel// update 508tagged.pdf/ 22 January 2018).

Similarly, the use of school-based and school-linked health centers ensuring access to needed physical, mental, and oral health care improves attendance, behavior, and achievement. The development of connected and supportive school environments benefits teaching and learning, engages students, and enhances positive learning outcomes. The development of a positive social and emotional climate increases academic achievement, reduces stress, and improves positive attitudes toward self and others. In turn, academic achievement is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.

In addition, individuals with more education are likely to live longer; experience better health outcomes; and practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings. These positive outcomes are the reasons that many of the nation's leading educational organizations recognize the close relationship

between health and education, as well as the need to foster health and well-being within the educational environment for all students.

Moreover, each child, in each school, in each of our communities deserves to be healthy, safe, engaged, supported, and challenged. That is what a whole child approach to learning, teaching, and community engagement really is about. More than merely a way to boost achievement or academics, the whole child approach views the collaboration between learning and health as fundamental. The development of the whole child is more than the acquisition of knowledge or skills, behavior or character; it is all of these.

Schools play an important role in promoting the health and safety of children and adolescents by helping them to establish lifelong health patterns. Healthy students are better learners, and academic achievement bears a lifetime of benefits for health. Schools are an ideal setting to teach and provide students with opportunities to improve their dietary and physical activity behaviors and manage their chronic health conditions such as asthma, diabetes, epilepsy, food allergies, and poor oral health. When policies and practices are put in place to support healthy school environments, healthy students can grow to be healthy and become successful adults in the future

(https://www.cdc.gov/ healthyschools/ about.htm/ 22 January 2018).

According to Ruiz and Guiking (2013:650), the Department of Education, through its Health and Nutrition Center is mandated to safeguard the health and nutritional well-being of the total school population giving priority to the elementary grade school children. To ensure a functional School Health and Nutrition Program, the school health and nutrition personnel, school administrators, supervisors and teachers should have a working knowledge of the philosophy of its four components which are health and nutrition education, health and nutrition services, healthful school living and school-community coordination for health and nutrition. These programs can help children and adolescents attain full educational potential and good health by providing them with the skills, social support, and environmental reinforcement they need to adopt long-term, healthy behaviors.

All of the afore-cited literature provided the researcher important inputs in strengthening the concepts and processes of this study.

Related Studies

This section presents the related studies reviewed by the researcher from unpublished and published theses and

researches. The following items are some of the related studies which were thoroughly reviewed by the researcher that were found to be relevant to this study. Similarities and differences to this study are hereby discussed.

In the study of Campilla (2017) entitled, "Essential Health Care Program (EHCP) Implementation in Jiabong District: Basis for an Intervention Scheme", she found out that the teacher-respondents highly favoured with the EHCP implementation as they considered it very helpful for their students. The students-respondents were malnourished with Body Mass Index below normal condition. This suggested that the student-respondents needed some attention from the concerned and the implementation of the ECHP was deemed imperative. Also, the school administrator-respondents highly favoured with the EHCP as they considered it very helpful for their school and students.

Campilla's study was similar to the present study since both dealt with health and nutrition promotion in school. The former delved about the EHCP implementation in Jiabong District while the present study focuses on the competence of the elementary and secondary school teachers in implementing school health and nutrition program in Calbiga District. In the former study there are three groups of respondents while the present study only had two groups.

In the study of De Lira (2017) entitled, "Implementation of Control Mechanism on the Monitoring of Pupils' Reading Performance," it showed that the extent of implementation of the control mechanism for monitoring pupils' reading performance along its five indicators such as preparing the template, ensuring accuracy of the test, administering the test, security and confidentiality of the report and implementing feedback mechanisms as indicated by mean values of 3.95, 4.02, 4.14, 4.06 and 4.09, respectively, was "very satisfactory".

De Lira's study was similar to the present study since both used implementation. The present study was different because the research locale of the former focused on forty two elementary schools in Eastern Samar Division while present focused on thirty seven elementary school and two secondary schools in the district of Calbiga.

In the study of Castil (2016) entitled, "Implementation of Disaster Risk reduction and Management in Secondary Schools of Leyte Division," it revealed that both the school heads and the teachers considered DRRM planning as implemented with computed mean of 3.61 and 3.52, organization as implemented with computed mean of 2.94 and 2.86; preparedness was found by both as moderately implemented as perceived as reflected in the computed means of 3.08 and 2.9 out of the three components of the DRRM,

planning got the highest mean of 3.2, interpreted as implemented.

Castil's study was similar to the present study since both dealt with implementation. The former delved about the implementation of Disaster Risk Reduction and Management in Secondary Schools of Leyte Division while the present study focused on the implementation of School Health and Nutrition Program in the District of Calbiga. In the former study there were three groups of respondents while the present study only had two groups of respondents.

In the study of Armateo (2016) entitled, "Implementation of the Physical Education and School Sports Program and Students' Physical Fitness," it has been found that the school sports, outreach sports program, and parlor games are moderately implemented as evidenced by the weighted mean ratings of 2.71, 3.19 and 3.28 respectively. Indigenous or Traditional games were found to be slightly implanted as evidenced by the computed weighted mean of 2.32. the four sports programs have an overall mean of 2.78 described as moderately implemented.

Armateo's study was similar since both dealt with implementation of program in school. The former study was different since the sampling used was total enumeration while the present study used stratified random sampling. The research respondents of the former were twenty four

Physical Education teachers and one hundred Grade nine students while the present study had one hundred eighty teacher respondents and twenty five school administrator respondents. The local of the study of the former was Area II Leyte Division while the present study focused in Calbiga District.

In the study of Cañete (2016) entitled, "Implementation of electronic Statement of Receipts and Expenditures: Official Reporting System of Local Government Units," it showed that both treasurers and technical staff revealed that the implementation of the LGU eSRE on validation of data source was accurate as indicated in the mean of 4.05 and 4.25, respectively. The status of implementation of eSRE in terms of review and approval was considered good by the treasurers and technical staff with a mean of 4.37 and 4.36, respectively. In terms of finalization and uploading, it was rated good with a mean of 4.36 and 4,.38, respectively.

Cañete's study was similar sine both focused on implementation. The former study concentrated on implementation of Electronic statement of Receipts and expenditures while the present study dealt on the implementation of School Health and Nutrition Program. The former study haD four groups of respondents while the present has only two.

In the study of Dauz (2016) entitled, "Implementation of the Department of Science and Technology Community-Based Projects in eastern Visayas: An Assessment," it was found that the overall mean score of the extent of CBP operation during pre-operation stage with 10 items is 3.98 described as "Often Observed". During the operation stage, on the overall, the mean of the 10 items specified on the extent of CBP operation with 12 items is 3.83 described as "Often Observed". The overall mean of the 6 items indicated on the extent of CBP operation during the monitoring phase is 3.64 described as "Often Observed" and the overall score of the 8 items stated during the project evaluation stage is 3.58 described as "Often Observed".

Dauz's study was similar due to the fact that both delved on implementation. They were different because the study of the former was on the Implementation of Department of Science and Technology Community-Based Projects in 6 provinces of Eastern Visayas namely Leyte, Biliran, Southern Leyte, Samar, Eastern Samar and Northern Samar while the present study focused only in Calbiga District on the implementation of SHNP.

In the study of Catubao (2013) entitled, "Status of Implementation of Special Education Program in the Division of Leyte: Basis for Intervention Scheme", revealed "very satisfactory" with regard to content, input, process and

product implementation of SPED.

The present study was similar since both dealt with implementation. They were different because the former study was descriptive evaluative method as research design. students, SPED teachers, school administrators and supervisors as research respondents with purposive sampling used as sampling procedure. The local of study focused on thirteen SPED schools in Leyte Division. The present study focused on stratified random sampling with teachers and school administrators as respondents with descriptive correlation as research design. The local of study of the present study was the District of Calbiga.

In the study of Ruiz and Guiking (2013) entitled, "Strategies for Optimizing Implementation of the School Health and Nutrition Program in Public Elementary Schools in the Philippines," it has been found that on the level of implementation of school health and nutrition program along its four components, the findings revealed that only health and nutrition education were rated as highly implemented while for health and nutrition services, healthful school living and school-community coordination were all rated as implemented.

The study of Ruiz and Guiking was similar because both focused on School Health and Nutrition Program. However, they were different because the former focused on the level

of implementation of the School Health and Nutrition Program of Public Elementary Schools in Cadiz City, Philippines with three groups of respondents while the present study focused on the Teacher's Competence in Implementing School Health and Nutrition Program in the District of Calbiga with teacher and administrator as respondents.

In the study of Modina (2012) entitled, " Status of Implementation of Bilingual Education Policy in State Universities in Region VIII," it discovered that in terms of attainment of BEP objectives, the overall mean scores obtained were 3.88, which is categorized as "much attained". The finding suggested a high level of attainment of the BEP objectives as revealed by the faculty members teaching Filipino and administration in the six state universities of Region VIII. Filipino is used as a medium of instruction to a "moderately used" in First Year, while "extensively used" in the second year as shown by the mean score values of 3.39 and 3.56, respectively. As to the extent of administration support given to the BEP implementation, the respondents rated it to be "moderately supported" with overall mean value of 3.38.

Modina's study was similar to the present study because both focused on implementation. They were different since the research respondents of the former were the

college administrators and faculty from state universities in Region VIII while the respondents of the present study were the teachers and school administrators in the District of Calbiga.

In the study of Quiepo (2011) entitled, "Implementation of Physical Education Program of Naval State University in the Province of Biliran." it showed that self-testing activities was perceived by instructors, "much implemented" with an overall mean of 4.00. The students, on the other hand, perceived this as "moderately implemented" with an overall mean of 3.38.In terms of rhythmic activities, instructors perceive it as "very much implemented" with a mean value of 4.56 while the students perceived it as "moderately implemented" with a mean value of 3.48. In terms of individual and Dual Sports, instructors and students perceived it as "moderately implemented" with a mean of 3.28 and 3.00 respectively. On team sports, instructor perceived it as "much implemented" with a mean value of 4.11 while the students perceived it as "moderately implemented" with a mean value of " moderately implemented".

Queipo's study was similar to the present study because both focused on implementation and both used stratified random sampling. The former study was different since it had twelve Physical education Instructors and four

hundred one students as respondents while the present study had one hundred eighty teacher respondents and twenty five school administrator respondents. The research locale of the former was naval state University, Naval Biliran while the present study is the schools in Calbiga District Calbiga Samar

In the study of Delon (2011) entitled, "Implementation of the School-Based Management Program in Abuyog District, Leyte Division," it revealed that on school leadership, school heads attended seminars or related trainings on School-Based Management Program with a mean of 4.60 interpreted as "Outstanding". On internal stakeholders, teachers are trained on curriculum content ad pedagogy with the highest score of 4.57 as its mean and interpreted as "Outstanding". On external stakeholders, the school heads, teachers and education stakeholders are in congruent in their perceptions on item "are organized to implement SBM" with a mean of 4.87 and it is being ranked 1 by all respondents, interpreted as "Outstanding". Also it was "outstanding" in terms of school improvement process, level of implementation on school-based resource, and school performance accountability.

Delon's study was similar since both dealt with the implementation of programs in the Department of Education. Both studies were different because the former had five

groups of respondents while the present study had only two. The former focused on the implementation of school-Based Management Program in Abuyog district while the present study focused on implementation of SHNP in the Distrcit of Calbiga.

In the study of Quiminales (2009) entitled, "Implementation of the Basic Education Curriculum in Secondary Schools in the Division of Eastern Samar: Inputs to an Intervention Scheme," it has been found that the implementation of BEC along content, material and resource, teaching learning process, and evaluation is "very satisfactory".

Quiminales study was similar to the present study due to the fact that both used implementation. The present study was different to the former because it focused on elementary and secondary teachers and school administrators of schools in the District of Calbiga while the former focused on secondary school administrators and teachers in the three types of Secondary Schools in the Division of Eastern Samar.

The above-cited studies reviewed were instrumental in helping the researcher in gaining insights involved in this study.

Chapter 3

METHODOLOGY

This chapter presents the procedures used in this study. It describes the research design, locale of the study, instrumentation, validation of instrument, sampling procedure, data gathering procedure, and statistical treatment of data.

Research Design

This study utilized the descriptive-correlation research design. It is descriptive since the study identified and described the profile variates of the teacher-respondents such as age and sex, civil status, educational qualification, gross monthly family income, number of relevant in service trainings, number of years in teaching, and attitude toward SHNP implementation. Also, it identified and described the profile variates of the school administrator respondents such as age and sex, civil status, educational qualification, gross monthly family income, number of relevant in service trainings, number of years as school administrators, and attitude toward SHNP implementation in the District of Calbiga. At the same time, the study was also correlational since the study measured the significant relationship between the level of

perceptions of the two group respondents toward the elementary and secondary school teachers' competence in implementing SHNP in Calbiga District.

Descriptive and inferential statistical tools like frequency count, percentage, mean, standard deviation, weighted mean, t-test, t-test for independent samples, Pearson's Product-Moment Correlation Coefficient, and Fisher's were employed for the statistical treatment of the data.

Locale of the Study

Figure 2 presents the map showing the locale of the study.

This study was conducted in the two (2) secondary schools and 37 elementary schools within the Municipality of Calbiga, Samar. These schools are accessible by land and water. The two secondary schools are Calbiga National High School and Patong National High School while the thirty seven elementary schools include the following: Calbiga Central Elementary School, Antol Elementary School, Bacyaran Elementary School, Barobaybay Elementary School, Beri Elementary School, Binanggaran Elementary School, Borong Elementary School, Bulao Elementary School, Buluan Elementary School, Caamlungan Elementary School, Calayaan Elementary School, Calingonan Elementary School, Cabagtic

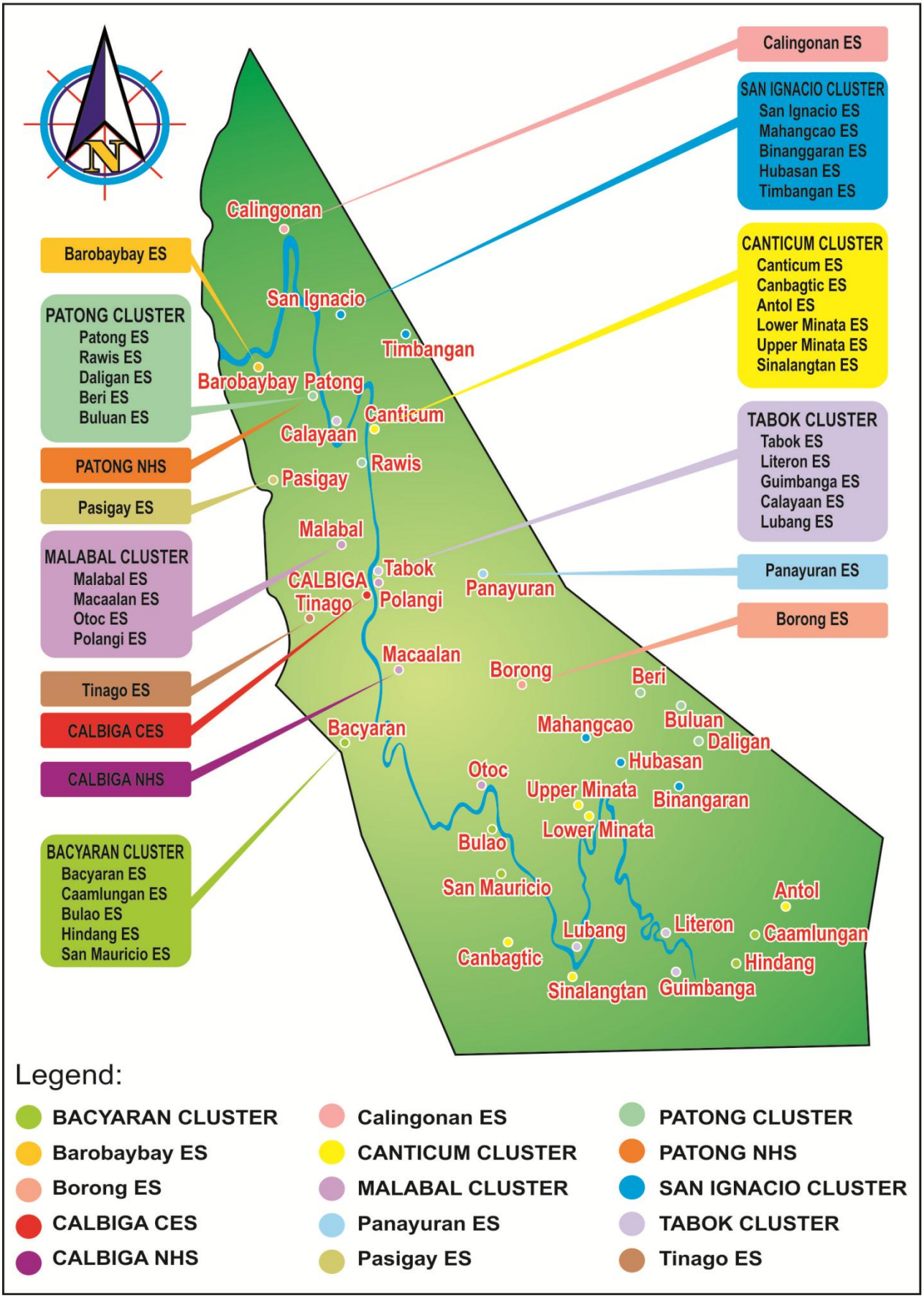

Figure 2. The Map Showing the Locale of the Study

Elementary School, Canticum Elementary School, Daligan Elementary School, Guimbanga Elementary School, Hindang Elementary School, and Hubasan Elementary School, Literon Elementary School, Lower Minata Elementary School, Lubang Elementary School, Macaalan Elementary School, Mahangcao Elementary School, Malabal Elementary School, Otoc Elementary School, Panayuran Elementary School, Pasigay Elementary School, Patong Elementary School, Polangi Elementary School, Rawis Elementary School, San Ignacio Elementary School, San Maurio Elementary School, Tabok Elementary School, Timbangan Elementary School, Tinago Elementary School, and Upper Minata Elementary School.

Calbiga is known for its magnificent Langun-Gobingob cave, the largest cave in the Philippines and the second largest cave in Asia. Calbiga is also known because of Lulugayan Falls considered by some travellers and nature lover as the Mini-Niagara Falls of the Phillipines. Aside from that, Calbiga is known because of the Pahoy-Pahoy (Scarecrow) festival celebrated during the 25th of May in Honor of Nuestra Señora dela Anunciacion. With regard to delicacies, Calbiga is known for its Binagol, a native food made from Talian (LGU Calbiga Planning Office, 2017).

Instrumentation

The research instrument used in the collection of data

for this study was the survey questionnaire with the aid of documentary in obtaining information regarding the teacher- and school administrator-respondents' profile variates, implementation of school health and nutrition program. The questionnaire was a researcher-made that was based on the specific questions in the statement of the problem.

The questionnaire was in two sets since there were two groups of respondents with different functions. For teacher-respondents, the questionnaire was composed of three parts. Part I dealt on the teacher's personal profile consisting of age and sex, civil status, educational qualification, gross monthly family income, number of relevant in-service trainings, number of years in teaching, and attitude toward school health and nutrition program implementation.

Part II of the teacher-respondents' questionnaire was an attitudinal checklist regarding their attitude toward school health and nutrition program implementation which was quantified using the five-point Likert scale (McLeod, 2008): 5 for Strongly Agree (SA); 4 for Agree (A); 3 for Uncertain/Undecided (U/U); 2 for Disagree (D), and 1 for Strongly Disagree (SD).

Part III contained statements on the implementation of school health and nutrition program. The respondents rated each competency using this scale: 5 for Extremely

Implemented (EI), 4 for Highly Implemented (HI), 3 for Moderately Implemented (MI), 2 for Slightly Implemented (SI), and 1 for Not Implemented (NI).

The questionnaire used for the school administrator-respondents consisted of three parts. Part I contained their profile variates such as: age and sex, civil status, educational qualification, gross monthly family income, number of relevant in-service trainings, and number of years as administrator.

Part II of the school administrator-respondents questionnaire was attitudinal checklist regarding their attitude toward school health and nutrition program implementation which was quantified using the five-point Likert scale (McLeod, 2008): 5 for Strongly Agree (SA); 4 for Agree (A); 3 for Uncertain/Undecided (U/U); 2 for Disagree (D), and 1 for Strongly Disagree (SD).

Part III contained statements on teacher's competence in implementing school health and nutrition program. The respondents rated each competency using this scale: 5 for Extremely Implemented (EI), 4 for Highly Implemented (HI), 3 for Moderately Implemented (MI), 2 for Slightly Implemented (SI), and 1 for Not Implemented (NI).

Furthermore, documentary analysis with the use of the Annual Health Report by School Nurse was also employed.

Validation of Instrument

Since the instrument of this study was a researcher-made, it passed through validation process. It also underwent piloting in Hinabangan District with two school administrators and 10 teachers as respondents. The results were inputed in a Special Program for Social Research software using Cronbach's Alpha Analysis to test the reliability of the instrument using the follow3ng formula (Raagas, 2010:78-80).

$$C_\alpha = \left[\frac{K}{K-1} \right] \left[1 - \frac{\Sigma S_i^2}{S^2} \right]$$

where: C_α refers to the reliability coefficient using the Cronbach Alpha Analysis;

K refers to the number of respondents;

S_i^2 refers to the standard deviation of the individual indicator; and,

S^2 refers to the standard deviation of the whole questionnaire.

In determining the reliability of the instrument, the Table of Reliability suggested by George and Mallery (2003:25) was used.

Corollarily, the coefficient was 0.89 which was interpreted as very good. This meant that the questionnaire possessed very good reliability which could be used in the data gathering in this study. Hence, it was reproduced and

Table 1

Table of Reliability

Reliability Coefficient (α)	Interpretation
$\alpha \geq 0.90$	Excellent
$0.80 \leq \alpha\ 0.89$	Very Good
$0.70 \leq \alpha\ 0.79$	Good (There are probably a few items which could be improved.)
$0.60 \leq \alpha\ 0.69$	Acceptable (There are probably some items which could be
$0.50 \leq \alpha\ 0.59$	improved.)
	Poor (Suggests need for revision of the research instrument.)
$\alpha \leq 0.49$	Questionable/Unacceptable (This research instrument should not contribute heavily to the research, and it needs revision.)

made ready for actual data collection.

Sampling Procedure

The study employed tratified random sampling for the teacher-respondents. To do that, the researcher first asked the number of teacher-respondents. After getting the total number, the researcher computed the sample size using the Slovin's formula as follows:

$$n = \frac{N}{1 + Ne^2}$$

where: n refers to the sample size;

N refers to the total number of teacher; and

e refers to the margin of error that is set

at .0025.

For school-administrator respondents, the researcher employed total enumeration.

Data Gathering Procedure

Before the actual gathering of data, the researcher drafted a letter addressed to the authorities involved in this study for their approval. First was the approval of the Samar Division Schools Division Superintendent, then, the District Supervisor of Calbiga District, and finally, tthe Principals of all the elementary and secondary schools in the district. All of these letters were noted by the Dean of the College of Graduate Studies of Samar College.

After the approval of the instrument, the researcher personally fielded the questionnaires to the respondents. He also personally retrieved said questionnaires to ensure 100 percent retrieval rate.

Statistical Treatment of Data

Right after gathering the relevant information in the study, data analysis immediately followed using appropriate statistical tools.

In the presentation of the profile of the respondents the following statistical tools were employed, namely: Frequency Count, Percentage, Mean, Standard Deviation, Weighted Mean, t-Test for Independent Sample Means,

Pearson's Product-Moment Correlation Coefficient, and Fisher's t-Test.

Frequency Count. Frequency count was used in this study to compute the number of profile variates of the teacher- and administrator-respondents such as age and sex, civil status, educational qualification, average monthly family income, number of relevant in-service trainings, number of years as school administrator, and attitude toward SHNP implementation.

Percentage. This tool showed the proportional relationship between the magnitudes or the relationship of a part of its whole (Bernales, 1996:44). As used in this study, percentage was utilized to compute the percentage of the profile variates of the teacher and administrator-respondents such as age and sex, civil status, educational qualification, average monthly family income, number of relevant in-service trainings, number of years in teaching, and attitude toward implementing SHNP.

The formula for this is:

$$P = f/N \times 100$$

Where:

P = Percentage;

f = Frequency; and

N = Total number of respondents.

Mean. The arithmetic mean was used to compute averages of the profile variates in interval scale such as age, household membership, and gross monthly family income, using the following formula (Freud and Simon, 1992:35):

The formula for this is:

$$\overline{X} = \frac{\sum x}{N}$$

Where:

$\overline{X}$ = refers to the arithmetic mean;

f = refers to the frequency of each category;

X = refers to the categorical value; and

N = refers to the total number of samples

Standard Deviation. This tool was used to calculate the disparity of each categorical variable with respect to the mean, which signified it homogeneity or heterogeneity, using the following formula (Freud and Simon, 1992:52):

The formula for this is:

$$\sigma = \sqrt{\frac{1}{N}\sum_{i=1}^{N}(x_i - \mu)^2}$$

Where: Ơ refers to the standard deviation;

$(x_1 - \mu^2$ refers to the squared deviation between the score of the categorical value and the mean; and

N refers to the total number of samples.

Weighted Mean. This statistical measure was used to

quantify the responses of the respondents to the questionnaire relative to the teaching competence and attitude of the teachers-respondents and school administrators, using the following formula (Pagoso 1997:111):

$$\mu_w = \frac{\sum fW_i}{N}$$

Where:

μ_w refers to the weighted mean;

f refers to the frequency of each categorical weight;

W_i refers to the weighted scale of 5, 4, 3, 2 and 1; and,

N refers to the total number of samples.

The interpretation of the weighted mean value is as follows:

4.01	-	5.00	Strongly Agree (SA)
3.01	-	4.00	Agree (A)
2.01	-	3.00	Neutral (N)
1.01	-	2.00	Disagree (D)
0.01	-	1.00	Strongly Disagree (SD)

t-test for Independent Samples. This was used to test the significant difference between the professional attitudes of the teacher-respondents and school administrators. The formula (Pagoso et al., 1992: 202) is

as follows:

$$t = \frac{\bar{x}_1 - \bar{x}_2}{s_p \sqrt{\frac{1}{n_1} + \frac{1}{n_2}}}$$

$$s_p = \sqrt{\frac{(n_1 - 1)s_1^2 + (n_2 - 1)s_2^2}{n_1 + n_2 - 2}}$$

where:

$\overline{X}_1$ mean of the first sample;

$\overline{X}_2$ mean of the second sample;

N_1 number of items I the first sample; and

N_2 number of items in the second sample.

Pearson's Product-Moment Coefficient Correlation. This statistical tool was used to associate the relationship.

The formula (Ybanez, 1993:173) for this is:

$$r = \frac{N\Sigma xy - (\Sigma x)(\Sigma y)}{\sqrt{[N\Sigma x^2 - (\Sigma x)^2][N\Sigma y^2 - (\Sigma y)^2]}}$$

where:

N = number of pairs of scores;

$\sum xy$ = sum of the product of paired scores;

$\sum x$ = sum of x scores

$\sum y$ = sum of y scores

$\sum x^2$ = sum of squared x scores

$\sum y^2$ = sum of the squared y score.

The Pearson's Product-Moment Coefficient of Correlation was employed using the following Table of

Linear Correlation (SRTC, 2013) in the interpretation of values:

Table 2

Degree of Linear Relationship

Correlation Coefficient	Interpretation
0	No linear association
0 p < 0.2	Very weak linear association
0.2 p < 0.4	Weak linear association
0.4 p < 0.6	Moderate linear association
0.6 p < 0.8	Strong linear association
0.8 < 1.0	Very strong linear association
1.0	Perfect linear association

Furthermore, to test the significance of the coefficient of correlation, the Fisher's t-Test was employed.

Fisher's t-test. This tool was used to test the significance of the coefficient of correlation that signalled the acceptance and rejection of the null hypothesis, using the following formula (Best and Khan, 1998: 402-403):

$$t = r\sqrt{\frac{N - 2}{1 - r^2}}$$

where: t refer to the Fisher's t;

r refers to the calculated coefficient of correlation; and

N refers to the paired samples.

In deciding whether the null hypothesis was accepted or rejected, the following decision rule served as guide: if and when the computed value turned lesser than the critical or tabular value and the p-value turned greater than the α, the null hypothesis was accepted; on the other hand, if and when the computed value turns equal or greater than the critical or tabular value and the p-value turns equal or lesser than the α, the null hypothesis will be rejected.

Finally, the α or the level of significance was set at .05 in all cases of testing the null hypothesis. For precision and accuracy in the date processing, the researchers utilized the computer as an aid in the machine processing using available statistical software.

Chapter 4

PRESENTATION ANALYSIS AND INTERPRETATION OF DATA

This chapter discusses the results of the study with emphasis on the presentation, analyses, and interpretations of data.

Profile of Teacher-Respondents

Tables 3 to 9 present the profile of teacher-respondents in terms of age and sex, civil status, highest educational attainment, gross monthly family income, number of relevant in-service trainings, number of years in teaching, and attitude toward SHNP implementation.

Age and Sex. Table 3 presents the distribution of

Table 3

Age and Sex of Teacher-Respondents

Age Bracket	Sex		Total	Percent
	Male	Female		
21 – 25	6	24	30	16.67
26 – 30	18	42	60	33.33
31 – 35	6	6	12	6.67
36 – 40	0	42	42	23.33
41 – 45	0	24	24	13.33
46 – 50	0	6	6	3.33
51 – 55	0	6	6	3.33
Total	**30**	**150**	**180**	**100.00**
%	**83.30**	**16.70**	**100.00**	
Mean	**27.80**	**34.52**		
SD	**2.905**	**8.142**		

teacher-respondents according to their age and sex.

As shown in the table, there were 30 male respondents and 150 female respondents. Moreover, 42 or 28.00 percent of the teacher-respondents belong to the following categories: 26 to 30 years old and 36 to 40 years old, which are the highest-numbered brackets among the female group. Furthermore, 24 or 16.00 percent belong to the following categories: 21 to 25 years old, and 41 to 45 years old. Lastly, six or 4.00 percent belong to the following categories: 31 to 35 years old, 46 to 50 years old, and 51 to 55 years old. It has a weighted mean of 34.52 years and standard deviation of 8.142 respectively.

Meanwhile, 18 or 60.00 percent of the teacher-respondents were under the 26 to 30 years old category, which is the highest-numbered bracket among the male group. Lastly, six or 20.00 percent belong to the following categories: 21 to 25 years old and 31 to 35 years old. It has a weighted mean of 27.80 years and standard deviation of 2.905, respectively.

The data are an implication that most of the teachers in the District of Calbiga were at their late twenties and are middle adult practitioners of the teaching profession.

Civil Status. Table 4 discloses the civil status of the teacher-respondents.

As described in the table, 96 or 53.40 percent were

Table 4

Civil Status of Teacher-Respondents

Civil Status	Frequency	Percentage (%)
Single	78	43.30
Married	96	53.40
Widow/er	6	3.30
Total	**180**	**100.00**

married, which is the highest numbered category. It is followed by 78 or 43.30 percent were single. Lastly, six or 3.30 percent were widow or widower.

The data are an implication that most of the teachers in the District of Calbiga were married since their age was of the range where most people settle down and create personal relationships with others.

Highest Educational Attainment. Table 5 discloses the highest educational attainment of the teacher-respondents.

As presented in the table, eighty-four or 46.70 percent of the teacher-respondents were BSED/BEED degree holder, which is the highest numbered category. It is followed by 66 or 36.70 percent of them having MA/MA.Ed/MS units, and 18 or 10.00 percent for MA/MA.Ed/MS graduates. Lastly, twelve or 6.70 percent of the respondents have completed the academic requirement in Ph.D./Ed.D.

The data are implications that most of the teachers in the District of Calbiga are college graduate and some

Table 5

Highest Educational Attainment of Teacher-Respondents

Highest Educational Attainment	Frequency	Percentage (%)
BSED/BEED Graduate	84	46.70
MA/MA.Ed/MS Units	66	36.70
MA/MA.Ed/MS Graduate	18	10.00
Ph.D./Ed.D. CAR	12	6.70
Total	**180**	**100.00**

pursue further studies in the master's level.

Gross Monthly Family Income. Table 6 discloses the gross family monthly income of the teacher-respondents. As presented in the table, the gross monthly family income of the teacher-respondents ranging from Php 10,000 to Php 29,999 has the highest frequency of 120 or 66.70 percent. It is followed by 24 or 13.30 percent of the teacher-respondents whose gross monthly family income range from the following categories: Php 30,000 to Php 49,999 and less than Php 10,000. Lastly, 12 or 6.70 percent have gross monthly family income of Php 50,000 to Php 69,999.

The mean gross family income of the teacher-respondents is Php 14,382.37 with a standard deviation of 7,200.88, respectively.

Number of Relevant Trainings. Table 7 discloses the number of relevant in-service trainings attended by the

Table 6

Gross Monthly Family Income of the Teacher-Respondents

Gross Monthly Family Income	Frequency	Percentage (%)
Php 50,000 – Php 69,999	12	6.70
Php 30,000 – Php 49,999	24	13.30
Php 10,000 – Php 29,999	120	66.70
Less than Php 10,000	24	13.30
Total	**180**	**100.00**
Mean	**14,382.37**	
SD	**7,200.88**	

teacher-respondents.

Based on the table, 95 or 52.82 percent of the teacher-respondents had local level in-service trainings, which is the highest numbered bracket. It has a mean of 0.933 and standard deviation of 1.9877.

It is followed by 68 or 37.73 percent of them who experienced division level in-service trainings. It has a mean of 0.667 and a standard deviation of 1.1959.

Next, 10 or 5.66 percent of them experienced regional level in-service trainings. It has a mean of 0.100 and a standard deviation of 0.3969.

Lastly, seven or 3.77 percent of them had experienced national level in-service trainings. It has a mean of 0.067 and a standard deviation of 0.3600.

The grand mean is 0.353 and a standard deviation of

Table 7

Number of Relevant In-Service Trainings of the Teacher-Respondents

Number of Relevant Trainings	Frequency	Percentage (%)
International	0	0.00
National	7	3.78
Regional	10	5.67
Division	68	37.73
School/District	95	52.82
Total	**180**	**100.00**
Mean	**0.353**	
SD	**0.788**	

0.788. The data is an implication that most of teachers from the District of Calbiga had experienced school and district level.

Number of Years in Teaching. Table 8 discloses the length of service of the teacher-respondents.

As presented in the table, 84 or 46.70 percent of the teacher-respondents have been working for 1 to 5 years and below, which is the highest numbered category. It is followed by 48 or 26.70 percent of the teacher-respondents who worked for 6 to 10 years, 30 or 16.70 percent for teachers who worked for 11 to 15 years, and 12 or 6.70 percent for teachers who worked for 21 to 25 years.

Lastly, six or 3.30 percent of the teacher-respondent have worked for 16 to 20 years. The mean number of years of service of the teacher-respondents is 5.033 years with a

Table 8

Number of Years in Teaching of Teacher-Respondents

Length of Teaching Experience	Frequency	Percentage (%)
21 – 25 years	12	6.70
16 – 20 years	6	3.30
11 – 15 years	30	16.70
6 – 10 years	48	26.70
1 – 5 years and below	84	46.70
Total	**180**	**100.00**
Mean	**5.033**	
SD	**1.1718**	

standard deviation of 1.1718, respectively.

The data are an implication that most of the teachers in the District of Calbiga have served a considerable amount of time teaching.

Attitude toward SHNP Implementation. Table 9 discloses the attitude toward the implementation of the School Health and Nutrition Program (SHNP) as perceived by the teacher-respondents.

As presented in the table, the teacher-respondents' attitude toward the implementation of the School Health and Nutrition Program (SHNP) statements "School health and nutrition program is very essential in improving student's academic performance", "All students should be healthy and with normal Body Mass Index", "All teachers are role

Table 9

Attitude Toward the Implementation of School Health and Nutrition Program of Teacher-Respondents

Attitude Statement	Weighted Mean	Inter-preta-tion
1. Implementing School Health and Nutrition Program is satisfying and helpful.	4.67	SA
2. All students should be healthy and with normal Body Mass Index.	4.83	SA
3. Identification of health problems of students is conducted and a solution is given.	4.30	SA
4. Teacher's knowledge and skills about school health and nutrition is updated and improved.	4.47	SA
5. Memo / orders and practices about health and nutrition observances are always followed with complete documents to support.	4.57	SA
6. Health and nutrition needs of students is reflected in anecdotal report.	4.43	SA
7. School Health and Nutrition Program is implemented with enthusiasm and passion.	4.63	SA
8. Health and nutrition program is a number one priority in school.	4.43	SA
9. School health and nutrition program is very essential in improving student's academic performance.	4.93	SA
10. All teachers are role model in school when it comes to health and nutrition.	4.73	SA
Grand Mean	**4.60**	**SA**

Legend:
4.21 to 5.00 – Strongly Agree (SA)
3.41 to 4.20 – Agree (A)
2.61 to 3.40 – Uncertain/Undecided (U)
1.81 to 2.60 – Disagree (D)
1.00 to 1.80 – Strongly Disagree (SD)

model in school when it comes to health and nutrition", "Implementing School Health and Nutrition Program is

satisfying and helpful", "School Health and Nutrition Program is implemented with enthusiasm and passion", "Memo/ orders and practices about health and nutrition observances are always followed with complete documents to support", "Teacher's knowledge and skills about school health and nutrition is updated and improved", "Health and nutrition needs of students is reflected in anecdotal report", "Health and nutrition program is a number one priority in school", and "Identification of health problems of students is conducted and a solution is given", have the same interpretation of strongly agree with the weighted means of 4.93, 4.83, 4.73, 4.67, 4.63, 4.57, 4.47, 4.43, 4.43, and 4.30, respectively.

The grand mean of attitude toward the implementation of the School Health and Nutrition Program (SHNP) as perceived by the teacher-respondents is 4.60 with the interpretation of strongly agree.

Profile of School Administrator-Respondents

Tables 10 to 16 present the profile of school administrator-respondents in terms of age and sex, civil status, highest educational attainment, gross monthly family income, number of relevant in-service trainings, number of years as school administrator, and attitude toward SHNP implementation.

Age and Sex. Table 10 presents the distribution of school administrator-respondents according to their age and sex.

As shown in the table, the age and sex of respondents. There were 12 male respondents and 13 female respondents. Moreover, five or 38.46 percent of the school administrator-respondents have ages ranging from 56 to 60 years old, which is the highest-numbered bracket among the female group. Furthermore, three or 23.08 percent belong to the following categories: 36 to 40 years old, and 46 to 50 years old. Lastly, two or 15.38 percent were 41 to 45 years old. It has a weighted mean of 48.54 years and standard deviation of 8.252, respectively.

Meanwhile, six or 50.00 percent of the school

Table 10

Age and Sex of School Administrator-Respondents

Age Bracket	Sex		Total	Percent
	Male	Female		
36 – 40	2	3	5	20.00
41 – 45	0	2	2	8.00
46 – 50	6	3	9	36.00
51 - 55	2	0	2	8.00
56 – 60	1	5	6	24.00
61 - 65	1	0	1	4.00
Total	**12**	**13**	**25**	**100.00**
%	**48.00**	**52.00**	**100.00**	
Mean	**48.92**	**48.54**		
SD	**7.657**	**8.252**		

administrator-respondents were under the 46 to 50 years old category, which is the highest-numbered bracket among the male group. Furthermore, two or 16.67 percent belong to the following categories: 36 to 40 years old, and 51 to 55 years old. Lastly, one or 8.33 percent belong to the following categories: 56 to 60 years old and 61 to 65 years old. It has a weighted mean of 48.92 years and standard deviation of 7.657 respectively.

The data are an implication that most of the school administrators in the District of Calbiga is at their late forties and are late adult practitioners of the teaching profession as well as running a school.

Civil Status. Table 11 discloses the civil status of the school administrator-respondents.

As described in the table, 16 or 64.00 percent were married which, is the highest numbered category. It is

Table 11

Civil Status of School Administrator-Respondents

Civil Status	Frequency	Percentage (%)
Single	2	8.00
Married	16	64.00
Widow/er	3	12.00
Separated	2	8.00
Annulled	2	8.00
Total	**25**	**100.00**

followed by three or 12.00 percent were widow or widower. Lastly, two or 8.00 percent belong to the following categories: single, separated, and annulled.

The data is an implication that most of the school administrators in the District of Calbiga is married since their age is of the range where most people settle down and create personal relationships with others.

Highest Educational Attainment. Table 12 discloses the highest educational attainment of the school administrator-respondents.

As presented in the table, nine or 36.00 percent of the school administrator-respondents have MA/MA.Ed/MS units, which is the highest numbered category. It is followed by seven or 28.00 percent who were MA/MA.Ed/MS graduate, four or 16.00 percent of them having Ph.D./Ed.D.

Table 12

Highest Educational Attainment of School Administrator-Respondents

Highest Educational Attainment	Frequency	Percentage (%)
BSED/BEED Graduate	3	12.00
MA/MA.Ed/MS Units	9	36.00
MA/MA.Ed/MS Graduate	7	28.00
Ph.D./Ed.D. Units	4	16.00
Ph.D./Ed.D. CAR	2	8.00
Total	**25**	**100.00**

units, and three or 12.00 percent for BSED/BEED degree holder. Lastly, two or 8.00 percent of the respondents have completed the academic requirement in Ph.D./Ed.D.

The data are an implication that most of the school administrators in the District of Calbiga are college graduate and some pursue further studies in the master's level.

Gross Monthly Family Income. Table 13 discloses the gross family monthly income of the school administrator-respondents.

As presented in the table, the gross monthly family income of the school administrator-respondents ranging from Php 10,000 to Php 29,999 has the highest frequency of 11 or 44.00 percent. It is followed by eight or 32.00 percent of

Table 13

Gross Monthly Family Income of School Administrator-Respondents

Gross Monthly Family Income	Frequency	Percentage (%)
Php 100,000 and above	1	4.00
Php 70,000 – Php 99,999	2	8.00
Php 50,000 – Php 69,999	1	4.00
Php 30,000 – Php 49,999	8	32.00
Php 10,000 – Php 29,999	11	44.00
Less than Php 10,000	2	8.00
Total	**25**	**100.00**
Mean	**25,773.19**	
SD	**6,001.32**	

the school administrator-respondents whose gross monthly family income range from Php 30,000 to Php 49,999.

Moreover, two or 8.00 percent of the school administrator-respondents have gross monthly family income range from the following categories: Php 70,000 to Php 99,999 and less than Php 10,000. Lastly, one or 4.00 percent have gross monthly family income range from the following categories: Php 50,000 to Php 69,999, and Php

The mean gross family income of the school administrator-respondents is Php 25,773.19 with a standard deviation of 6,001.32, respectively.

Number of Relevant Trainings. Table 14 discloses the number of relevant in-service trainings attended by the school administrator-respondents.

Based on the table, 11 or 44.23 percent of the school administrator-respondents had local level in-service trainings, which is the highest numbered bracket. It has a mean of 7.360 and standard deviation of 14.2065.

It is followed by nine or 35.58 percent of them who experienced division level in-service trainings. It has a mean of 5.920 and a standard deviation of 8.4947.

Next, four or 15.38 percent of them experienced regional level in-service trainings. It has a mean of 2.400 and a standard deviation of 4.8734.

Lastly , one or 4.81 percent of them had experienced

Table 14

Number of Relevant In-Service Trainings of School Administrator-Respondents

Number of Relevant Trainings	Frequency	Percentage (%)
International	0	0.00
National	1	4.81
Regional	4	15.38
Division	9	35.58
School/District	11	44.23
Total	**25**	**100.00**
Mean	**3.328**	
SD	**5.857**	

national level in-service trainings. It has a mean of 0.800 and a standard deviation of 1.1547.

The grand mean is 3.328 and a standard deviation of 5.857. The data are an implication that most of school administrators from the District of Calbiga had experienced school and district level.

Number of Years as School Administrator. Table 15 discloses the length of service of the school administrator-respondents.

As presented in the table, 17 or 68.00 percent of the school administrator-respondents have been working for 6 to 10 years and below, which is the highest numbered category. It is followed by seven or 28.00 percent of the school administrator-respondents who worked for 1 to 5 years and below. Lastly, one or 4.00 percent of the school adminis-

Table 15

Number of Years as School Administrator

Length of Teaching Experience	Frequency	Percentage (%)
26 – 30 years	1	4.00
6 – 10 years	17	68.00
1 – 5 years and below	7	28.00
Total	**25**	**100.00**
Mean	**5.120**	
SD	**0.9713**	

trator-respondent have worked for 26 to 30 years. The mean number of years of service of the school administrator-respondents is 5.120 years with a standard deviation of 0.9713, respectively.

The data are an implication that most of the school administrators in the District of Calbiga have served a considerable amount of time in their position.

Attitude toward SHNP Implementation. Table 16 discussed the attitude toward the implementation of the School Health and Nutrition Program (SHNP) as perceived by the school administrator-respondents.

As presented in the table, the school administrator-respondents' attitude toward the implementation of the School Health and Nutrition Program (SHNP) statements "All students should be healthy and with normal Body Mass Index", "Implementing School Health and Nutrition Program

Table 16

Attitude Toward the Implementation of School Health and Nutrition Program of School Administrator-Respondents

Attitude Statement	Weighted Mean	Interpretation
1. Implementing School Health and Nutrition Program is satisfying and helpful.	4.76	SA
2. All students should be healthy and with normal Body Mass Index.	4.88	SA
3. Identification of health problems of students is conducted and a solution is given.	4.20	A
4. Teacher's knowledge and skills about school health and nutrition is updated and improved.	4.32	SA
5. Memo / orders and practices about health and nutrition observances are always followed with complete documents to support.	4.48	SA
6. Health and nutrition needs of students is reflected in anecdotal report.	4.08	A
7. School Health and Nutrition Program is implemented with enthusiasm and passion.	4.36	SA
8. Health and nutrition program is a number one priority in school.	4.48	SA
9. School health and nutrition program is very essential in improving student's academic performance.	4.76	SA
10. All teachers are role model in school when it comes to health and nutrition.	4.44	SA
Grand Mean	**4.48**	**SA**

Legend:
4.21 to 5.00 – Strongly Agree (SA)
3.41 to 4.20 – Agree (A)
2.61 to 3.40 – Uncertain/Undecided (U)
1.81 to 2.60 – Disagree (D)
1.00 to 1.80 – Strongly Disagree (SD)

is satisfying and helpful", "School health and nutrition program is very essential in improving student's academic performance", "Memo/orders and practices about health and nutrition observances are always followed with complete documents to support", "Health and nutrition program is a number one priority in school", "All teachers are role

model in school when it comes to health and nutrition", "School Health and Nutrition Program is implemented with enthusiasm and passion", and "Teacher's knowledge and skills about school health and nutrition is updated and improved", have the same interpretation of strongly agree with the weighted means of 4.93, 4.83, 4.73, 4.67, 4.63, 4.57, 4.47, 4.43, 4.43, and 4.30, respectively.

Moreover, statements "Identification of health problems of students is conducted and a solution is given", and "Health and nutrition needs of students is reflected in anecdotal report", have the same interpretation of agree with the weighted means of 4.20, and 4.08, respectively.

The grand mean of attitude toward the implementation of the School Health and Nutrition Program (SHNP) as perceived by the school administrator-respondents is 4.48 with the interpretation of strongly agree.

Level of Implementation of SHNP as Perceived by the Two Groups of Respondents

This part discloses the level of implementation of School Health and Nutrition Program (SHNP) as perceived by the two groups of respondents in terms of health and nutrition education, health and nutrition services, healthful school living, school-community coordination, and mandated health and nutrition program.

Health and Nutrition Education. Table 17 discloses the level of implementation of SHNP as perceived by the teacher- and school administrator-respondents in terms of health and nutrition education.

As presented in the table, the teacher-respondents' perception on the level of implementation of SHNP in terms of health and nutrition education statements "100% attendance and participation in any school and nutrition activity", and "Incorporation of topics about health and nutrition in all subject areas reflected in the daily lesson logs", have the same interpretation of highly implemented with the weighted means of 4.13 and 3.50, respectively.

Moreover, statements "Conduct of health and nutrition education to all classes with proofs of verifications", "Maintenance and update of IEC materials about health and nutrition present in all classrooms", and "Conduct of health and nutrition counselling to all classes reflected in the counselling logbooks", have the same interpretation of moderately implemented with the weighted means of 3.20, 3.20, and 2.63, respectively.

The grand mean of level of implementation of SHNP in terms of health and nutrition education as perceived by the teacher-respondents is 3.33 with the interpretation of moderately implemented.

Table 17

Level of Implementation of SHNP as Perceived by the Two Groups of Respondents in Terms of Health and Nutrition Education

Indicators	Teachers		School Administrators	
	WM	I	WM	I
1. Incorporation of topics about health and nutrition in all subject areas reflected in the daily lesson logs.	3.50	HI	3.72	HI
2. Conduct of health and nutrition education to all classes with proofs of verifications.	3.20	MI	3.88	HI
3. Conduct of health and nutrition counselling to all classes reflected in the counselling logbooks.	2.63	MI	3.00	MI
4. 100% attendance and participation in any school and nutrition activity.	4.13	HI	4.12	HI
5. Maintenance and update of IEC materials about health and nutrition present in all classrooms.	3.20	MI	3.92	HI
Grand Mean	**3.33**	**MI**	**3.73**	**HI**

Legend:
4.21 to 5.00 – Extremely Implemented (EI)
3.41 to 4.20 – Highly Implemented (HI)
2.61 to 3.40 – Moderately Implemented)MI)
1.81 to 2.60 – Slightly Implemented (SI)
1.00 to 1.80 – Never Implemented (NI)
Weighted Mean (WM)
Interpretation (I) `

On the other hand, the school administrator-respondents' perception on the level of implementation of SHNP in terms of health and nutrition education statements "100% attendance and participation in any school and nutrition activity", "Maintenance and update of IEC

materials about health and nutrition present in all classrooms", "Conduct of health and nutrition education to all classes with proofs of verifications", and "Incorporation of topics about health and nutrition in all subject areas reflected in the daily lesson logs", have the same interpretation of highly implemented with the weighted means of 4.12, 3.92, 3.88, and 3.72, respectively. "Counselling to all classes reflected in the counselling logbooks", has an interpretation of moderately implemented with a weighted mean of 3.00.

The grand mean of level of implementation of SHNP in terms of health and nutrition education as perceived by the school administrator-respondents is 3.73 with the interpretation of highly implemented.

Health and Nutrition Services. Table 18 discloses the level of implementation of SHNP as perceived by the two groups of respondents in terms of health and nutrition services.

As presented in the table, the teacher-respondents' perception on the level of implementation of SHNP in terms of health and nutrition services statements "Referral of students who are sick and beyond teacher's control", "Conduct of inspection and maintenance of all classrooms", and "Quarterly checking of the weight and height of students reflected in the Nutritional Status Report", have

Table 18

Level of Implementation of SHNP as Perceived by the Two Groups of Respondents in Terms of Health and Nutrition Services

Indicators	Teachers		School Administrators	
	WM	I	WM	I
1. Quarterly checking of the weight and height of students reflected in the Nutritional Status Report.	3.47	HI	4.28	EI
2. Conduct of inspection and maintenance of all classrooms.	3.60	HI	4.20	HI
3. Maintenance and replenishment of complete basic First Aid kit in all classrooms.	2.83	MI	3.72	HI
4. Referral of students who are sick and beyond teacher's control.	3.70	HI	4.04	HI
5. Services rendered to students who are physically and mentally challenged.	3.07	MI	3.64	HI
Grand Mean	**3.33**	**MI**	**3.98**	**HI**

Legend:
4.21 to 5.00 – Extremely Implemented (EI)
3.41 to 4.20 – Highly Implemented (HI)
2.61 to 3.40 – Moderately Implemented)MI)
1.81 to 2.60 – Slightly Implemented (SI)
1.00 to 1.80 – Never Implemented (NI)
Weighted Mean (WM)
Interpretation (I)

the same interpretation of highly implemented with the weighted means of 3.70, 3.60, and 3.47, respectively. Moreover, statements "Services rendered to students who are physically and mentally challenged", and "Maintenance and replenishment of complete basic First Aid kit in all

classrooms", have the same interpretation of moderately implemented with the weighted means of 3.07 and 2.83, respectively.

The grand mean of level of implementation of SHNP in terms of health and nutrition services as perceived by the teacher-respondents is 3.33 with the interpretation of moderately implemented.

On the other hand, the school administrator-respondents' perception on the level of implementation of SHNP in terms of health and nutrition services statement "Quarterly checking of the weight and height of students reflected in the Nutritional Status Report", has an interpretation of extremely implemented with a weighted mean of 4.28.

Moreover, statements "Conduct of inspection and maintenance of all classrooms", "Referral of students who are sick and beyond teacher's control", "Maintenance and replenishment of complete basic First Aid kit in all classrooms", and "Services rendered to students who are physically and mentally challenged", have the same interpretation of highly implemented with the weighted means of 4.20, 4.04, 3.72, and 3.64, respectively.

The grand mean of level of implementation of SHNP in terms of health and nutrition services as perceived by the school administrator-respondents is 3.98 with the Inter-

pretation of highly implemented.

Healthful School Living. Table 19 discusses the level of implementation of SHNP as perceived by the teacher-respondents in terms of healthful school living.

As presented in the table, the teacher-respondents' perception on the level of implementation of SHNP in terms of healthful school living statements "Maintenance of proper ventilation and lighting in all classrooms", has the interpretation of highly implemented with a weighted mean of 3.70.

Moreover, statement "Maintenance of an organized and clean disposal Bins in all classrooms and maintenance of the Material Recovery facility in school", has the interpretation of moderately implemented with a weighted mean of 3.33.

Likewise, statements "Maintenance and improvement of the school canteen and school clinic", and "With one (1) functional and separate comfort rooms for male and female in every classroom", have the same interpretation of slightly implemented with the weighted means of 2.50 and 2.00, respectively.

Lastly, statement "Availability of a non-expired Fire extinguisher in every building of the school", has the interpretation of never implemented with a weighted mean of 1.53.

Table 19

Level of Implementation of SHNP as Perceived by the Two Groups of Respondents in Terms of Healthful School Living

Indicators	Teachers		School Administrators	
	WM	I	WM	I
1. Maintenance and improvement of the school canteen and school clinic.	2.50	SI	3.92	HI
2. Maintenance of proper ventilation and lighting in all classrooms.	3.70	HI	4.32	EI
3. Maintenance of an organized and clean disposal Bins in all classrooms and maintenance of the Material Recovery facility in school.	3.33	MI	4.04	HI
4. With one (1) functional and separate comfort rooms for male and female in every classroom.	2.00	SI	3.00	MI
5. Availability of a non-expired Fire extinguisher in every building of the school.	1.53	NI	2.52	SI
Grand Mean	**2.61**	**MI**	**3.56**	**HI**

Legend:
4.21 to 5.00 – Extremely Implemented (EI)
3.41 to 4.20 – Highly Implemented (HI)
2.61 to 3.40 – Moderately Implemented)MI)
1.81 to 2.60 – Slightly Implemented (SI)
1.00 to 1.80 – Never Implemented (NI)
Weighted Mean (WM)
Interpretation (I)

The grand mean of level of implementation of SHNP in terms of healthful school living as perceived by the teacher-respondents is 2.61 with the interpretation of moderately implemented.

On the other hand, the school administrator-respondents' perception on the level of implementation of SHNP in terms of healthful school living statements "Maintenance of proper ventilation and lighting in all classrooms", has the interpretation of extremely implemented with a weighted mean of 4.32.

Moreover, statements "Maintenance of an organized and clean disposal Bins in all classrooms and maintenance of the Material Recovery facility in school", and "Maintenance and improvement of the school canteen and school clinic", have the same interpretation of highly implemented with the weighted means of 4.04 and 3.92, respectively.

Likewise, statement "With one (1) functional and separate comfort rooms for male and female in every classroom", has the interpretation of moderately implemented with a weighted mean of 3.00.

Lastly, statement "Availability of a non-expired Fire extinguisher in every building of the school", has the interpretation of slightly implemented with a weighted mean of 2.52.

The grand mean of level of implementation of SHNP in terms of healthful school living as perceived by the school administrator-respondents is 3.56 with the interpretation of highly implemented.

School-Community Coordination. Table 20 discusses the

Table 20

Level of Implementation of SHNP as Perceived by the Two Groups of Respondents in Terms of School-Community Coordination

Indicators	Teachers		School Administrators	
	WM	I	WM	I
1. Conduct of PTA meeting and discussion of issues related to health and nutrition needs of students reflected in the PTA Minutes of Meeting.	3.53	HI	4.00	HI
2. Conduct of home or hospital visits to ill students with complete documents to support like letter of intent and pictures.	2.53	SI	2.96	MI
3. Conduct of health and nutrition survey in school with approved accomplishment report.	2.73	MI	3.84	HI
4. 100% attendance in school and community health and nutrition activity like Nutrition Month, Global Handwashing day, Oral Health Month, World Toilet Day and Drug Abuse prevention Week etc.	4.40	EI	4.40	EI
5. Conduct of action research related to health and nutrition and 100% attendance in any health community extension program.	1.67	NI	2.20	SI
Grand Mean	**2.97**	**MI**	**3.48**	**HI**

Legend:
4.21 to 5.00 – Extremely Implemented (EI)
3.41 to 4.20 – Highly Implemented (HI)
2.61 to 3.40 – Moderately Implemented)MI)
1.81 to 2.60 – Slightly Implemented (SI)
1.00 to 1.80 – Never Implemented (NI)
Weighted Mean (WM)
Interpretation (I)

level of implementation of SHNP as perceived by the two groups of respondents in terms of school-community

coordination.

As presented in the table, the teacher-respondents' perception on the level of implementation of SHNP in terms of school-community coordination statements "100% attendance in school and community health and nutrition activity like Nutrition Month, Global Handwashing day, Oral Health Month, World Toilet Day and Drug Abuse prevention Week etc.", has the interpretation of extremely implemented with a weighted mean of 4.40.

Moreover, statement "Conduct of PTA meeting and discussion of issues related to health and nutrition needs of students reflected in the PTA Minutes of Meeting", has the interpretation of highly implemented with a weighted mean of 3.53.

Likewise, statement "Conduct of health and nutrition survey in school with approved accomplishment report", has the interpretation of moderately implemented with a weighted mean of 2.73.

Next, statement "Conduct of home or hospital visits to ill students with complete documents to support like letter of intent and pictures", has the interpretation of slightly implemented with a weighted mean of 2.53.

Lastly, statement "Conduct of action research related to health and nutrition and 100% attendance in any health community extension program", has the interpretation of

never implemented with a weighted mean of 1.67.

The grand mean of level of implementation of SHNP in terms of school-community coordination as perceived by the teacher-respondents is 2.97 with the interpretation of moderately implemented.

On the other hand, the school administrator-respondents' perception on the level of implementation of SHNP in terms of school-community coordination statements "100% attendance in school and community health and nutrition activity like Nutrition Month, Global Handwashing day, Oral Health Month, World Toilet Day and Drug Abuse prevention Week etc.", has the interpretation of extremely implemented with a weighted mean of 4.40.

Moreover, statements "Conduct of PTA meeting and discussion of issues related to health and nutrition needs of students reflected in the PTA Minutes of Meeting", and "Conduct of health and nutrition survey in school with approved accomplishment report", have the same interpretation of highly implemented with the weighted means of 4.00 and 3.84, respectively.

Next, statement "Conduct of home or hospital visits to ill students with complete documents to support like letter of intent and pictures", has the interpretation of moderately implemented with a weighted mean of 2.96.

Lastly, statement "Conduct of action research related

to health and nutrition and 100% attendance in any health community extension program", has the interpretation of slightly implemented with a weighted mean of 2.20.

The grand mean of level of implementation of SHNP in terms of school-community coordination as perceived by the school administrator-respondents is 3.48 with the interpretation of highly implemented.

Mandated School Health and Nutrition Program. Table 21 discloses the level of implementation of SHNP as perceived by the two groups of respondents in terms of mandated school health and nutrition program.

As presented in the table, the teacher-respondents' perception on the level of implementation of SHNP in terms of mandated school health and nutrition program statements "Deworming of students twice every school year with coverage of 85% and above", has the interpretation of extremely implemented with a weighted mean of 4.67.

Moreover, statement "Students avail immunization services with at least 85% coverage", has the interpretation of highly implemented with a weighted mean of 3.87.

Likewise, statements "Students practice proper hand-washing and tooth brushing in school reflected in class program", and "100% improvement of malnourished students who are now normal after the feeding program", have the

Table 21

Level of Implementation of SHNP as Perceived by the Two Groups of Respondents in Terms of Mandated School Health and Nutrition Program

Indicators	Teachers		School Administrators	
	WM	I	WM	I
1. Deworming of students twice every school year with coverage of 85% and above.	4.67	EI	5.00	EI
2. Students practice proper handwashing and tooth brushing in school reflected in class program.	3.20	MI	4.08	HI
3. Students avail immunization services with at least 85% coverage.	3.87	HI	4.24	EI
4. Achieving 3 star in School Based Management –Wash in School.	2.37	SI	3.44	HI
5. 100% improvement of malnourished students who are now normal after the feeding program.	3.07	MI	3.56	HI
Grand Mean	**3.43**	**HI**	**4.06**	**HI**

Legend:
4.21 to 5.00 – Extremely Implemented (EI)
3.41 to 4.20 – Highly Implemented (HI)
2.61 to 3.40 – Moderately Implemented)MI)
1.81 to 2.60 – Slightly Implemented (SI)
1.00 to 1.80 – Never Implemented (NI)
Weighted Mean (WM)
Interpretation (I) `

same interpretation of moderately implemented with the weighted means of 3.20 and 3.07, respectively.

Lastly, statement "Achieving 3 star in School Based Management–Wash in School", has the interpretation of slightly implemented with a weighted mean of 2.37.

The grand mean of level of implementation of SHNP in terms of mandated school health and nutrition program as perceived by the teacher-respondents is 3.43 with the interpretation of highly implemented.

On the other hand, the school administrator-respondents' perception on the level of implementation of SHNP in terms of mandated school health and nutrition program statements "Deworming of students twice every school year with coverage of 85% and above", and "Students avail immunization services with at least 85% coverage", have the same interpretation of extremely implemented with the weighted means of 5.00 and 4.24, respectively.

Moreover, statements "Students practice proper hand washing and tooth brushing in school reflected in class program", "100% improvement of malnourished students who are now normal after the feeding program", and "Achieving 3 star in School Based Management –Wash in School", have the same interpretation of moderately implemented with the weighted means of 4.08, 3.56, and 3.44, respectively.

The grand mean of level of implementation of SHNP in terms of mandated school health and nutrition program as perceived by the school administrator-respondents is 4.06 with the interpretation of highly implemented.

Comparison Between the Teacher-Respondents' and School Administrator-Respondents' Perception on the Level of Implementation of the SHNP

Table 22 disclosed the comparison between the teacher- and school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP).

Since the computed t-value of 4.839 is higher compared to the critical t-value of 4.425 at 0.05 level of significance with 203 degrees of freedom, therefore, it is significant.

Hence, the null hypothesis stating that "there is no significant difference between teacher-respondents' and school administrator-respondents' perception on the level

Table 22

Comparison Between the Teacher-Respondents' and the School Administrator-Respondents' Perception on the Level of Implementation of the SHNP

Areas	Average Perception Value			
	Teacher-Respondent		School Administrator-Respondent	
	Mean	Interpre-tation	Mean	Interpre-tation
Grand Average of Perception Value	4.81	Extremely Felt	4.07	Highly Felt
t-test	4.839			
t-value at 0.05 with df = 203	4.425			
Interpretation	Significant			
Decision	Reject Ho			

of implementation of SHNP" is, therefore, rejected. Therefore, there is a difference in the perception of the two groups of respondents on the level of implementation of School Health and Nutrition Program (SHNP).

Relationship Between the Perceived Level of Implementation of SHNP and Their Profile Variates

This section discusses the relationship between the perceived level of implementation of School Health and Nutrition Program (SHNP) and the teacher-related variates and the school administrator-related variates.

Teacher-Related Variates. Table 23 discloses the relationship between the perceived level of implementation of School Health and Nutrition Program (SHNP) and the teacher-related variates.

As presented in the table, the r-value which shows the relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their age is 0.166 with a corresponding p-value of 0.026 of 2-tailed analysis with 179 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is lesser than 0.05, therefore the null hypothesis "There is no significant relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program

Table 23

Relationship Between the Teacher-Respondents' Perception on the Level of Implementation of SHNP and their Profile Variates

Level of Implementation of SHNP	Rxy	p - value	Evaluation	Decision
1. Age	0.166	0.026	S	Reject Ho
2. Sex	0.044	0.553	NS	Accept Ho
3. Civil Status	0.054	0.472	NS	Accept Ho
4. Highest Educational Attainment	0.124	0.096	NS	Accept Ho
5. Gross Monthly Family Income	0.102	0.175	NS	Accept Ho
6. Number of Relevant In-Service Trainings	0.194	0.009	S	Reject Ho
7. Number of Years in Teaching	0.219	0.003	S	Reject Ho
8. Attitude toward SHNP Implementation	0.008	0.920	NS	Accept Ho

Legend: $\alpha = 0.05$; p-value=>0.05 NS-Not Significant, p-value<0.05 S-Significant, df=179 (2 tailed analysis)

(SHNP) and their age" is rejected. Therefore, the teacher-respondents' age affects their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their sex is 0.044 with a corresponding p-value of 0.553 of 2-tailed analysis with 179 degrees of freedom. The r-value is interpreted as very weak linear

association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their sex" is accepted. Therefore, the teacher-respondents' sex does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their civil status is 0.054 with a corresponding p-value of 0.472 of 2-tailed analysis with 179 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their civil status" is accepted. Therefore, the teacher-respondents' civil status does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the

relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their highest educational attainment is 0.124 with a corresponding p-value of 0.096 of 2-tailed analysis with 179 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their highest educational attainment" is accepted. Hence, the teacher-respondents' highest educational attainment does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their gross monthly family income is 0.102 with a corresponding p-value of 0.175 of 2-tailed analysis with 179 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their gross

monthly family income" is accepted. This meant that the teacher-respondents' gross monthly family income does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their number of relevant in-service trainings is 0.102 with a corresponding p-value of 0.026 of 2-tailed analysis with 179 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is lesser than 0.05, therefore the null hypothesis "There is no significant relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their number of relevant in-service trainings" is rejected. Hence, the teacher-respondents' number of relevant in-service trainings affects their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their number of years in teaching is 0.219 with a corresponding p-value of 0.003 of 2-tailed

analysis with 179 degrees of freedom. The r-value is interpreted as weak linear association. Since p-value is lesser than 0.05, therefore the null hypothesis "There is no significant relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their number of years in teaching" is rejected. Therefore, the teacher-respondents' number of years in teaching affects their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their attitude toward SHNP implementation is 0.008 with a corresponding p-value of 0.920 of 2-tailed analysis with 179 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the teacher-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their attitude toward SHNP implementation" is accepted. Therefore, the teacher-respondents' attitude toward SHNP implementation does not affect their perception

on the level of implementation of School Health and Nutrition Program (SHNP).

School Administrator-Related Variates. Table 24 discloses the relationship between the perceived level of implementation of School Health and Nutrition Program (SHNP) and the teacher-related variates.

As presented in the table, the r-value which shows the relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their age is 0.166 with a corresponding p-value of 0.026 of 2-tailed analysis with 24 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is lesser than 0.05, therefore the null hypothesis "There is no significant relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their age" is rejected. Therefore, the school administrator-respondents' age affects their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their sex is 0.016 with a corresponding p-value of 0.938 of 2-tailed analysis with 24

Table 24

Relationship Between the School Administrator-Respondents' Perception on the Level of Implementation of SHNP and their Profile Variates

Level of Implementation of SHNP	Rxy	p - value	Evaluation	Decision
1. Age	0.166	0.026	S	Reject Ho
2. Sex	0.016	0.938	NS	Accept Ho
3. Civil Status	0.030	0.886	NS	Accept Ho
4. Highest Educational Attainment	0.410	0.042	S	Reject Ho
5. Gross Monthly Family Income	0.198	0.344	NS	Accept Ho
6. Number of Relevant In-Service Trainings	0.318	0.121	NS	Accept Ho
7. Number of Years as School Administrator	0.020	0.924	NS	Accept Ho
8. Attitude toward SHNP Implementation	0.832	0.000	S	Reject Ho

Legend: $\alpha = 0.05$; p-value=>0.05 NS-Not Significant, p-value<0.05 S-Significant, df=24 (2 tailed analysis)

degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their sex" is accepted. Therefore, the school administrator-respondents' sex does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their civil status is 0.030 with a corresponding p-value of 0.886 of 2-tailed analysis with 24 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their civil status" is accepted. Therefore, the school administrator-respondents' civil status does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their highest educational attainment is 0.410 with a corresponding p-value of 0.042 of 2-tailed analysis with 24 degrees of freedom. The r-value is interpreted as moderate linear association. Since p-value is lesser than 0.05, therefore the null hypothesis "There is no significant relationship between the school administrator-respondents' perception on the level of

implementation of School Health and Nutrition Program (SHNP) and their highest educational attainment" is rejected. Therefore, the school administrator-respondents' highest educational attainment affects their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their gross monthly family income is 0.198 with a corresponding p-value of 0.344 of 2-tailed analysis with 24 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their gross monthly family income" is accepted. Therefore, the school administrator-respondents' gross monthly family income does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the school administrator-respondents' perception on the level of implementation of School Health

and Nutrition Program (SHNP) and their number of relevant in-service trainings is 0.318 with a corresponding p-value of 0.121 of 2-tailed analysis with 24 degrees of freedom. The r-value is interpreted as weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their number of relevant in-service trainings" is accepted. Therefore, the school administrator-respondents' number of relevant in-service trainings does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their number of years as school administrator is 0.020 with a corresponding p-value of 0.924 of 2-tailed analysis with 24 degrees of freedom. The r-value is interpreted as very weak linear association. Since p-value is greater than 0.05, therefore the null hypothesis "There is no significant relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition

Program (SHNP) and their number of years as school administrator" is accepted. Therefore, the school administrator-respondents' number of years as school administrator does not affect their perception on the level of implementation of School Health and Nutrition Program (SHNP).

As presented in the table, the r-value which shows the relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their attitude toward SHNP implementation is 0.832 with a corresponding p-value of 0.000 of 2-tailed analysis with 24 degrees of freedom. The r-value is interpreted as high linear association. Since p-value is lesser than 0.05, therefore the null hypothesis "There is no significant relationship between the school administrator-respondents' perception on the level of implementation of School Health and Nutrition Program (SHNP) and their attitude toward SHNP implementation" is rejected. Therefore, the school administrator-respondents' attitude toward SHNP implementation affects their perception on the level of implementation of School Health and Nutrition Program (SHNP).

Implications of the Study

The following implications were derived from the

findings of this study.

1. Almost all teachers were in their thirties which indicate that they tend to explore relationships leading toward longer-term commitments with someone other than a family member or with an organization.

2. Most of the teachers, in terms of the attitude toward implementation of the School Health and Nutrition Program (SHNP), found it a need so that all student would be perform well academically.

3. Most of the teachers, in terms of their perception on the level of implementation of School Health and Nutrition Program (SHNP), knew that the maintenance of proper ventilation and lighting in all classrooms is a must.

4. Almost all school administrators were in their forties which indicate that they tend to explore relationships leading toward longer-term commitments with someone other than a family member or with an organization.

5. Most of the school administrators, in terms of the attitude toward implementation of the School Health and Nutrition Program (SHNP), found it a need so that all student would be healthy and normal.

6. Most of the school administrators, in terms of their perception on the level of implementation of School Health and Nutrition Program (SHNP), knew that the

maintenance of proper ventilation and lighting in all classrooms is a must.

BIBLIOGRAPHY

A. BOOKS

Acero, Victorina D. et al. **Principle of Teaching I**. Rex Bookstore, June 2015.

Corpuz, Brenda B. et al. **Child and Adolescent Development :Looking at Learners at Different Life Stages**. Lorimar Publishing, Inc. 2015.

Dañocap, O B. **Classroom Management: Preparing Special Education Teachers**. Lorimar Publishing, Inc. 2010.

De Vera, Elisheba D. et al. **Special Education**. Great Books Trading, 2016.

Lewenson, Sandra B. and Marie-Truglio-Londrigan. **Practicing Primary Health Care in Nursing: Caring for Population**. Jones & Barlett Learning. 2017.

Llagas, Avelina T. et al. **Becoming a 21st Century Educational Leader**. Lorimar Publishing, Inc., 2016.

Marzano, Robert J. et al. **Collaborative teams that Transforms Schools: The next step in PLCS**. Marzano Research. 2016.

Scott, Daniel and Robert J. Marzano**. Awaken the Learner: Finding the Sources of Effective Education**. 2014.

Zulueta, Francisco M. **Principle and Methods of Teaching**. National Bookstore. 2012.

B. MANUALS/ARTICLES/PERIODICALS AND OTHER SOURCES

Education and Leadership. Vol. 74 No. 6 p. 94, March 2017.

The Education for All Global Monitoring Report 2013 UNESCO.

1987 Philippine Constitution Article 14, Section 1, Article II section 15.

DO 43, s. 2011 - Strengthening the School Health and Nutrition Programs For the Achievement of the Education for All (EFA) and Millennium Development Goals (MDGs).

Bangladesh School Health and Nutrition Manual January 2010.

SBM-WinS Manual November 2007.

C. PUBLISHED AND UNPUBLISHED MATERIALS

Armateo, Alma Z. "Implementation of the Physical Education and School Sports Program and Students' Physical Fitness". Master Thesis. Eastern Visayas State University, 2016.

Campilla, Edrielyn C. "Essential Health Care Program (EHCP) Implementation in Jiabong District: Basis for an Intervention Scheme". Master Thesis. Samar College, 2017.

Cañete, Marilou Q. "Implementation of electronic Statement of Receipts and Expenditures: Official Reporting System of Local Government Units". Doctoral Thesis. Eastern Visayas State University, 2016.

Castil, Rotchie P. "Implementation of Disaster Risk Reduction and Management in Secondary Schools of Leyte Division". Doctoral Thesis. Eastern Visayas State University, 2016.

Catubao, Jessie T. "Status of Implementation of Special Education Program in the Division of Leyte: Basis for Intervention Scheme". Doctoral Thesis. Eastern Visayas State University, 2013

Dauz, Lucia P. "Implementation of the Department of Science and technology Community-Based Projects in eastern Visayas: An Assessment". Doctoral Thesis. Eastern Visayas State University, 2016.

De lira, Evarista J. "Implementation of Control Mechanism on the Monitoring of Pupil's Reading Performance and Oral Reading Proficiency". Doctoral Thesis. Eastern Visayas State University, 2017.

Delon, Rene A. "Implementation of the School-Based Management Program in Abuyog Districts, Leyte Division". Doctoral Thesis. Eastern Visayas State University, 2011.

Modina, Edna P. " Status of Implementation of Bilingual Education Policy in state Universities in Region VIII". Doctoral Thesis. Eastern Visayas State University, 2012.

Queipo, Bella D. " Implementation of Physical Education Program of Naval State University in the Province of Biliran". Master Thesis. Eastern Visayas State University, 2011.

Quiminales, Obdulia N. "Implementation of the Basic Education Curriculum In Secondary Schools in the Division of Eastern samar: Inputs to an Intervention Scheme". Doctoral Thesis. Eastern Visayas State University, 2009

Ruiz, Adela J. and Guiking, Ma. Amparo B. "Strategies for Optimizing Implementation of School Health and Nutrition Program in Public elementary Schools in the Philippines", 2013.

D. ELECTRONIC SOURCES

https://johnparankimalil.wordpress.com/2012/03/26/meaning-nature-and-aims-of-education/ 17 January 2018.

https://en.unesco.org/themes/right-to-education/ 18 January 2018.

https://www.constituteproject.org/constitution/Philippines_1987/January 18, 2018.

, 18 January 2018.

http://www.deped.gov.ph/orders/do-43-s-2011,January18,2018. www.savethechildren.org/SHNProgramUpdate 2012/ 18 January 2018.

https://newyorkessays.com/essay-banduras-social-cognitive-theory/ 18 January 2018.

https://tasa.org.au/wp-content/uploads/2012/11/Maller-Cecily1.pdf/ 19 January 2018.

https://files.eric.ed.gov/fulltext/ED495823.pdf, 19 January 2018.

https://doi.org/10.17226/9084/ 22 January 2018.

http:// www. dictionary. com/ browse/ competence/ 29 January19,2018.

https:// www.thefreedictionary.com/ attitude/ 18 January 2018.

https://www.collinsdictionary.com/dictionary/english/student, 18 January 2018.

https://www.merriamwebster.com/dictionary/teacher/18 January 2018.

https://study.com/academy/ lesson/what-is-health-education-definition-topics-role-in society.html/ 18 January 2018.

https://www.medicinenet.com/script/main/art.asp?articlekey=16125/ 18 January 2018.

http://www.who.int/school youth health/gshi/hps/en//18 January 2018.

http://www.communityschools.org/leadership/coordinator.aspx/ 18 January 2018.

https://www.jica.go.jp/project/nepal/002/materials/pdf/leaflet 01.pdf/ 18 January 12018.

APPENDICES

APPENDIX A

THESIS TITLE APPROVAL

Republic of the Philippines
Commission on Higher Education
SAMAR COLLEGE
COLLEGE OF GRADUATE STUDIES
City of Catbalogan

July 26, 2017

NIMFA T. TORREMORO, Ph.D.
Dean, College of Graduate Studies
Samar College, City of Catbalogan

Madame:

With the desire of the undersigned graduate student to start writing his thesis, he is submitting the following titles for evaluation, preferably Title Number 1, to wit:

1. Implementation of School Health and Nutrition Program in the District of Calbiga
2. The level of Implementation of School-Based Management-Wash in School Program in Calbiga District S.Y. 2017-2018
3. The impact of BMI Assessment Training Program for Teachers on Students Nutritional Status and Academic Performance

Anticipating for your favourable action.

Very truly yours.

(SGD.) LEO A. PENTASON,RM, RN
Researcher

RECOMMENDING APPROVAL:

Thesis Committee:

(SGD.) NATALIA B. UY, Ph. D.
(SGD.) GUILLERMO D. LAGBO, DPA
(SGD.) PEDRITO G. PADILLA, Ph. D

Approved Title No: 1
APPROVED:

(SGD.) NIMFA T. TORREMORO, PH. D.
Dean, College of Graduate Studies

APPENDIX B

ASSIGNMENT OF ADVISER

Republic of the Philippines
Commission on Higher Education
SAMAR COLLEGE
COLLEGE OF GRADUATE STUDIES
City of Catbalogan

NAME	:	LEO A. PENTASON
COURSE	:	Master of Arts in Education
SPECIALIZATION	:	Educational Management
TITLE	:	Implementation of School Health and Nutrition Program (SHNP) in the District of Calbiga
NAME OF ADVISER	:	Pedrito G. Padilla, Ph.D.

(SGD.) LEO A. PENTASON, RM, RN
Researcher

(SGD.) PEDRITO G. PADILLA, Ph.D.
Adviser

APPROVED:

(SGD.) NIMFA T. TORREMORO, Ph.D.
Dean, College of Graduate Studies

APPENDIX C

QUESTIONNAIRE FOR THE TEACHER RESPONDENT

I. PERSONAL PROFILE

Direction: Kindly supply the required pieces of information asked for by writing in the spaces provided or simply tick (/) the appropriate boxes.

1. Name: _____ **Age:** _____

2. Sex: Male ☐ Female ☐

3. Civil Status:

☐ Single ☐ Married ☐ Widow/er

☐ Live-in ☐ Separated ☐ Annulled

4. Highest Educational Attainment:

☐ BSEd/BEEd Graduate

☐ MA/MA.Ed/MS Units

☐ MA/M.A.Ed./MS Graduate

☐ Ph.D./Ed.D. Units

☐ Ph.D./Ed.D CAR

☐ Ph.D./Ed.D. Graduate

5. Gross Monthly Family Income:

☐ 100,000 and above

☐ 70,000-99,999

☐ 50,000-69,999

☐ 30,000-49,999

☐ 10,000-29,999

☐ Less than 10,000

6. Number of Relevant In-Service Trainings:

Level	Number of Trainings
International	
National	
Regional	
Division	
District	

7. Number of Years in Teaching:

☐ 26-30 years and above
☐ 21-25 years
☐ 16-20 years
☐ 11-15 years
☐ 6-10 years
☐ 1-5 years and below

II. ATTITUDE TOWARD SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP) IMPLEMENTATION

Direction: Below are the statements which describe your attitude in the implementation of school health and nutrition program. Please check every indicator that describes your attitude in the space provided by using the scale as guide below:

5	Strongly Agree	(SA)
4	Agree	(A)
3	Uncertain/Undecided	(U/U)
2	Disagree	(D)
1	Strongly Disagree	(SD)

Attitude Statements	R E S P O N S E S				
	5 (SA)	4 (A)	3 (U/U)	2 (D)	1 (SD)
1. Implementing School Health and Nutrition Program is satisfying and helpful.					

2. All students should be healthy and with normal Body Mass Index.						
3. Identification of health problems of students is conducted and a solution is given.						
4. Teacher's knowledge and skills about school health and nutrition is updated and improved.						
5. Memo / orders and practices about health and nutrition observances are always followed with complete documents to support.						
6. Health and nutrition needs of students is reflected in anecdotal report.						
7. School Health and Nutrition Program is implemented with enthusiasm and passion.						
8. Health and nutrition program is a						

number one priority in school.					
9. School health and nutrition program is very essential in improving student's academic performance.					
10. All teachers are role model in school when it comes to health and nutrition.					

III. IMPLEMENTATION OF SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP)

Direction: Below are the statements which describe your level of school health and nutrition program implementation. Please check every indicator that describes your level in the space provided by using the scale as guide below.

5	Extremely Implemented	(EI)
4	Highly Implemented	(HI)
3	Moderately Implemented	(MI)
2	Slightly Implemented	(SI)
1	Not Implemented	(NI)

INDICATOR	**R E S P O N S E S**				
	5 (EI)	**4 (HI)**	**3 (MI)**	**2 (SI)**	**1 (NI)**
1. Health and Nutrition Education					
1.1 Incorporation of topics about health and nutrition in all subject areas reflected in the daily lesson logs.					
1.2 Conduct of health					

	and nutrition education to all classes with proofs of verifications.					
1.3	Conduct of health and nutrition counselling to all classes reflected in the counselling logbooks.					
1.4	100% attendance and participation in any school and nutrition activity.					
1.5	Maintenance and update of IEC materials about health and nutrition present in all classrooms.					
2. Health and Nutrition Services						
2.1	Quarterly checking of the weight and height of students reflected in the Nutritional Status Report.					
2.2	Conduct of inspection and maintenance of all classrooms.					
2.3	Maintenance and replenishment of complete basic First Aid kit in all classrooms.					
2.4	Referral of students who are sick and beyond teacher's control.					
2.5	Services rendered to students who are physically and mentally challenged.					

3. Healthful School Living						
3.1	Maintenance and improvement of the school canteen and school clinic.					
3.2	Maintenance of proper ventilation and lighting in all classrooms.					
3.3	Maintenance of an organized and clean disposal Bins in all classrooms and maintenance of the Material Recovery facility in school.					
3.4	with one (1) functional and separate comfort rooms for male and female in every classroom.					
3.5	Availability of a non-expired Fire extinguisher in every building of the school.					
4. School-Community Coordination						
4.1	Conduct of PTA meeting and discussion of issues related to health and nutrition needs of students reflected in the PTA Minutes of Meeting.					
4.2	Conduct of home or hospital visits to ill students with complete documents to support like letter of intent and pictures.					

4.3	Conduct of health and nutrition survey in school with approved accomplishment report.					
4.4	100% attendance in school and community health and nutrition activity like Nutrition Month, Global Handwashing day, Oral Health Month, World Toilet Day and Drug Abuse prevention Week etc.					
4.5	Conduct of action research related to health and nutrition and 100% attendance in any health community extension program.					
5. Mandated School Health and Nutrition Program						
5.1	Deworming of students twice every school year with coverage of 85% and above.					
5.2	Students practice proper handwashing and tooth brushing in school reflected in class program.					
5.3	Students avail immunization services with at least 85% coverage.					
5.4	Achieving 3 star in School Based Management –Wash in School.					
5.5	100% improvement of malnourished students who are now normal after the feeding					

program.					

Thank you very much for your cooperation!

Leo A. PENTASON, RM, RN
Researcher

APPENDIX D

QUESTIONNAIRE FOR THE SCHOOL ADMINISTRATOR RESPONDENT

I. PERSONAL PROFILE

Direction: Kindly supply the required pieces of information asked for by writing in the spaces provided or simply tick (/) the appropriate boxes.

1. Name: _____ **Age:** _____

2, Sex: Male ☐ Female ☐

3. Civil Status:

☐ Single ☐ Married ☐ Widow/er

☐ Live-in ☐ Separated ☐ Annulled

4, Highest Educational Attainment:

☐ BSEd/BEEd Graduate

☐ MA/MA.Ed/MS Units

☐ MA/M.A.Ed./MS Graduate

☐ Ph.D./Ed.D. Units

☐ Ph.D./Ed.D CAR

☐ Ph.D./Ed.D. Graduate

5. Gross Monthly Family Income:

☐

100,000 and above

☐ 70,000-99,999

☐ 50,000-69,999

☐ 30,000-49,999

☐ 10,000-29,999

☐ Less than 10,000

6. Number of Relevant In-Service Trainings:

Level	Number of Trainings
International	
National	
Regional	
Division	
District	

7. Number of Years as School Administrator:

☐ 26-30 years and above

☐ 21-25 years

☐ 16-20 years

☐ 11-15 years

☐ 6-10 years

☐ 1-5 years and below

II. ATTITUDE TOWARD IMPLEMENTING SCHOOL HEALTH AND NUTRITION PROGRAM

Direction: Below are the statements which describe your attitude in the implementation of school health and nutrition program. Please check every indicator that describes your attitude in the space provided by using the scale as guide below:

5	Strongly Agree	(SA)
4	Agree	(A)
3	Uncertain/Undecided	(U/U)
2	Disagree	(D)
1	Strongly Disagree	(SD)

`

Attitude Statements	RESPONSES				
	5 (SA)	4 (A)	3 (U/U)	2 (D)	1 (SD)
1. Implementing School Health and Nutrition Program is satisfying and helpful.					
2. All students should be healthy and with normal Body Mass Index.					
3. Identification of health problems of students is conducted and a solution is given.					
4. Teacher's knowledge and skills about school health and nutrition is updated and improved.					
5. Memo / orders and practices about health and nutrition observances are always followed with complete documents to support.					
6. Health and nutrition needs of students is reflected in anecdotal report.					
7. School Health and Nutrition Program is implemented with enthusiasm and passion.					
8. Health and nutrition program is a number one priority in school.					
9. School health and nutrition program is very essential in improving student's academic					

performance.					
10. All teachers are role model in school when it comes to health and nutrition.					

III. IMPLEMENTATION OF SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP)

Direction: Below are the statements which describe your level of school health and nutrition program implementation. Please check every indicator that describes your level in the space provided by using the scale as guide below.

5	Extremely Implemented	(EI)
4	Highly implemented	(HI)
3	Moderately Implemented	(MI)
2	Slightly Implemented	(SI)
1	Not Implemented	(NI)

INDICATOR	**R E S P O N S E S**				
	5 (EI)	**4 (HI)**	**3 (MI)**	**2 (SI)**	**1 (NI)**
1. Health and Nutrition Education					
1.1 Incorporation of topics about health and nutrition in all subject areas reflected in the daily lesson logs.					
1.2 Conduct of health and nutrition education to all classes with proofs of verifications.					
1.3 Conduct of health and nutrition counselling to all classes reflected in the counselling logbooks.					
1.4 100% attendance and participation in any school and					

	nutrition activity.					
1.5	Maintenance and update of IEC materials about health and nutrition present in all classrooms.					
2. Health and Nutrition Services						
2.1	Quarterly checking of the weight and height of students reflected in the Nutritional Status Report.					
2.2	Conduct of inspection and maintenance of all classrooms.					
2.3	Maintenance and replenishment of complete basic First Aid kit in all classrooms.					
2.4	Referral of students who are sick and beyond teacher's control.					
2.5	Services rendered to students who are physically and mentally challenged.					
3. Healthful School Living						
3.1	Maintenance and improvement of the school canteen and school clinic.					
3.2	Maintenance of proper ventilation and lighting in all classrooms.					
3.3	Maintenance of an organized and clean disposal Bins in all classrooms and maintenance of the Material Recovery					

	facility in school.					
3.4	With one (1) functional and separate comfort rooms for male and female in every classroom.					
3.5	Availability of a non-expired Fire extinguisher in every building of the school.					
4. School-Community Coordination						
4.1	Conduct of PTA meeting and discussion of issues related to health and nutrition needs of students reflected in the PTA Minutes of Meeting.					
4.2	Conduct of home or hospital visits to ill students with complete documents to support like letter of intent and pictures.					
4.3	Conduct of health and nutrition survey in school with approved accomplishment report.					
4.4	100% attendance in school and community health and nutrition activity like Nutrition Month, Global Handwashing day, Oral Health Month, World Toilet Day and Drug Abuse prevention Week etc.					
4.5	Conduct of action research related to health and					

	nutrition and 100% attendance in any health community extension program.					
5. Mandated School Health and Nutrition Program						
5.1	Deworming of students twice every school year with coverage of 85% and above.					
5.2	Students practice proper handwashing and tooth brushing in school reflected in class program.					
5.3	Students avail immunization services with at least 85% coverage.					
5.4	Achieving 3 star in School Based Management-Wash in School.					
5.5	100% improvement of malnourished students who are now normal after the feeding program.					

Thank you very much for your cooperation!

LEO A. PENTASON, RM, RN
Researcher

APPENDIX E

LETTER FOR PRE-ORAL DEFENSE

Republic of the Philippines
Commission on Higher Education
SAMAR COLLEGE
COLLEGE OF GRADUATE STUDIES
City of Catbalogan

October 23, 2017

NIMFA T. TORREMORO, Ph.D.
College of Graduate Studies
Samar College, City of Catbalogan

Madam:

I have the honor to request that I be scheduled on February 4, 2018 to have my pre-oral defense with the thesis entitled "**IMPLEMENTATION OF SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP) IN THE DISTRICT OF CALBIGA**".

In this connection, I am submitting herewith seven copies of my thesis proposal for distribution to my adviser, the chairman and the members of the panel of oral examination.

I hope for your early and favourable action on this request.

Very truly yours,

(SGD.) LEO A. PENTASON, RM, RN
Researcher

Recommending Approval:

(SGD.) PEDRITO G. PADILLA, Ph.D.

Adviser

APPROVED:

(SGD.) NIMFA T. TORREMORO, Ph.D.
Dean, College of Graduate Studies

APPENDIX F

LETTER TO THE SCHOOLS DIVISION SUPERINTENDENT

Republic of the Philippines
Commission on Higher Education
SAMAR COLLEGE
COLLEGE OF GRADUATE STUDIES
City of Catbalogan

October 23, 2017

DR. MARIZA S. MAGAN
Schools Division Superintendent
Division of Samar
Catbalogan City, Samar

Madam:

Greetings!

The undersigned would like to seek permission from your good office to conduct a study on his Master's Thesis entitled "**IMPLEMENTATION OF SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP) IN THE DISTRICT OF CALBIGA**".

The target respondents of the said study in which questionnaires will be fielded are the elementary and secondary schools of Calbiga District. All of the elementary and secondary teacher-advisers and school administrators are the respondents of this study. With this, the researcher will pledge one copy of this study to your good office.

Thank you in anticipation for a favourable consideration. More power and God Bless.

Respectfully yours,

(SGD.) LEO A. PENTASON, RM, RN
Researcher

Recommending Approval:

(SGD.) NIMFA T. TORREMORO, Ph.D.
Dean, College of Graduate Studies

APPROVED:

(SGD.) MARIZA S. MAGAN, Ed.D.
Schools Division Superintendent

APPENDIX G

LETTER TO THE DISTRICT SUPERVISOR

Republic of the Philippines
Commission on Higher Education
SAMAR COLLEGE
COLLEGE OF GRADUATE STUDIES
City of Catbalogan

October 23, 2017

MRS. MA. RUBY A. CALONG
Calbiga District Supervisor
Calbiga, Samar

Madam:

Greetings!

The undersigned would like to seek permission from your good office to conduct a study on his Master's Thesis entitled "**IMPLEMENTATION OF SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP) IN THE DISTRICT OF CALBIGA".**

In this regard, the undersigned would like to ask for a copy of the list of administrator-respondents and teacher-respondents of the secondary schools of Calbiga District with their respective full names. With this, the researcher will pledge one copy of this study to your good office.

Thank you in anticipation for a favourable consideration. More power and God Bless.

Respectfully yours,

(SGD.) LEO A. PENTASON, RM, RN
Researcher

Recommending Approval:

(SGD.) NIMFA T. TORREMORO, Ph.D.
Dean, College of Graduate Studies

APPROVED:

(SGD.) MA. RUBY A. CALONG
Calbiga District Supervisor

APPENDIX H

LETTER TO THE SCHOOL HEAD

Republic of the Philippines
Commission on Higher Education
SAMAR COLLEGE
COLLEGE OF GRADUATE STUDIES
City of Catbalogan

_____

_____
_____
_____

Sir/Madam:

Greetings!

The undersigned would like to seek permission from your good office to conduct a study on his Master's Thesis entitled "**IMPLEMENTATION OF SCHOOL HEALTH AND NUTRITION PROGRAM (SHNP) IN THE DISTRICT OF CALBIGA".**

In view thereof, he would like to ask permission from your good office that he be allowed to field his questionnaires to all of your elementary and secondary school teachers.

Thank you in anticipation for a favourable consideration. More power and God Bless.

Respectfully yours,

(SGD.) LEO A. PENTASON, RM, RN
Researcher

Recommending Approval:

(SGD.) PEDRITO G. PADILLA, Ph.D.
Adviser

(SGD.) NIMFA T. TORREMORO, Ph.D.
Dean, College of Graduate Studies

APPROVED:

_____

_____

CURRICULUM VITAE

NAME : LEO ASWEGI PENTASON

HOME ADDRESS : Brgy. Canticum, Calbiga, Samar

DATE OF BIRTH : December 4, 1987

PLACE OF BIRTH : Brgy. Ubbog, Salcedo, Ilocos Sur

CIVIL STATUS : Single

RELIGION : Roman Catholic

FATHER'S NAME : FRANCISCO ZAMORA PENTASON

MOTHER'S NAME : ZENAIDA DARIO ASWEGI-PENTASON

PRESENT POSITION: Secondary School Teacher II

STATION : Calbiga National High School

DEGREE PURSUED : Master of Arts in Education

SPECIALIZATION : Educational Management

EDUCATIONAL BACKGROUND

Elementary : Canticum Elementary School
Brgy. Canticum, Calbiga, Samar
(1996-2000)
Valedictorian and Best in
Mathematics

Secondary : Eastern Visayas Regional Science
High School
Sitio Canuctan Macaalan, Calbiga,
Samar (2000-2004)
Third Honorable Mention

Tertiary : University of Northern Philippines
Candon Branch, Candon City, Ilocos

		Sur Certificate in Health Aide (2004-2005) Dean's Lister University of Northern Philippines Candon Branch, Candon City, Ilocos Sur Certificate in Midwifery (2005-2006) Dean's Lister Campus Journalism Awardee University of Northern Philippines Vigan City, Ilocos Sur Bachelor of Science in Nursing (2006-2008) Leadership Awardee Campus Journalism Awardee Calbiga Western Samar College Professional Education Unit Earner 24 Units (2011-2012)
Graduate	:	Master of Arts in Education Major in Educational Management CAR 2012-2013 Samar College Catbalogan City, Samar (On-Going)

EMPLOYMENT RECORD

Institution/Office Address	Position	Year
Calbiga National High School Department of Education Calbiga Samar	Secondary School Teacher II	2017
Calbiga National High School Department of Education Calbiga, Samar	Secondary School Teacher I	2013
Calbiga Western Samar College Commission on Higher Education Calbiga, Samar	Part-Time Instructor	2012
RHMPP Department of Health	Midwife	2012

Samar Provincial Office Catbalogan City		
RN Heals Department of Health Samar Provincial Office Catbalogan City	Nurse	2011
Project NARS Department of Health Samar Provincial Office Catbalogan City	Nurse	2011
National Nutrition Council Regional Office Government Center, Candahug Palo, Leyte	Nutrition Officer I	2010
Calbiga Municipal Health Office LGU Calbiga Calbiga, Samar	Nurse/midwife	2010
Signature Lines Inc. SM Corporate Building Pasay City	Stock Clerk	2009

ELIGIBILITIES

Licensure Examination for Teachers (LET)

Rating	:	86.80%
Date of Examination	:	March 10, 2013
Place of Examination	:	Sagkahan National High School Tacloban City
License Number	:	1191197

Civil Service Examination Sub-Professional

Rating	:	82.60 (Top 8 Regional Level)
Date of Examination	:	October 21, 2012
Place of examination	:	Eastern Visayas State University Tacloban City
Number	:	08-170581

Civil Service Examination Professional

Rating	:	81.41
Date of examination	:	October 17, 2010
Place of Examination	:	Leyte Normal University

Tacloban City
Number : 08-133009

NAPOLCOM Entrance Examination
Rating : 78.80
Date of Examination : October 18, 2009
Place of Examination: Leyte Normal University
Tacloban City
Application Number : 784174

Nursing Licensure Examination
Rating : 75.20
Date of Examination : June 1-2, 2008
Place of Examination: St. Paul's Business School
Palo, Leyte
License Number : 0515408

Midwifery Licensure Examination
Rating : 80.35
Date of Examination : November 6-7, 2006
Place of examination: Baguio central University
Baguio City
License Number : 0142791

AWARDS RECEIVED/RECOGNITION/DISTINCTION

Most Outstanding MAPEH Teacher in Samar Division During the Division Pasidungog 2017, August 25, 2017.

Outstanding MAPEH Teacher of Calbiga National High School For School Year 2016-2017, Calbiga, Samar. March 2017

Basic Education Research Fund Recipient 2016

Recognition as Coordinator for SBM-WinS attaining 3 Stars for Calbiga National high School School year 2015-2016.

COMMUNITY EXTENSION SERVICES

Chairman, at Canbagtic Calbiga, Samar Precinct Nos. 0031A and 0031B, National, Local and ARMM Election, May 9,2016.

Vice-President, Canticum Elementary School Alumni Homecoming, Calbiga Samar, January 30, 2016.

SEMINARS/TRAININGS ATTENDED

Division Enhancement Seminar for MAPEH teachers held at Tia Anita's Place, Catbalogan City, September 29, October 1,2017.

School-Based Orientation Seminar on National Drug Education Program (NDEP) and Barkada Kontra Droga Launching Seminar held at Calbiga National High school, March 11, 2017.

Division training on school-Based management Wash in Schools Implementation held at Redaja Hall Catbalogan City, September 21-23, 2016.

2nd Regional SBM-WinS Summit held at Department of Education Regional Office Government Center Candahug, Palo Leyte, December 14-16, 2016

School-Based Joint BSP-GSP Jambo Rally 2016 held at Calbiga National High School Calbiga, Calbiga Samar, October 28-30, 2016.

Division Action Research Workshop for Teachers 2016 held at Redaja Hall Catbalogan City, August 30-September 1, 2016.

School-Based YES-O Symposium on Waste Management Program 2016 held at Calbiga National High School, Calbiga Samar, July 23, 2016.

School-Based Training Workshop on Action Research held at Calbiga National High School, Calbiga, Samar, June 23-25, 2016.

Regional Action Research Writing Workshop for Teachers 2016 held at Department of Education Regional Office Government Center Candahug, Palo Leyte,March 24-26, 2016.

Chapter 5

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

This chapter presents the summary of the major findings, the conclusion drawn, and the recommendations that were formulated based on the results of the study.

Summary of Findings

These were the salient findings of the study:

1. The oldest teacher-respondents registered an age of 51 years old while the youngest was 23 years old whereby the mean age of the teacher-respondents was calculated at 33.400 years old with a standard deviation (SD) of 7.9282 years. Moreover, majority of the teacher-respondents were female accounting for 150 or 83.30 percent.

2. Majority of the teacher-respondents were married accounting for 96 or 53.40 percent.

3. Majority of the teacher-respondents were college graduates accounting for 84 or 46.70 percent.

4. The gross monthly family income of the teacher-respondents was between Php 10,000 to Php 29,999 accounting for 120 or 66.70 percent. Whereby, the mean income of the teacher-respondents was calculated at Php 14,382.37 with a standard deviation of 7,200.88.

5. Majority of the teacher-respondents had attended school and district level in-service trainings accounting for 95 or 52.82 percent. Whereby, the mean attended trainings of the teacher-respondents was calculated at 0.353 with a standard deviation of 0.788.

6. Majority of the teacher-respondents worked for 1 to 5 years and below accounting for 84 or 46.70 percent. Whereby, the mean teaching experience of the teacher-respondents was calculated at 5.033 years with a standard deviation of 1.1718.

7. The oldest school administrator-respondents registered an age of 62 years old while the youngest was 36 years old whereby the mean age of the teacher-respondents was calculated at 48.720 years old with a standard deviation (SD) of 7.8077 years. Moreover, majority of the school administrator-respondents were female accounting for 13 or 52.00 percent.

8. Majority of the school administrator-respondents were married accounting for 16 or 64.00 percent.

9. Majority of the school administrator-respondents were master’s unit holders accounting for nine or 36.00 percent.

10. The gross monthly family income of the school administrator-respondents was between Php 10,000 to Php 29,999 accounting for 11 or 44.00 percent. Whereby, the mean income of the school administrator-respondents was calculated at Php 25,773.19 with a standard deviation of 6,001.32.

11. Majority of the school administrator-respondents have attended school and district level in-service

trainings accounting for 11 or 44.00 percent. Whereby, the mean attended trainings of the school administrator-respondents were calculated at 3.328 with a standard deviation of 5.857.

12. Majority of the school administrator-respondents worked for 6 to 10 years accounting for 17 or 68.00 percent whereby the mean experience of the school administrator-respondents was calculated at 5.120 years with a standard deviation of 0.9713.

13. Most of the teacher “strongly agree” that the implementation of the School Health and Nutrition Program (SHNP) would benefit all student for them to perform well academically.

14. Most of the teachers “moderately implemented” the School Health and Nutrition Program (SHNP) like the maintenance of proper ventilation and lighting in all classrooms. Likewise, most of the school administrators “moderately implemented” the School Health and Nutrition Program (SHNP) like the maintenance of proper ventilation and lighting in all classrooms.

15. Furthermore, most of the school administrators “strongly agreed” that the implementation of the School Health and Nutrition Program (SHNP) would benefit all student for them to perform well academically.

16. In differentiating the perception of the two groups of respondents on the level of implementation of the SHNP, the evaluation was significant.

17. In associating the teacher-respondents' perception on the level of implementation of SHNP and their profile variates, the following was the evaluation arrived at: age, significant; sex, not significant; civil status, not significant; highest educational attainment, not significant; gross monthly family income, not significant; number of relevant in-service training, significant; number of years in teaching, significant; and attitude toward SHNP implementation, not significant.

18. In associating the school administrator-respondents' perception on the level of implementation of SHNP and their profile variates, the following was the result: age, significant; sex, not significant; civil status, not significant; highest educational attainment, significant; gross monthly family income, not significant; number of relevant in-service training, not significant; number of years as school administrator, not significant; and attitude toward SHNP implementation, significant.

Conclusion

The following conclusions were drawn based from the findings above:

1. The teacher-respondents were middle adult which suggested that they were in their right age fitted for working years. Furthermore, female dominance among the teacher-respondents were noted which indicated that there were more female teachers employed than the male ones.

2. Most of the teacher-respondents were college graduate at the time of data collection.

3. Most of the teacher-respondents were novice in the teaching profession.

4. The family of the teacher-respondents earned regular monthly income which they used to support the basic, educational, and nutritional needs of their family as well as themselves.

5. The teacher-respondents responded to the level of implementation of SHNP well and felt the need to implement it.

6. The school administrator-respondents were late adult which suggested that they were in their right age fitted for working years. Furthermore, female dominance among the school administrator-respondents were noted which indicated that there were more female school administrators employed than the male ones.

7. Most of the school administrator-respondents were masters' unit earners at the time of data collection.

8. Most of the school administrator-respondents have served long in their position as school administrators.

9. The family of the school administrator-respondents earned regular monthly income which they used to support the basic, educational and nutritional needs of their family as well as themselves.

10. The school administrator-respondents responded to the level of implementation of SHNP well and felt the need to implement it.

11. There is a difference between the perception of the teacher- and school administrator-respondents on the level of implementation of the School Health and Nutrition Program (SHNP).

12. The teacher-respondents' age, number of relevant in-service trainings, and number of years in teaching significantly influenced their perception on the level of implementation of SHNP.

13. The school administrator-respondents' age, highest educational attainment, and attitude toward SHNP implementation influenced their perception on the level of implementation of SHNP.

Recommendations

Based on the findings of the study, the following were the recommendations:

1. As it was revealed in the study that the age of the respondents affects their perception on the level of implementation of SHNP, there is a need to widely disseminate this program among the concerned so that their understanding would be the same irrespective of their age.

2. To further support the strong sense of cultivating a positive attitude toward the implementation of SHNP, the school should invest into creating new possibilities in modernizing and updating facilities and clinic and health practices needed by the students.

3. Promotion of appropriate technology use for diagnosing student health problem and communication of student health status should be a priority to keep everyone abreast with trends and innovation.

4. Continual education and training on the delivery of health and nutrition services for the teachers and school administrator to keep them updated with trends and innovation for the subject.

5. Since the study is limited to one locality, future studies can be conducted in other cities or municipalities needed to validate the said study.