

Health Promoting Lifestyles Among Public Elementary Teachers

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Abstract: *This study dealt on assessing the health promoting lifestyles of teachers. It was conducted to investigate the pattern and determinants of promoting lifestyles. It is composed of 368 public elementary teachers in Marilao North District. A descriptive-comparative methodology tested the hypothesis on the differences between the health promoting lifestyles based on the profile of the respondents. It was found out that the respondents had a good health promoting lifestyles in terms of interpersonal relations and spiritual growth since they often practiced them, and the respondents often worked long-term goals in their lives. When classified according to profile of the respondents, the findings proved that there was difference in the health promoting lifestyles except in age.*

Keywords—Health Responsibility, Health Promoting Lifestyles, Interpersonal Relation, Nutrition, Physical Activity, Spiritual Growth, Stress Management, and Teachers

1. INTRODUCTION

Good health is an essential factor that will lead one to learn better wherein education and health go hand in hand. Teachers need to be healthy to be fit for school. Most of us protect ourselves within the changing environment by functioning as healthy individuals who make decisions in a reasonable manner. They have the honor and the privilege to becoming the real “brains” of a country and most importantly they are responsible for sharing knowledge to every citizen.

Health is “a positive dynamic state not merely the absence of disease”. For an individual to achieve health state, they must carry out healthy lifestyle habits. It is important that teachers practice healthy lifestyles for they can align it in providing health education towards their learners [1]. This study is framed on the Health Promotion Model by Pender, it has recognized different factors that influence health behavior. It was noted that every individual has unique personal characteristics, experiences, and lifestyles which may affect their health. The main focus of a teacher is to assess individual’s major determinants of health behaviors which may be helpful in formulating a basis for behavioral counseling to promote healthy lifestyles. Aligning this framework to the study, it was recognized that teachers have several health promoting and health preventing lifestyles. It served as a basis in assessing if the teachers were willing to modify or retain their lifestyles in order to promote health.

In connection in promoting healthy lifestyles among teachers, a study conducted that bearing in mind a relatively high percent of the subject areas had a nearly required lifestyle in healthy nutrition, physical activity and stress management, the stipulation of preparing for teacher working in schools and also gaining information in creating a healthy lifestyle can be efficient [2]. In addition, teacher’s health directly influences the teaching learning at school. The results reflect that very few teachers show very good health promoting lifestyle. This should be taken as sincerely and whole school approach for promotion of health should be

applied. Teachers should be encouraged to follow healthy lifestyle for the sake of themselves, students, society and for the nation [3].

Schools promoting health should engage teachers, students, parents, and community leaders in efforts to promote health. School leaders should strive to provide a safe, healthy environment, including sufficient sanitation and water, freedom from abuse and violence, a climate of care, trust and respect, social support and mental health promotion, safe school grounds, opportunities for physical education and recreation and organize activities viz. nutrition and food safety programs for health promotion for teachers, staff, and students. They should try to provide access to health services through partnerships with local health agencies. Schools should implement health-promoting policies and practices, such as create a healthy psychosocial environment for students and staff, equal treatment for all students, policies on drug and alcohol use, tobacco use, first aid and violence that help prevent or reduce physical, social, and emotional problems [4].

In the Philippines, teachers must cope with harsh conditions of the teaching environment and try to teach effectively to their learners at the same time. Furthermore, the restraints in health and development are not purely economic or political in nature. There are limitations that are culturally innate such as the “bahala na” or self-satisfied attitude of some Filipinos which might explain the low devotion to beneficial health practices such as health seeking behavior [5]. It is important to balance these aspects of life for teachers who serve as models for their learners and they made greatly impact on learner’s health and well-being. They must understand and practice a healthy lifestyle and make healthy choices which will ultimately reflect their health.

Thus, this study was conducted to assist in the health promotion of teachers, the researcher investigated the patterns and determinants of health promoting lifestyles of teachers in different schools of Marilao North District in Bulacan. There has been an increase in public awareness of lifestyles and the results of health behaviors for wellness enhancements. These

behaviors may be dependent upon voluntary self-directed actions for the main objective of the study was to know the behavior of teachers towards health promoting lifestyle.

2. STATEMENT OF THE PROBLEM

This study aims to assess health promoting lifestyles among teachers of Marilao North District in Bulacan.

Specifically, this study answers the following questions:

1. What is the profile of the respondents in terms of:
 - 1.1 age;
 - 1.2 sex;
 - 1.3 body mass index (BMI);
 - 1.4 medical history;
 - 1.5 marital status;
 - 1.6 position/rank; and
 - 1.7 highest educational attainment?
2. To what extent is the health promoting lifestyles being experienced by the respondents in terms of the following subscales:
 - 2.1 physical activity;
 - 2.2 nutrition;
 - 2.3 health responsibility;
 - 2.4 stress management;
 - 2.5 interpersonal relations; and
 - 2.6 spiritual growth?
3. Is there a significant difference in health promoting lifestyles based on the profile of the respondents?
4. What are the implications of the study?

3. METHODOLOGY

The study was conducted in the educational district of Marilao North consisting of 9 schools with different sizes in terms of numbers of teachers assessing the health promoting lifestyles in the public elementary school.

Descriptive comparative was used to compare and determined difference in the health promoting lifestyles of respondents when grouped according to profile. The sample size of the study covered 368 teachers. Proportion and allocation were used to distribute the respondents. The same size determined with census sampling technique.

Two instruments were utilized to measure the variables in the study. The Health Promoting Lifestyle Profile (HPLP-II) developed by Walker et al. (1995) was used to measure the health promoting lifestyles and a demographic questionnaire was developed by the researcher. The HPLP-II was found to have high internal consistency, with Cronbach's Alpha Coefficient of .94. It had undergone ethical consideration by the Institutional Ethics Review Committee and undertaken the Similarity Check using Turnitin software by the Research Development and Innovation Center of Our Lady of Fatima University.

To quantify the data in the study, the succeeding statistical treatment were employed. Frequency count and

percentage distribution were utilized to describe and analyze the profile of the respondents, weighted mean was used to interpret and analyze overall health promoting lifestyles of the respondents, standard deviation it was utilized to show the extent to which the individual observations or scores are concentrated about or scattered from the mean, T-test was used to determine the significant difference for sex and medical history and One-Way Analysis of Variance (ANOVA) was used to test the significant difference in the health promoting lifestyle of the respondents when classified according to profile.

4. RESULTS

Profile of the Respondents

It revealed that 368 responses of the teachers from district were acquired. Most of them are within the age bracket "26 – 35 years old" with 152 or 41.3 percent of the total respondents followed by "36 – 45 years old" with 124 or 33.7 percent and "46-55 years old" with 55 or 14.9 percent "under 26" with 26 or 7.1 percent. The age bracket with least number of respondents is "46 – 55 years old.

Out of 365 teachers-respondents who took part in the study, majority were female (325 or 88.3 percent) and (43 or 11.7 percent) were male teachers. In relation to body mass index, predominantly are "normal" with 233 or 63.3 percent followed by "overweight" with 10 or 28.0 percent and there are scarcely 16 or 4.3 who are "obese" and underweight". Greater number goes to without "medical condition" with 256 or 69.6 percent followed by with "medical condition" with 112 or 30.4 percent.

Majority were married 258 or 10.1 percent; 107 or 29.1 percent were single; and 3 or 0.8 percent were widow or widower. In terms of number of years in teaching, it reveals that majority of them are "1-10 years in teaching" with 215 or 58.4 percent followed by "11-20 years in teaching" with 92 or 25.0 percent followed by "21-30 years in teaching" with 54 or 14.7 percent followed by "31-40 years in teaching" with 5 or 1.4 percent and "41-50 years in teaching" with 2 or 0.5 percent.

With regard to the position/rank, majority of them are "Teacher I" with 290 or 78.8 percent followed by "Teacher II" 44 or 12.0 percent followed by "Teacher III" with 21 or 5.7 percent followed by "Master Teacher I" with 10 or 2.7 percent followed by "Master Teacher II" with 3 or 0.8 percent while "Master Teacher III" is 0 or 0 percent). With reference to the highest educational attainment of the respondents, most of them are "bachelor's degree with MA units" (176 or 47.8 percent) followed by those who are "bachelor's degree holders (151 or 41 percent) and the least are "MA degree holder" (41 or 11.1 percent).

Assessment of the Overall Health Promoting Lifestyles of Teacher-Respondents

Among the six subscales in measuring the health promoting lifestyles of teachers, "Spiritual Growth" got the highest grand mean of 2.78 and a standard deviation of 0.705, followed by "Interpersonal Relations" with a weighted mean of 2.66 and a standard deviation of 0.705. The third was "Stress Management" with weighted mean of 2.43 and a standard deviation of 0.696. Next was "Nutrition" has a weighted mean of 2.36 and a standard deviation of 0.739, while "Health Responsibility" had a weighted mean of 2.20 and a standard deviation of 0.682. Lastly, the least get a weighted mean of 2.15 and a standard deviation of 0.780 was "Physical Activity". Interpersonal Relations and Spiritual Growth had a qualitative interpretation of "often", while Physical Activity, Nutrition, Health Responsibility, Stress Management and overall mean had a qualitative interpretation of "sometimes". The data imply that the respondents sometimes carried out the health promoting lifestyles.

Significant Difference in the Health-Promoting Lifestyles of Respondents when Classified According to Age

In the test of significant difference in the health-promoting lifestyles of respondents when classified according to age, since the computed P-values for health responsibility ($P=0.137$), interpersonal relations ($P=0.265$), and spiritual growth ($P=0.452$) were greater than 0.05 level of significance; thus, the null hypothesis was accepted. Therefore, there was no significant difference in health promoting lifestyle in terms of health responsibility, interpersonal relations, and spiritual growth when they are grouped according to age. However, in terms of physical activity ($P=0.012$), nutrition ($P=0.017$), and stress management ($P=0.024$) where P-values were lesser than 0.05 level of significance; thus, the null hypothesis was rejected. Therefore, there was a significant difference in the health-promoting lifestyle in terms of physical activity, nutrition, and stress management when they are grouped to age.

Significant Difference in the Health-Promoting Lifestyles of Respondents when Classified According to Sex

In terms of sex, there was no significant difference when they were grouped according to gender since the computed t-values for physical activity ($P=0.675$), nutrition ($P=0.456$), health responsibility ($P=0.124$), stress management ($P=0.768$), interpersonal relations ($P=0.876$) and stress management ($P=0.531$) were all greater than 0.05 level of significance; thus, the null hypothesis was accepted.

Significant Difference in the Health-Promoting Lifestyles of Respondents when Classified According to Body Mass Index (BMI)

When classified according to Body Mass Index (BMI), there is no significant difference for interpersonal relations ($P=0.695$) and spiritual growth ($P=0.762$) were greater than

0.05 level of significance; thus, the null hypothesis was accepted. Therefore, there was no significant difference in health-promoting lifestyles in terms of interpersonal relations and spiritual growth when they are grouped according to body mass index (BMI). On the other hand, in terms of physical activity ($P=0.029$), nutrition ($P=0.027$), health responsibility ($P=0.029$), and stress management ($P=0.015$) where P-values were lesser than 0.05 level of significance; thus, the null hypothesis was rejected. Therefore, there was a significant difference in the health-promoting lifestyle in terms of physical activity, nutrition, health responsibility, and stress management when they are grouped according to body mass index (BMI).

Significant Difference in the Health-Promoting Lifestyles of Respondents when Classified According to Medical History

In the test of significant difference in the health promoting lifestyles of respondents when classified according to medical history, since the computed P-values for interpersonal relations ($P=0.806$) and spiritual growth ($P=0.897$) were greater than 0.05 level of significance; thus, the null hypothesis was accepted. Therefore, there was no significant difference in health promoting lifestyle in terms of interpersonal relations, and spiritual growth when they are grouped according to medical history. Contradictory, in terms of physical activity ($P=0.035$), nutrition ($P=0.011$), health responsibility ($P=0.027$) and stress management ($P=0.021$) where P-values were lesser than 0.05 level of significance; thus, the null hypothesis was rejected. Therefore, there was a significant difference in the health-promoting lifestyle in terms of physical activity, nutrition, health responsibility and stress management when they are grouped to medical condition.

Significant Difference in the Health-Promoting Lifestyles of Respondents when Classified According to Marital Status

When they were grouped according to marital status, since the computed P-values for nutrition ($P=0.447$), health responsibility ($P=0.083$), stress management ($P=0.995$), and interpersonal relations ($P=0.438$) and spiritual growth ($P=0.741$) were greater than 0.05 level of significance; thus, the null hypothesis was accepted. Contra wise, in terms of physical activity ($P=0.025$), the computed P-value was lesser than 0.05 level of significance; thus, the null hypothesis was rejected. Therefore, while there was no significant difference in health-promoting lifestyles in terms of nutrition, health responsibility, stress management, interpersonal relations and spiritual growth when they are grouped according to marital status, there was a significant difference in the health-promoting lifestyles in terms of physical activity.

Significant Difference in the Health-Promoting Lifestyles of Respondents when Classified According to Position/Rank

In the test of significant difference in the health-promoting lifestyles of respondents when classified according to position/rank, since the computed P-values for physical activity ($P=0.765$), nutrition ($P=0.767$), health responsibility ($P=0.751$), and spiritual growth ($P=0.584$) were greater than 0.05 level of significance; thus, the null hypothesis was accepted. Therefore, there was no significant difference in health-promoting lifestyles in terms of physical activity, nutrition, health responsibility, interpersonal relations and spiritual growth when they are grouped according to rank/position. On the contrary, in terms of stress management ($P=0.022$) and interpersonal relations ($P=0.019$) where P-value were lesser than 0.05 level of significance; thus, the null hypothesis was rejected. Therefore, there was a significant difference in health-promoting lifestyles in terms of stress management when they grouped according to rank/position.

Significant Difference in the Health-Promoting Lifestyles of Respondents when Classified According to Highest Educational Attainment

When grouped according to highest educational attainment, since the computed P-values for physical activity ($P=0.297$), nutrition ($P=0.781$), health responsibility ($P=0.071$), interpersonal relations ($P=0.974$), and spiritual growth ($P=0.759$) were greater than 0.05 level of significance; thus, the null hypothesis was accepted. Therefore, there was no significant difference in health-promoting lifestyles in terms of physical activity, nutrition, health responsibility, interpersonal relations and spiritual growth when they are grouped according to highest educational attainment. On the contrary, in terms of stress management ($P=0.024$) where P-value was lesser than 0.05 level of significance; thus, the null hypothesis was rejected. Therefore, there was a significant difference in health-promoting lifestyles in terms of stress management when they grouped according to highest educational attainment.

5. CONCLUSIONS

Majority of the respondents were female, married, belonged to the 26-35 years of age, normal body mass index, without medical condition, with 4 and subject being taught, 1-10 years in teaching, Teacher I and has Bachelor's Degree with MAEd units.

The respondents hadn't achieved good in health-promoting lifestyles in terms of physical activity, nutrition, health responsibility and stress management since they "sometimes" practice and they needed to improve as teachers since they are the role model of their learners.

The respondents had achieved good health-promoting lifestyles in terms of interpersonal relations and spiritual growth since they "often" practice them and respondents often worked toward long-term goals in their lives. As teachers, they really meet their quality of having meaningful

and fulfilling relationships with their learners and towards others.

The Health Promoting Lifestyle Profile Questionnaire II (HPLP II) was proven to have a valid measurement model and reliable constructs. It was deemed suitable for use to measure the health promoting behaviors components of a healthy lifestyles among teachers in public schools of Marilao North.

6. RECOMMENDATIONS

The teacher must not just practice health promoting lifestyle but do it routinely. They must employ techniques that will help them carry out the health promoting lifestyles to make the practices habitual and that is by developing one's sense of self-efficacy to improve their physical, mental, and social well-being and by working with others. They must engage themselves in the health promoting activities provided by their institution. Teachers were also encouraged to attend to seminars that would provide updates in improving their existing knowledge regarding health promotion which can be taught as well to their learners.

It is recommended that a parallel study must be conducted among a bigger scale and locale to get a wider data on teachers' health promoting lifestyles.

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