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TEACHERS' INVOLVEMENT IN SCHOOL HEALTH CAMPAIGNS AND THEIR HEALTH AND SANITATION PRACTICES

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ABSTRACT

This study examined the relationship between teachers' involvement in school health campaigns and their health and sanitation practices in public elementary schools in the Pangantucan South District, Division of Bukidnon, Philippines. Conducted during the 2025–2026 school year, the research took place in a rural, resource-constrained context where teachers play a critical role in implementing school-based health initiatives. A descriptive–correlational research design involved all 92 elementary teachers. Data were gathered using a researcher-made, content-validated, and reliability-tested questionnaire that measured teachers' involvement in school health campaigns, specifically training and knowledge, engagement and participation, communication and advocacy, and attitude, motivation, and commitment. It also measured their health and sanitation practices, including personal hygiene, classroom and environmental sanitation, health protocol compliance, and health promotion practices. The Cronbach's alpha was 0.974. Descriptive statistics and Pearson product–moment correlation were used for data analysis. Findings revealed high levels of teacher involvement in school health campaigns and high levels of health and sanitation practices across all dimensions. Results also indicated a significant positive relationship between teachers' involvement and their health and sanitation practices. The study underscores the importance of sustained teacher engagement in health campaigns to strengthen health-promoting behaviors and enhance the effectiveness of school health programs in rural public schools. These findings suggest that policymakers and school administrators should provide continuous support, professional development opportunities, and resources to teachers to help them maintain and further improve their involvement in

health campaigns. The study also recommends further research to explore the long-term effects of teacher engagement on student health outcomes and school-wide health improvements, especially in resource-challenged rural environments, to ensure that health promotion efforts are sustainable and impactful.

KEYWORDS: *Teachers' involvement; school health campaigns; health and sanitation practices*

INTRODUCTION

This study was predicated on the idea that teachers' personal hygiene and health habits have a direct impact on how well they expedite school health efforts. Teachers were seen to be at a level of participation that went beyond compliance and manifested as consistent personal behavior that would promote positive health values in the school context because they were the ones on the front lines of health campaigns. Clarifying this link was crucial to determining if the existing school health interventions were actually altering the day-to-day practices of teachers or if the school was merely a procedural setting with more "health." In order to provide evidence-based implications for policy development, capacity-building initiatives, and the sustainable infusion of health-promoting behaviors within public primary schools, this study sought to investigate teachers' involvement in and actual health and sanitation activities.

Teachers have a crucial role in promoting health and hygiene behaviors among students in the Philippine basic education system in addition to serving as academic facilitators. Under initiatives like the Department of Education's (DepEd) School-Based Feeding Program (SBFP), Wash in Schools (WinS), and Oplan Kalusugan (OK sa DepEd), they had served as role models, advocates, and implementers of school health campaigns. However, despite these national initiatives, complaints have often appeared asserting that students and perhaps even teachers themselves have never consistently adhered to health and sanitation requirements. Given the gap between teachers' knowledge and their real health and sanitation practices, questions have been raised regarding the effectiveness of engaging teachers in health initiatives.

The gap was the absence of studies that specifically examined how teachers' participation in school health initiatives affected their own personal hygiene and health habits. It was unclear whether involvement in these programs improved individual practices or was anthropomorphic, despite the fact that a number of policies improved and required teachers to

set an example of proper cleanliness. Teachers themselves faced the difficulties of having little access to sanitary facilities and clean water, or lacking health education training for their own well-being, in many schools, particularly in remote or underdeveloped locations. The degree to which educators were able to regularly model and encourage health-related behaviors may have been influenced by these constraints.

The shallow execution of health initiatives that prioritized legal compliance above behavioral assimilation and sustainability further exacerbated the problem. This was by November 2022 for some teachers, but you would have anticipated that the lack of proper training and ongoing support during the campaign's execution would not have given them much influence at the individual practice level or the ability to model elegantly for students. Moreover, anecdotal reports showed that although learners were educated about regulations regarding washing hands and cleanliness, some teachers did not appear to stick to them strictly presumably because of time constraint, a lack of monitoring or other institutional pressures. This discrepancy could have given students conflicting information and jeopardized the integrity of the health promotion.

The necessity to comprehend how involvement may result in behavioral change was highlighted by a substantial corpus of recent study and policy in the Philippines, acknowledging the significance of teachers as members who create a school's culture of health. According to the 2023 DepEd WinS Monitoring Report, schools with a high level of teacher participation in health programs had superior environmental cleanliness and hand hygiene indices. Additionally, a study by Santos and Javier (2022) at the University of the Philippines discovered that teachers who actively took part in health-related training and distribution at school had a significantly higher likelihood of practicing good sanitation than those who either did not participate at all or only participated passively.

The Department of Health (DOH) and DepEd's Joint Memo on School Health for 2024 stressed that teacher capacity and ownership should be the foundation for strengthening school health programs to their most basic form. It claimed that student conduct and school-wide health outcomes were directly impacted by teacher modeling and involvement. "This was complemented throughout 2020 by a national push toward enabling teachers to become not only implementers but also lifelong practitioners of health and wellness," they state.

The purpose of this study was to examine the relationship between teachers' stated behavioral behaviors related to health and sanitation, particularly in public primary schools, and their involvement in school health programs. This study was both necessary and important, particularly in light of the post-pandemic recovery era, when school health practices should

eventually develop into habitual behaviors that are woven into the very fabric of the school community rather than existing at a minimum compliance level.

Conceptual Framework

This study was theoretically grounded in Rosenstock's (1974) Health Belief Model (HBM), which described how people were motivated to engage in health-promoting behaviors based on perceived susceptibility to disease, perceived severity of a potential disease, perceived benefits of preventive action, and perceived barriers to taking action. As applicable to this research the model supports in grasping how teachers' active participation in school health campaigns and promotion appears to have helped them establish their own hygiene practices. Teachers who felt that health promotion and hygiene were important, especially those who were directly involved in organizing and carrying out campaigns, tended to internalize these practices and use them frequently in their personal routines. As a result, their personal healthy habits contributed to their credibility as health role models in the classroom.

Teachers' participation in school health initiatives, such as Wash in Schools (WinS), Oplan Kalusugan sa DepEd (OK sa DepEd), school-based feeding, and cleanliness efforts, was the independent variable. This involvement could take the form of health education, program monitoring, advocacy for sanitation, and stakeholder coordination. Teachers' personal hygiene behaviors, such as hand washing, using sanitary facilities, maintaining clean classrooms, and modeling healthy habits, made up the dependent variable. Increased participation in health campaigns was thought to increase awareness, dedication, and, eventually, more sustainable personal cleanliness.

The benefits of teacher participation in health behavior practices were acknowledged in more recent Filipino texts and educational regulations. According to the 2023 DepEd WinS Monitoring Report, schools where teachers actively participated in health programs were routinely rated highly for their cleanliness, availability of hand hygiene products, and daily group handwashing practices. However, it demonstrated the ability of educators to lead by example as well as assist in organizing health-related events. Teachers who took part in health-related project implementations were 4.76 times more likely to maintain clean and hygienic classrooms, according to a regional study conducted by Dela Cruz and Medina (2022). According to their findings, engagement led to increased habit formation and personal commitment.

Additionally, the Department of Education and the Department of Health together issued the 2024 Healthy Learning Institutions Framework, which highlighted teacher involvement as a

key indication of school health effectiveness. According to the framework, teachers became concrete and reliable role models for sanitary habits when they were granted authority over and actively involved in health programs. In a related study, Reyes and Florencio (2024) from the Philippine Normal University discovered that teachers' personal health habits, particularly with regard to handwashing techniques, toilet sanitation, and classroom cleanliness, were significantly influenced by their level of involvement in school health initiatives.

According to the study's theoretical framework, teachers' personal cleanliness and health habits were significantly impacted by their involvement in school health initiatives. Additionally, it suggested that involvement was not solely driven by a reckoning approach but could also function as a dynamic avenue for personal development that reinforced health-promoting activities, which would be advantageous for the instructor individually and socially rewarding within the institution as a whole. This association was crucial in enhancing the success of school health programs that are strongly reliant on the modeling influence (the process of seeing and mimicking a behaviour) of instructors to maintain long term behaviors for promoting health in learners.

Teachers' involvement in school health campaigns, including training and knowledge on health promotion, engagement and participation in health campaign activities, communication and advocacy and attitude, motivation, and commitment toward health promotion, are the independent variable shown in the schematic diagram on the left. Teachers' personal hygiene habits, classroom and environmental hygiene, adherence to health protocols, safety precautions in the classroom, and health promotion and education methods are all included in the diagram's right side.

Significance of the Study

This investigation was noteworthy because it looked for a connection between teachers' poor financial performance from school health initiatives and their personal hygiene and health practices. It was crucial to comprehend how teachers were internalizing and modeling health and wellness as it is a fundamental component of creating high-quality learning environments. The following important stakeholders benefited from the research's findings:

The Pupils Teachers were held in high regard by the students as role models in behavior, lifestyle, and academics. Teachers who regularly followed good health and hygiene practices reinforced the messages about hygiene that were distributed as part of school campaigns, which enhanced learner adherence and led to better health outcomes. By ensuring that those who impacted their teachers also modeled healthy habits to engage in, this study helped

students in the long term by fostering a culture of cleanliness, health, and preventative measures.

Teachers: This study gave educators a chance to reflect on their participation in the school health program and how it influenced their personal hygiene and health habits. It encouraged self-evaluation and a sense of responsibility, motivating individuals to prioritize hygiene in their daily lives as a duty rather than as a matter of compliance. The findings strengthened their position as a creative supporter of school-wide wellness by confirming the vital component of their educators' motivation to promote health.

The conception, execution, and maintenance of health-related initiatives depended heavily on school administrators and heads. As a result, this study produced some useful information that might help them make choices and possibly change legislation. Administrators were able to develop more effective, participatory, and long-lasting school health programs by understanding the connection between teacher engagement and personal hygiene habits. Monitoring compliance and identifying professional development requirements related to school health and wellness were also helpful.

This study will serve as a crucial foundation for future investigations into teacher health practices, school wellness programs, and the advantages of role modeling in the classroom. These opportunities made it possible to conduct additional study on associated factors, such as learner health outcomes, gender-disaggregated hygiene behavior techniques, and institutional support mechanisms. Additionally, it contributed to the body of local educational literature on integrated health promotion as a component of basic education in the Philippines.

Definition of Terms

Definitions, both conceptual and practical Consequently, To ensure universal knowledge and clarity, the following terminology are defined both conceptually and operationally in the context of the research.

The importance of commitment, drive, and attitude in promoting health. Teachers' disposition, willingness, and ongoing efforts to promote health and sanitation in schools are evaluated using Attitude, Motivator, and Commitment to Health Promotion. their degree of enthusiasm, sense of duty, and drive to support health initiatives.

Environmental hygiene and classroom sanitation. The term "teacher responsibility to maintain classroom sanitation and environmental hygiene" refers to the state of the entire

learning environment when it is free of trash, properly ventilated, and disinfected by a teacher.

Advocacy and communication. Teachers have an obligation to communicate and advocate for proper hygiene practices with students, coworkers, and the school community through both verbal and nonverbal ways, as well as to influence health behaviors.

Engagement and Participation in Health Campaign Activities Teachers' involvement in the planning, preparation, execution, and assessment of school-based health initiatives, such as Brigada Eskwela: Health Drives, Oplan Kalusugan, and WASH in Schools (Water, Sanitation & Hygiene), is referred to as engagement and participation in health campaign activities.

Practices for Health Promotion and Education. Health Promotion and Education Practices demonstrate how educators engage in activities that encourage good nutrition, wellness, illness prevention, and hygiene.

Adherence to Health Protocols and Safety Precautions Health Protocol Compliance and Safety Measures07 refers to the teachers' adherence to the recommended health and safety procedures as required by HEN, DOH, among other things, such as washing their hands properly, wearing face masks when necessary, keeping a physical distance, etc.

Personal hygiene habits. Teachers maintain personal hygiene habits, such as bathing and handwashing, to maintain their health and prevent illness.

Health and hygiene practices of educators. The general behaviors, routines, and activities of teachers in upholding personal hygiene, classroom hygiene, and illness prevention in order to foster a healthy school environment are known as teachers' health and sanitation practices. While including educators in school health initiatives. The degree to which educators participate in and support school-wide health programs is known as their involvement in school health campaigns. This includes their leadership, advocacy planning, and follow-up roles.

The Methodology

Research Design

The study employed a descriptive-correlational research design. Quantitative analysis was done on the collected data. The study employed the descriptive method to describe the degree of teachers' involvement in school health campaigns in terms of training and knowledge on health promotion, engagement and participation in health campaign activities, communication and advocacy, and attitude, motivation, and commitment toward health promotion; to determine the degree of teachers' personal hygiene practices, classroom

sanitation and environmental hygiene, health protocol compliance and safety measures, and health promotion and education practices; and to correlate the significant relationship between the degree of teachers' involvement in school health campaigns and health and sanitation practices.

Research Locale

In the rural municipality of Pangantucan, southwestern Bukidnon, Northern Mindanao, the study was conducted in public elementary schools in the Pangantucan South District, Division of Bukidnon, during the academic year 2025–2026. Ten elementary schools in isolated barangays, including Kipaducan Elementary School, New Iloilo Elementary School, Balogo Elementary School, Malipayon Elementary School, Kimanait Elementary School, Pangadian Te Apo Mansadik Elementary School, Payad and Bangahan Elementary School, and Upper Rancho, were under the jurisdiction of the district office, which was housed at Langcataon Central Elementary School. These were rural, multi-grade schools that catered to traditionally remote communities in hostile settings with little access to basic amenities and transportation. In a rural, multicultural, and resource-poor setting, Pangantucan South District provided an appropriate research site for investigating school-based implementations of educational practices and interventions.

Respondents of the Study

All 92 elementary teachers in the Pangantucan South District, Division of Bukidnon, took part in this study for the 2025–2026 academic year. The study employed total enumeration sampling. This method of purposive sampling uses all members of the population who fit the predetermined criteria as respondents. By resolving this issue, the sampling bias was eliminated and the results were more indicative of the district's actual circumstances and procedures. Table 1 below shows the descriptive data of the respondents.

Sampling Procedure

In this study, total enumeration sampling was used. All members of a precisely defined population were included as responders in this kind of purposive sampling technique. In this instance, all Pangantucan South District elementary school teachers who participated in school health initiatives were regarded as participants. When the population as a whole was small and easily accessible, and when it was essential to collect thorough data without leaving out any pertinent individuals, this approach was suitable (Lavrakas, 2018). By guaranteeing that every eligible member of the population was represented, total enumeration

avoided sampling bias and produced more accurate and comprehensive results.In institutional or school-based research, where the entire population shared a particular role or obligation, such participation in school health efforts, this method proved very helpful. Total population sampling, according to Creswell and Creswell (2018), offered chances to look at trends and patterns throughout the entire target group, making the results more representative of the real conditions and practices in the field. This method was justified in this study since the population was well defined, manageable in size, and directly related to the research goal, even if it might have needed additional resources and coordination. Additionally, because information was gathered from all possible sources inside the context, it improved the study's internal validity.

Research Instrument

This study's research tool was created by the researcher. Its validity and reliability were assessed by content validation and pilot testing. The research questionnaire was pilot tested by thirty elementary school teachers. The teachers' participation in school health initiatives as well as their hygiene and health habits were assessed using the two questionnaires. Teachers' involvement in school health campaigns included attitudes, motivation, and dedication to health promotion; participation and engagement in health campaign activities; communication and advocacy; and training and expertise on health promotion. Personal cleanliness, environmental and classroom hygiene, adherence to safety precautions and health protocols, and health promotion and education activities were all taken into consideration by the instructors' health and sanitation practices.

Validation of the Instrument

The questionnaires were pilot-tested at Kadingilan Central Elementary School to guarantee the validity and reliability of the research tool. Part I of the instrument measured teachers' participation in school health campaigns, while Part II evaluated their sanitation and health practices. A total of thirty (30) teachers took part in the pilot testing. A Likert scale, which ranges from "Strongly Disagree" to "Strongly Agree," was used in the surveys to measure responses, representing different degrees of practice and involvement. The items' appropriateness, clarity, and consistency were assessed using the pilot test. Cronbach's alpha was employed to evaluate the reliability of the instrument. A Cronbach's alpha of 0.974 was obtained from the study. Before the questionnaire was finally sent to the study participants, it was improved based on the input and findings from this stage.

Scoring Procedure

The Likert Scale that were used to answer on the **artificial intelligence integration in classroom instruction** following the scoring procedure:

Numerical Rating	Range	Descriptive Rating	Qualitative Interpretation
5	4.51-5.0	Very High	Fully Integrated
4	3.51-4.50	High	Consistently Integrated
3	2.51-3.50	Moderate	Partially Integrated
2	1.51-2.50	Low	Infrequent Integrated
1	1.0-1.50	Very Low	Not Integrated

The Likert Scale was used to answer the **pedagogical shift among secondary teachers** following the scoring procedure:

Numerical Rating	Range	Descriptive Rating	Qualitative Interpretation
5	4.51-5.0	Very High	Exemplary
4	3.51-4.50	High	Proficient
3	2.51-3.50	Moderate	Developing
2	1.51-2.50	Low	Emerging
1	1.0-1.50	Very Low	Unaware

Data Gathering Procedure

The Public Schools District Supervisor and the corresponding school administrators granted permission for the researcher to distribute the survey questionnaires after a formal request for data collection was obtained from the Schools' Division Superintendent. In order to ensure that teachers understood the instructions and provided correct and truthful responses, the researcher personally visited the schools to distribute and retrieve the questionnaires. A quick orientation was held before to the actual data collection to go over the goals of the study, the importance of their involvement, and how to correctly complete the questionnaires. To promote open communication, respondents were guaranteed the privacy and confidentiality of their answers. As soon as the completed questionnaires were gathered, the researcher verified that they were complete, totaled the answers, and methodically tabulated the data. The collected data was then arranged, displayed, and examined using the proper statistical software, which served as the foundation for the study's discussion, interpretation, and findings.

Treatment of Data

To address the particular issues raised by the study, the following statistical techniques were used:

Problems 1 and 2: The teachers' participation in school health campaigns on their cleanliness and health practices was assessed using descriptive statistics, including the mean, standard deviation, and others.

Problem 3: The associations between the variables and the degree of teachers' participation in school health campaigns and health and sanitation practices were determined using Pearson Product-Moment Correlation (Pearson r).

Findings

In terms of training and knowledge on health promotion, involvement and participation in campaign activities, communication for health advocacy, attitude, motivation and commitment towards health promotion - teachers showed high levels of all four dimensions.

Independent t-tests were calculated in order to compare the means of teachers' health and sanitation practices considering personal hygiene practices, classroom sanitation and environmental hygiene, compliance with health protocols & safety respectively, and health promotion & education practices which results at satisfactory level.

There was a positive relationship between the degree of teachers' participation in school health programs and health and hygiene behaviours.

Variable related to all items training and knowledge on health promotion, engagement and participation in health campaign activities, communication and advocacy, attitude motivation and commitment toward health promotion were also found to be significantly associated with dependent variable.

CONCLUSIONS

Teachers' involvement in school health campaigns is summarized in Table 4 in terms of training and knowledge on health promotion; engagement and participation in health campaign activities; communication and advocacy; attitude, motivation, and commitment to health promotion.

In terms of personal hygiene, environmental and classroom hygiene, adherence to safety precautions and health protocols, and health promotion and education, the teachers most frequently engaged in health and sanitation practices.

Health and hygiene practices may be related to teachers' involvement in school health programs. Additionally, there may be a connection between health and sanitation practices and the factors Training and Knowledge on Health Promotion, Engagement and Participation

in Health Campaign Activities, Communication and Advocacy, Attitude, Motivation, and Commitment toward Health Promotion.

RECOMMENDATIONS

The parents and Instructors. In every aspect of school health campaigns, teachers were deeply involved. Parents are encouraged to stay active by attending school health activities, where topics such as regular handwashing or healthy eating are discussed and reinforced by adults at home. They collaborate amongst themselves, on how we can Maintain or Sustain Health and Sanitation Practices in the organisation as you are a partner in their child Upbringings.

Urge school officials to conduct routine facility inspections. Make sure the trash infrastructure is highly sanitary and send out quick monthly audits or reminders. Additionally, they can increase the frequency of seminars at the school and allocate more funds for teacher-only health professional training.

To find out if improving engagement really improves practices, future researchers should investigate experimental designs like randomized training interventions. Examining modifiers such school size or within-region should also be taken into account, especially in Philippine contexts where resources are very diverse. Additionally, they may investigate why self-initiated learning outperforms conventional training, compare urban and rural schools, or track knowledge retention over an extended period of time. Additionally, look into whether this high involvement continues during stressful periods like flu seasons.

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