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THE LEVEL OF IMPLEMENTATION AND LEARNERS' SATISFACTION OF THE "OK SA DEPED" WELLNESS PROGRAM OF SELECT SECONDARY HIGH SCHOOLS

John Paul V. Udal, MPES
jpvudal@iskolarngbayan.pup.edu.ph
Polytechnic University of the Philippines, Manila

ABSTRACT

This study evaluated the implementation level and learner satisfaction with the OK sa DepEd Wellness Program in selected secondary schools in the City of San Jose del Monte. Using a descriptive quantitative research design, 367 student respondents from four secondary schools participated in the study. Findings indicated that various health initiatives were effectively implemented (Grand Mean = 3.25), aligning with their intended objectives. Additionally, student respondents expressed satisfaction across key dimensions, including awareness of the program, consistency in implementation, active participation, and overall experience in the activities, suggesting that the program was beneficial to them. However, despite these efforts, specific challenges were identified, including inadequate facilities, insufficient medical personnel, and low stakeholder participation, which may hinder the program's effectiveness. To address these issues, the study proposes several improvement strategies, including informational campaigns (utilizing social media, websites, brochures, leaflets, and fact sheets), sharing success stories, establishing clear policies, and enhancing opportunities for stakeholder involvement in program planning and execution. The results showed that the overall level of implementation across the five flagship OK sa DepEd components was 3.25, indicating a consistently implemented program. At the same time, learners' satisfaction yielded a grand mean of 3.11. These findings suggest that strengthening program communication, facility readiness, and stakeholder engagement may significantly enhance student wellness outcomes.

Key Words

"OK as DepEd" Wellness Program, Level of Implementation, Learners' Satisfaction, Problems Encountered

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Introduction

As a fundamental social institution, schools play a pivotal role in promoting well-being and cultivating lifelong healthy behaviors among learners. This is achieved through structured programs and activities that directly influence student satisfaction and engagement. However, the effectiveness of such initiatives depends on addressing implementation challenges to optimize outcomes.

Wellness programs represent a systematic organizational strategy aimed at enhancing individual health. These programs, widely adopted across various institutions, are designed to promote health and prevent disease among diverse populations. Key objectives typically include smoking cessation, weight management, and stress reduction, among other health-related interventions.

To improve students' wellness, establishing a school-community partnership is essential for a positive impact on academic endeavors and learners' well-being. This partnership should be comprised of some of the elements such as a leadership team (school and community stakeholders) and designated facilitators at the school to lead the coordination of the school community, setting objectives in ensuring that the needs are being achieved, sustainability of partnerships to aid the need of schools, and evaluation of the effectiveness of the program (Roche & Strobach, 2019).

The "OK as DepEd" wellness program was established through the DepEd Order No. 028, s. 2018. The program aims to promote holistic school health among learners and among their personnel, respectively, to achieve their full potential. "OK, say DepEd" wellness program consists of the following: School-Based Feeding Program (SBFP); National Drug Education Program (NDEP); Adolescent Reproductive Health Education (ARH); Water, Sanitation, and Hygiene (WASH) in Schools (WinS) Program; Medical, Nursing, and Dental services (Llego, 2019). The launch of the program is linked to other DepEd health programs, policies, plans, and activities toward implementation at the school level, as well as to continuous collaboration with other stakeholders in support of the flagship programs.

Despite the broad adoption of the OK sa DepEd Wellness Program nationwide, few studies examine learners' assessments of implementation quality, particularly at the secondary level. Prior literature focuses heavily on program descriptions rather than on accessibility, consistency, and satisfaction. This highlights the gap that there is a need for an empirical study that reflects learners' live experiences and perspectives with the implementation of the program, considering its intended outcomes.

As such, it is imperative to evaluate the "OK sa DepEd" wellness program. The researcher believed that assessing the program from the learners' perspectives is imperative to incorporate their thoughts, satisfaction, and perceptions regarding the implemented activities and the possible problems encountered during the conduct of the program. The success of the program relies on involving learners in identifying their preferred activities and concerns. Hence, the researcher has high hopes of providing recommendations on the existing school wellness program of the department to relate to the needs of the learners.

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Research Questions

This study sought to know the level of implementation and learners' satisfaction with the "OK sa DepEd" wellness program in the Schools Division of the City of San Jose del Monte.

1. What is the assessed level of implementation of the "OK sa DepEd" Wellness Program in the areas of:
    1.1 School-Based Feeding Program (SBFP);
    1.2 Medical, Dental, And Nursing Services (MDNS);
    1.3 Water, Sanitation, And Hygiene in Schools (WinS);
    1.4 Adolescent Reproductive Health (ARH); and
    1.5 National Drug Education Program (NDEP)?

2. What is the assessed level of learners' satisfaction of "OK sa DepEd" Wellness Program in terms of:
    2.1 awareness of the implemented program;
    2.2 consistency of the program;
    2.3 learners' participation; and
    2.4 overall experiences?

3. What are the problems encountered in the implementation of the "OK sa DepEd" Wellness Program?

Methodology

Research Design

This study employed descriptive quantitative research, which is used to objectively measure the data that are collected through questionnaires, surveys, clinical measurements, or polls, and which were analyzed numerically using statistical techniques. The value of quantitative research is that the results gained from numerical data in a sample population can be used to generalize or explain a particular phenomenon in the general population (Liamputtong (ed.), 2019). With this, it assessed the level of implementation of "OK sa DepEd" Wellness Program, learners' satisfaction as well as the problems encountered in the program.

Population, Sample Size, and Sampling Technique

The respondents of the study were junior high school learners from select secondary schools in Barangay Muzon, City of San Jose del Monte. The study was conducted in four schools, namely: the City of San Jose del Monte National Science High School, Muzon Harmony Hills High School, Muzon High School, and San Jose del Monte Heights High School. The Schools Division Office of City of San Jose Del Monte supervises these schools. The timeframe covered in the study is S.Y. 2024-2025. The sample size for each school is determined using the Cochran formula. Using a stratified random sampling technique, the study identified 367 respondents. As explained by Daniel (2012), stratified random sampling involves dividing the population into subgroups, or strata, based on specific characteristics. Also, random samples were taken from each stratum (Auguste, 2007). Stratified random sampling ensures the accuracy, precision, and validity of research findings, considering the specific characteristics of the subgroups.

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Research Instrument

To collect data, the researcher used a self-made research instrument, tailored to the study's concepts and variables, to suit the study's context. The first section of the questionnaire focused on the basic information of the learner-respondents. The second section focused on the perceived level of implementation of the school wellness program among students. This section is divided into 5 subparts, which correspond to the components of the school wellness program as specified in different DepEd orders. A four-point Likert scale ranging from *Not Implemented to Fully Implemented* is provided for the respondents' answers. The researcher used the DepEd Order No. 28, s. 2018 as the literature basis for conceptualizing the OK sa DepEd Wellness Program Tool to align with the objective of this study.

Consequently, the second, third, and fourth parts of the questionnaire explore and investigate satisfaction, problems encountered, and concerns of the learners towards the wellness program. Furthermore, in the preceding part of the questionnaire, a four-point Likert scale is provided for the respondents' answers, ranging from *Strongly Dissatisfied to Highly Satisfied*, following these indicators or criteria such as awareness of the implemented program, consistency of the program, learners' participation in the program, and overall experiences in various health initiatives.

The self-made research instrument was submitted to a group of validators, composed of a public school district supervisor from Schools Division of Caloocan, a Nurse II, and a Principal II at the secondary level from Schools Division of City of San Jose Del Monte, for checking the questionnaire items. The researcher obtained a validation certificate from the experts and revised the work in response to the comments and suggestions. Measures are undertaken to address threats to the instrument's internal validity. Once the instrument's validity was approved, pilot testing was conducted to assess its reliability, ensuring the consistency and credibility of the data collected in the study. Thirty participants responded to the survey for pilot testing of the survey instrument and utilized Cronbach's Alpha to ensure that it is reliable using the general guidelines for reliability.

The researcher also coordinated with the University Research Ethics Center (UREC) through the submitted documentary requirements, which should be satisfied, to ensure that the conduct of the study strictly followed the approved procedures and protocol for the Ethical Clearance Certification given with the code UREC-2024-1533 and is valid until August 29, 2025.

Data Gathering Procedure

The primary data collection instrument is a self-made research instrument reviewed for validity by the experts. The researcher solicited permission from the Schools Division of City of San Jose del Monte through a written request stating the permission to evaluate their "OK sa DepEd" Wellness Program in their select schools. It was prepared by the researcher with the adviser's acknowledgment. Upon approval of the request letter and receipt of the SDO Superintendent's letter of endorsement, the researcher personally coordinated with the school principals of the select schools regarding the evaluation of the program.

The study used Google Forms to collect responses from the sample. The researcher also emphasized the importance of including a consent form for parents and an assent form for learners, stating the purpose of the study, the learners' voluntary participation, and the confidentiality of data collection. The data gathered from the respondents were tallied, evaluated, and interpreted in accordance with the research questions.

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Ethical considerations were upheld throughout the data-gathering process, and respondents' anonymity and confidentiality were maintained. The collected data were ensured that they would only serve for the study.

Statistical Treatment of Data

1. Frequency - The summary of all distinct values in some variables and the number of times or frequency they occur in the data.
2. Percentage - The percentage formula was used in the data to measure the problems the respondents encountered in the "OK sa DepEd" Wellness Program.
3. Mean - Is total sum of values in a sample divided by the number of values in your sample. In the context of this study, the mean used to identify the students' average response to the "OK sa DepEd" Wellness Program's implementation, and learners' satisfaction.

RESULTS AND DISCUSSION

Table 1. The Level of Implementation of the "OK sa DepEd" Wellness Program in the Area of School-Based Feeding Program

School-Based Feeding Program	Mean	Verbal Interpretation
Handouts, pamphlets, and other informative materials regarding a well-balanced diet were given to learners.	3.11	Implemented
The school conducted supplemental feeding to learners to improve their health.	2.91	Implemented
The school monitored learners' height and weight.	3.46	Fully Implemented
"Gulayan sa Paaralan" was implemented.	3.43	Fully Implemented
Orientation was given among beneficiaries of the feeding program.	2.96	Implemented
Varieties of food such as rice, fruits, and vegetables were incorporated into the menu.	3.19	Implemented
The school provided a separate feeding area and was within the school.	2.88	Implemented
Basic feeding utensils (plates, spoons, and forks) were made available by the school/parents of the beneficiaries.	3.23	Implemented
Aside from feeding, proper hygiene, table manners, and kitchen chores were being taught.	3.40	Fully Implemented
Accessibility of safe drinking water and hand hygiene station.	3.50	Fully Implemented
A clean and safe environment was provided in the program.	3.46	Fully Implemented
Beneficiaries have undergone deworming.	3.31	Fully Implemented
Grand Mean	**3.24**	**Implemented**

Legend: *"Not Implemented (1.00 – 1.75)", "Partially Implemented (1.76 – 2.50)", "Implemented (2.51 – 3.25)", "Fully Implemented (3.26 – 4.00)"*

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Table 1 unfolds the assessed level of implementation of the "OK sa DepEd" Wellness Program in the School-Based Feeding Program. Among the items, the most evident was the accessibility of safe drinking water, and hand hygiene stations had the highest mean of 3.50, indicating a verbal interpretation of fully implemented. Free access to drinking water is an essential component of the breakfast and lunch program of learners through HHFKA, which is readily available in the cafeteria, and should consider cost considerations and promotion of water consumption through various strategies. The schools should ensure sanitary and hygiene practices by following the food safety measures (Contento et al., 2018). The least evident was item 7, "the school provided a separate feeding area and was within the school, with the lowest mean of (2.
88) or implemented. The Council of Europe (nd) revealed that the challenge of promoting students' well-being is the multi-faceted nature of well-being, which means it is impossible to improve students' well-being through a single intervention. One example is the physical school environment or infrastructure. It is highlighted that school nutrition programs should include water, sanitation, and hygiene to ensure food safety.

The School-Based Feeding Program received a favorable implementation rating based on key indicators, as part of health initiatives and monitoring of learners' health. It was supported by the findings of the study of Au et al., (2018) that School Wellness Policies are one of the important factors in promoting an environment where learners can eat nutritious food through established nutritional standards; practice an active lifestyle that can be attained by physical activity promotion associated with improved overall wellbeing of learners, and intensified through Healthy Hunger Free Kids Act.

It is essential to continuously monitor and make necessary adjustments to the food landscape, teaching and learning materials, and supplemental feeding strategies. Addressing these disparities will meet the nutritional and support needs of learners by way of having fair access to food resources and applying supplementary feeding strategies may increase the progress in health and education.

Table 2. The Level of Implementation of "OK sa DepEd" Wellness Program in the Area of Medical, Dental, and Nursing Services

Medical, Dental and Nursing Services	Mean	Verbal Interpretation
The doctor visited the school for a consultation.	2.71	Implemented
The doctor provided a prescription whenever we needed to take a medicine.	2.85	Implemented
The school dentist checked our teeth and cleaned them whenever necessary.	2.70	Implemented
The school nurse provided first aid (ex. Wound dressing, bandaging) to those who were injured.	3.34	Fully Implemented
The school nurse provided remedy for conditions like abdominal pain, fever and headache.	3.32	Fully Implemented
Healthcare supplies such as toothpaste, toothbrush, and soap were provided/distributed.	2.85	Implemented
Provisions of free tele-consultation, oral examination, simple dental treatment, and referrals.	2.82	Implemented

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The school established a functional medical dental clinic.	2.97	Implemented
The school clinic had a hospital bed.	3.33	Fully Implemented
The clinic had a lavatory and functional water system (drinking water and hand-washing facility).	3.25	Implemented
There was the availability of first aid equipment and medicines.	3.55	Fully Implemented
The school clinic had its functional comfort/restroom (with menstrual hygiene facilities).	3.03	Implemented
There was a conduct of medical and dental health education.	3.47	Fully Implemented
There was a systematic medical and dental service on site.	3.17	Implemented
Early diagnosis was conducted for the prevention of diseases.	3.06	Implemented
Grand Mean:	**3.09**	**Implemented**

Legend: *"Not Implemented (1.00 – 1.75)", "Partially Implemented (1.76 – 2.50)", "Implemented (2.51 – 3.25)", "Fully Implemented (3.26 – 4.00)"*

Table 2 shows the assessed level of implementation of "OK sa DepEd" Wellness Program in Medical, Dental, and Nursing Services**.** There were 15 items/indicators in the program. Among the items, the most evident was item 11, "There was the availability of first aid equipment and medicines with the highest mean score received of 3.55 or fully implemented. Qureshi et al. (2018) discovered in their study that some sort of first aid boxes/kits such as scissors, antiseptics, analgesics and bandages are available in schools. The availability of the first aid box ensures that initial treatment is given or provided to prevent the risk of complications. The least evident was item 3, "The school dentist checked our teeth and cleaned them whenever necessary," with the lowest mean score received of 2.70 or implemented. This is similar to Marhazlinda et al. (2021), that the strengths of School Dental Services (SDS) learners were able to undergo annual oral examination and dental treatment, and way of improving health awareness. Dental care should be emphasized by increasing the frequency of dental check-ups in regular or emergency visits and establishing partnerships for support (Eigbobo & Obiajunwa, 2021). On the contrary, Rivera (2019) mentioned that the standard ratio of School Health Personnel Nutrition is 1:5,000 learners depending on the enrolment of the division.

This implies that Medical, Dental, and Nursing Services have shown the effectiveness of the program in terms of managing the learners' health and dental needs. It can be observed that the engagement of the implementers is securing healthcare provisions. Providing comprehensive healthcare awareness and education is a preventive action to be considered in achieving success in the program.

Table 3. The Level of Implementation of "OK sa DepEd" Wellness Program in the Area of Water, Sanitation, and Hygiene

Water, Sanitation and Hygiene in Schools (WinS)	**Mean**	**Verbal Interpretation**
The comfort rooms in our schools are kept clean.	2.98	Implemented
The school encouraged the learners to practice personal hygiene such as regular bathing and brushing teeth.	3.54	Fully Implemented
Time is allotted for learners to wash their hands in school.	3.02	Implemented

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The school checks the grooming practices (e.g., fingernails kept short, hair combed well, clean clothing/uniform) of learners.	3.33	Fully Implemented
The school had a regular supply of safe drinking water.	3.43	Fully Implemented
The school had functional comfort rooms with individual handwashing facilities for both sexes.	3.44	Fully Implemented
The school has a proper septate and waste disposal unit.	3.47	Fully Implemented
The school has proper segregation and disposal of biodegradable waste material.	3.50	Fully Implemented
Availability of information on hygiene management using infographics.	3.38	Fully Implemented
Teaching the importance of proper hygiene and sanitation practices is incorporated into different subject areas.	3.50	Fully Implemented
Grand Mean:	**3.36**	**Fully Implemented**

Legend: *"Not Implemented (1.00 – 1.75)", "Partially Implemented (1.76 – 2.50)", "Implemented (2.51 – 3.25)", "Fully Implemented (3.26 – 4.00)"*

As shown in Table 3, the assessed level of implementation of the "OK sa DepEd" Wellness Program in the area of Water, Sanitation, and Hygiene in Schools (WinS)**.** Among the items, the most evident was item 2: the school encouraged learners to practice personal hygiene, such as regular bathing and brushing teeth, which registered a mean score of 3.54, indicating that it was fully implemented. This is similar to the results of the study by Duddukuri et al. (2021), which showed that general body cleanliness improved in the government school from 43.6% (pretest) to 92.7% (posttest), while in the private school it improved from 59.2% (pretest) to 85.7% (posttest). It could be attributed to the fact that, after the intervention, the learners are religiously practicing hygiene. To improve hygiene practices, Sangalangen et al. (2022) highlight the importance of health literacy in nurturing well-being and mitigating illnesses. Limited health knowledge can affect their ability to make informed health decisions, leading to negative behaviors toward their health. Health literacy can help learners avoid future effects on their performance.

The CDC Hands (2024) emphasized key points that many diseases are spread by not washing hands with soap and clean, running water. Some of the best times to wash hands and not to spread germs in the context of a school setting: a.) before, during, and after preparing food, b.) before and after eating food, c.) after using the toilet, d.) after blowing your nose, coughing, or sneezing, d.) after touching garbage.

This program, "OK sa DepEd," demonstrates a high level of implementation and distinguishes itself by motivating learners to practice personal hygiene, which is necessary for preventing diseases and promoting overall wellness, considering its implications for educational outcomes. McMichael & Vally (2020) revealed in their case study that water, sanitation, and hygiene infrastructure should be well-maintained and tagged as "good" WaSH conditions. On the other hand, the lack of infrastructure can be considered "bad" WaSH conditions. Collaboration among students, school staff, stakeholders, and other institutions should work hand in hand to improve WaSH conditions and create a positive learning environment (WHO,

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2017). Sangalangen et al. (2022) mentioned that health literacy is an essential factor in designing WASH interventions.

Table 4. The Level of Implementation of "OK sa DepEd" Wellness Program in the Area of Adolescent Reproductive Health

Adolescent Reproductive Health	Mean	Verbal Interpretation
There are personnel in our school whom we can talk to about issues concerning our sexuality.	3.28	Fully Implemented
Handouts, pamphlets, and other informative materials regarding the bodily changes during puberty are provided to learners.	3.11	Implemented
Learners are informed of the consequences of pre-marital sex.	3.44	Fully Implemented
Learners are informed about the consequences of having HIV-AIDS.	3.49	Fully Implemented
Learners are informed about the consequences of having a teenage pregnancy.	3.53	Fully Implemented
Sex Education is integrated in subjects like MAPEH, Araling Panlipunan, EsP, Science, and Personal Development.	3.34	Fully Implemented
The school had a Reproductive Health Education seminar that suits the learners' readiness and grade level.	3.29	Fully Implemented
Exhibits forums on adolescent reproductive health.	3.17	Implemented
Grand Mean:	**3.33**	**Fully Implemented**

Legend: *"Not Implemented (1.00 – 1.75)", "Partially Implemented (1.76 – 2.50)", "Implemented (2.51 – 3.25)", "Fully Implemented (3.26 – 4.00)"*

Table 4 illustrates the assessed level of implementation of the "OK sa DepEd" Wellness Program in Adolescent Reproductive Health. Among the various dimensions of the program, the most evident was item 5, which informed learners about the consequences of having a teenage pregnancy, with the highest mean score received of 3.53, fully implemented. It was supported by the report on the Guidelines for Health Supervision of Infants, Children, and Adolescents, that their decisions on safe sexual behaviors and abstinence were influenced by protective factors such as a high level of parental education, strong community support, connection to school, and substantial personal value and beliefs (Hagan et al., 2017). The least evident were items 2 and 8, handouts, pamphlets, and other informative materials regarding bodily changes during puberty, which were provided to learners with the lowest mean score of 3.11. The UNESCO Advocates for Youth (n.d.), in their lesson plan as materials in teaching the learners about the concept of puberty correctly, identify significant changes that occur during puberty and explain terms used in puberty (i.e, erection, menstruation, nocturnal emission, ovum, puberty, and sperm).

This indicates that Adolescent Reproductive Health achieved a high level of implementation through the implementers' efforts to address adolescent reproductive health concerns by increasing learners' understanding of critical health issues. Kumar & Yadav (2023) found that

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adolescents can learn sexual and reproductive health information through educational interventions. The primary sources of information on sexual and reproductive health are learned from their teachers, friends, mass media, and parents, respectively. The SRH knowledge can only be improved through a strengthened school curriculum.

Table 5. The Level of Implementation of the "OK sa DepEd" Wellness Program in the Area of National Drug Education Program

National Drug Education Program	Mean	Verbal Interpretation
Handouts, pamphlets, and other informative materials regarding illegal drugs and their effects are provided to learners.	3.22	Implemented
Learners were informed about the consequences of drug use and addiction.	3.50	Fully Implemented
There is a functional club for anti-drug advocacy (Barkada Kontra Droga).	3.16	Implemented
Comprehensive drug education is integrated in subjects like MAPEH, Science, AP, and EsP.	3.40	Fully Implemented
Exhibits forums on National Drug Education.	3.08	Implemented
The LGU is a significant partner of the school in promoting comprehensive drug information.	3.20	Implemented
Grand Mean:	**3.26**	**Fully Implemented**

Legend: *"Not Implemented (1.00 – 1.75)", "Partially Implemented (1.76 – 2.50)", "Implemented (2.51 – 3.25)", "Fully Implemented (3.26 – 4.00)"*

As seen in Table 5, the assessed level of implementation of the "OK sa DepEd" Wellness Program in the National Drug Education Program. Learners were informed about the consequences of drug use and addiction, and registered a mean score of 3.50, indicating full implementation. It is revealed in the study of Alarco-Rosales et al. (2021) through a school-based intervention program that it has a significant effect in decreasing cigarette smoking, drunkenness, alcohol consumption, and cannabis use.

Stapinski et al. (2022) refer to adolescence as a period of exploration and may increase the participation in risk-taking behaviors such as alcohol and other drug (AOD). In the 2017 national survey among secondary school students in Australia, 12 to 17-year-olds revealed that 46% of them consumed alcohol, 14% used cannabis, and 13% smoked cigarettes. These actions may lead to adverse outcomes, in particular poor academic performance, truancy, school dropout, and an increased rate of drug dependence and the development of mental illness in adulthood. To mitigate the future effects of AOD among students, the *Positive Choices* website was launched, which reached 1.7 million users. The adoption of web-based AOD prevention is integral among the school staff if it is evidence-based information; resources were proven effective in schools, appealing websites, easy to use, and the language is easy to understand. Furthermore, parents utilize it if it is proven effective as a parental strategy and have advice from other parents.

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This explains that the National Drug Education Program was successfully assimilated in the educational institution. The results showed that implementers were committed to addressing issues about drug use and the consequences of substance abuse among learners. The proactive approach of educational stakeholders in this program includes anticipation of risks, following the National Drug Education Framework, establishing feedback mechanisms, collaboration among different organizations and inculcating research-based information about drug education are necessary to promote supportive learning experiences.

Table 6. The Level of Learners' Satisfaction of "OK sa DepEd" Wellness Program in terms of Awareness of the Implemented Program

Awareness of the Implemented Program	Mean	Verbal Interpretation
I was well-informed about SBFP with consistent communication through flyers, infographics, and other necessary materials.	3.03	Satisfied
I was well-informed about the available MDNS with consistent communication through flyers, infographics, and other necessary materials.	3.10	Satisfied
I was well-informed about the available WASH program with consistent communication through flyers, infographics and other necessary materials.	3.14	Satisfied
I was well-informed about the ARH programs and activities, with consistent communication through flyers, infographics and other necessary materials.	3.19	Satisfied
I was well-informed about the NDEP and its activities, with consistent communication through flyers, infographics and other necessary materials.	3.22	Satisfied
Grand Mean:	**3.13**	**Satisfied**

Legend: *"Strongly Dissatisfied (1.00 – 1.75)", "Dissatisfied (1.76 – 2.50)", "Satisfied (2.51 – 3.25)", "Highly Satisfied (3.26 – 4.00)*

Table 6 shows the level of learners' satisfaction with "OK sa DepEd" Wellness Program in terms of Awareness of the Implemented Program. Among the items, the most evident was item 5, "I was well-informed about the NDEP and its activities, with consistent communication through flyers, infographics, and other necessary materials," with the highest mean score received of 3.22, or satisfied. The least evident was item 1, "I was well-informed about the SBFP with consistent communication through flyers, infographics, and other necessary materials," with a mean score of 3.03 (satisfied). The food education program is one of the health initiatives proven effective in enhancing the students' food knowledge and dietary behavior. Based on the rigid six-year practice, students improved their eating habits by consuming a variety of foods that benefit their well-being. The success rate indicator of breakfast skipping of students lowered from 29.1% to 1.7% and decreased by 28.6% their consumption of junk food and carbonated drinks. This program improved the dietary etiquette of students and made them more aware of the implemented program, which make them satisfied with the effort made by the school institution (Li et al., 2021).

This implies that implementers are utilizing various communication strategies, such as flyers and infographics, to make learners aware of the program and initiatives. On the other hand, the

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lowest mean score may be improved by employing interactive video materials to cater to the diverse learners' preferences, regular feedback mechanisms through suggestion boxes directly from the learners, and targeted awareness campaigns to enhance the satisfaction level and create a well-informed learning environment.

Table 7. The Level of Learners' Satisfaction of "OK sa DepEd" Wellness Program in terms of Consistency of the Program

Consistency/Schedule of the Program	Mean	Verbal Interpretation
I knew that SBFP is consistently implemented following the prescribed day and schedule.	2.98	Satisfied
I knew MDNS are reliable and consistent in their prescribed day and schedule.	3.13	Satisfied
I knew the different WinS program components such as facilities and services were always available.	3.12	Satisfied
I knew that ARH services were always reliable and consistent based on their prescribed schedule.	3.12	Satisfied
I knew that NDEP in school settings was consistent with the policy implemented and the community partnerships.	3.27	Highly Satisfied
Grand Mean:	**3.12**	**Satisfied**

Legend: *"Strongly Dissatisfied (1.00 – 1.75)", "Dissatisfied (1.76 – 2.50)", "Satisfied (2.51 – 3.25)", "Highly Satisfied (3.26 – 4.00)"*

Manifested in Table 7 is the learners' satisfaction with "OK sa DepEd" Wellness Program in terms of the consistency of the program. The most evident was item 5, "I knew that NDEP in school settings was consistent with the policy implemented and the community partnerships," with 3.27 or highly satisfied. The least evident was item 1, I knew that SBFP is consistently implemented following the prescribed day and schedule, with a mean score of 2.98 or satisfied. The results mean that learners' satisfaction with the consistency of the program or sticking to the prescribed schedule was given emphasis by the implementers, considering crucial factors in delivering wellness programs such as building trust and reliability among learners and stakeholders, ensuring full engagement of learners through different initiatives and maintaining better health outcomes.

Table 8. The Level of Learners' Satisfaction of "OK sa DepEd" Wellness Program in terms of Learners' Participation

Learners' Participation in the Program	Mean	Verbal Interpretation
I was consistently participating in the SBFP and its related activities.	2.78	Satisfied
I was able to utilize the available MDNS in the school regularly.	2.99	Satisfied
I regularly utilized the WASH facilities in the school.	3.21	Satisfied
I always had an opportunity to participate in a training program related to ARH.	2.99	Satisfied

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I had an opportunity to participate in a training program related to drug education.	3.03	Satisfied
Grand Mean:	**3.00**	**Satisfied**

Legend: *"Strongly Dissatisfied (1.00 – 1.75)", "Dissatisfied (1.76 – 2.50)", "Satisfied (2.51 – 3.25)", "Highly Satisfied (3.26 – 4.00)"*

As seen in Table 8, learners' satisfaction with the "OK sa DepEd" Wellness Program in terms of learners' participation. Among the items, the most evident was item 3, "I regularly utilized the WASH facilities in the school" (3.21), and the least evident was item 1, "I was consistently participating in the SBFP and its related activities" (2.79). Marhazlinda et al. (2021) mentioned that one of the perceived strengths of school dental services is the convenience of the dental team visiting the school to deliver dental checkups and treatment without missing the students' classes, thus improving the academic routine and promoting better overall attendance.

This implies that learners' engagement in the program was valuable and supported their needs. Though the data revealed that learners were satisfied with the program, targeted improvement in participation should include increased awareness through the aid of social media platforms, ensuring the ease of access to programs and consistent gathering of feedback are key considerations to encourage active participation in the initiatives.

Table 9. The Level of Learners' Satisfaction of "OK sa DepEd" Wellness Program in terms of Overall Experiences

Overall Experiences in the Program	Mean	Verbal Interpretation
I had a positive experience with the implemented SBFP following the schedules and actively participating in various activities.	2.92	Satisfied
I had a positive experience with the implemented MDNS considering its service quality and accessibility.	3.08	Satisfied
Considering its service quality and sanitation practices, I had a positive experience with the WINS program.	3.22	Satisfied
I had a positive experience with the ARH seminars/webinars, program, and services, always considering its accessibility.	3.10	Satisfied
I had a positive experience with the NDEP, always considering the comprehensiveness of its activities.	3.13	Satisfied
Grand Mean:	**3.09**	**Satisfied**

Legend: *"Strongly Dissatisfied (1.00 – 1.75)", "Dissatisfied (1.76 – 2.50)", "Satisfied (2.51 – 3.25)", "Highly Satisfied (3.26 – 4.00)"*

Table 9 presents the learners' satisfaction with "OK sa DepEd" Wellness program in terms of overall experiences. Among the items, the most evident was item 3, considering its service quality and sanitation practices, "I had a positive experience with the WINS program" with a 3.22 mean score or satisfied. The least evident was item 1, "I had a positive experience with the implemented SBFP following the schedules and actively participating in various activities," with a 2.92 mean score or satisfied. Kolbe (2019) explained that schools have a significant influence on health and education, and are pivotal to public well-being and economic productivity. Through a comprehensive health program, including its related components,

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schools can create an environment conducive to learning and capable of producing positive outcomes.

The results revealed satisfactory ratings based on learners' collective experiences across the different initiatives, with significant implications for learner engagement, retention, and educational outcomes. To further enhance the overall experiences, it is essential to have a supportive academic environment for learners' development, feedback for continuous improvement to meet their needs effectively, and promoting program sustainability through partnerships for holistic development of learners.

Table 10. Problems Encountered in the Implementation of the "OK sa DepEd Wellness Program"

Issues and Concerns on the Program	Frequency	Percentage (%)
1. Unavailable facilities for the program.	169	46.05
2. Poor quality of food served in the canteen.	136	37.06
3. Absence of medical personnel (doctor, nurse, dentist).	187	50.95
4. Unavailable clean and potable water supply.	123	33.51
5. Lack of teacher participation in the program.	98	26.7
6. Lack of student participation in the program.	133	36.24
7. Lack of parent/stakeholders' participation in the program.	117	31.88
8. Inadequate time allocation for the program.	121	32.97
9. Unavailable hygiene kits and sanitation supplies.	138	37.6
10. Lack of knowledge on the implementation of the program.	131	35.69

Table 10 presents the problems and issues encountered in the implementation of the "OK sa DepEd" wellness program that may hinder the success rate of various initiatives.

The major issues and concerns identified by the learners were item 3, absence of medical personnel (doctor, nurse, dentist), with 187 (50.95%). This implies that medical personnel such as doctors, nurses, and dentists play a significant role in delivering and implementing health services in the school setting. The absence of these personnel can influence the effectiveness of the wellness program. The unavailability of facilities for the program was reported in 169 cases (46.05%). This means that the absence of wellness program facilities may be a barrier to the effective implementation of health initiatives and the promotion of healthy behaviors among learners. The Council of Europe (n.d.) revealed that challenges to promoting students' well-being in school include the multi-faceted nature of well-being, which means it is impossible to improve students' well-being through a single intervention. One example is the physical school environment or infrastructure. The canteen served poor-quality food, which received 136 (37.06%).

These issues and concerns identified by learners can be summarized as inadequate facilities and medical personnel, and low stakeholder participation, which can affect the effectiveness

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and achievement of the program's objectives. While Porter et al. (2018) in the review of literature on nutrition, health, and related programs identified factors for the adaptation of the program's implementation, including having trained staff in a specific area, using a simple program, providing administrative support, and building networks among other stakeholders.

CONCLUSIONS AND RECOMMENDATIONS

The assessed level of implementation of "OK sa DepEd" Wellness Program, considering its flagship programs, namely: *School-Based Feeding Program, Medical, Dental, and Nursing Services, Water, Sanitation and Hygiene, Adolescent Reproductive Health, and National Drug Education Program,* got an overall mean of 3.25 and is interpreted as an *Implemented* rating. However, it is also noted that the School-Based Feeding Program and Medical, Dental, and Nursing Services received lower mean scores than other health initiatives. The Department of Education (DepEd) may opt to consider health education and promotion as a means of campaigns to promote healthy behaviors, regularly conduct monitoring and evaluation to track the outcomes of the programs, and training and capacity building for professional development opportunities for the school staff to provide comprehensive care among learners.

The respondents showed a satisfactory rating of the "OK sa DepEd" Wellness Program across key dimensions, namely: Awareness of the Implemented Program, Consistency of the Program, Learners' Participation, and their Overall Experiences, which implied a sense of fulfillment on various health initiatives, affirmed by the respondents, which was beneficial to them. Increasing the learners' satisfaction of "OK sa DepEd" Wellness Program can be achieved through different strategies such as conducting orientation sessions to make them acquainted with the program's goals, resources, services, and program available; incorporating of peer advocate programs/systems, continuous improvement process, utilizing feedback mechanisms from learners, and flexible program offerings (i.e. workshops and demonstrations) to exceed the learners' expectations that contribute to their well-being.

Although the "OK sa DepEd" Wellness Program is anchored to its objectives, there are still problems that arise, such as infrastructure deficits, insufficient knowledge on the implemented program, and participation gaps. To improve and truly understand learners' needs, practical suggestions may include establishing health services, strengthening parent and stakeholder collaboration, providing a training program, incorporating feedback mechanisms, and using data-driven decision-making. The participation of the significant stakeholders, including parents, local government units, community organizations, and the private sector, in the "OK sa DepEd" Wellness Program can contribute to the well-being of learners to sustain the initiatives through incorporating the Corporate Social Responsibility (CSR) principle.

The future researchers may consider these insights for the improvement of school wellness program and learners' satisfaction: a.) utilize root cause analysis on the identified issues and concerns on the implementation and satisfaction of "OK sa DepEd" wellness program, and b.) conduct needs assessment and co-create wellness activities particularly on the School-Based Feeding Program and Medical, Dental and Nursing Services which received the lowest mean among the programs considering the various needs of learners and their profile. This study may be replicated, including more schools across different SDOs, to enhance the generalizability of the findings.

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