IJAMS
INTERNATIONAL JOURNAL OF ADVANCED MULTIDISCIPLINARY STUDIES
Volume V, Issue 6 June 2025, eISSN: 2799-0664

Relative Effectiveness of the Health Education Program of the Department of Health

RAQUEL L. NICOLAS, RN
Master of Arts in Nursing Student
Urdaneta City University

FREDA B. LOPEZ, MAN, EdD
Adviser

Abstract — The study determined the relative effectiveness of the health education program of the Department of Health among nurses in selected government hospitals in Eastern Pangasinan. It determined their profile variables in terms of their age, sex, civil status, highest educational attainment, number of years in service, religion, and number of relevant trainings on health education. The study utilized a descriptive correlation design. This design describes the variables and the relationships that occur naturally between and among them.

The data gathering tool was a survey questionnaire based on related literature and studies, and the DOH health education program. Different statistical tools were used, like frequency and percentage, weighted mean, ANOVA, and t-test.

The findings revealed that the nurse respondents were mostly young adults, married, bachelor's degree holders, Roman Catholic, mostly in the service below five (5) years, and had an adequate number of trainings on health education. The relative effectiveness of the nurses in health education was highly effective highest on immunization and dengue prevention and lowest on HIV prevention.

No significant differences were noted in the relative effectiveness of health education and its profile variables. A significant negative R-value is noted between immunization and the number of trainings and HIV prevention, civil status, and highest educational attainment. The recommended program can be proposed for adaptation by the hospitals to improve the implementation of the health education program of the Department of Health.

Keywords — Relative Effectiveness, Health Education, Program, Health

I. Introduction

As a core public health function, health education promotes the government, community, and individuals' ability to cope with and address health challenges. This is accomplished by building healthy public policies, creating supportive environments, and strengthening community action and personal skills. Health education promotion is *the process of enabling people to increase control over, and to improve, their health.* It moves beyond a focus on individual behavior. Health education promotion is the process of enabling people to increase control over and to improve their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. Health promotion and disease prevention programs focus on keeping people healthy. Health promotion programs aim to engage and

empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities.

Chander (2024) studied to assess the existing level of knowledge regarding health promotion strategies and to determine the effectiveness of a health education program on knowledge regarding health promotion among the elderly in an old-age home. There was a significant improvement in the knowledge regarding health promotion strategies in the geriatric population. The result of the study concluded that the health education program was effective in improving the knowledge regarding health promotion strategies in the geriatric population. Vaccinations protect the individual and the public from life-threatening, preventable diseases. Healthy individuals, as well as the most vulnerable, benefit from vaccinations. Health care providers, patients, families, and caretakers benefit from becoming immunized, and registered nurses have a responsibility in advocating for necessary vaccines throughout an individual's health care continuum. Neonates, pediatric, immunocompromised, and individuals experiencing chronic diseases are especially at high risk for developing preventable disease complications and should also become vaccinated. Promoting public health and well-being is are critical function of nurses. Immunizations, for both nurses and the public, play a large role in preventing the spread of infectious diseases (American Nurses Association, 2024).

After getting a dog/animal bite, immediately clean the wound thoroughly with soap and water, apply a cold compress to reduce swelling, and consider seeking medical attention depending on the severity of the bite, especially if it is deep, on the face, or shows signs of infection; you may need stitches, antibiotics, and a tetanus shot depending on the circumstances. One out of every five of those bites causes an injury that requires medical attention, according to the Centers for Disease Control. Children are also more likely than adults to be injured by a dog bite (Watson 2024). Rabies vaccination programs seek to manage free-roaming domestic dog populations to reduce interspecific disease transmission and conflicts. As effective, permanent, remotely-administered options are not yet available, and oral vaccination is not yet commonly used, free-roaming dogs are typically captured for these interventions. There is a paucity of information describing how dog capture rates change over time within defined areas following repeated capture efforts. This data is needed to allow efficient dog capture programs to be developed (Fielding et al, 2023).

Rabies is a disease caused by a virus that is nearly always fatal. The virus infects the brain of animals, leading to unusual and often aggressive behavior. The rabies virus is present in the saliva of the infected animal and is spread to humans or other animals when the saliva gets into the body through a bite or scratch. The risk of getting rabies is greater if a person is bitten multiple times by an infected animal or if the bites are on the head, neck, or torso. Anyone with a potential rabies exposure should seek medical care; although not everyone who is exposed to rabies gets sick, almost everyone who does get sick from rabies dies. Everyone, including children and pregnant people, can and should receive post-exposure prophylaxis if an exposure to the rabies

virus has occurred. If the animal can be tested or observed, rabies may be ruled out, in which case post-exposure prophylaxis is not needed (Brown and DeMaria Jr, 2023).

Dengue is a systemic and dynamic disease with symptoms ranging from undifferentiated fever to dengue shock syndrome. Assessment of patients' severity of dehydration is integral to appropriate care and management. All suspected dengue cases are followed up for daily assessment, which includes an assessment of dehydration. While the clinical assessment of dehydration is subjective, the passing of dark-colored urine is an accepted indicator of dehydration. Patients with dengue infection are susceptible to dehydration as a consequence of high fever, nausea, vomiting, anorexia, and diarrhea during the febrile phase of 4 to 6 days. Hypovolemic shock is often caused by fluid loss into third spaces rather than by bleeding. With prolonged shock, complications such as gastrointestinal bleeding, disseminated intravascular coagulation, and multiorgan failure (Chew et al, 2020). As cited by Maria Socorro Quiñon of the Iloilo provincial government, she highlighted the need for the 4S strategies – Search and Destroy, Secure self-protection, Support fogging and spraying, and seek early consultation.

Worldwide trends in health risks, lifestyle behaviors, and health perceptions suggest alarming disparities among individuals from low- and middle-income countries. Perceptions and behaviors about non-communicable diseases (NCD), risk factors, and healthy lifestyle behaviors are related to cardiovascular disease morbidity and mortality. According to the WHO (2021), NCD care should include lifestyle changes such as daily physical exercise and a well-balanced diet to prevent complications. As an effective intervention technique, lifestyle modification necessitates considering factors such as knowledge, attitude, and health-seeking patterns or behaviors that can influence an individual's adoption of healthy behavior (Soberano et al, 2024).

Lifestyle diseases arise from unhealthy choices people make about their lives. People view health as the absence of active pain, disease, or disability. However, health is truly a more holistic concept. Lifestyle disorders are even more serious than infectious and communicable diseases. They may slowly evolve and take years before they show any symptoms. But once they surface, they are difficult to cure. And the interesting and unfortunate truth is that until people endure the symptoms, they aren't inspired to do anything about their faulty habits. Some lifestyle diseases include obesity, lung disease, heart disease, hypertension, stroke, diabetes, cancer, and sudden death. Depression, stress, and anxiety qualify as lifestyle diseases too, as they arise from life choices (Shefali 2024).

Gay, bisexual, and other men who reported male-to-male sexual contact are disproportionately affected by HIV. Social and structural issues—such as HIV stigma, homophobia, discrimination, poverty, and limited access to high-quality health care—influence health outcomes and continue to drive inequities. The Centers for Disease Control (CDC) works every day to maximize the effectiveness of current HIV prevention interventions and strategies. CDC provides research and guidance on effective interventions to reach people in diverse communities, capacity building assistance for those working in HIV prevention and care services,

and many other core components of public health, including data collection and reporting, community and partner engagement, and social marketing campaigns to reach people most affected by HIV. Many people with HIV experience challenges with achieving and maintaining viral suppression over time. Some of these challenges include missing HIV medical appointments, needing but not receiving other important health care services, or missing doses of HIV treatment. There are many HIV prevention strategies available, including condoms, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), as well as interventions focused on risk reduction, adherence to HIV medicine, linkage to, retention in, and re-engagement in care; structural approaches; and engagement in PrEP care. Additionally, for people with HIV, treatment provides substantial benefits for personal health and reduces HIV transmission to others.

Moreover, Gould et al. (2020) conducted their study on community health promotion programs for older adults and what helps and hinders implementation. They found that eighteen were female, nine were male; the age range of 65-84. Aspects that facilitate implementation include that they promote PA, fostering social connectedness, addressing isolation and loneliness, personal accountability, affordability, program design, providers' appropriate skills, community collaborations, and transportation support. Aspects that hinder implementation include a lack of resources for communications, a lack of volunteers and dedicated staff, and access to transportation.

Health promotion is the process of enabling people to increase control over and to improve their health. The basic strategies for health promotion identified in the Ottawa Charter were to advocate to boost the factors which encourage health, enable all people to achieve equity, and mediate through collaboration across all sectors. WHO Global Health Promotion Conferences have developed the global principles and action areas for health promotion entitled ‘Promoting health in the Sustainable Development Goals (SDG): Health for all and all for health’, promoting health and the 2030 Agenda for Sustainable Development. Whilst calling for bold political interventions to accelerate country action on the SDGs, the Shanghai Declaration provides a framework through which governments can utilize the transformational potential of health promotion (WHO., 2024).

In today's global situation, health promotion is important to our lives because of the increasing trend of non-communicable diseases worldwide, the global COVID-19 pandemic, the outbreak of Monkeypox, as well as the natural disasters and other crises occurring. Most people have a lack of health-related knowledge, many people are overwhelmed when these public events occur. Previous evidence and experiences have accumulated about the importance of health promotion as a comprehensive and cost-effective strategy primed to respond adequately to public emergencies. The health of a population is determined not by health-sector activities alone but by social and economic factors, such as social support, education, or income, closely related to our daily life and our living environment. Community health includes preventive, curative, promotive,

and rehabilitative aspects of health. Health promotion is inextricably linked to community engagement and empowerment. By adopting well-designed health education and promotion programs in community settings, it can improve typical public-health issues, such as COVID-19 vaccination, hypertension self-management, healthy lifestyle modification, et al. People could be more educated with specific health knowledge and be well-trained in health-related skills, thereby being influenced and supported in the community for a better well-being (Yao Jie 2024).

Public Health Education and Promotion aims to foster education and practice that can help individuals to better deal with the challenges of rapidly changing environments and make better personal health choices, health education and promotion professionals more effectively engage in evidence-based practices, and societies enhance programmatic efforts and policy initiatives to protect and promote population health. Since technology is shaping nearly every aspect of our lives in information societies, health education and health promotion are also transitioning into a new technological and digital era, and digital health promotion is evolving. While the technology is rapidly developing and improving, and the connectivity and adoption of devices are increasing worldwide, there are many new options to reach out to hard-to-access populations and communities in better and more affordable ways. Another advantage is the potential use of new ways to communicate digitally with tailored and even individually personalized health information and messages, and health promotion services. With the decreasing costs of digital technologies, reaching out to large populations with digital health promotion seems to be possible even in low- and middle-income countries (Stock 2022).

According to Ahmad et al (2024), nurses have a vital role in preventing rabies and giving post-exposure prophylaxis, delivering wound care, and overseeing patients for any unfavorable responses to rabies immunoglobulin and immunizations, guaranteeing prompt treatment of such occurrences. House Officers provide support in the provision of emergency medical care and treatment to patients. They have the duty of promptly addressing wounds, evaluating the likelihood of rabies exposure, and commencing preventive therapy while being overseen by Medical Officers. Paramedics play a vital role in the pre-hospital environment by evaluating and treating patients at the location of an occurrence involving animal attacks. They guarantee the secure and expeditious transportation of patients to healthcare institutions for further treatment, while also conveying crucial information about the patient's state and the circumstances of their exposure to the medical team at the receiving end.

The vital role of nurses in HIV prevention and elimination cannot be overstated. Nurses play a critical role in identifying and managing HIV-positive pregnant women, providing appropriate care and treatment, and ensuring their infants are protected from HIV transmission. These nurses are often on the front lines in providing a range of services, including HIV testing, counseling, ART (anti-retroviral therapy) initiation and management, and follow-up and retention in care. Without the efforts of public health nurses, many women and infants would remain at risk

of perinatal HIV transmission, with potentially devastating consequences for their health and well-being (Prasad et al., 2023).

It is in this context that the researcher is interested in tackling the study since she is assigned to the Health Education Promotion Program of the hospital. Since the program is implemented in all government hospitals under the Pangasinan Health Office, assessment of the program is of interest to the researcher to enhance further the health education promotion program of hospitals.

Theoretical Framework

This study utilized the theory of Nola Pender on the Health Promotion Model (HPM) to explain the interactions that occur between an individual and their environment during the behavior change process. The goal of the HPM is to help individuals make behavior changes that will improve health outcomes, in addition to preventing and minimizing the risk of disease.

This study adapted the theory of Imogene King on Conceptual System and Goal Attainment Theory that deals with the man as a biopsychosocial being. The theory deals with re-establishing positive adaptation to his or her environment. She describes nursing as a helping profession that assists individuals and groups in society to attain, maintain, and restore health. If this is not possible, nurses help individuals die with dignity.

Nursing is an interaction process between the client and the nurse whereby, during perceiving, setting goals, and acting on them, transactions occur and goals are achieved. The goal of nursing is health promotion, maintenance, or restoration; care of the sick or injured; and care of the dying. Human beings are the focus of nursing, particularly on the fundamental health needs, like the need for care that seeks to prevent illness and the need for care when human beings are unable to help themselves (Bautista, 2010).

Both theories are being utilized in the study since it focuses on health education and prevention. This is much suited for the study to assess the respondents on the health education and promotion of the hospital.

II. Methodology

Research Design and Strategy

The study utilized a descriptive correlation design. This design describes the variables and the relationships that occur naturally between and among them. A descriptive correlational method or design refers to a type of study in which information is collected without making any changes to the study subject. This means that the researcher cannot directly interact with the environment in which he is studying in a way that would cause any changes related to the study. A descriptive correlational design is used in research studies that aim to provide static pictures of situations and establish the relationship between different variables (McBurney & White, 2019). The design is

appropriate for the topic mentioned above because, in conducting the study, the researcher was required to collect data based on the knowledge, attitudes, and practices of the participants. The study design would also enable the researcher to determine changes in the participants' knowledge and attitudes over time to determine how these changes affect the outcomes or possible trends that could emerge in the future (Monsen & Horn, 2019)

Population and Locale of the Study

The population of the study were the nurses who were involved in the DOH program on health education of the different hospitals under the Provincial Health Office in Eastern Pangasinan. The study was conducted during the Second Semester of 2024-2025. It is composed of 33 respondents from selected government health facilities. To have a good representation of the population, this study utilized a combination of purposive and convenience sampling. It was strictly delimited to respondents who had been assigned to the Health Education Program of the hospitals.

Data Gathering Tool

The study utilized a survey questionnaire to assess the health education promotion program of the DOH under the Provincial Health Office. The tool was based on related studies and articles related to the problem. Part I dealt with the profile of the respondents in terms of their age, sex, civil status, highest educational attainment, number of years in service, and number of relevant trainings on health education. Part II focused on the relative effectiveness of the health education program of the DOH.

Data Gathering Procedures

Before the gathering of data, the researcher asked permission from the Dean of the Institute of Graduate and Advanced Studies to conduct the study. When permission was granted from the Institute of Graduate and Advanced Studies, the researcher requested and coordinated with the different health facilities in Eastern Pangasinan. After securing consent from the different health facilities, the researcher secured consent from the respondents. The questionnaire was given to the respondents for them to answer the questions, and retrieval and tally were done by the researcher for analysis and interpretation.

Validation of Instrument

The researcher sought the proficiency of research experts, nurses, and faculty teaching health education to determine the validity of the questionnaire. A validity checklist was used as a rating guide. It is to preserve the integrity of the questionnaire. Their comments and concerns were noted and integrated for further enhancements of the questionnaire before giving the questionnaire to the respondents.

After the validation, a consent letter was prepared to be presented to the participants. When the participants agreed to the terms and conditions, the researcher started to conduct the data gathering.

The data were collected, coded with numbers, analyzed, and interpreted to determine the relative effectiveness of the health education program of the DOH.

Treatment of the Data

For problem No.1 on the respondent's profile, frequency and percentage were used. The frequency is determined based on the number of respondents who answered or checked a particular item on the questionnaire.

Formula:

$$P = \frac{F\,X\,100}{N}$$

where: P = percentage

F = frequency

N = total number of respondents

For problem No. 2 on the relative effectiveness of the health education program among nurses assigned to the health education program, the weighted mean was used. The weighted mean is the mean of a set of values wherein each value or measurement has a different weight or degree of importance. This study will use a five-point rating scale system, as shown on the next page.

Formula:

$$\bar{x} = \frac{\sum fi}{N}$$

where: $\bar{x}$ = weighted mean

N = total # of population; and

fi = frequencies corresponding to the given items

Part II average weighted mean was used and further interpreted using the scale below.

Literal Value	Statistical Limit	Descriptive Equivalent	Transmuted Rating
A	4.50 – 5.00	Always	Highly Effective
B	3.50 – 4.49	Often	Effective
C	2.50 – 3.49	Sometimes	Moderately Effective
D	1.50 – 2.49	Seldom	Slightly Effective
E	1.00 – 1.49	Never	Not Effective

Part III and IV on the significant difference and relationship, Analysis of Variance and Pearson-r Correlation Coefficient were used to investigate the strength of the association between two quantitative variables

Ethical Consideration

The researcher ensured that ethical precautions and procedures were met. In the whole process of this study, the researcher considered ethical precautions to follow:

This researcher treated the respondents as autonomous agents with the right to self-determination and the freedom to participate or not to participate in the research. Self-respect for persons indicated and should be regarded as autonomous, anonymous, and private, as well as the right to self-preservation and the freedom to participate or not to participate in the research.

This researcher endeavored to fairly treat her subjects in terms of the benefits and the risks of the research. The principle of fair justice and transparency was strictly observed by the researcher.

This researcher granted the respondents their right to privacy and use of free will to have the freedom to determine the time, extent, and general circumstances under which their private information will be shared with or without the help from others. The respondent's right to exercise free will and right to privacy was provided; that any personal data and private information given were guarded by the researcher with utmost care and strict confidentiality.

III. Results and Discussion

Part 1. Respondents' Profile

Table 1 shows the profile of respondents in terms of their personal information, namely: age, civil status, highest educational attainment, religion, number of years in service, and number of relevant trainings on health education with the corresponding frequency count (f), and percentage equivalent (%) of each bracket.

Age. Most respondents are in the age bracket of 31-40 with a frequency of 18 or 54.4 percent, 41-50 years old with a frequency of 6 or 18.2 percent, 21-30 with a frequency of 5 or 15.2 percent, and 51 years old and above with a frequency of 4 or 12.1 percent. It showed that the respondents were young adults. According to Ericson, young adults are those in the age bracket of 19 to 40 years old. According to Ericson, young adults are those in the age bracket of 19 to 40 years old.

Civil status. The majority of the respondents are married, with a frequency of 20 or 60.6 percent, single with a frequency of 13 or 39.4 percent. It revealed that most respondents are in a marital relationship and have experience in their own field.

Table 1
Distribution of Respondents in terms of their Profile Variables
n=33

Profile Variables	Frequency	Percentage
Age (in years)		
21 – 30	5	15.2
31 – 40	18	54.4
41 – 50	6	18.2
51 and above	4	12.1
Civil Status		
Single	13	39.4
Married	20	60.6
Highest Educational Attainment		
BSN graduate	21	63.6
With MAN units	6	18.2
MAN graduate	6	18.2
Religion		
Roman Catholic	18	54.5
Born Again	9	27.3
Iglesia ni Cristo	4	12.1
Adventist	2	6.1
Number of Years in Service		
Below 5	11	33.3
5 – 10	8	24.2

Profile Variables	Frequency	Percentage
10 – 15	9	27.3
16 and above	5	15.2
Number of Relevant Trainings on Health Education		
1	4	12.1
2	8	24.2
3	9	27.3
4 and above	12	36.4

Highest educational attainment. It revealed that the majority of the respondents are bachelor's degree holders with a frequency of 21 or 63.6 percent, masteral units and masteral degree holders with a frequency of 6 or 18.2 percent. It showed that most nurses were not able to upgrade their qualification and remain a bachelor's degree holder.

Religion. It showed that most of the respondents were Roman Catholic with a frequency of 18 or 54.5 percent; Born Again with a frequency of 9 or 7.30 percent; Iglesia ni Cristo with a frequency of 4 or 12.1 percent, and Adventist with a frequency of 2 or 6.1 percent. It showed that the respondents belong to the most dominant related religion of the country.

Number of years in service. It revealed that most respondents are in the service below 5 years with a frequency of 11 or 33.33 percent; 10-15 years with a frequency of 9 or 27.3 percent; 5-10 years with a frequency of 8 or 24.2 percent and 15 years and above with a frequent of 5 or 15.2 percent. It showed that the majority of them had been in the service for a few years, which only states that the nurses were in their work for a short period.

Number of relevant trainings on health education. Majority of the respondents had undergone four (4) and above with a frequency of 12 or 36.4 percent, three (3) trainings with a frequency of 9 or 27.3 percent; two (2) with a frequency of 8 or 24.2 percent; and one (1) with a frequency of 4 or 12.1 percent. It showed that the respondents had undergone adequate training on health education. Training among nurses is necessary because it equips them with the knowledge and skills to provide quality patient care, ensuring safety, making informed decisions, and effectively communicating with patients and other healthcare professionals, leading to better patient outcomes.

Relative Effectiveness of the Health Education Program of the Department of Health along Immunization

Table 2 presents the relative effectiveness of the health education program of the Department of Health in immunization. It revealed that all the indicators were rated "Highly Effective" however the highest are items 1, 3 and 4, "administer vaccines to patients," "document each vaccination and provide patients with a vaccine card," and "observe patients after vaccination to monitor for adverse events," with a weighted mean of 4.88 or" Highly Effective." It implied

that the nurses assigned to health education administer vaccinations to the patients and check for adverse events with proper documentation. Nurses' role extends beyond the hospital ward. They are educators, community health advocates, guiding patients and communities to improve the overall health of people.

The lowest indicators are item numbers 7, and 8, "staff work in a variety of settings, including testing centers, treatment facilities, schools, and rural areas," and "promote vaccines and deliver them to patients who are hesitant or younger" with a weighted mean of 4.67 and 4.70, or "Highly Effective." It showed that the nurse respondents not only wait for patients in the healthcare settings but also go out and reach them, especially those who showed hesitancy in vaccinations.

Table 2
Relative Effectiveness of the Health Education Program of the Department of Health along Immunization
n=33

Indicators	WM	DE
As a Nurse I,		
1. administer vaccines to patients	4.88	HE
2. provide information about vaccine safety and side effects, and advise patients on the importance of immunization.	4.82	HE
3. document each vaccination and provide patients with a vaccine card.	4.88	HE
4. observe patients after vaccination to monitor for adverse events.	4.88	HE
5. remind patients when to schedule their next vaccination.	4.85	HE
6. ensure vaccines are kept at the appropriate temperature before, during, and after the clinic.	4.76	HE
7. work in a variety of settings, including testing centers, treatment facilities, schools, and rural areas.	4.70	HE
8. promote vaccines and deliver them to patients who are hesitant or younger.	4.67	HE
9. participate in prevention and promotion actions, screening, and follow-up.	4.79	HE
10. orient patients with evidence-based information about vaccine safety, potential side effects, and the importance of immunization.	4.79	HE
Overall Weighted Mean	4.80	HE

Legend:

Statistical Range	Descriptive Equivalent
4.50 – 5.00	Highly Effective (HE)
3.50 – 4.49	Effective (E)
2.50 – 3.49	Moderately Effective (ME)
1.50 – 2.49	Slightly Effective (SE)
1.00 – 1.49	Not Effective (NE)

Overall, the relative effectiveness of the health education program of the Department of Health, along with immunization, got an average weighted mean of 4.80, or "Highly Effective." It connotes that the nurse respondents did their part to implement the policy on health promotion on immunization, and education among patients. De Graaf et al. (2024) mentioned that nurses play a crucial part in health systems' response to health crises and vaccine-preventable communicable diseases. Not only are nurses valuable assets for a health service since they are often in direct

contact with patients, but they also play a role in informing citizens and patients about the risks, benefits, and value of immunization at the individual and societal levels.

Relative Effectiveness of the Health Education Program of the Department of Health, along with Rabies Control

Table 3 presents the relative effectiveness of the health education program of the Department of Health in rabies control. It revealed that the highest are items 3 and 10, "wash wounds to reduce the amount of virus that may remain," and "Inform that rabies is fatal when symptoms appear," with a weighted mean of 4.82 and 4.85, or "Highly Effective." It implied that the nurses assigned in health education orient the patients to the importance of washing the animal bite immediately to remove foreign bodies attached to it and the risk of having an infection. According to Watson, (2024), after getting a dog/animal bite, immediately clean the wound thoroughly with soap and water, apply a cold compress to reduce swelling, and consider seeking medical attention depending on the severity of the bite, especially if it is deep, on the face, or shows signs of infection.

The lowest indicator is item number 7, "Capturing and impounding unvaccinated or unclaimed animals. All dogs and cats more than four months of age must be vaccinated against rabies," with a weighted mean of 4.48, or "Effective." It showed that the nurse respondents reminded the patients importance of tying animals and submitting them for animal vaccination to prevent rabies. This confirms the study of Fielding et al (2023), where rabies vaccination programs are in place to manage the free-roaming domestic dog population to reduce interspecific disease transmission and conflicts. As effective, permanent, remotely-administered options are not yet available, and oral vaccination is not yet commonly used, free-roaming dogs are typically captured for these interventions. There is a paucity of information describing how dog capture rates change over time within defined areas following repeated capture efforts. This data is needed to allow the efficient dog capture program to be developed.

Table 3
Relative Effectiveness of the Health Education Program of the Department of Health, along with Rabies Control
n=33

Indicators	WM	DE
As a Nurse, I		
1. educate the public about rabies, including the importance of pre-exposure vaccination and what to do if bitten.	4.73	HE
2. administer PEP, which is a series of rabies vaccines and sometimes rabies immunoglobulin (RIG). PEP should be given as soon as possible after exposure	4.67	HE
3. wash wounds to reduce the amount of virus that may remain.	4.82	HE
4. provide one-on-one counseling to patients about expected adverse reactions, first aid practices, and vaccination schedules.	4.70	HE

5.	incorporating rabies prevention into education and improving surveillance measures	4.60	HE
6.	collaborating with other sectors, such as animal control agencies and local governments	4.61	HE
7.	capturing and impounding unvaccinated or unclaimed animals. All dogs and cats more than four months of age must be vaccinated against rabies.	4.48	E
8.	enforcing rabies vaccination laws	4.70	HE
9.	animal control laws prohibit allowing animals to roam unsupervised.	4.58	HE
10.	inform that rabies is fatal when symptoms appear	4.85	HE
Average Weighted Mean		4.66	HE

Legend:

Statistical Range	**Descriptive Equivalent**
4.50 – 5.00	Highly Effective (HE)
3.50 – 4.49	Effective (E)
2.50 – 3.49	Moderately Effective (ME)
1.50 – 2.49	Slightly Effective (SE)
1.00 – 1.49	Not Effective (NE)

Overall, the relative effectiveness of the health education program of the Department of Health in rabies control got an average weighted mean of 4.66, or "Highly Effective." It connotes that the nurse respondents gave the necessary health teachings to the clients to prevent the incidence of rabies. As cited by Brown and DeMaria Jr (2023), the risk of getting rabies is greater if a person is bitten multiple times by an infected animal or if the bites are on the head, neck, or torso. Anyone with a potential rabies exposure should seek medical care; although not everyone who is exposed to rabies gets sick, almost everyone who does get sick from rabies dies. Everyone, including children and pregnant people, can and should receive post-exposure prophylaxis if an exposure to the rabies virus has occurred. If the animal can be tested or observed, rabies may be ruled out, in which case post-exposure prophylaxis is not needed.

Relative Effectiveness of the Health Education Program of the Department of Health on Dengue Prevention

Table 4 presents the relative effectiveness of the health education program of the Department of Health on dengue prevention. It revealed that all the indicators were rated "Highly Effective" however the highest are items 8 and 10, "monitor patients for signs of dehydration, such as dry lips, sunken eyeballs, and rapid pulse," and "giving of intravenous fluids when there are signs of dehydration as per doctors 'order," with a weighted mean of 4.82and 4.85 or" Highly Effective." It implied that the nurse respondents were prepared to give the necessary management when signs of dehydration occur. As cited by Chew et al (2020), patients with dengue infection are susceptible to dehydration as a consequence of high fever, nausea, vomiting, anorexia, and diarrhea during the febrile phase of 4 to 6 days. It is the responsibility of the nurse to look for signs of dehydration for early management.

Table 4
Relative Effectiveness of the Health Education Program of the Department of Health on Dengue Prevention
n=33

Indicators	WM	DE
As a Nurse, I		
1. educate the public about dengue prevention through mass awareness campaigns and audiovisuals	4.76	HE
2. inculcate in them the importance of the three o'clock habit to destroy the breeding places of mosquitoes	4.61	HE
3. intervene early in cases of dengue.	4.79	HE
4. advise on how to prevent mosquito bites and encourage the destruction of breeding sites for the Aedes species.	4.76	HE
5. notify public health authorities of suspected dengue cases.	4.64	HE
6. use triage principles to identify patients who are at risk of developing severe disease	4.76	HE
7. manage severe cases of dengue-like shock, severe bleeding, and severe organ impairment.	4.61	HE
8. monitor patients for signs of dehydration, such as dry lips, sunken eyeballs, and rapid pulse	4.82	HE
9. require laboratory tests for patients with severe dengue,	4.76	HE
10. give intravenous fluids when there are signs of dehydration as per doctor's order	4.85	HE
Overall Weighted Mean	4.73	HE

Legend:

Statistical Range	Descriptive Equivalent
4.50 – 5.00	Highly Effective (HE)
3.50 – 4.49	Effective (E)
2.50 – 3.49	Moderately Effective (ME)
1.50 – 2.49	Slightly Effective (SE)
1.00 – 1.49	Not Effective (NE)

The lowest indicators are items number 2 and 7, "Inculcate to them the importance of the three o'clock habit to destroy the breeding places of mosquitos," and "manage severe cases of dengue like shock, severe bleeding, and severe organ impairment," with a weighted mean of 4.61, or "Highly Effective." It showed that the nurse respondents taught them to practice environmental sanitation to prevent the multiplication of mosquitoes that cause dengue. Chew et al. 2020 mentioned that hypovolemic shock is often caused by fluid loss into third spaces rather than by bleeding. With prolonged shock, complications such as gastrointestinal bleeding, disseminated intravascular coagulation, and multiorgan failure.

Overall, the relative effectiveness of the health education program of the Department of Health on dengue prevention got an average weighted mean of 4.73, or "Highly Effective." It connotes that the nurse respondents were concerned about the safety of their clients in dengue prevention. As cited by Maria Socorro Quiñon of the Iloilo provincial government, she highlighted the need for the 4S strategies – Search and Destroy, Secure self-protection, Support fogging and spraying, and seek early consultation.

Relative Effectiveness of the Health Education Program of the Department of Health along with Lifestyle-Related Diseases

Table 5 presents the relative effectiveness of the health education program of the Department of Health on lifestyle-related diseases. It revealed that all the indicators were rated "Highly Effective," however, the highest is item 4, "discuss the importance of dietary and nutritional intervention on malnutrition," with a weighted mean of 4.85 or" Highly Effective." It implied that the nurse respondents informed the on the benefits of proper nutrition in the prevention of diseases. The findings are similar to the findings of WHO (2021), that noncommunicable disease care should include lifestyle changes such as daily physical exercise and a well-balanced diet to prevent complications. As an effective intervention technique, lifestyle modification necessitates considering factors such as knowledge, attitude, and health-seeking patterns or behaviors that can influence an individual's adoption of healthy behavior (Soberano et al, 2020).

Table 5
Relative Effectiveness of the Health Education Program of the Department of Health on Lifestyle-Related Diseases
n=33

Indicators	WM	DE
As a Nurse, I		
1. discuss the importance of healthy behavior and lifestyle	4.73	HE
2. Focus on the effects of cigarette smoking and taking too much alcohol on health	4.73	HE
3. information on the advantages of physical activity and exercise to the body	4.67	HE
4. discuss the importance of dietary and nutritional intervention on malnutrition	4.85	HE
5. can encourage patients to exercise regularly to reduce the risk of heart disease, high blood pressure, stroke, diabetes, and arthritis.	4.82	HE
6. guide nutrition and dietary habits to help patients maintain a healthy weight	4.67	HE
7. help patients manage stress, which can lead to high blood pressure, obesity, diabetes, and heart disease	4.61	HE
8. can use verbal and written communication to encourage healthy activities and improve health literacy	4.67	HE
9. work to identify existing conditions early so that patients can modify their behaviors to control or minimize the effects	4.61	HE
10. can offer informed guidance and encouragement to support their patients' continued journey toward optimal health.	4.82	HE
Overall Weighted Mean	4.72	HE

Legend:

Statistical Range	Descriptive Equivalent
4.50 – 5.00	Highly Effective (HE)
3.50 – 4.49	Effective (E)
2.50 – 3.49	Moderately Effective (ME)
1.50 – 2.49	Slightly Effective (SE)
1.00 – 1.49	Not Effective (NE)

The lowest indicators are items number 7 and 9, “help patients manage stress, which can lead to high blood pressure, obesity, diabetes, and heart disease,” and “work to identify existing conditions early so that patients can modify their behaviors to control or minimize the effects,” with a weighted mean of 4.72, or “Highly Effective.” It showed that the nurse respondents

Overall, the relative effectiveness of the health education program of the Department of Health along lifestyle diseases got an average weighted mean of 4.73, or “Highly Effective.” It connotes that the nurse respondents gave utmost importance to discuss to them about lifestyle diseases, which is so common nowadays. Some people forget to exercise because they are focused on video games or chatting, and they encounter such diseases. As cited by Shefali (2024), lifestyle diseases arise from unhealthy choices people make about how they live their lives. People usually look at health as the absence of active pain, disease, or disability. However, health is truly a more holistic concept. Lifestyle disorders are even more serious than infectious and communicable diseases. They may slowly evolve and take years before they show any symptoms. But once they surface, they are difficult to cure.

Relative Effectiveness of the Health Education Program of the Department of Health along with HIV Prevention

Table 6 presents the relative effectiveness of the health education program of the Department of Health in HIV prevention. It revealed that the highest is item 1, “teach about safe sex practices, the importance of regular testing, and how to adhere to antiretroviral therapy (ART),” with a weighted mean of 4.61 or” Highly Effective.” It implied that the nurse respondents discuss with their clients that HIV nowadays is prevalent, and people need to be aware of this deadly disease and its consequences.

Table 6
Relative Effectiveness of the Health Education Program of the Department of Health, along with HIV Prevention
n=33

Indicators	WM	DE
As a Nurse, I		
1. teach about safe sex practices, the importance of regular testing, and how to adhere to antiretroviral therapy (ART)	4.61	HE
2. counsel individuals and groups about HIV/AIDS. They also help patients maintain social support	4.42	E
3. test for HIV and viral hepatitis and refer patients to care.	4.36	E
4. provide same-day or rapid start of antiretroviral therapy for newly diagnosed patients	4.36	E
5. use barrier precautions, such as gloves, surgical masks, gowns, and protective eyewear, to prevent contact with blood and other bodily fluids	4.33	E
6. collect and report on HIV/AIDS health statistics.	4.30	E
7. participate in research programs or projects related to HIV/AIDS	4.18	E

8.	train to understand trauma-informed care, cultural competency, stigma, and discrimination.	4.36	E
9.	help break down barriers and reduce discrimination associated with the disease	4.36	E
10.	vital role in teaching people about safe sex practices, the importance of regular testing, and adherence to antiretroviral therapy (ART) for those living with HIV	4.39	E
Overall Weighted Mean		4.37	E

Legend:

Statistical Range	Descriptive Equivalent
4.50 – 5.00	Highly Effective (HE)
3.50 – 4.49	Effective (E)
2.50 – 3.49	Moderately Effective (ME)
1.50 – 2.49	Slightly Effective (SE)
1.00 – 1.49	Not Effective (NE)

The lowest indicator is item number 7, "participate in research programs or projects related to HIV/AIDS," with a weighted mean of 4.18, or "Effective." It showed that the nurse respondents agreed to be effective in undertaking such research or projects on HIV/AIDS. However, with their busy workloads, they find limited time doing this kind of activity unless provided for by their employers as an urgent matter.

Overall, the relative effectiveness of the health education program of the Department of Health in HIV prevention got an average weighted mean of 4.37, or "Effective." It connotes that the nurse respondents share their knowledge with their clients on the facts about HIV/AIDS for them to be aware of this deadly menace, involving most commonly the homosexuals and the LGBTQ community.

Summary on the Relative Effectiveness of the Health Education Program of the Department of Health

Table 7 presents a summary of the relative effectiveness of the health education program of the Department of Health. It revealed that the highest among the aspects on health education is along immunization and dengue prevention, with a weighted mean of 4.80 and 4.73, or" Highly Effective." It implied that the nurse respondents perceived that all the aspects are important however, the two items are more focused on their health education due to children are more vulnerable to disease due to lower immunity. At the same time, the DOH had strategized for mothers to submit their children for vaccination, like the "door-to-door approach" in immunization.

The lowest aspect is on HIV prevention with a weighted mean of 437, or "Effective." It showed that the nurse respondents perceived this area as the lowest, but still a part of their health education. HIV prevention is part of their role in health education, since nowadays there are already cases involving the younger generation, particularly the LGBTQ community. According to the CDC (2024), Gay, bisexual, and other men who reported male-to-male sexual contact are disproportionately affected by HIV. Social and structural issues—such as HIV stigma,

homophobia, discrimination, poverty, and limited access to high-quality health care—influence health outcomes and continue to drive inequities. The Centers for Disease Control

Table 7: Summary on the Relative Effectiveness of the Health Education Program of the Department of Health n=33

Aspect	WM	DE
Immunization	4.80	HE
Rabies control	4.66	HE
Dengue prevention	4.73	HE
Lifestyle-related diseases	4.72	HE
HIV prevention	4.37	E
Grand Weighted Mean	4.66	HE

Legend:

Statistical Range	Descriptive Equivalent
4.50 – 5.00	Highly Effective (HE)
3.50 – 4.49	Effective (E)
2.50 – 3.49	Moderately Effective (ME)
1.50 – 2.49	Slightly Effective (SE)
1.00 – 1.49	Not Effective (NE)

Overall, the relative effectiveness of the health education program of the Department of Health got an average weighted mean of 4.66, or "Highly Effective." It connotes that the nurse respondents had a wide scope in their health education among their clients. As mentioned, CDC (2024) provides research and guidance on effective interventions to reach people in diverse communities, capacity building assistance for those working in HIV prevention and care services, and many other core components of public health, including data collection and reporting, community and partner engagement, and social marketing campaigns to reach people most affected by HIV.

ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across Age

Table 8 shows the difference in the relative effectiveness of the health education program across the age of the nurse-respondents.

Table 8
ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across Age

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Immunization	Between Groups	.279	3	.093	1.097	.366	Not Significant
	Within Groups	2.461	29	.085			
	Total	2.740	32				
Rabies Control	Between Groups	.908	3	.303	1.955	.143	Not Significant
	Within Groups	4.491	29	.155			
	Total	5.399	32				
Dengue Prevention	Between Groups	.360	3	.120	.627	.604	Not Significant
	Within Groups	5.553	29	.191			

	Total	5.913	32				
Lifestyle-Related Disease	Between Groups	.479	3	.160	1.392	.265	Not Significant
	Within Groups	3.324	29	.115			
	Total	3.802	32				
HIV Prevention	Between Groups	.798	3	.266	.900	.453	Not Significant
	Within Groups	8.571	29	.296			
	Total	9.370	32				
Overall Relative Effectiveness of the Health Education Program	Between Groups	.262	3	.087	.959	.425	Not Significant
	Within Groups	2.636	29	.091			
	Total	2.897	32				

The computed F-values generated significance values which are higher than the set .05 level of significance. This indicates that all nurse-respondents, regardless of age, have perceived the level of relative effectiveness of the health education program along immunization, rabies control, dengue prevention, lifestyle-related diseases, and HIV prevention. It reflects that nurse equally give the same treatment to the different areas of health education because it is their role to see to it that people are informed about the program of government's health program. It reforms had been introduced and implemented by the DOH to improve the health of the people.

t-Test Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across Civil Status

Table 9 displays the difference in the relative effectiveness of the health education program as perceived by the nurses across civil status.

Table 9
t-Test Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across Civil Status

Aspect	Civil Status	n	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Immunization	Single	13	4.82	.038	.106	31	.360	.721	Not Significant
	Married	20	4.79						
Rabies Control	Single	13	4.75	.141	.146	31	.964	.343	Not Significant
	Married	20	4.61						
Dengue Prevention	Single	13	4.74	.008	.156	31	.054	.957	Not Significant
	Married	20	4.73						
Lifestyle-Related Diseases	Single	13	4.70	-.025	.125	31	-.200	.842	Not Significant
	Married	20	4.73						
HIV Prevention	Single	13	4.62	.418	.181	31	2.311	.028	Significant
	Married	20	4.21						
Overall Relative Effectiveness of the Health Education Program	Single	13	4.73	.116	.107	31	1.087	.286	Not Significant
	Married	20	4.61						

Except for HIV prevention, all components of the health education program have demonstrated no significant differences. The positive mean difference in HIV prevention suggests that single nurses believe the health education program has been more effective than married nurses do. It is their perception, however, that nurses, regardless of their civil status, have the same role to play in educating the public. Single or married individuals share the same responsibility in minimizing the incidence of diseases.

ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across Highest Educational Attainment

Table 10 presents the difference in the relative effectiveness of the health education program by the nurses across the highest educational attainment.

Table 10
ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across Highest Educational Attainment

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Immunization	Between Groups	.009	2	.004	.047	.954	Not Significant
	Within Groups	2.731	30	.091			
	Total	2.740	32				
Rabies Control	Between Groups	.004	2	.002	.011	.989	Not Significant
	Within Groups	5.395	30	.180			
	Total	5.399	32				
Dengue Prevention	Between Groups	.019	2	.009	.047	.954	Not Significant
	Within Groups	5.895	30	.196			
	Total	5.913	32				
Lifestyle-Related Disease	Between Groups	.196	2	.098	.816	.452	Not Significant
	Within Groups	3.606	30	.120			
	Total	3.802	32				
HIV Prevention	Between Groups	1.450	2	.725	2.746	.080	Not Significant
	Within Groups	7.920	30	.264			
	Total	9.370	32				
Overall Relative Effectiveness of the Health Education Program	Between Groups	.087	2	.044	.465	.632	Not Significant
	Within Groups	2.810	30	.094			
	Total	2.897	32				

The significance values corresponding to all calculated F-values exceed the established .05 level of significance. The findings show that the nurse-respondents' educational attainment affects their views on the effectiveness of the health education program in five areas: immunization, rabies control, dengue prevention, lifestyle-related diseases, and HIV prevention. It revealed that the nurses were equipped with the knowledge on how to deal with different types of diseases as part of their responsibility in maintaining awareness of people in preventing the incidence of diseases.

ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across Religion

Table 11 shows the difference in the relative effectiveness of the health education program across the religion of the nurse-respondents.

Table 11
ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across Religion

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Immunization	Between Groups	.373	3	.124	1.521	.230	Not Significant
	Within Groups	2.368	29	.082			
	Total	2.740	32				
Rabies Control	Between Groups	.338	3	.113	.645	.592	Not Significant
	Within Groups	5.061	29	.175			
	Total	5.399	32				
Dengue Prevention	Between Groups	.329	3	.110	.570	.639	Not Significant
	Within Groups	5.584	29	.193			
	Total	5.913	32				
Lifestyle-Related Disease	Between Groups	.385	3	.128	1.091	.369	Not Significant
	Within Groups	3.417	29	.118			
	Total	3.802	32				
HIV Prevention	Between Groups	.495	3	.165	.539	.659	Not Significant
	Within Groups	8.875	29	.306			
	Total	9.370	32				
Overall Relative Effectiveness of the Health Education Program	Between Groups	.107	3	.036	.370	.775	Not Significant
	Within Groups	2.791	29	.096			
	Total	2.897	32				

The significance values derived from the calculated F-values exceeded the established .05 level of significance. This indicates that the nurse-respondents' religious affiliation does not influence their views on the effectiveness of the health education program provided by the Department of Health, specifically regarding immunization, rabies control, dengue prevention, lifestyle-related diseases, and HIV prevention. It revealed that any type of religious affiliation the nurse had does not affect their role in giving health education to their clientele.

ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health Across the Number of Years in Service

Table 12 presents the difference in the relative effectiveness of the health education program across the number of years in service of the nurse-respondents.

Table 12
ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health Across the Number of Years in Service

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Immunization	Between Groups	.114	3	.038	.420	.740	Not Significant
	Within Groups	2.626	29	.091			
	Total	2.740	32				
Rabies Control	Between Groups	.463	3	.154	.906	.450	Not Significant
	Within Groups	4.936	29	.170			
	Total	5.399	32				
Dengue Prevention	Between Groups	.500	3	.167	.893	.456	Not Significant
	Within Groups	5.413	29	.187			
	Total	5.913	32				
Lifestyle-Related Disease	Between Groups	.134	3	.045	.353	.787	Not Significant
	Within Groups	3.669	29	.127			
	Total	3.802	32				
HIV Prevention	Between Groups	3.883	3	1.294	6.840	.001	Significant
	Within Groups	5.487	29	.189			
	Total	9.370	32				
Overall Relative Effectiveness of the Health Education Program	Between Groups	.342	3	.114	1.296	.295	Not Significant
	Within Groups	2.555	29	.088			
	Total	2.897	32				

There is no substantial evidence to claim that there exists a significant difference in relative effectiveness among immunization, rabies control, dengue prevention, and life-related diseases. However, a notable difference is observed in HIV prevention. The next table presents the results of the Scheffe test.

Scheffe Test Results on the Significant Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across the Number of Years in Service

Table 13 displays the significant difference in the relative effectiveness of the health education program in HIV prevention across several years in service of the nurse-respondents.

Table 13
Scheffe Test Results on the Significant Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across the Number of Years in Service

Aspect	Compared Groups	Mean Difference	Sig
HIV Prevention	Below 5 vs 10-15	.818	.003

The positive mean difference suggests that nurses with more than five years of service have delivered more effective health education programs related to HIV prevention than those with 10-15 years of service. It revealed that the nurses who had been in the service for a few years were more aggressive in giving health education than those longer in service longer. It might be related to the fact that the nurses were still enriching their experiences and were more curious about doing their responsibilities compared to the older ones.

ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across the Number of Relevant Trainings on Health Education

Table 14 presents the difference in the relative effectiveness of the health education program across several relevant trainings attended by the nurse-respondents.

Table 14
ANOVA Results on the Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across the Number of Relevant Trainings on Health Education

Aspect	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Immunization	Between Groups	.822	3	.274	4.145	.015	Significant
	Within Groups	1.918	29	.066			
	Total	2.740	32				
Rabies Control	Between Groups	.287	3	.096	.542	.657	Not Significant
	Within Groups	5.112	29	.176			
	Total	5.399	32				
Dengue Prevention	Between Groups	.352	3	.117	.613	.612	Not Significant
	Within Groups	5.561	29	.192			
	Total	5.913	32				
Lifestyle-Related Disease	Between Groups	.317	3	.106	.879	.463	Not Significant
	Within Groups	3.485	29	.120			
	Total	3.802	32				
HIV Prevention	Between Groups	1.969	3	.656	2.572	.073	Not Significant
	Within Groups	7.401	29	.255			
	Total	9.370	32				
Overall Relative Effectiveness of the Health Education Program	Between Groups	.262	3	.087	.961	.424	Not Significant
	Within Groups	2.635	29	.091			
	Total	2.897	32				

Immunization shows a significant difference, whereas the others already indicate that no significant difference exists. The next table presents the outcomes of the additional statistical test along with immunization.

Scheffe Test Results on the Significant Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across the Number of Relevant Trainings on Health Education

Table 15 displays the results of the Scheffe Test on the significant difference in the relative effectiveness of the health education program along with immunization across the number of relevant trainings attended by the nurse-respondents.

Table 15
Scheffe Test Results on the Significant Difference in the Relative Effectiveness of the Health Education Program of the Department of Health across the Number of Relevant Trainings on Health Education

Aspect	Compared Groups	Mean Difference	Sig
Immunization	3 vs 4 & above	.372	.025

The positive mean difference suggests that nurses who have attended three health education trainings have implemented the immunization health education program less effectively than those who have attended four or more trainings. It revealed that nurses with fewer number of trainings implemented health education on immunization less effectively as compared to those with more training. This is their perception however, nurses give emphasis on all the programs on health.

Relationship Between the Relative Effectiveness of the Health Education Program of the Department of Health and its Profile Variables

Table 16 shows the relationship between the relative effectiveness of the health education program and the profile variables of the nurse-respondents.

A significant negative R-value is reflected between immunization and the number of trainings. This indicates that the higher the number of trainings attended by the nurse, the more effective is their implementation of the health education program along with immunization. This is related to the fact that nurses focus more on immunization for the reason that there are mothers who are hesitant to submit their children for immunization; that is why they exert more efforts in reaching out to mothers. Nurses even reached out in their residences to make sure the children were immunized against childhood illnesses.

Table 16
Relationship Between the Relative Effectiveness of the Health Education Program of the Department of Health and their Profile Variables

	Immunization		Rabies Control		Dengue Prevention		Lifestyle-Related Diseases		HIV Prevention	
Profile Variable	r-value	sig	r-value	sig	r-value	Sig	r-value	sig	r-value	sig
Age	.122	.499	.100	.579	.075	.679	-.076	.673	-.068	.708
Civil Status	-.065	.721	-.171	.343	-.010	.957	.036	.842	-.383*	.028
Highest educational Attainment	.027	.882	.001	.996	.009	.960	-.180	.317	-.375*	.032
Religion	.069	.705	.020	.913	.038	.835	.093	.606	.014	.940
Number of Years in Service	-.157	.384	-.097	.593	-.084	.640	-.176	.326	-.273	.124
Number of Relevant Trainings on Health Education	-.387*	.026	-.228	.202	-.151	.400	.001	.998	-.175	.329

***Significant at .05 level**

Significant negative R-values are also shown between HIV prevention and civil status and the highest educational attainment. This indicates that the lower the educational attainment of single nurses, the more effective is their implementation of the health education program along with HIV prevention. Younger nurses, by nature being young, are more active and curious about what they discover. They are still enriching their experiences, so they seem to be more self-assertive.

IV. Conclusion

Based on the findings of the study, the following are hereby concluded.

The respondents were mostly young adults, married, bachelor's degree holders, Roman Catholic, mostly in the service below five (5) years, and had an adequate number of trainings on health education. The relative effectiveness of the nurses in health education was highly effective, highest on immunization and dengue prevention, and lowest on HIV prevention. No significant

differences were noted in the relative effectiveness of health education and its profile variables. A significant negative R-value is noted between immunization and the number of trainings and HIV prevention, civil status, and highest educational attainment.

V. Recommendations

Based on the conclusions formulated, the following are hereby recommended: The nurse respondents must pursue a higher level of learning to be abreast with the trends and issues in health education and attend relevant training. The nurse respondents must increase their knowledge and skills in health education in all aspects, particularly in HIV prevention. Intensify their participation in the health education program for a more responsive health education program. The proposed program can be used to improve the implementation of the health education program of the DOH. Future studies can be replicated using other variables of the study in a wider scope.

REFERENCES

[1] Ahmad, A; Inayat, F; Ullah, N; Rasul, S; Bakhtiar, S; Shad, Z; Ahmad, Z (2024) Knowledge, attitudes, and practices of healthcare professionals regarding rabies in tertiary care hospitals: A cross-sectional study in Peshawar, Pakistan https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0012238
[2] American Nurses Association, (2024) Immunize, https://www.nursingworld.org/practice-policy/work-environment/health- safety/immunize/
[3] Belleza, Marianne (2024) Dengue Hemorrhagic Fever Mosquito control solutions, Medical Surgical Nursing, https://nurseslabs.com/dengue-hemorrhagic-fever/
[4] Brown, DeMaria Jr. (2023) Patient education: Rabies (Beyond the Basics), https://www.uptodate.com/contents/rabies-beyond-thebasics#
[5] Center for Disease Control (2024) Fast Facts: HIV and Gay and Bisexual Men, https://www.cdc.gov/hiv/data-research/facts-stats/gay-bisexual-men.html
[6] Chander Prem (2024) Effectiveness of health education program on knowledge regarding health promotion strategies in the geriatric population of selected old age homes at Raipur, Chhattisgarh, Jouranl of Family medicine and Primary Care, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11213379/
[7] Chew, N; Azhar, A; Bustam, A; Azanan, M. (2020) Assessing dehydration status in dengue patients using urine colourimetry and mobile phone technology, PLoS, https://pmc.ncbi.nlm.nih.gov/articles/PMC7470395/
[8] De Graaf, Y.; Oomen, B;Vrijhoef, H. (2024) Nurses' roles, views and knowledge regarding vaccines and vaccination: A pan-European survey, https://journals.sagepub.com/doi/10.1177/20534345231207527
[9] Faculty of Benedictine University (2024) The Role of the Nurse in Preventative Health Care,https://online.ben.edu/programs/msn/resources/role-of-nurse-preventative-healthcare#:~:text=Preventative%20health%20care%20nurses%20encourage,as%20stroke%2C%20diabetes%20and%20arthritis.

[10] Fielding, H.; Fernandez, K; Amulya, V Capturing free-roaming dogs: Amulti-ste sudy in Goa, India (2024), Preventive Veterinary Medicine Medicine, https://www.researchgate.net/publication/373217910_Capturing_free-roaming_dogs_for_sterilisation_A_multi-site_study_in_Goa_India
[11] Gagnon, Danielle (2024) The Importance of Health Education, Southern New Hampshire University,https://www.snhu.edu/about-us/newsroom/health/importance-of-health-education
[12] Gould, J; Franke, T; Furst, S; Mc Kay (2020) Community health promotion programs for older adults: What helps and hinders implementation, Health Science Reports, https://onlinelibrary.wiley.com/doi/full/10.1002/hsr2.144
[13] Lima, K. C. Caldas, R. Peixoto Veras, R. de Freitas Correa, D. Bonfada, D. Leandro, Bezerra de Souza and J. Jerez-Roig (2017)Health Promotion and Education, International journal of Health Services, https://www.jstor.org/stable/48595153 nurse.com (2023) The Roles and Responsibilities of Nurses in Immunization of Children https://www.1nurse.com/blog/story/2023/04/12/roles-and-responsibilities-nurses-immunization-children/#google_vignette
[14] Prasad, R; Jaiswal, A; Prasad, R; Wanjari, M; Sharma, R. (2023) The vital role of public health nurses in perinatal hiv prevention and elimination, Cureus 2023, https://pmc.ncbi.nlm.nih.gov/articles/pmc10246483/
[15] Rizvi, Daliya (2022) Health education and global health: Practices, applications, and future research, journal of Education and Health Promotion, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9621358/
[16] Shefali, D (2024) Lifestyle and stress https://drshefalibatra.com/lifestyle-diseases-stress-management/
[17] Soberano, J; Hernandez, M; Cacciate, M; Flores, J; Leyva, E; Tuazon, J; Evangelista, (2024)
[18] A Comparative Study on Health Risks, Lifestyle Behaviors, Health Perceptions, and Health Seeking Patterns between Older and Younger Filipinos in the Rural Areas, Philippine Journal of Nursing, https://pmc.ncbi.nlm.nih.gov/articles/PMC10888510/
[19] WHO (2024) Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity, https://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html
[20] WHO, (2024) Health Promotion, https://www.who.int/health-topics/health-promotion#tab=tab_1
[21] WHO, (2024) Health Promotions https://www.who.int/westernpacific/about/how-we-wwork/programmes/health-promotion
[22] Yao Jie (2024) Health Education and Promotion in the Community, Healthcare, hhttps://www.mdpi.com/journal/healthcare/special_issues/3518G73D02