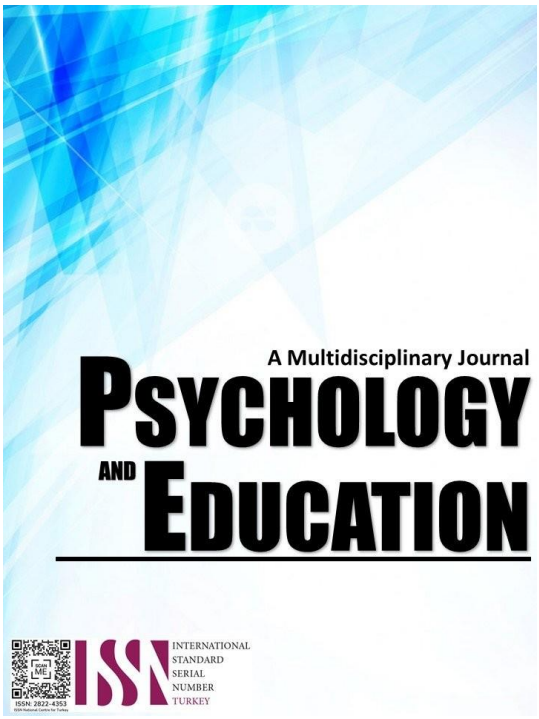
HEALTH STATUS AS CORRELATES TO ACADEMIC PERFORMANCE OF SELECTED LEARNERS IN NEW ERA ELEMENTARY SCHOOL



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Research Article

Health Status as Correlates to Academic Performance of Selected Learners in New Era Elementary School

Raquel H. Pabilona,* Lelanie D. Perido
For affiliations and correspondence, see the last page.

Abstract

This study delves into the intricate relationship between students' health status and academic performance in New Era Elementary School. The findings highlight the significance of promoting positive health habits and addressing challenges in stress management and social support to enhance students' overall well-being. The study reveals a substantial association between health status and academic performance, emphasizing the importance of a holistic approach to education that integrates health promotion initiatives into the curriculum. By acknowledging demographic differences in health status and academic performance, the study underscores the relevance of tailored interventions to support the diverse needs of elementary school students and foster positive health outcomes for all. Recommendations stemming from this study include implementing comprehensive health education programs, providing resources for teachers to integrate health promotion activities, collaborating with parents and caregivers, offering targeted interventions for at-risk students, conducting regular assessments, fostering a school-wide culture of holistic well-being, providing professional development for educators, partnering with community organizations, and incorporating student input into health promotion initiatives. It is crucial for educational institutions to prioritize mental health support for students. Promoting positive mental health habits such as stress management techniques, self-care practices, and fostering open communication can significantly impact students' overall well-being and academic performance. Furthermore, collaboration between schools, healthcare providers, and community organizations is essential to ensure comprehensive support for students' health needs. By establishing partnerships and networks, schools can access a wider range of resources and services to address the diverse health challenges faced by students. This collaborative approach can enhance the effectiveness of health promotion initiatives and ensure that students receive the necessary support to thrive academically and personally. It is also essential for educators to receive ongoing professional development and training on promoting student health and well-being. Lastly, ongoing evaluation and monitoring of students' health status and academic performance are vital to track progress, identify areas for improvement, and tailor interventions to meet the changing needs of students. In conclusion, by prioritizing student health and well-being, schools can create a supportive and nurturing environment that empowers students to thrive academically and personally. Through targeted interventions, collaborative partnerships, ongoing professional development, and continuous evaluation, schools can optimize students' health outcomes and enhance their academic performance. By investing in student health, schools invest in the future success and well-being of their students.

Keywords: *health, academic performance, learners*

Introduction

Students' success and well-being are closely related to their academic performance and health in the fast-paced and demanding world of today. Both factors are essential in determining how learners develop overall and what their chances are for the future. Comprehending the relationship between academic achievement and health is crucial for formulating efficacious tactics that foster and assist pupils' comprehensive development.

First and foremost, optimal cognitive development and functioning are predicated on excellent health. Students who are in good physical and mental health are better able to focus, concentrate, and retain information, which enables them to take an active role in their academic endeavors. Moreover, a strong immune system and general health help lower illness-related absences, which minimizes disturbances in the classroom and guarantees uninterrupted instruction.

Second, a crucial indicator of a student's progress during their academic career is their academic performance. It displays their comprehension, acquisition of knowledge, and capacity to apply ideas in practical contexts. Proficient academic achievement not only enhances students' self-worth and assurance but also eases their assimilation into postsecondary education or the workforce.

Furthermore, there is a reciprocal relationship between academic achievement and health. Because they have the physical and mental endurance to meet the demands of the classroom, students in good health are more likely to achieve academic success. On the other hand, by encouraging a feeling of motivation, achievement, and self-worth, academic success can have a positive effect on students' wellbeing.

The holistic well-being of students is becoming a higher priority for educational institutions and policymakers as they realize the significance of the link between health and academic performance. Comprehensive health education programs, wholesome food options, physical activity promotion, and mental health support services are all being implemented in schools. Through attending to students' health needs, these programs hope to foster a supportive environment that promotes learning and academic success.

Even though the relationship between health and academic performance has been the subject of many studies, more research is needed to determine how these two variables relate to one another in particular situations. Therefore, the goal of this study is to find out how academic achievement and health status relate to each other among a sample of New Era Elementary School students. Clarifying this relationship will yield important insights that can be used to develop focused interventions and support networks that will optimize student achievement in this specific area.

A crucial connection between academic achievement and health must be acknowledged in order to support students' success and well-being. Educational institutions can establish an environment that promotes optimal academic achievement and overall development by placing a high priority on the physical, mental, and emotional well-being of their students. To effectively design strategies that support students' success and well-being, it is imperative to comprehend the complex relationship that exists between academic performance and health status.

In light of the above, this study aims to investigate the relationship between health status in terms of physical and mental health and academic performance among selected learners in New Era Elementary School. By examining the specific context of New Era Elementary School, as well as the demographic composition, educational system, and prevalent health factors, this research seeks to provide insights that can tailor interventions and support systems to address the health and academic needs of students in this particular region.

By understanding the specific context of Dasmariñas, this study seeks to contribute to the existing body of knowledge on health and academic performance, while providing valuable insights that can be utilized by policymakers, educators, and healthcare professionals to foster the well-being and success of learners in this unique setting.

Research Questions

Specifically, the study sought to answer the following questions:

1. What is the demographic profile of the learners in terms of:
    1.1. age;
    1.2. sex; and
    1.3. grade level?
2. What is the academic performance of the learners (general weighted average)?
3. What is the learners' health status in terms of:
    3.1. physical; and
    3.2. mental?
4. Is there a significant relationship between the academic performance of learners and their health status?
5. Is there a significant difference between the responses of the respondents in their health status and academic performance when grouped according to profile?
6. What health intervention plan can be proposed?

Methodology

Research Design

The researcher utilized the quantitative approach using the descriptive design, which is a method that attempts to collect quantifiable information for statistical analysis of the population sample. (QuestionPro, n.d). Cress-well (2014) referred to this method as collecting, analyzing, interpreting, and writing results. Likewise, the researchers could describe the nature of the situation as it existed at the time of the study and explore the cause/s of particular phenomena. The researcher utilized this method considering the desire to obtain first-hand data using survey questionnaires to formulate rational and sound conclusions and recommendations. The study's approach was considered suitable since it aimed to determine the health status of the selected learners in New Era Elementary School as correlated to their academic performance.

Respondents

The respondents of the study will be selected learners in New Era Elementary School. The sample will consist of a representative group of learners across different grade levels of New Era Elementary School.

Instrument

To gather the data on the health status as correlates to academic performance of selected learners in New Era Elementary School. The self-made questionnaire has four parts: first is the demographic profile of the respondents, second part is the eating habits of the respondents, third part is the health status and for the last part is the academic performance of the respondents.

Procedure

To begin with, the researcher asked permission from the school administrator/school principal of the mentioned school to conduct the

study regarding the pupils' health status and academic performance Furthermore, an face to face questionnaire was distributed to the elementary students and an one-on-one focused discussion was administered to validate the data gathered from the assessment. Finally, a letter was given to the pupils' parents, pupils' adviser and principal to access the respondents' official grades. Then the researcher retrieved all pieces of questionnaire distributed to intended respondents; and data reflected in the questionnaire were collected, analyzed and interpreted.

Data Analysis

In this study, frequency, weighted mean, ranking and correlation coefficient are the statistical tools used.

Frequency. This were used to determine the number of respondents.

Ranking. This showed the positional importance of an item or object discussed. This was used to determine which item in the questionnaire is given a higher assessment from among the other items.

Weighted Mean. This was used to determine the influence of certain variables in assessing from the five-scale options, of which 5 is the highest, and 1 is the lowest value. Equivalent verbal descriptions were used to interpret and explain the numerical data gathered.

Correlation coefficient. This was used to determine the significant difference between the assessment of the principals and teachers.

Ethical Considerations

The researcher approached and obtain informed consent both parents or guardian of the respondents, the researcher provides a clear and understandable information about the research purposes, procedure, and benefits. The researcher maintains open communication with the parents or guardians, keeping them informed about the research process and respect parental rights is involved in decision related to their child's participation in research. The researcher ensures the confidentiality of the respondents by using anonymous data collection methods. The researcher establishes a positive and trusting relationship with the respondents and clearly explain the role of the researcher and the purpose of the study in the language that the respondents can understand. Materials and instruments taken from an open source and used in the research are appropriately acknowledged and did not become the property of the researcher. The researcher ensured that all the information gathered was used for educational purposes only.

Results and Discussion

This section present analyzed, and interpreted the data gathered using appropriated statistical tools. This presentation is sorted with the specific questions presented on the rationale of this study. The data were presented in the tabular form.

Profile of the Respondents

Age

Table 1. *Age of the Respondents*

Age	*Frequency*	*Percentage*	*Rank*
6 years old - 8 years old	9	30 %	1.5
9 years old - 11 years old	12	40 %	1
12 years old - 14 years old	9	30 %	1.5
Total	30	100 %	

Table 1 presents the demographic breakdown of respondents based on their age groups, revealing insightful patterns regarding the distribution of participants across various age brackets. Notably, the data illustrates that the largest segment of respondents falls within the age range of 9 to 11 years old, encompassing a significant 40% of the total sample size. This substantial portion suggests a considerable representation of pre-adolescents within the surveyed population.

Furthermore, the analysis indicates that an equivalent proportion of respondents, comprising 30% each, are dispersed among the age categories of 6 to 8 years old and 12 to 14 years old. This balanced distribution across these two age cohorts highlights a harmonious spread of participants, potentially enriching the diversity of perspectives and experiences captured within the study.

Such findings underscore the effectiveness of the sampling strategy in encompassing a broad spectrum of age groups, thereby enhancing the comprehensiveness and inclusivity of the research outcomes. By accommodating varying developmental stages and cognitive capabilities, the study stands poised to provide nuanced insights into the subject matter, fostering a deeper understanding of the targeted population's viewpoints and behaviors.

Sex

Table 2. Sex of the Respondents

Sex	*Frequency*	*Percentage*	*Rank*
Male	11	36.67 %	2
Female	19	63.33 %	1
Total	30	100 %	

Table 2 provides an overview of the gender distribution among respondents, shedding light on notable trends in participant demographics. The data reveals a significant majority of female respondents, comprising 63.33% of the total surveyed population. In contrast, males account for 36.67% of the respondent pool.

This disparity in gender representation prompts considerations regarding the potential impact on research outcomes and interpretations. The higher proportion of female respondents may signal inherent differences in interests, behaviors, or accessibility to survey participation. Moreover, it underscores the importance of acknowledging and incorporating gender perspectives in the analysis and interpretation of findings.

The observed gender distribution suggests the necessity of conducting gender-sensitive analyses to explore potential variations in responses or experiences between male and female participants. Such considerations can deepen the understanding of gender dynamics within the studied context and contribute to more comprehensive and nuanced insights.

Furthermore, this disparity underscores the significance of inclusive research methodologies that strive to capture diverse voices and perspectives across genders. By recognizing and addressing gender imbalances in respondent demographics, researchers can enhance the validity and relevance of their findings, ensuring that they accurately reflect the experiences and viewpoints of all participants.

Grade Level

Table 3. *Grade Level of the Respondents*

Grade Level	*Frequency*	*Percentage*	*Rank*
Grade 1	2	6.67 %	5
Grade 2	3	10.00 %	4.5
Grade 3	5	16.67 %	3
Grade 4	3	10.00 %	4.5
Grade 5	9	30.00 %	1
Grade 6	8	26.66 %	2
Total	30		

Table 3 provides insights into the distribution of respondents based on their grade levels, revealing intriguing patterns in participant demographics. The data highlights Grade 5 as the most prevalent cohort, comprising 30.00% of the total respondents, closely followed by Grade 6, representing 26.67%. Grade 3 accounts for 16.67% of respondents, while Grades 2 and 4 each contribute 10.00% to the sample. Conversely, Grade 1 exhibits the lowest representation, constituting 6.67% of the respondent pool.

This diverse distribution across grade levels suggests the inclusion of participants spanning various stages of primary education, thereby enriching the breadth and depth of perspectives captured within the survey. The predominance of Grade 5 and Grade 6 respondents may reflect factors such as curriculum emphasis, academic maturity, or the age-related receptiveness to survey participation.

Furthermore, the disparity in respondent distribution among grade levels prompts considerations regarding potential implications for data interpretation. Variations in cognitive development, educational experiences, or social influences across different grade levels could influence response patterns and thematic insights. Therefore, conducting granular analyses to explore how responses vary across these distinct grade cohorts holds the potential to yield valuable insights into age-related nuances in perceptions, attitudes, and behaviors.

Moreover, the observed distribution underscores the importance of adopting inclusive research methodologies that capture diverse perspectives across various educational stages. By recognizing and accommodating differences in respondent demographics, researchers can ensure the robustness and applicability of their findings, facilitating a more comprehensive understanding of the targeted population's dynamics and preferences.

Academic Performance

Table 4. *Academic Performance of the Learners*

Grading Scales	*Frequency*	*Percentage*	*Rank*
Outstanding (90-100)	2	6.67 %	4
Strongly Satisfactory (85-89)	3	10.00%	3
Satisfactory (80-84)	20	66.67%	1
Fairly Satisfactory (75-79)	5	16.67%	2
Did not Meet Expectations (Failed)	0	0.00%	5
Total	30	100%	

Table 4 displays the student's academic performance. It can be observed that out of 30 students, most of the students have been in the satisfactory level that indicates a grade of 80% - 84% as it got the frequency of 20. It is followed by 5 students who is in the fairly satisfactory level that indicates a grade of 75%-79%.

Moreover, there are only 3 students who belong to the strongly satisfactory level that indicates a grade of 85%-89% , 2 students who belong to the Outstanding level indicates a grade of 90%-100% and while there's no students who got the grades of below 75 which belong to the failed and did not meet expectations.

Learner's Health Status

In terms of Physical Health

Table 5. *Learner's Health Status in terms of Physical Health*

Items (Positive Physical Healthy Habits)	*Weighted Mean*	*Verbal Interpretation*	*Rank*
Most of the beverages that I drink is water.	3.21	Often	4
I don't smoke.	4.03	Often	2
I eat enough fruits and vegetables daily (2-3 servings) each day, as part of my diet.	3.52	Often	3
I do regular exercise for at least 30 minutes.	2.78	Sometimes	5
I don't dwell on sedentary activities (watching TV, playing video games etc.)	1.37	Never	6
I don't feel sick nor caught diseases.	4.25	Always	1
Overall Mean	3.19	Sometimes	

Legend: 1.00- 1.79 (Never) 1.80- 2.59 (Rarely) 2.60-3.39 (Sometimes) 3.40- 4.19 (Often) 4.20-5.00 (Always)

Table 5 provides a complete assessment of learners' health state, focusing on numerous healthy physical behaviors that promote overall well-being. These habits include important factors such as water consumption, smoking habits, fruit and vegetable intake, exercise frequency, sedentary activity participation, and general health perceptions. This research provides a sophisticated view of learners' health practices, giving light on areas of strength and possibility for change.

After reviewing the findings, it is clear that learners have primarily beneficial health practices. This assumption is backed by the noticeably high weighted mean scores found across the majority of the items in the table. Notably, a considerable majority of students reported not smoking, with a weighted mean score of 4.03, showing admirable commitment to a smoke-free lifestyle. Furthermore, the findings show that learners had a strong perception of their overall health, with a weighted mean score of 4.25, indicating a general sense of well-being within the cohort. The findings highlight the pupils' good dietary habits. A significant majority of participants reported eating an acceptable amount of fruits and vegetables on a daily basis, as demonstrated by the category's respectable weighted mean score of 3.52. This implies a strong desire to maintain a balanced diet rich in important nutrients, which is critical for general health and vigor.

Furthermore, the evaluation emphasizes the value of regular physical activity in learners' lives. The frequency of exercise appeared as a key determinant, with data showing patterns consistent with a proactive approach to fitness. While specifics may differ, the overall trend indicates a strong commitment to incorporate exercise into everyday routines, which aligns with the concepts of fostering physical well-being and healthy lifestyle choices.

In contrast, the analysis highlights areas that may require attention and intervention. For example, the prevalence of sedentary behaviors among students is highlighted, underlining the need for efforts to reduce prolonged periods of inactivity. Addressing this issue can help to reduce the associated health risks while also encouraging a more balanced lifestyle that promotes general well-being. The findings in Table 4 provide significant insights into learners' health behaviors, laying the groundwork for targeted interventions and activities focused at encouraging beneficial physical habits. Using this data, educators and health experts may work together to create targeted interventions that encourage students to prioritize their health and well-being, ultimately providing a favorable atmosphere for personal growth and development.

However, there are areas for potential improvement highlighted by the data. For instance, the weighted mean score for regular exercise falls relatively lower at 2.78, indicating that some learners may not engage in physical activity as frequently as recommended. Moreover, the weighted mean score for avoiding sedentary activities is the lowest at 1.37, suggesting that many learners spend significant time on sedentary pursuits like watching TV or playing video games. Research indicates that children today are less active than in previous decades, with many spending a large portion of their day engaged in sedentary activities like watching TV or playing video games (Mavrovouniotis, 2017). This lack of physical activity can contribute to the development of conditions such as obesity, hypertension, and diabetes (Mavrovouniotis, 2017). Encouraging children to engage in physical activities, including interactive video games that promote movement, can help reduce sedentary behavior and improve overall health outcomes (Kowaluk & Woźniewski, 2019). Efforts to increase physical activity levels among children are crucial in combating the negative health consequences associated with sedentary lifestyles (Mavrovouniotis, 2017).

Therefore, this shows that while there are positive health habits among the learners, there is room for promoting more consistent engagement in physical activity and reducing sedentary behaviors to enhance overall health and well-being. Additionally, study by Matsuoka et al. (2014) have shown that excessive screen time, particularly from TV viewing and video game playing, is linked to poorer performance in school, including lower language and math scores (Science Daily, 2016). Additionally, multitasking between different devices like phones, video games, and TV can lead to lower test scores in math and English among learners. It is essential for parents to set limits on screen time, educate children about the effects of excessive media consumption, and ensure that activities like physical exercise and quality sleep are not replaced by screen time. Co-viewing TV shows or playing video games with children can provide valuable teaching moments and opportunities for meaningful conversations (LaMotte, 2019).

In terms of Mental Health

Table 6. *Learner's Health Status in terms of Mental Health*

Items (Positive Mental Healthy Habits)	*Weighted Mean*	*Verbal Interpretation*	*Rank*
I have a regular sleeping schedule.	1.18	Strongly Disagree	5
I don't engage in stressful activities.	3.23	Neutral	3
I have a good social environment at home and at school.	2.12	Disagree	4
I don't experience random anxiousness or panic attack.	4.00	Agree	1
I have stable peace of mind.	3.30	Neutral	2
I don't get pressured and stress over problems.	1.15	Strongly Disagree	6
Overall Mean	2.50	Disagree	

Legend: 1.00- 1.79 (Never) 1.80- 2.59 (Rarely) 2.60-3.39 (Sometimes) 3.40- 4.19 (Often) 4.20-5.00 (Always)

Table 6 provides a comprehensive assessment of learners' mental health status, focusing on various positive mental habits that promote psychological well-being. These habits include important aspects such as maintaining a regular sleeping schedule, effectively managing stress, cultivating a supportive social environment, dealing with anxiety or panic attacks, maintaining peace of mind, and dealing with pressure and stress effectively. This thorough assessment provides insights into the learners' mental health landscape, revealing areas of strength as well as potential areas for growth and support.

A closer look at the findings reveals that learners have varying levels of mental health, as evidenced by the range of weighted mean scores across different items in the table. This variation emphasizes the complex and multifaceted nature of mental well-being, which is influenced by a variety of factors ranging from individual coping mechanisms to external stressors and support networks. Despite this diversity, certain trends and patterns emerge, revealing important information about the cohort's mental health landscape. The findings highlight the prevalence of stable mental states among learners. The vast majority of participants reported no random anxiety or panic attacks, with a weighted mean score of 4.00 indicating agreement on this point. This suggests that learners have a high level of resilience and emotional stability, which can protect them from the negative effects of stress and anxiety on mental health.

Furthermore, the data show that a significant proportion of learners report having stable peace of mind, with a weighted mean score of 3.30. This emphasizes the importance of creating an environment that promotes emotional well-being and instills a sense of inner calm and contentment in students. Such an environment can play an important role in promoting mental resilience and empowering people to face life's challenges with grace and equanimity.

However, in addition to these positive indicators, the findings indicate areas where students could benefit from additional support and intervention. For example, the assessment emphasizes the importance of effective stress management, as evidenced by the range of responses in this category. Developing strong coping mechanisms and resilience-building strategies can give students the tools they need to navigate stressful situations and maintain their mental health. Furthermore, the social environment emerges as a critical factor in shaping learners' mental health outcomes. Cultivating supportive relationships and instilling a sense of belonging in the learning community can significantly improve learners' overall well-being. Educators and mental health professionals can foster a nurturing environment that supports students' mental health while also instilling a sense of belonging and connectedness.

Table 6 provides valuable insights into learners' mental health status, allowing for a more nuanced understanding of their positive mental habits and challenges. Using this information, educators and mental health professionals can create targeted interventions and initiatives to promote mental well-being and resilience among students, ultimately fostering a supportive learning environment conducive to holistic growth and development.However, there are areas of concern highlighted by the data. For instance, the weighted mean scores for having a regular sleeping schedule and not getting pressured and stressed over problems are relatively low, indicating that some learners struggle with these aspects of mental health. Learners often struggle to sleep regularly due to various factors such as sleep deprivation, irregular sleep schedules, and sleep disorders. Among college students, inadequate sleep hygiene, late bedtimes, and early wake-up times contribute to daytime sleepiness and insufficient sleep (Hershner & Chervin, 2014). Teens, whose internal sleep clock shifts to fall asleep later at night, may find it challenging to get enough rest due to natural changes in melatonin production and external factors like bright lights and electronic devices (Gavin Mary, 2020). ack of sleep affects learning by impairing cognitive functions like working memory and attention, leading to poor academic performance (Bernstein, 2021). Persistent sleep problems in children and teens, such as insomnia, delayed sleep phase, and restless legs syndrome, can disrupt their sleep patterns over a long period and impact their daily activities. To address these issues, promoting good sleep habits, setting regular bedtimes, creating a conducive sleep environment, limiting screen time before bed, and seeking professional help when needed are essential steps to improve sleep quality and overall well-being (Persistent Sleep Problems in Children and Teenagers, 2022). School districts can also play a role by implementing delayed school start times to support students in getting adequate sleep as recommended by health organizations (Sleep and Health, n.d.).

Moreover, the weighted mean score for having a good social environment at home and school is also relatively low, suggesting that there may be challenges in this area for some learners. According to Campbell et al. (2014), the use of simulation training, such as the Emergency Team Simulation course and the DSN course, can help identify areas for improvement and promote safe and therapeutic services in mental health settings (Campbell et al., 2014). Therefore, while there are positive aspects of mental health among the

learners, there are also areas for improvement, particularly in managing stress, improving social environments, and promoting healthier sleep habits. Addressing these areas could contribute to overall improvements in learners' mental well-being.

Significant Relationship Between Academic Performance of Learners and their Health Status

Table 7. *Significant relationship between Academic Performance of Learners and their Health Status*

Relationship of:	*R-value*	*p-value*	*Decision*
Academic Performance and their Health Status	0.54	.002069	significant at p < .05, reject Ho

Table 7 offers a crucial insight into the intricate relationship between the academic performance of learners and their health status, shedding light on the profound impact that health can have on educational outcomes. Through rigorous statistical analysis, the table unveils a significant relationship between academic performance and health status, as evidenced by a p-value of 0.002069, leading to the rejection of the null hypothesis. This compelling finding underscores the interconnectedness of physical and mental well-being with educational attainment, highlighting the pivotal role that health plays in shaping students' academic success.

The revelation that health status plays a substantive role in academic performance underscores the importance of adopting a holistic approach to education that prioritizes the well-being of students. It underscores the notion that optimal health is not only conducive to academic success but also serves as a fundamental prerequisite for fulfilling one's academic potential. By recognizing and addressing the interplay between health and academic performance, educators and policymakers can develop targeted interventions and initiatives aimed at promoting holistic well-being and maximizing students' educational outcomes. Furthermore, the findings from Table 6 underscore the need for comprehensive support systems within educational institutions that address the multifaceted needs of students. This includes not only academic support but also resources and services that promote physical, mental, and emotional health. By fostering a supportive and nurturing environment that prioritizes the well-being of students, schools can create conditions that optimize learning and enable students to thrive academically, socially, and emotionally.

Moreover, the significance of the relationship between academic performance and health status highlights the importance of early intervention and prevention efforts aimed at addressing health-related barriers to learning. By identifying and addressing health issues early on, educators and healthcare professionals can mitigate the negative impact of health challenges on students' academic trajectories and facilitate equitable access to educational opportunities for all students.

Table 6 underscores the profound relationship between the academic performance of learners and their health status, revealing that health plays a significant role in shaping educational outcomes. By recognizing and addressing this interplay, educators, policymakers, and healthcare professionals can collaborate to develop holistic approaches to education that prioritize the well-being of students and create conditions conducive to academic success and overall flourishing. Through concerted efforts aimed at promoting health and well-being, we can empower students to realize their full potential and thrive in both academic and personal domains.

This can be supported by several research that have shown that student health behaviors, such as physical activity, healthy eating habits, and sleep patterns, are associated with academic achievement. According to Zahit et al. (2022) mental health status, specifically the loss of confidence factor, has a negative but weak correlation with students' academic performance. The study by Ramdial (2023) found that diet quality and food security were positively correlated with academic performance, while body mass index was negatively correlated. Students with poor health, including chronic conditions, are at higher risk for school problems such as grade retention and dropout (Barr, 2015). School-based health centers and comprehensive services can help improve students' health and academic performance by providing routine and preventive care, ensuring regular appointments, and addressing health-related barriers to learning (Barr, 2015).

Significance Difference on Health Status when Grouped According to Profile

Table 8. *Significant difference on Health Status when Grouped according to Profile*

Health status when grouped by:	*f-ratio value*	*p-value*	*Decision*
Age	0.29	.832242	not significant at p < .05, Failed to reject Ho
Sex	4.23	.013467	significant at p < .05, Reject Ho
Year level	3.03	.045226	significant at p < .05, Reject Ho

Table 8 provides valuable insights into the differences in health status among students of New Era Elementary School when grouped according to various demographic profiles. Through rigorous statistical analysis, the table unveils intriguing findings regarding the relationship between demographic factors and health status, offering important implications for understanding and addressing health disparities within the student population.

The analysis reveals that age alone does not significantly influence the health status of students, as evidenced by a p-value of 0.832242, leading to the acceptance of the null hypothesis. This finding suggests that, within the context of New Era Elementary School, health status is not significantly impacted by age differences among students. While age may play a role in shaping health outcomes in other contexts, the data suggest that within this particular school community, other factors may exert a more significant influence on students' health status.

In contrast, the analysis uncovers significant associations between health status and both sex and year level. Regarding sex, the data reveal a notable relationship, with a p-value of 0.013467 leading to the rejection of the null hypothesis. This indicates that there are discernible differences in health status between male and female students within the school population. Understanding these differences is crucial for developing targeted interventions and support strategies that address the unique health needs and challenges faced by male and female students.

Similarly, the analysis demonstrates a significant relationship between health status and year level, with a p-value of 0.045226 leading to the rejection of the null hypothesis. This suggests that students' health status may vary depending on their year level within the school. Such variations could be influenced by factors such as academic demands, social dynamics, and developmental stages, highlighting the importance of tailoring health interventions to meet the specific needs of students at different stages of their educational journey.These findings is notably opposite to the claims of other studies that state that there are significant differences in health status according to a demographic profile that can impact academic performance (Adeleye et al., 2022; Andrew, 2020; Manchri et al., 2017).

Conclusions

This study aims to investigate the correlation between students' health status and academic performance in New Era Elementary School. Through an examination of demographic profiles and an evaluation of physical and mental health indicators, it provides valuable insights into the factors influencing students' well-being and educational outcomes. The findings emphasize the importance of promoting positive health habits and addressing challenges in stress management and social support to enhance students' overall health. Additionally, the study reveals a significant association between health status and academic performance, highlighting the need for a holistic approach to education that integrates health promotion initiatives into the curriculum. By identifying demographic differences in health status and academic performance, the study underscores the importance of targeted interventions to support the diverse needs of elementary school students and foster positive health outcomes for all.

Implementing comprehensive health education programs within the curriculum to promote positive health behaviors among students, including regular exercise, healthy dietary habits, and stress management techniques.

Providing resources and support for teachers to integrate health promotion activities into daily classroom routines, such as incorporating physical activity breaks and mindfulness exercises.

Collaborating with parents and caregivers to reinforce healthy habits at home and create a supportive environment that complements school-based health initiatives.

Offering targeted interventions for students identified as at-risk for poor health outcomes, such as those with limited access to nutritious food or who experience high levels of stress.

Conducting regular assessments of students' health status and academic performance to monitor progress and identify areas for improvement.

Creating a school-wide culture that prioritizes holistic well-being, including mental health awareness initiatives and access to counseling services for students in need.

Providing professional development opportunities for educators to enhance their knowledge and skills in promoting student health and well-being.

Collaborating with community organizations and healthcare providers to expand access to health resources and services for students and their families.

Incorporating student voice and input into the development of health promotion initiatives to ensure relevance and effectiveness.

Conducting further research to explore the long-term impacts of improved health status on academic performance and overall student success.

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Affiliations and Corresponding Information

Raquel H. Pabilona
Lipa City Colleges – Philippines

Dr. Lelanie D. Perido
Lipa City Colleges – Philippines