# Health Practices Among Secondary School Teachers During Covid-19 Pandemic 

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## ORIGINAL ARTICLE

# HEALTH PRACTICES AMONG SECONDARY SCHOOL TEACHERS DURING COVID-19 PANDEMIC 

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#### Abstract

This study aimed to determine the health practices among the secondary school teachers during the Covid-19 pandemic in Ichon National High School. This considered the socio demographic profile of the teachers in terms of age, sex, civil status and teaching load and the extent of practice employed by the teachers in the said health dimensions. A total of 53 teachers from Ichon National High School participated as respondents in the evaluative method of research that consists in three parts questionnaires. The statistical treatment used in the computation and analysis of gathered data to determine the socio-demographic profile of the respondents are the descriptive statistics such as frequency and percentage. As to the significance of health practices during COVID-19 pandemic, Kruskal Wallis and Mann-Whitney U test was used to analyze the significant differences on the extent of practices among the different health dimensions. The very high extent of the implementation on the health practices during COVID-19 pandemic shows that the teachers are frequently practiced the health practices. The highest mean in mental aspect is conclusive that teacher during the pandemic exert effort to stay healthy on this and other areas as well. It is recommended to conduct further study regarding on the health practices among the secondary school teachers.


Keywords: Health Practices, Emotional Health, Mental Health, Physical Health, Extent of Practice

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## INTRODUCTION

The Coronavirus disease 2019 (COVID-19) prompt the World Health Organization to designate it a global pandemic on January 20, 2020. Coronavirus disease (COVID-19) is an infectious disease that affects hundreds of thousands of people, whose effects are especially dangerous to the elderly and those individuals with chronic medical conditions (World Health Organization). In a joint statement by International Labour Office (ILO), Food and Agricultural Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD) and World Health Organization (WHO), the COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. Due to pandemic, there has been significant impact on society and the economy. Considering the threat of extreme poverty and the possibility that the estimated 690 million undernourished people worldwide by the end of the year could rise to 132 million (Impact of COVID-19 on people's livelihoods, their health and our food systems, 2020).

Minimum public health standards such as wearing of face mask and shield, social distancing at least one meter apart, temperature scanning and handwashing must be properly enforced in all instances.

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While the Enhanced Community Quarantine (ECQ) has helped to restrict the disease's transmission. According to Sipai, Giri, Sapkota, Chapagain, Manandhar, Subedi, \& Dahal (2021) using the proper face mask or respiratory protection equipment while caring for patients can prevent disease transmission from and to healthcare professionals. Wada, Oka-Ezoe, and Smith (2012) suggest that wearing a face mask in public may be connected with other personal hygiene practices and health behaviors. Kennelly, O'Callaghan, Coughlan, Cullinan, Doherty, Glynn, Moloney, \& Queally (2020) mentioned that to minimize the danger of getting COVID-19, all adults over the age of 70 as well as those younger people with underlying health concerns were urged to stay at home and limit face-to-face contact with other people as much as possible. Rodrigo Duterte, the president of the Philippines issued Proclamation No. 929 on March 17, 2020 establishing a State of Calamity throughout the Philippines for a duration of six months, unless early relieved or prolonged as circumstances warrant.

In compliance therewith, the Local Government of Macrohon issued a series of Executive Orders on the observance of health protocols during the pandemic. Among these are the EO No. 12, Series 2020, "An Executive Order Implementing Enhanced Community Quarantine Over the Entire Municipality of Macrohon and Further Guidelines for the Management of the Corona Virus Disease 2019 (COVID-19) Situation". Relevance to the implementation of the Executive Order in Macrohon, the total confirmed cases in the municipality are 568 and 29 total number of mortality due to COVID-19. Out of 552 confirmed cases in the said municipality, Brgy. Ichon, Macrohon, Southern Leyte had 169 total number of confirmed cases (Municipality of Macrohon page).

Teachers being active front liners in the pandemic must stay healthy. During pandemic, teachers are in good health or thriving? While Anna Dabrowski (2020) notes that the workload for teachers has increased significantly in 2020. It should be kept in mind that teachers were already at risk of burnout before COVID-19 interrupted classrooms, many of whom had negotiated a continuity of learning in difficult circumstances. Recognizing and promoting teacher wellbeing should be a top goal as nations continue to navigate periods of distant education in light of the new coronavirus's exacerbation of the stresses faced by instructors.
"The Psychological State of Teachers during the COVID-19 Crisis Research" reveals that a high percentage of teachers showed anxiety, depression and stress symptoms. It is argued for the need to safeguard the mental health of teachers in order to improve both the quality of teaching and the mental health of students (Ozamiz-Etxebarria, Berasategi Santxo, Idoiaga Mondragon, \& Dosil Santamaría, (2021).

It is on these premises, that this study is thought of which intends to measure the health practices among teachers in Ichon National High School during the pandemic. These practices include the physical, mental and emotional health practices. This study will be beneficial to teachers as awareness on how to safeguard their health through employing the right health practices. Moreover, the students will be benefited as well to provide them with health-related information and to learn more about good health practices. The parents, will be guided for them in practicing the physical, mental and emotional health practices in their respective homes. Furthermore, school administrators will make use of this as one of the basis to improve the implementation of new policies in the health protocol standards in school. The school in general, the observance of health practices will result to productivity.

## Research Questions

1. What is the respondents' socioeconomic status in terms of:
1.1 Age;
1.2 Sex;
1.3 Civil Status;
1.4 Teaching Load?
2. What are the health practices employed by the teachers in terms of the following health dimensions?
2.1 Physical;
2.2 Mental;
2.3 and Emotional?
3. What is the extent of practiced employed by the teachers in the following health dimension? 3.1 Physical;
3.2 Mental;
3.3 and Emotional?
4. Is there a significant difference on the extent of practice among the different health dimensions by socio-demographic profile?
5. What action plan can be proposed based on the results of the study?

## RESEARCH METHODOLOGY

## Research Design

This research used a quantitative research utilizing descriptive design to determine the health practices during COVID-19 pandemic. The process of collecting and interpreting numerical data is known as quantitative research. The aim of descriptive research is to gather information and characterize the demographics of that information using statistical analysis. It can be used to detect trends and averages, as well as to extrapolate results to larger groups. Descriptive research is sometimes concerned with how, what is, what exists, and how health practices affected the secondary school teachers during COVID-19 pandemic.

## Research Respondents

The respondents of the study were fifty-three (53) teachers. The sample for the study was determined using complete enumeration.

## Research Instrument

The instrument in the study consist of three parts, these were accessed from "Ten Mental Health Tips" outlined by Erin McClintock and from Six Dimensions of Wellness. These mental health tips presented by the author have been converted to mental health practices questionnaire in my study. Whereas, the physical and emotional health practices questionnaire has been adapted from Six Dimensions of Wellness. The survey questionnaire was sent via questionnaire to gather information and to determine the health practices among the secondary school teachers during COVID-19 pandemic. The questionnaire is divided into three parts.
Part I. This covers the socio-demographic profile of the respondents including the Age, Sex, Civil Status and the teaching load of the teachers. Where, Age is categorized into $19-33$ (young adults), $34-48$ (middle aged-adults), 49 - 64 (old adults). Sex either male or female. Civil Status either single, married, separated, divorced and widowed, the teaching load are the number of sections taught and number of preparation.
Part II. This section is a checklist on the health practices employed by the teachers in terms of the following health dimensions: Physical, Mental and Emotional where respondents check as to their health. Frequency and percentage will be used determine rank on health practices.
Part III. This questions measures the extent of health practices of the teachers in the following health dimension: physical, mental and emotional. The researcher used a four-point Likert Scale in the extent of the health practices where 4 is very high extent, 3 is high extent, 2 is moderate extent and 1 is low.

## Data Analysis

The researcher secured a permission from the Dean of the Graduate School of the Franciscan College of the Immaculate Conception to conduct the study. After getting an approval, the researcher sent a transmittal letter asking for permission from the School Principal of Ichon National High School. Once approved, schedule to conduct the survey will be set according to the availability of the respondents. Data has been collected and treated accordingly.

Table 1. Interpretation table

## MEAN

$3.25-4.00$
$2.50-3.24$
$1.75-2.49$
$1.00-1.74$

## DESCRIPTION

Very High Extent
High Extent
Moderately Extent
Low Extent

## INTERPRETATIONS

The health practices were practiced extensively
The health practices were shown frequently practiced
The health practices were seldom practiced
The health practices were not practiced

## RESEARCH FINDINGS AND DISCUSSION

## Socio-demographic Profile of the Secondary School Teachers of Ichon National High School

The first objective of the study was to determine the socio-demographic profile of the teachers of Ichon National High School in Ichon, Macrohon, Southern Leyte, including their age, sex, civil status and teaching load (number of sections taught and number of preparations).

Ichon National High School had 53 secondary school teachers. Figure 3 presents the result of the study by using frequency and percentage distribution. Result for each variable is presented in graphs.

Age. According to the findings, the respondents who were secondary school teachers ranged in age from 34 to 48 years old ( $39.6 \%$ ) makes it the highest. This indicates that the majority of respondents fell into the middle aged - adults' teachers.


Figure 3a. Socio-demographic Profile on Age

Sex. Regarding sex, it revealed that majority of the respondents were females. Only 26.4\% of the study's participants were men, with 39 total female participants making up 73.6 percent of the study's total. Majority of teachers in Ichon National High School are female teachers. The outcome suggested that more females still enthusiastically explored teaching as a career (Sarabia and Collantes, 2020).


Figure 3b. Socio-demographic Profile on Sex

Civil Status. In terms of civil status, the majority of secondary teacher respondents were married. Only a few respondents (3.8\%) were classified as separated and widowed, whereas married instructors made up 31 ( $58.5 \%$ ) of the respondents. Based from the Philippine statistics, 36.5 percent of females and 36.2 percent of males between the age of 25 to 29 years old were married (Philippine Statistics Authority, 2019). Similarly, Sarabia and Collantes (2020) claimed that the marrying age of women ranges from age 25 to 35 years old.


Figure 3c. Socio-demographic Profile on Civil Status
Number of Sections Taught. In terms of the number of sections taught by the respondents, 4 to 6 sections ( $58.5 \%$ ) were the highest percentage. However, 3 sections and below ( $5.7 \%$ ) were the lowest. In a day, teachers had 6 hours of actual teaching and 2 hours allocated for other teaching related responsibilities and activities in school regardless of the number of sections.


Figure 3d. Socio-demographic Profile on Number of Sections Taught
Number of Preparations. According to the study's findings, three preparations had the greatest percentage ( $30.2 \%$ ). Due to the fact that there would be no face-to-face classes during the pandemic, some teachers had one to three preparations while others had four to six.


Figure 3e. Socio-demographic Profile on Number of Preparations

## Health Practices Employed by the Teachers

This part of the results and discussion addressed the second objective of this study. This is to determine the health practices employed by the teachers in terms of the following health dimensions: physical,

| Table 1a. Distribution of Physical Health Practices Employed by the Respondents |  |  |
| :---: | :---: | :---: |
| Physical Health Practices* | Frequency | Percentage |
| 1. Practice good hygiene. | 53 | 100.0\% |
| 2. Stay hydrated by drinking water or healthy fluids 6 to 8 glasses. | 52 | 98.1\% |
| 3. Pay attention to any sickness symptoms or signs and get medical help as soon as possible. | 49 | 92.5\% |
| 4. Do not use tobacco products, and stay away from smokers. | 47 | 88.7\% |
| 5. Try to limit my daily alcohol consumption to one or two drinks. | 46 | 86.8\% |
| 6. Get enough sleep. | 45 | 84.9\% |
| 7. Maintain an appropriate weight. | 38 | 71.7\% |
| 8. Eat largely plant-based healthy foods, including five servings of fruits and vegetables every day. | 36 | 67.9\% |
| 9. Work out for at least 150 minutes a week, or around 30 minutes most days. | 33 | 62.3\% |
| 10. Visit your dentist and healthcare provider for the recommended well-checkups. | 21 | 39.6\% |
| * Multiple response question, $n=53$ |  |  |
| mental, and emotional. |  |  |
| The findings demonstrate that during the COVID-19 pandemic, teachers of Ichon National High School implemented several physical health practices. Based on the rank, there are (3) top most practices that existed. Practiced good hygiene were the highest percentage (100\%), stay hydrated by drinking water or healthy fluids 6 to 8 glasses ( $98.1 \%$ ) and pay attention to any sickness symptoms or signs and get medical help as soon as possible. (92.5\%). |  |  |
| The study revealed that secondary school teachers were practicing good hygiene ( $100 \%$ ) during COVID19 pandemic. These good hygiene practices demonstrated by the teachers are handwashing with soap and water, disinfection, covering the mouth and nose with a tissue (or sleeve) when sneezing or coughing and taking a bath daily are all good ways to keep bacteria, viruses, and infections at away. The findings of the study were supported by the study of Lau, et. al. (2020) that practicing good hygiene was recognized as a viable preventive method to protect people from infection. On the other hand, "visit your dentist and healthcare provider for the recommended well-checkups." had the least percentage. |  |  |
| Table 1b. Distribution of Mental Health Practices Employed by the Respondents |  |  |
| Mental Health Practices* | Frequency | Percentage |
| 1. Spend time what to do, what to prioritize and what type of media to watch | 50 | 94.3\% |
| 2. Feel like I am having a tough time, and are struggling in any way with enjoying things, balancing my mood, or finding time take care of my self - I reach out to a counselor. | 48 44 | 90.6\% 83.0\% |
| 3. Reading, journaling, meditation, or doing a hobby. | 43 | 81.1\% |
| 4. Work around your schedule, set a timer, or plan specific breaks to get up and move about-this could be going for a walk or taking a break from your work. A stroll around the neighborhood or building; Set boundaries while remote teaching, and will also provide a designated time in which students know that they can reach you during distance learning. Be incredibly kind to yourself to assist maintain mental wellness. | 40 | 75.5\% |

5. Establishing a dedicated workplace, even if it is just a small area of your home that you designate as "work only", Being open and honest about your struggles and growing your network of resources and allies.
6. Being a transparent about what you are experiencing and expand own network of resources and support. You can also be setting a good example for your co-workers to follow in terms of effective communication.

38
71.7\% Being open and honest about your abilities, being unafraid to take time for yourself, establishing reasonable expectations, goals, and limitations (and what you need)
8. Reach out to a counselor if thoughts of hurting selfoccur.

* Multiple response question, $n=53$

Based on the rank, there are top (2) most practices that existed in mental health practices among the secondary school teachers of Ichon National High School. The data shows that spending time on what to do, what to prioritize and what type of media to watch during pandemic were the highest percentage of ( $94.3 \%$ ) and followed by feel like I am having a tough time, and are struggling in any way with enjoying things, balancing my mood, or finding time take care of my self - I reach out to a counselor. in mental health practices. Teachers worked three days onsite and two days' work from home during pandemic, with printing modules behind them and their own families wanting their time and attention. During their planning and teaching efforts, teachers experienced worry, irritation, overwhelm, and a variety of other emotions. COVID-19 has replaced some of the uplifting, relational aspects of teaching with stress, increased demands, and concern about student safety, despite the fact that teaching was already a challenging, complex profession (Jones \& Kessler, 2020). Alliance of Concerned Teachers (ACT) also noted that teachers are getting stressed out because they constantly fear of contracting the disease while on duty (Malipot, 2021). Another study, Talidong \& Taquero (2020) described about how Filipino teachers constantly check for news concerning COVID-19 cases every day. In view of the numerous rumors regarding COVID-19 and its harmful effects on people, it is imperative that they exercise caution and vigilance when deciding which news and information to believe.

Whereas, reach out to a counselor if thoughts of hurting self-occur was the least percentage of mental health practices of the teachers. Teachers who were having problems at work were unable to consult a counselor because they were concerned that they would get sick from the counselor or another medical professional. Talking about mental illness can be hard.

| Table 1c. Distribution of Emotional Health Practices Employed by the Respondents |  |  |
| :---: | :---: | :---: |
| Emotional Health Practices* | Frequency | Percentage |
| 1. A positive about myself and my life. | 52 | 98.1\% |
| 2. A taking responsibility for my actions. | 51 | 96.2\% |
| 3. Dealing the ups and downs of life well; A developing an enthusiastic and optimistic approach to life; and acknowledging my mistakes and learning from them. | 50 | 94.3\% |
| 4. A coping effectively with stress. | 48 | 90.6\% |
| 5. A non-judgmental in my approach to others; A satisfied with my performance and; can laugh with ease | 43 | 81.1\% |
| 6. Able to say "no", without feeling guilt. | 27 | 50.9\% |
| * Multiple response question, $n=53$ |  |  |

The result of the study show that teachers are being positive about themselves (98.1\%) during COVID19 pandemic were the highest percentage. This can be explained by the fact that 52 teachers out of 53 teachers have responded to these indicators. Teachers were able to work efficiently and deal with the stresses of daily living. They get along well with their coworkers. Instead of dwelling in one's misery during the pandemic, teachers are focus on the positive things in their life. They strive to embrace changes as they come along, hold onto a feeling of optimism, and keep issues in perspective. A taking responsibility for my actions ranked second with (96.2\%). This can be explained by the fact that 51
teachers out of 53 teachers have responded to these indicators. Accepting responsibility for your actions may be liberating and have enormously good effects on your life, even though it is no simple task. It can strengthen your ability to study, improve your relationships, and make you feel more in charge of your life, to mention a few advantages (Faber, 2022). Lastly, dealing the ups and downs life well, acknowledging my mistakes and learning from them and a developing an enthusiastic and optimistic approach to life had the same percentage of ( $94.3 \%$ ). This can be explained by the fact that 50 teachers out of 53 teachers have responded to these indicators. In this regard, the findings have significant application for educators. Although it won't solve every classroom behavior issue, teacher excitement is a significant factor in students' behavioral, cognitive, emotional, and intrinsic goal orientation. Students are more likely to be interested, curious, intrinsically motivated to learn, and to engage behaviorally, intellectually, and emotionally when they perceive their professors to be enthusiastic, dynamic, and energetic.

On the other hand, able to say "no", without feeling guilt (50.9\%) was the least percentage. By saying "no" does not make you a horrible person; rather, it merely demonstrates that you have priorities and prioritize your mental health.

## Extent of Practice on Different Health Dimensions

Human is composed of different health dimensions namely: physical, mental and emotional. An individual's health is something that should not be neglected. Having a productive life is directly related with being in good health. Health is important to live life to the fullest. Having good health helps a person to perform their daily routine in a smooth manner. In order to increase longevity, prevent diseases, improve mental health, lead a productive life, and reap financial benefits, it is vital to maintain good health (Star Health Doctors). This study demonstrates the significance of the three aspects of health, particularly during pandemics.

Table 2a. Distribution in the Extent of Physical Health Practices of the Respondents

| Indicators | Average Score | Description ${ }^{\text {a }}$ |
| :---: | :---: | :---: |
| 1. I practice good hygiene. | 3.75 | Very High Extent |
| 2. I stay hydrated by drinking water or healthy fluids 6 to 8 glasses. | 3.72 | Very High Extent |
| 3. I do not use tobacco products, and I stay away from smokers. | 3.60 | Very High Extent |
| 4. I try to limit my daily alcohol consumption to one or two drinks. | 3.51 | Very High Extent |
| 5. I keep an eye out for any sickness symptoms or indicators, and when necessary, I seek medical help. | 3.45 3.24 | Very High Extent Very High Extent |
| 6. I get enough sleep. |  |  |
| 7. I eat largely plant-based healthy foods, including five servings of fruits and vegetables every day. | $\begin{aligned} & 2.77 \\ & 2.77 \end{aligned}$ | High Extent High Extent |
| 8. I maintain an appropriate weight. | 2.60 | High Extent |
| 9. I visit your dentist and healthcare provider for the recommended well-checkups. | 2.55 | High Extent |
| 10. I work out for at least 150 minutes a week, or around 30 minutes most days. |  |  |
| OVERALL | 3.20 | High Extent |
| 3.25-4.00 Very High Extent | - Mand |  |
| 2.50-3.24 High Extent |  |  |
| 1.75-2.49 Moderately Extent |  |  |
| 1.00-1.74 Low Extent |  |  |

In the extent of the physical health practices of the respondents, the overall results by the teachers were 3.20 suggesting that teachers were shown regularly practiced on the physical health practices during COVID-19 pandemic. These physical health practices are "I practice good hygiene, I stay hydrated by drinking water or healthy fluids 6 to 8 glasses, I do not use tobacco products, and I stay away from smokers, I try to limit my daily alcohol consumption to one or two drinks, I keep an eye out for any sickness symptoms or indicators, and when necessary, I seek medical help, I get enough sleep and I
eat largely plant-based healthy foods, including five servings of fruit and vegetables every day" with very high extent. These were extensively practiced of the respondents during pandemic.

On the other hand, "I work out for at least 150 minutes a week, or around 30 minutes most days" was the least average score (2.55) in the extent of physical health practices. However, the World Health Organization recommended 150 minutes of moderate-intensity exercise, 75 minutes of strenuous exercise, or a combination of the two, every week. Even at home, without any specific tools or in a small space, these recommendations can still be carried out (World Health Organization, 2020). Thus, Park and Quising (2020) suggested that preventing COVID-19 infection and recovering from COVID-19 depend primarily on wellness activities including good nutrition, enough sleep, meditation, and regular exercise.

Table 2.b Distribution in the Extent of Mental Health Practices of the Respondents

\left.| Indicators | Average Score | Description | Very High Extent |
| :--- | :--- | :---: | ---: |
| 1. I spend time what to do, what to prioritize and | 3.58 | Very High Extent |  |
| what type of media to watch. |  |  |  |
| 2. If I feel like I am having a tough time, and are |  |  |  |
| struggling in any way with enjoying things, |  |  |  |
| balancing my mood, or finding time take care of |  |  |  |
| my self - I reach out to a counselor. |  |  |  |$\right)$

hobby. tremendously kind to myself.
10. I am being a transparent about what you are experiencing and expand own network of resources and support. You can also be setting a good example for your coworkers to follow in terms of effective communication.
OVERALL $3.33 \quad$ Very High Extent

In the extent of the mental health practices by the teachers, the data shows the overall result of 3.33 indicating that during the COVID-19 pandemic, respondents were seen actively practicing healthy habits. These mental health practices are "I spend time what to do, what to prioritize and what type of media to watch, If I feel like I am having a tough time, and are struggling in any way with enjoying things, balancing my mood, or finding time take care of my self - I reach out to a counselor, I set boundaries while remote teaching, and will also provide a designated time in which students know that they can reach you during distance learning, I set small, realistic goals and expectations for self will help feel more fulfilled and keep mental health in check, I support taking care of yourself, having reasonable expectations, establishing boundaries, and being open and honest about your abilities and needs, I work
around schedule, set a timer, or plan specific breaks to get up and move about-this could be going for a walk or taking a break from your work. And stroll around the neighborhood or building. And I am establishing a dedicated workplace, even if it is just a small area of your home that you designate as "work only", with very high extent. These are extensively practiced of the teachers. Majority of the respondents were actively practicing the mental health habits during pandemic.

| Indicators | Average Score | Description ${ }^{\text {a }}$ |
| :---: | :---: | :---: |
| 1. I am being nonjudgmental in my approach to | 3.25 | Very High Extent |
| others. | 3.25 | Very High Extent |
| 2. I am acknowledging my mistakes and learning | 3.23 | High Extent |
| from them. | 3.08 | High Extent |
| 3. I am being positive about myself and my life. | 3.06 | High Extent |
| 4. I am coping effectively with stress. | 3.04 | High Extent |
| 5. I am taking responsibility for my actions. | 2.94 | High Extent |
| 6. I am dealing the ups and downs of life well. | 2.77 | High Extent |
| 7. I am able to say "no", without feeling guilt. | 2.74 | High Extent |
| 8. I can also laugh with ease. | 2.70 | High Extent |
| 9. I am being satisfied with my performance |  |  |
| 10. I am developing an enthusiastic and optimistic approach to life |  |  |
| OVERALL | 3.01 | High Extent |
| a 3.25-4.00 Very High Extent |  |  |
| 2.50-3.24 High Extent |  |  |
| 1.75-2.49 Moderately Extent |  |  |
| 1.00-1.74 Low Extent |  |  |

In the extent of the emotional health practices by the teachers, the data implies the overall results were 3.01 indicating that respondents were shown frequently practiced during pandemic. These practices were extensively practice by the teachers which includes "I am being nonjudgmental in my approach to others and I acknowledge my mistakes and I am learning from them."

On the other hand, "I am developing an enthusiastic and optimistic approach to life" was the least average score (2.70) in the extent of emotional health practices. In regard with the result of the study, Zhang (2014) concluded that teachers are urged to be enthusiastic and happy in the classroom even if they occasionally must participate in emotional labor by acting in a positive, enthusiastic, and joyful manner. This will help to increase student engagement and enhance student intrinsic drive to study.

Without a doubt, teachers' emotions are important on their own: no one wants teachers to suffer from burnout or depression; nevertheless, their emotions are also crucial for students' academic achievement (Panadero, Fraile, Pinedo, Rodríguez-Hernández, Balerdi, \& Díez, 2022).

Difference on the Extent of Practice among the Different Health Dimensions by SocioDemographic Profile

Table 3. Test for Significant Difference on the Extent of Practice among the Different Health Dimensions by Socio-demographic Profile

| Variables |  | Test Statistics | Test <br> Value | df | p-Value | Description |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Demogra <br> phic <br> (Groupin <br> g Var) | Extent <br> (Test Var) |  |  |  |  |  |
| Age | Physical | Kruskal-Wallis H | 1.289 | 2 | 0.525 | Not Significant |
|  | Mental | Kruskal-Wallis H | 0.416 | 2 | 0.812 | Not Significant |
|  | Emotional | Kruskal-Wallis H | 0.551 | 2 | 0.759 | Not Significant |


| Health Practices Among Secondary School Teachers... |  |  |  |  |  | Tabudlong, J.M.L. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Overall | Kruskal-Wallis H | 3.121 | 2 | 0.210 | Not Significant |
| Civil Status | Physical | Kruskal-Wallis H | 1.415 | 3 | 0.702 | Not Significant |
|  | Mental | Kruskal-Wallis H | 1.384 | 3 | 0.709 | Not Significant |
|  | Emotional | Kruskal-Wallis H | 5.115 | 3 | 0.164 | Not Significant |
|  | Overall | Kruskal-Wallis H | 3.258 | 3 | 0.354 | Not Significant |
| Sex ${ }^{\text {b }}$ | Physical | Mann-Whitney U | 234.5 |  | 0.491 | Not Significant |
|  | Mental | Mann-Whitney U | 262.0 |  | 0.928 | Not Significant |
|  | Emotional | Mann-Whitney U | 156.0 |  | 0.022 | Significant |
|  | Overall | Mann-Whitney U | 217.5 |  | 0.206 | Not Significant |
| Number of Section Taught | Physical | Kruskal-Wallis H | 0.347 | 3 | 0.951 | Not Significant |
|  | Mental | Kruskal-Wallis H | 0.347 | 3 | 0.918 | Not Significant |
|  | Emotional | Kruskal-Wallis H | 1.980 | 3 | 0.577 | Not Significant |
|  | Overall | Kruskal-Wallis H | 1.059 | 3 | 0.787 | Not Significant |
| Number of Preparati ons ${ }^{\text {c }}$ | Physical | Kruskal-Wallis H | 7.078 | 6 | 0.314 | Not Significant |
|  | Mental | Kruskal-Wallis H | 2.442 | 6 | 0.875 | Not Significant |
|  | Emotional | Kruskal-Wallis H | 9.963 | 6 | 0.046 | Significant |
|  | Overall | Kruskal-Wallis H | 6.171 | 6 | 0.404 | Not Significant |
| b- mean ranks - male $=18.64$, female $=28.17$ <br> c - mean ranks - 0 preparation $=24.08,1$ preparation $=26.20,2$ preparations $=28.50$, <br> 3 preparations $=19.09,4$ preparations $=26.50,5$ preparations $=30.75$ |  |  |  |  |  |  |

Table shows the statistical computations using a Kruskal-Wallis and Mann-Whitney U test based on the given indicators. The results of the study demonstrate that there is no significant difference on the overall results to the extent of practice among the different health dimensions including physical, mental and emotional by socio-demographic variables.

Table 3 shows that there is a significant difference in the extent of emotional health practice and sex, with a test value of 156.0 and a p-value of 0.022 . Female respondents had higher mean (28.17) than male which had (18.64). This suggest that female had a high extent of emotional health practices during COVID-19 pandemic than male. Men and women are similar in many ways. The two genders do, however, exhibit significant biological and behavioral distinctions. They have an impact on the occurrence, epidemiology, pathophysiology, and treatment of many common diseases (RegitzZagrosek, 2012). With this, Ding, Yang, Ji, \& Guo (2021) reveal that compared to men, women reported greater emotional and life distress, such as higher levels of anxiety and fear, as well as greater life disturbance.

On one hand, there is a significant difference in the extent of emotional health practice and the number of preparations with the test value of 9.963 and the $p$-value of 0.046 . This implied that less preparations indicate higher emotional extent of practice than more preparations. The results showed that 5 preparations had the highest, with a mean of (30.75), followed by 2 preparations with a mean (28.50), 4 preparations with a mean (26.50), 1 preparation with a mean (26.20), 0 preparation with a mean of (24.08), and lastly 3 preparations with a mean of (19.09).

More than $70 \%$ of teacher respondents, according to Alliance of Concerned Teachers (ACT) believe that the workload associated with distance learning has a "negative impact" on their physical and mental health; about 10\% even admit that they have "already fallen ill due to the problems with distance learning and their burdensome duties," (Malipot, 2021). Furthermore, teachers may perform an additional and critical role in crisis situations. As a result of the tremendous workload of teachers, the teaching profession can be associated with high levels of stress and physical ailments (Bogaert, De Martelaer, Deforche, Clarys, and Zinzen, 2014).


## CONCLUSION

More than $70 \%$ of teacher respondents, according to Alliance of Concerned Teachers (ACT) believe that the workload associated with distance learning has a "negative impact" on their physical and mental health; about 10\% even admit that they have "already fallen ill due to the problems with distance learning and their burdensome duties," (Malipot, 2021). Furthermore, teachers may perform an additional and critical role in crisis situations. As a result of the tremendous workload of teachers, the teaching profession can be associated with high levels of stress and physical ailments (Bogaert, De Martelaer, Deforche, Clarys, and Zinzen, 2014). The very high extent of the implementation on the health practices during COVID-19 pandemic shows that the teachers frequently practiced the health practices. The highest mean in mental aspect is conclusive that teacher during the pandemic exert effort to stay healthy on this and other areas as well.

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