Implementation of Health and Safety Awareness of Learners in Lingayen District II (A Basic Research)

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ABSTRACT

This study examined the implementation of health and safety awareness among learners in Lingayen District II, focusing on the community's response to the challenges posed by the COVID-19 pandemic. Specifically, it examines the correlation between students' awareness levels and the implementation of health and safety protocols within their educational environment. A total of 50 students participated in the study, with 25 respondents each from Domalandan Center Integrated School and Estanza National High School. Data were collected using a structured three-part questionnaire designed to assess both awareness and implementation levels. The responses were systematically recorded, tabulated, and analyzed to address the research objectives. The analysis revealed a significant positive relationship between learners' health and safety awareness and the implementation of corresponding protocols. Specifically, the Pearson correlation coefficient was r = 0.9855 with a p-value of 0.0000486, indicating a strong and statistically significant correlation. Consequently, the null hypothesis stating no significant relationship between awareness and implementation was rejected in favor of the alternative hypothesis. The mean score for the level of health and safety awareness was 3.146, categorized as "High," while the mean score for the implementation of health and safety protocols was 3.309, categorized as "Very High." These findings suggest that a higher level of awareness among learners is associated with a higher level of protocol implementation. Despite these encouraging results, the data indicate room for improvement. The ongoing presence of COVID-19 underscores the need for continuous reinforcement of health and safety practices within educational settings. Enhancing awareness programs and ensuring consistent implementation of protocols remain essential to safeguard the well-being of students and the broader school community.

INTRODUCTION

In December 2019, a novel virus emerged in Wuhan, China, later identified as the “coronavirus” due to its crown-like structure observed under a microscope. This virus, formally named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), was recognized for its high transmissibility and potential to cause severe illness or death. Its rapid spread across international borders led to the declaration of a global public health emergency. In response, the Philippine government promptly initiated precautionary measures as early as late December 2019, including stringent monitoring at airports and seaports. A nationwide lockdown was officially declared on March 16, 2020, to mitigate the transmission of COVID-19.

The pandemic caused profound disruption across multiple sectors, with education among the most significantly affected. The sudden transition to remote learning and the temporary closure of schools challenged the resilience of the educational system and exposed existing disparities, particularly in resource-constrained settings. Educational institutions were compelled not only to ensure the continuity of learning but also to implement comprehensive public health protocols aimed at safeguarding students, faculty, and staff. This dual mandate underscored the critical importance of responsive, evidence-based educational and health policy.

From the perspective of health behavior change, the public's response to COVID-19 can be better understood through frameworks such as the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB). The HBM suggests that individuals are more inclined to engage in preventive actions—such as wearing face masks, practicing hand hygiene, and observing physical distancing—when they perceive a significant risk of illness and

believe these actions are effective in reducing that risk. The TPB further emphasizes that behavior is shaped by attitudes, subjective norms, and perceived behavioral control, all of which influenced students' adherence to health protocols within school environments.

In rural and underserved areas such as Lingayen II District, schools played a pivotal role not only in delivering education but also in disseminating vital health information. Educators became key agents of public health, reinforcing preventive practices and raising awareness among learners. This function aligns with the concept of the school as a setting for health promotion, where health education and behavior are integrated into daily routines to foster a culture of safety and well-being.

This study's focus on learners' awareness and implementation of health and safety protocols offers valuable insights into the effectiveness of school-based health communication and the education sector's readiness to act as a frontline mechanism during public health emergencies. It also highlights the urgent need for more robust policies in educational planning—particularly in rural contexts—to strengthen institutional preparedness and health literacy among students.

To promote long-term health literacy and enhance school resilience during public health emergencies, it is essential to institutionalize health education within the basic education curriculum. Equipping students with knowledge about disease prevention, hygiene practices, and health-seeking behaviors will foster lifelong healthy habits. In parallel, capacity-building programs for school leaders and educators are vital to prepare them for emergency response and crisis management, ensuring that schools can respond swiftly and effectively in times of crisis. Moreover, sustained investment in school health infrastructure—such as improved ventilation, accessible handwashing stations, and adequate hygiene supplies—is critical in creating safe and health-supportive learning environments. Finally, strong and consistent collaboration between the education and health sectors is necessary to ensure integrated, coordinated, and sustainable health promotion efforts within school communities, particularly in underserved or rural areas where access to healthcare and public health services may be limited.

LITERATURE REVIEW

The COVID-19 pandemic underscored the urgent need to integrate public health measures within education systems globally. Affecting over 1.6 billion learners across 190 countries (UNESCO, 2020), the crisis disrupted education and revealed the significant gaps in infrastructure, particularly in low- and middle-income countries. In response, the Philippine government adopted blended learning, a strategy to reduce the risk of COVID-19 transmission while ensuring learning continuity. However, rural and underserved communities, facing challenges like limited internet access, lack of devices, and inadequate teacher preparedness, struggled to implement these alternative learning modalities effectively (World Bank, 2020). This experience highlighted the importance of establishing long-term educational policies that not only address immediate crises but also integrate health behavior change and resilience building within educational frameworks (Hargreaves et al., 2020).

The integration of health education in schools has long been advocated by global health organizations. The Health Belief Model (HBM) and Social Cognitive Theory (Bandura, 1986) suggest that individuals are more likely to adopt health-promoting behaviors when they perceive a significant risk and believe that preventive actions, such as mask-wearing and hand hygiene, will reduce that risk. Schools, therefore, must not only serve as centers for academic learning but also as hubs for health education, influencing students' attitudes, behaviors, and compliance with health protocols (Glanz et al., 2008). In rural areas where access to healthcare and information is limited, schools play a crucial role in disseminating accurate health information and fostering health behaviors that protect both students and the wider community (Galea et al., 2020).

Globally, several countries demonstrated how effective school reopening strategies could balance educational needs with health safety. Nations such as South Korea, Taiwan, and Germany adhered to strict physical distancing, thermal scanning, and contact tracing protocols while reopening schools (OECD, 2021). In these cases, educational institutions collaborated with health authorities, ensuring that public health measures were

integrated with academic activities. Similarly, Singapore utilized digital tools like "Trace Together" to track exposure, and New Zealand's four-tier alert system adapted school operations based on the community transmission levels (UNICEF, 2020). These examples align with the WHO and UNESCO's Health-Promoting Schools (HPS) framework, which integrates health into all aspects of school life, ensuring a holistic approach to student well-being (WHO, 2020).

For the Philippines, the pandemic emphasized the need for education policies that institutionalize health education as a core part of the curriculum. The incorporation of health behavior change theories within school settings can significantly impact students' understanding of preventive measures. According to WHO and UNESCO, health education in schools should not only cover topics like hygiene and vaccination but also foster critical thinking and decision-making skills related to health risks (Abel & McQueen, 2020). This approach ensures that students are equipped with the knowledge and behaviors necessary to safeguard their health in future crises (Toquero, 2020).

Educational policies should also invest in building school health infrastructure, such as improved ventilation systems, handwashing stations, and access to hygiene supplies. In underserved communities, these investments are particularly crucial as they ensure that health measures are accessible to all students. Additionally, capacity-building programs for educators and school leaders in emergency preparedness and crisis response are essential to effectively manage health threats (OECD, 2021).

The global experience during the pandemic demonstrates the importance of research-driven policies in enhancing educational resilience. Research on the effectiveness of remote learning, psychosocial impacts of school closures, and the role of health literacy in pandemic response highlights the need for ongoing investment in research to inform future educational policies (UNESCO, 2020). Institutions like Harvard University and the University of Oxford contributed to this knowledge base, providing evidence that helped shape public health and education strategies (Hargreaves et al., 2020).

Finally, the need for strong partnerships between the education and health sectors was evident throughout the pandemic. Governments, health organizations, and educational authorities must work together to ensure that schools serve as safe spaces that promote both learning and health. The pandemic illustrated that schools should be seen not only as academic institutions but as vital components of the public health infrastructure, particularly in underserved areas where access to healthcare is limited (Galea et al., 2020).

In conclusion, the COVID-19 pandemic has revealed the critical intersection between health behavior change, education policy, and public health. The experience underscores the need for stronger integration of health education into the curriculum, investment in school infrastructure, and capacity-building for educators to respond to future health emergencies. By embedding these elements into educational policy, we can ensure that schools are better equipped to support both the academic and health needs of students, particularly in underserved communities (Toquero, 2020).

Theoretical Framework

This study is grounded in several theoretical models that explain individual and institutional behaviors related to health awareness and safety compliance, particularly in educational settings during public health crises. These theories serve as lenses through which the level of students' awareness and the degree of implementation of health and safety protocols can be critically examined.

First, the Health Belief Model (HBM) by Rosenstock (1974) provides a foundational understanding of individual health behavior. The HBM asserts that health-related actions depend on a person's perception of the threat posed by a health issue and the benefits of avoiding the threat through specific behaviors. In the context of this study, the model explains how students' perceptions of susceptibility to COVID-19, the perceived severity of the virus, and their beliefs in the effectiveness of protective measures (such as handwashing, mask-wearing, and physical distancing) influence their willingness to implement health and safety protocols within the school setting. The HBM supports the study's focus on awareness as a key determinant of compliance behavior.

Complementing this is Bronfenbrenner's Social Ecological Model (SEM) (1979), which emphasizes that human behavior is shaped by multiple interacting levels: individual, interpersonal, organizational, community, and policy. This framework is particularly relevant for understanding how students' health practices are not only shaped by personal beliefs but also by the influences of family, peers, school policies, and national health regulations. The SEM highlights the need for a multi-level approach to health education and protocol implementation within schools, aligning well with the systemic efforts required during the COVID-19 pandemic.

The Theory of Planned Behavior (TPB) by Ajzen (1991) further reinforces this by emphasizing that an individual's intention to perform a behavior is the most important predictor of whether they will actually do so. These intentions are influenced by attitudes toward the behavior, perceived social pressures (subjective norms), and perceived behavioral control. In this study, the TPB explains how students' intention to follow health protocols is shaped by their beliefs about the importance of health behaviors, their perception of how peers and teachers view those behaviors, and their confidence in their ability to comply.

Additionally, Maslow's Hierarchy of Needs (1943) is significant in recognizing that students must feel physically safe and secure before they can effectively engage in learning. The pandemic posed a threat to students' basic physiological and safety needs. Thus, this theory supports the integration of health and safety protocols as a prerequisite for academic success and student well-being, aligning with the study's emphasis on creating a secure learning environment.

Lastly, the Systems Theory in Education views schools as dynamic systems where all components—students, teachers, administrators, facilities, policies, and community stakeholders—interact. According to this theory, the implementation of health and safety measures acts as a system input that influences the school's outputs, such as academic performance and student wellness. By understanding schools as systems, this theory underscores the importance of coordination, feedback mechanisms, and adaptive policies in responding to a pandemic.

Together, these theoretical perspectives offer a robust framework for analyzing the awareness and implementation of health and safety protocols among students. They support a comprehensive approach to school health that includes individual behavior, institutional roles, and systemic coordination during times of public health crisis.

Research Questions

This study aims to determine the level of awareness and the extent of implementation of health and safety protocols among learners in the Lingayen II District.

Specifically, it seeks to answer the following research questions:

1. What is the profile of the student respondents in terms of:

    a. Age
    b. Sex
    c. Grade level

2. What is the level of health and safety awareness of the learners in the Lingayen II District in terms of:

    a. Information or knowledge acquired about COVID-19

3. What is the extent of implementation of health and safety protocols among the learners in the Lingayen II District in terms of:

    a. Practices related to proper health protocols
    b. COVID-19 vaccination received

4. Is there a significant relationship between the level of health and safety awareness and the extent of implementation of health and safety protocols among learners in the Lingayen II District?

Scope and Limitation

This basic research study involved 50 secondary student-respondents from two public secondary schools in the Lingayen II District—Domalandan Center Integrated School and Estanza National High School—during the second semester of School Year 2021–2022, a period when limited face-to-face classes were implemented in response to the COVID-19 pandemic.

RESEARCH METHODOLOGY

To gather relevant data for the study, a structured questionnaire was developed and administered to 50 student-respondents from two public secondary schools in the Lingayen II District: Domalandan Center Integrated School and Estanza National High School. The questionnaire was designed to assess both the students' level of awareness and the extent of their implementation of health and safety protocols during the limited face-to-face classes in the second semester of School Year 2021–2022.

All responses were treated with strict confidentiality and were carefully recorded, computed, and tabulated for analysis. Descriptive statistical methods were employed, and the Likert scale was used to interpret the data. For the level of awareness, responses were rated as follows: 4 – Very High, 3 – High, 2 – Moderate, and 1 – Low. For the level of implementation of health and safety protocols, the scale was: 4 – Very High Implementation, 3 – High Implementation, 2 – Moderately High Implementation, and 1 – Low Implementation.

The data collected were analyzed using the Weighted Average Mean (WAM) to determine the overall trends in awareness and implementation. This statistical approach facilitated an objective interpretation of the students' responses and enabled the researcher to draw meaningful conclusions based on the numerical data obtained.

To examine the relationship between students' health and safety awareness and the implementation of health and safety protocols, a Pearson correlation coefficient was computed. The analysis revealed a strong positive correlation between the two variables, $r(48) = .99$, $p < .001$, indicating that higher levels of awareness are associated with greater implementation of health and safety protocols. This statistically significant result supports the hypothesis that increased awareness among students correlates with more rigorous adherence to health and safety measures.

DISCUSSIONS OF RESULTS AND RECOMMENDATIONS

Table 1 Level of Health and Safety Awareness of Learners in Lingayen II District as Perceived by Secondary learners from LIngayen District II.

Strategies Utilized in the Awareness campaign on Health and Safety Protocols	Level of Awareness Sources of Information or Knowledge Learned	
	WMS	Descriptive Equivalent
1. Information dissemination through face-to-face campaign by the frontliners	2.80	High
2. through television and radio broadcasts;	2.88	High
3. through social media like facebook, Instagram, text messaging, telephone calls;	3.14	High
4. through printed materials like newspaper,flyers,magazines and pamphlets.	2.50	High
5. Average Weighted Mean	2.84	High

Legend: 3.26-4.00- Very High Awareness

2.51-3.25- High Awareness

1.75-2.50- Moderately Aware

1.00-1.75- Low Level of Awareness

Table 1 reveals that learners have a high level of awareness about COVID-19 as a fatal disease. The highest mean for information sources came from social media platforms like Facebook, Instagram, text messaging, and phone calls, which aligns with research highlighting the role of digital media in spreading health information during the pandemic (Agarwal & Ranjan, 2020). With most high school learners owning cellphones and accessing online education, they can easily stay updated on global events, including COVID-19. This trend reflects how digital platforms have become essential in health communication (WHO, 2020).

However, printed materials received the lowest score, highlighting learners' preference for interactive and visually engaging content over traditional text-based sources (Smith et al., 2021). This shift emphasizes how social media has made accessing health information quicker and more relatable (Norris, 2021).

While learners' awareness is high, the increase in daily COVID-19 cases signals the need for continued advocacy. Although the Philippines has been under a Level 1 status for months, the pandemic is not over, and vigilance remains essential. Ongoing health education efforts, particularly via social media, are crucial to maintaining awareness and promoting preventive behaviors (CDC, 2020).

Table 2 Information or Knowledge Learned on COVID-19 disease by Learners in Lingayen II District.

B. Information or Knowledge learned on covid-19 disease.	Level of Awareness	
	WMS	Descriptive Equivalent
1. Showed awareness that COVID-19 is contagious, deadly disease that is transmitted through human-to-human contact and human to environment.	3.2	High
2. Familiarity with associated symptoms and common causes of COVID-19 disease.	3.10	High
3. Showed considerable knowledge of the disease and display preparedness for the prevention and control of the COVID-19.	3.14	High
	3.14	High

Legend: 3.26-4.00- Very High Awareness

2.51-3.25- High Awareness

1.75-2.50- Moderately Aware

1.00-1.75- Low Level of Awareness

Table 2 presents the level of awareness regarding COVID-19 among learners from the Lingayen II District, focusing on their knowledge of the disease. The results indicate that the majority of respondents are highly aware of the contagious and deadly nature of COVID-19, which is transmitted through human-to-human contact and human-to-environment interactions. Of the 50 student-respondents, 22 perceived themselves as having Very High Awareness, 17 reported High Awareness, and 10 identified with a Moderate Level of Awareness. Only one respondent reported a Low Level of Awareness. The total weighted value for this item was 160, with a mean score of 3.2, corresponding to an overall "High Level of Awareness." This suggests that the efforts made by relevant authorities to disseminate information about COVID-19 have been relatively effective.

In terms of familiarity with the symptoms and common causes of COVID-19, 19 respondents reported a Very High Level of Awareness, 19 had a High Level of Awareness, 10 had a Moderate Level of Awareness, and 2 had a Low Level of Awareness. Although fewer respondents had a Very High Level of Awareness regarding

symptoms and causes, the majority exhibited an above-average level of knowledge, with only 4% of the respondents scoring at the Low Level of Awareness. This section also received a total weighted value of 155, with a mean score of 3.1, reflecting an overall "High Level of Awareness."

The data also shows that 19 respondents exhibited a Very High Level of Awareness, 19 had High Awareness, and 12 were at a Moderate Level of Awareness, with none reporting a Low Level of Awareness. This demonstrates that all students had some level of awareness about COVID-19. Most respondents displayed considerable knowledge regarding the disease, its prevention, and control measures. However, those with Moderate Awareness levels still require additional support to ensure a safer, more stable status against COVID-19. Although the overall result reflects a High Level of Awareness, achieving zero cases and zero casualties remains the ultimate goal. Therefore, this study emphasizes the need for continued efforts to further improve and maintain awareness levels to fully protect against the ongoing threat of the virus.

Table 3 Extent of Implementation of Health and Safety Protocols/Awareness of the Learners in Lingayen II District

School Health and Safety Protocols	WMS	Descriptive Equivalent
1. Presence of Triage area in the school to screen the students, teachers, and visitors before entering the school in order to prevent and control the spread of Corona virus.	3.26	Very High
2. Demonstration of regular handwashing using soap and safe water for 20 seconds.	3.24	High
3. Use of hand sanitizers or 70% alcohol and place them in the toilets, classrooms, halls, and near school entrance and exits.	3.44	Very High
4. Provision of adequate, clean, separate toilets or latrines for boys and girls.	3.44	Very High
5. Wearing of surgical mask and face shield.	3.24	High
6. Posting signs encouraging good hand and respiratory hygiene practices. Refrain from hand shake and the so called beso-beso.	3.32	Very High
7. Making sure school trash is removed daily and disposed of safely.	3.30	Very High
8. Practice proper coughing and sneezing manners and avoid touching of face, eyes, mouth, and nose.	3.34	Very High
9. Do not share cups, eating utensils, food or drinks with others.	3.38	Very High
10. Received anti-covid vaccination.	3.30	Very High
11. Share what you learned about preventing disease with family and friends.	3.30	Very High
Average weighted Mean	3.31	Very High

Legend: 3.26-4.00- Very High

2.51-3.25- High

1.75-2.50- Moderate

1.00-1.75- Low

Table 3 shows the implementation of Health and safety awareness among our learners in Lingayen II District with variables 1 -11.

The analysis of the weighted mean scores for various health and safety protocols implemented in schools reveals varying levels of adherence, as perceived by the respondents.

Among the variables assessed, the use of hand sanitizers or 70% alcohol placed in toilets, classrooms, halls, and near school entrances and exits received the highest weighted mean score of 3.44, corresponding to a "Very High" level of implementation. This suggests a strong emphasis on hand hygiene within the school environment. The prevalence of personal hand sanitizers among students, often attached to their backpacks, indicates both compliance and a cultural adaptation to health protocols.

The provision of adequate, clean, separate toilets or latrines for boys and girls garnered a weighted mean score of 3.28, also indicating a "Very High" level of implementation. This reflects the schools' commitment to maintaining proper sanitation facilities, which is crucial for preventing the spread of diseases. The existing infrastructure, including designated comfort rooms and personality corners in classrooms, supports this high level of compliance.

The demonstration of regular handwashing using soap and safe water for 20 seconds received a weighted mean score of 3.24, corresponding to a "High" level of implementation. While the score is commendable, it indicates a slight decline compared to other variables. This may be attributed to students' preference for using hand sanitizers over traditional handwashing methods, possibly due to convenience or perceived effectiveness.

Similarly, the practice of wearing surgical masks and face shields achieved a weighted mean score of 3.24, also indicating a "High" level of implementation. Challenges such as limited availability and accessibility of these protective items during the pandemic may have influenced this outcome. Additionally, the absence of face-to-face classes during certain periods may have reduced the emphasis on consistent mask usage among students.

The aggregated data from Table 3 reveals an average weighted mean of 3.309, signifying a "Very High" overall level of implementation of health and safety protocols within the schools surveyed. This underscores the collective efforts of educational institutions in promoting and maintaining health standards amidst challenging circumstances.

A safe and hygienic school environment is fundamental to effective teaching and learning. The adherence to health protocols ensures minimal disruptions to educational activities and fosters a sense of security among students and staff. Moreover, integrating health practices into daily routines can enhance students' awareness and responsibility towards personal and public health.

Schools play a pivotal role in shaping community health behaviors. The implementation of stringent health protocols within schools sets a precedent for the community, encouraging the adoption of similar practices in households and public spaces. Furthermore, students often act as conduits of information, disseminating health knowledge acquired in schools to their families and peers, thereby amplifying the impact of educational health initiatives.

Table 4 Relationship between Health and Safety Awareness and Implementation of Health and Safety Protocols

Variables	N	Mean	Computed r	P-value
Health and Safety Awareness	50	3.146	0.9855	0.0000486
Implementation of Health and Safety Protocols	50	3.309	0.7408	0.009106

Significant at .05*

Significant at .01*

The analysis of the Pearson correlation coefficient indicates a statistically significant relationship between

students' level of health and safety awareness and the implementation of health and safety protocols in Lingayen II schools. This conclusion is based on the rejection of the null hypothesis (H_0: $\rho = 0$), which posits no linear relationship between the two variables, in favor of the alternative hypothesis (H_1: $\rho \neq 0$), suggesting a significant linear association.

The statistical significance of this correlation implies that higher levels of health and safety awareness among learners are associated with more effective implementation of corresponding protocols. This finding aligns with the expectation that informed students are more likely to adhere to and support health and safety measures within their educational environment.

The significant correlation underscores the importance of integrating comprehensive health and safety education into the school curriculum. By fostering awareness, schools can enhance students' understanding and commitment to health protocols, leading to safer learning environments. This proactive approach not only mitigates health risks but also promotes a culture of responsibility and well-being among students.

Beyond the school setting, heightened health and safety awareness among students can have a ripple effect within the broader community. Educated students often act as conduits of information, sharing knowledge and best practices with family members and peers. This dissemination of information can lead to increased community-wide adherence to health protocols, thereby enhancing public health outcomes.

FINDINGS

The findings from 50 learners in Lingayen II District indicate a high level of awareness and implementation of COVID-19 health protocols, driven largely by mass media and social platforms. This aligns with the Health Belief Model (Rosenstock, 1974), which suggests that individuals are more likely to adopt health behaviors when they perceive high susceptibility and severity, coupled with accessible preventive measures. Social media, television, and radio effectively communicated risks and guidelines, especially valuable in rural areas with limited health infrastructure.

The use of face masks, sanitizers, and physical distancing reflects behavior consistent with the Theory of Planned Behavior (Ajzen, 1991), where students' intentions are shaped by personal attitudes, social norms, and perceived control. The presence of fear due to rising cases reinforced adherence, consistent with Protection Motivation Theory.

Schools played a central role in reinforcing health behaviors through the Basic Education Learning Continuity Plan (BELCP), highlighting the relevance of Systems Theory and the Social Ecological Model (Bronfenbrenner, 1979). Teachers became key agents in health education, extending information beyond classrooms into families and communities.

Despite high awareness, the virus remains endemic, underscoring that awareness alone is insufficient without sustained public health infrastructure and behavior support—especially in underserved rural areas.

The findings suggest that health education should be integrated into the school curriculum to build lasting awareness. Teachers must be trained as effective health communicators. Rural schools need better access to hygiene supplies and support systems to sustain health practices. Continued collaboration between education and health agencies is essential to protect learners and maintain safe school environments.

RECOMMENDATIONS

The ongoing presence of the COVID-19 virus, now recognized as endemic by the World Health Organization, demands that individuals and communities continue to prioritize health and safety practices. Based on the findings of this study, the following recommendations aim to strengthen health behavior and public health efforts, particularly in educational setting.

1. Wearing Face Masks: Continue the routine use of face masks in public and school settings. Affordable

masks are now widely available, making it easier for people, including those in rural areas, to protect themselves.

2. Using Hand Sanitizers: Encourage regular hand sanitizing with alcohol-based sanitizers. This is crucial in preventing COVID-19 spread, especially in schools where students gather.

3. Promoting Health-Conscious Behaviors: Advocate for overall health, including physical activity, proper nutrition, and stress management, to strengthen immunity against diseases.

4. Avoiding Harmful Behaviors: Educate on the dangers of smoking and excessive alcohol consumption, which weaken the immune system and increase vulnerability to infections.

5. Limiting Non-Essential Travel: Encourage students and community members to stay indoors and avoid crowded places to minimize COVID-19 exposure.

6. Avoiding Crowded Spaces: Avoid public gatherings and confined spaces like cinemas, especially in areas with high transmission rates.

7. Mandating Face Mask Usage: Enforce mandatory face mask policies in schools and public places to ensure consistent protection against COVID-19.

8. Integrating Health Education in Schools: Schools should include health education in their curricula, teaching students about prevention, hygiene, and healthy lifestyles.

9. Collaboration Between Education and Health Authorities: Schools, local government units, and health authorities must work together to ensure the community receives accurate health information and support.

CONCLUSIONS

Based from the findings, the following are drawn conclusions:

1. Secondary learners in Lingayen II District have high health and safety awareness, but the continued rise in COVID-19 cases shows that awareness alone isn't enough. This highlights the importance of combining knowledge with action to prevent the spread, as per the Health Belief Model.

2. Learners show a very high level of implementation of health protocols, reflecting positive attitudes and strong cooperation. This is consistent with the Theory of Planned Behavior, where attitudes, social norms, and control over actions influence behavior change.

3. The connection between awareness and protocol implementation suggests that knowledge directly impacts behavior. This supports the Social Ecological Model, which emphasizes that awareness needs reinforcement from schools and communities to be effective.

4. Schools should be used as health education centers, integrating health literacy into the curriculum to empower students and their communities.

5. Teachers should be trained to advocate and model health behaviors, as they are trusted figures who influence both students and their families.

6. Public health efforts in rural areas should focus on community-based approaches, ensuring access to affordable health products like masks and sanitizers.

7. The study underscores the need for continued adherence to health protocols to prevent further spread, making safety measures a priority in both education and public health.

Dissemination and Advocacy Plans

As a public servant, nurse, and Senior High School teacher, I find the results of this study both personal and professionally meaningful. The high level of awareness and compliance among secondary students in Lingayen II District aligns with established health behavior change theories, such as the Health Belief Model and the Theory of Planned Behavior, which emphasize how knowledge and perceived risk lead to preventive action.

The study confirms that students informed through school and media adopted safety practices, such as mask-wearing and hand hygiene. This supports the idea that schools are not just academic institutions but also key drivers of public health advocacy, especially in rural communities where access to healthcare and accurate information may be limited.

For educational policy, this means health education must be continuously integrated into the curriculum, and teachers should be supported as health advocates. Policies should ensure that rural schools have access to hygiene supplies and information campaigns. Public health efforts in underserved areas must prioritize schools as trusted platforms for spreading awareness.

Personally, I commit to modeling the health practices I teach—promoting COVID-19 prevention, hygiene, and healthy living among my students and community. Empowering students as health advocates can create a ripple effect, strengthening both school-based and community-level responses to ongoing and future health challenges.

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