

HEALTH PRACTICES OF ATHLETES IN STATE COLLEGES AND UNIVERSITIES IN REGION III AND THEIR PERFORMANCE

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Abstract: With the growth and advancement of youth sports, children and adolescents are becoming more involved in sports in which health practices are perceived to be advantageous for the individual and/or team. Bodybuilding, cheerleading, dancing, distance running, cross-country skiing, diving, figure skating, gymnastics, martial arts, rowing, swimming, weight-class football, and wrestling all emphasize thinness, leanness, and/or competing with the lowest possible weight. Other sports, such as football, rugby, basketball, and power lifting emphasize gaining weight by increasing lean muscle mass which can potentially be harmful to their performance and/or their health.

It is really important that the athletes should have complete and accurate healthy practices in the span of preparation for any competition. This was supported by the study conducted by Montecalbo and De Jose entitled, "Body Image and Eating Attitudes of Philippine National Athletes (2013) and Finish First (2016). They stated that for an athlete to win a game or a competition they need to consider the following: (1) Physical or Personal Health with healthy sleeping habits (physical fitness, sleep, sports massage; (2) Nutritional Health (sports nutrition, healthy and balanced diet, food selection, and food consumption); (3) Social Health (attitude, sportsmanship, and good character as an athlete); and (4) Mental Health (mental toughness, goal setting, visualization, motivation, sport strategy, techniques, methods, position specific skills, relaxation and energization, attention, stress management, and self-confidence).

The respondents of the study were 195 Athletes and 65 Coaches in State Colleges and Universities in Region III.

The study used descriptive method of research which used survey questionnaire to gather pertinent data. The gathered data were tabulated and analyzed through frequency distribution, percentage, weighted mean and Pearson product moment correlation.

Keywords: Health Practices, Athletes Sports Performance.

1. INTRODUCTION

"There may be people that have more talents than you, but there's no excuse for anyone to work harder than you do."-- Derek Jeter, longtime Yankees shortstop (1995-2014). This is one of the most famous quotations in sports, this simply means that for an athlete to win in any competition he/she needs to give his/her best in preparation and focus not only in the strategic part of sports, but most especially with the health practices.

The State Colleges and Universities Athletic Association (SCUAA) is an association of 93 institutions, conferences, organizations, and individuals that organizes the athletic programs of different state colleges and universities in the Philippines. SCUAA is one of the inter-collegiate sports associations in the Philippines, the union of seven major state colleges and universities in Metro Manila.

In the past 20 years Bulsu (Bulacan State University) was the only University which maintained the Over-all champion defeating the twelve State Universities and Colleges in Region III. It become a big Challenge for all the universities in Region III to do their best and get the prestigious award as Over-all champion in SCUAA III Olympics.

This study can be used by the different State Colleges and Universities in Region III as their reference to assess the health practices of their athletes. It can also be used by the coaches to improve their assessment tool in evaluating the health practices of their athletes in relation with their performance.

One will not be a successful athlete without proper preparation. It is essential for an athlete to take care of himself in all aspects from personal, social, mental and nutritional health in preparation for any competition.

The results of this study may serve as guidelines and awareness for athletes, coaches, trainers, and sports directors of various Colleges and Universities to give emphasis to the vital role of understanding the proper health practices and nutrition that consequently influence eating habits. Sports administrators and school policy makers should include these on their intervention programs, plans and implementations.

2. RESEARCH METHOD

Descriptive research was used to describe characteristics of a population or a phenomenon being studied. It addresses the "what" question. The characteristics that describe the situation or population is usually some kind of categorical scheme also known as descriptive categories. Descriptive research generally precedes explanatory research. Hence, research cannot discuss what caused a situation. Thus, descriptive research cannot be used as the basis of a causal relationship, where one variable affects another. In other words, descriptive research can be said to have a low requirement for internal validity. (Shields & Rangarjan, 2013)

The study described the health practices of athletes in State Colleges and Universities in Region III: Bases in their performance in SCUAA Olympics. The questionnaire distributed to the athletes-respondents was patterned after the Northern Ireland Statistics Research Agency Questionnaire entitled "Northern Ireland Health and Social Well Being 2006" headed by Mr. Stuart Bennett. Under descriptive method, Calmorin, (2006) says that correlational research design is commonly used. Correlational research aims to describe the strength of relationship between two or more variables. Correlational research is employed to test the degree of the relationship amid two or more quantitative variables.

3. CONCEPTUAL FRAMEWORK

In the final stages of preparation for competition, it is important to adhere to the "less is more" attitude. The tendency is to want to over-prepare for the event by squeezing in a number of competitions and practices as the "big event" approaches. Athletes need to be well prepared in their personal health with healthy sleeping habits; social health; mental health and nutritional health in order to perform optimally. Moreover, major changes or adjustments to training, performance or personal routines should be minimized at this point.

In this study, athletes from different sports is said to be well prepared when he/she apply the different health practices and use it in their daily routine. He should consider the following; Personal health with healthy sleeping habits; social health; mental health; and nutritional health.

In order to measure the health practices of athletes in State Colleges and Universities (SUC'S Region III), two groups of respondents were considered, namely: the athletes and their coaches. This is to validate their ratings. Their perception towards how frequently the athletes observe and practice the health practices indicators will be the bases for the health practices of the athletes in State Colleges and Universities in Region III.

In order to determine which factors the athletes' health practices in performance basis for the School Colleges and Universities Athletic Association (SCUAA Region III) can be attributed, the demographic profile of the athletes will be correlated to their health practices in performance bases.

It is a big challenge to all athletes in State Colleges and Universities in Region III to find out the reason why the Bulacan State University is the only University which is holding the Grand slam award of being champion in more than 20 years. That is now the puzzle to solve.

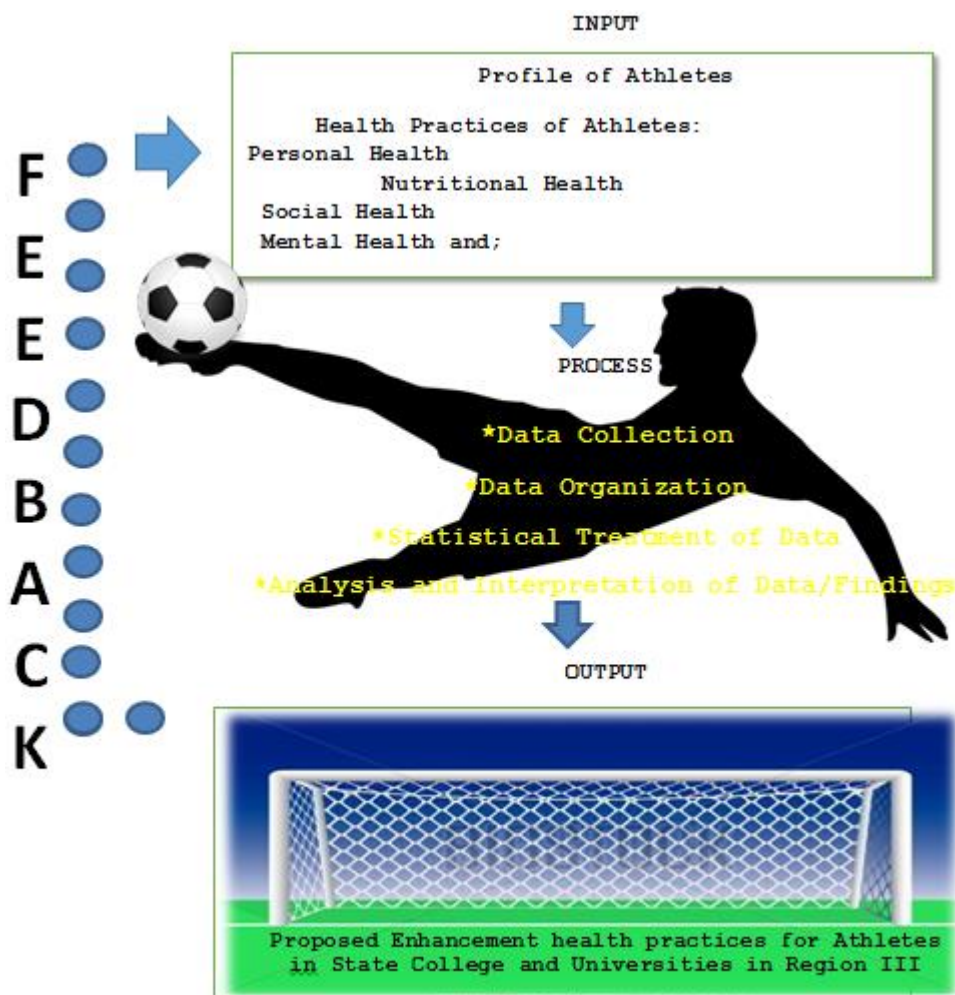


Figure I. Research Paradigm

Respondents of the Study

The researcher was conducted the study in all the State Colleges and Universities in Region III. The respondents of this study were the athletes and coaches from the above mentioned State Colleges and Universities in Region III. The researcher used the Slovincs' formula in selecting the target athlete – respondents.

Table 1: Distribution of Respondents

School	Coach	Athletes
1. Aurora State College of Technology	5	15
2. Bulacan Agricultural State College	5	15
3. Bataan Peninsula State University	5	15
4. Bulacan State University	5	15
5. Central Luzon State University	5	15
6. Don Honorio Ventura Technological State University	5	15
7. Nueva Ecija University of Science and Technology	5	15
8. Pampanga Agricultural College	5	15
9. Philippine State College of Aeronautics	5	15
10. Philippine Merchant Marine	5	15

Academy		
11.Ramon Magsaysay Technological University	5	15
12.Tarlac College of Agriculture	5	15
13.Tarlac State University	5	15
TOTAL	65	195

Statistical Treatment of Data

The researcher tallied, organized, and presented the data in tabular forms using percentage, ranking, and weighted mean. Microsoft Excel was used in encoding data gathered from the questionnaire.

It was also used to determine the frequency count, percentage, weighted mean and t-test to determine the difference between the assessments of health practices of athlete-respondents as assessed by themselves and by their coaches.

Frequency count and percentage were used to describe the profile of the respondents.

Weighted mean was determined for each item in the Personal Health, Nutritional Health, Social Health, and Mental Health practices of athlete-respondents. Mean and expected value are used synonymously to refer to one measure of the central tendency either of a probability distribution or of the random variable characterized by that distribution.

T-test of two sample means assuming equal variances was used to find the difference on the responses on the athlete-respondents and coach-respondents on the Health Practices of the athletes.

Spearman rho in Statistical package for social sciences was used to determine if there is relationship between the profile of the respondents and their health practices.

The researcher used the following rating scale in determining the health practices of the respondents.

3.25 – 4.00	4 – Always
2.50– 3.24	3 – Often
1.75 – 2.49	2 – Sometimes
1.00 – 1.74	1 – Never

4. LITERATURE REVIEW

It is really important that the athletes should have correct and appropriate health practices in the span of preparation for any competition. This is supported by the study conducted by Montecalbo and De Jose where they stated that for an athlete to win a game or a competition, they need to consider the following: (1) Physical or Personal Health with healthy sleeping habits (physical fitness, sleep, sports massage); (2) Mental Health (mental toughness, goal setting, visualization, motivation, sport strategy, techniques, methods, position specific skills, relaxation and energization, attention, stress management, and self confidence); (3) Social Health (attitude, sportsmanship, and good character as an athlete); and (4) Nutritional Health (sports nutrition, healthy balance diet, food selection, and food consumption).

Health practices of athletes is a big factor to consider in winning a specific tournament. Different health practices may be considered like personal health including healthy sleeping habit, social health, mental health and nutritional health.(Montecalbo and De Jose 2013 and Finish First 2016).

Personal Health Practices refer to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health. Self-care are the activities which individual, families, and communities undertake with the intention of preventing diseases, enhancing and reinforcing health and limiting illnesses. In health care, self-care is any necessary human regulatory function which is under individual control, deliberate and self-initiated. Self-care is a very active and powerful choice to engage in the activities that are required to gain or maintain an optimal level of overall health. In this case, overall health includes not just the physical, but the psychological, emotional, social, and spiritual components of an individual's well-being. By definition, personal health and preparation is any type of training that addresses the physical elements (physical fitness) of sports such as mobility, flexibility, strength, speed, power, acceleration, deceleration, dynamic vision, reaction time, and

sports nutrition. All of these elements need to be addressed to help best prepare an athlete or team for successful sports competition.

When athletes do not receive a full night sleep, athletic performance decreases due to sleepiness. Researchers who studied ballet dancers found that health also deteriorated when sleep deprivation patterns were continuous (Fietze et al., 2009).

In another study, after 30 hours of sleep deprivation, running performance during a five-mile run on a treadmill was reduced. An interesting finding during this same study was that the perceived effort remained the same; Thus, loss of sleep may result in a significant reduction in aerobic performance (Oliver et al,2009).

Athletes, in particular, require more sleep than the average relatively sedentary individual (Davenne, 2009). Researchers who performed a study in 2006 found out that when athletes were allowed to sleep as much as they could, players experienced enhanced performances, better moods, and a decrease in fatigue compared to when customary sleeping habits were instilled (Dement, 2006). This data is consistent with Dement's later study that found that the first factors to decline in performance are mood, cognitive function, and the ability of the brain to perform motor skills (Davenne, 2009).

According to Underwood (2010), the muscles need an appropriate amount of sleep in order to meet the demands of reflex and reaction impulses. It is not only the amount of time spent sleeping that affects performance. The quality of sleep received is also paramount to an athlete's ability to perform well. Deep sleep is essential for the release of growth hormones, which allow for the growth and repair of muscles, fat burning, and bone strengthening. Sleep and physical activity have direct influences on each other (Davenne, 2009).

Social health is another important health practice to be developed by athletes. It involves the ability to form satisfying interpersonal relationships with others. It also relates to the ability to adapt comfortably to different social situations and act appropriately in a variety of settings. Spouses, co-workers and acquaintances can all have healthy relationships with one another. Each of these relationships should include strong communication skills, empathy for others and a sense of accountability. In contrast, traits like being withdrawn, vindictive or selfish can have a negative impact on social health. Overall, stress can be one of the most significant threats to a healthy relationship. Stress should be managed through proven techniques such as regular physical activity, deep breathing and positive self-talk.

Mental health is another factor of health practices. It includes emotional, psychological, and theoretical (cognitive) well-being. It affects how one thinks, feels, and acts. It also helps determine how stress is handled in sports, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental preparation is best covered by a sports psychologist, but may be addressed by a sports coach or performance coach who has specific schooling in this area. Mental preparation strategies can be executed in each performance training session, as well as practices and scrimmage competitions. Mental preparation techniques are used by all of the best athletes in the world.

Nutrition is one of the most important factor that Athletes should maintain in the period of training and competition and even in daily life. It is the science that interprets the interaction of nutrients and other substances in food (e.g. phytonutrients, anthocyanins, tannins, etc.) in relation to maintenance, growth, reproduction, health and disease of an organism. It includes food intake, absorption, assimilation, biosynthesis, catabolism and excretion that can help the athletes to stay alert, focused, and maintain their healthy condition in the span of their trainings and competitions. (Antonio, 2008)

College athletes nowadays encounter problems in terms of food preparation and food choices due to their hectic schedules between academics and athletic training. According to the study of Paugh and Ziegler et al. (2006), nutrient intake is influenced by factors such as lack of time, hectic training schedule and increased emphasis on physical features such as leanness and body image. An additional concern is the athlete's knowledge needed to determine which food items to select. Unreliable information obtained by the athletes contributed to the problem of making poor dietary choices. Kunkle and colleagues (2007) stated that as the athletes' nutrition knowledge increases, their nutritional quality of food choices improve.

Mettler, et al.(2010) also stated that as with the recommendation for any other population group, the recommendations for athletes should primarily focus on the long-term maintenance of health of the athlete. This implies that the diet of an athlete should be well-balanced and follow the same general rules recommended for non-athletes (Walter, Infanger et al., 2007).

Baker(2006) stated that nutrition can help, but it is not everything. Good nutrition can help performance, and poor nutrition can worsen performance.

Paugh(2006) and Van ErpBaart(2016) mentioned that student-athletes are left with very little time to meet their nutrition needs. These athletes tend to grab the easiest “on the go food” for their meal. Little do they know that this lack of nutritious food can affect their performance. Student-athletes need regular well balanced meals and snacks to maintain the high energy demands of training, competition, and the rigor of an academic program. A study completed by Ziegler, et al. (2008) showed how the increased competitiveness of the sport raises concerns about the health of these athletes.

Different schools in the Philippines are really competitive when it comes to Sports Olympics. Article 14, Section 19 of the Philippine Constitution stated that: “(1) The State shall promote physical education and encourage sports programs, league competitions, and amateur sports, including training for international competitions, to foster self-discipline, teamwork, and excellence for the development of a healthy and alert citizenry. (2) All educational institutions shall undertake regular sports activities throughout the country in cooperation with athletic clubs and other sectors.” The program offers free training to students and out-of-school youths to teach them the fundamentals of various sports, including basketball, soccer, track and field, swimming, and taekwondo. It is also aimed at tapping, training and developing future national athletes. It is supported by Republic Act No. 5708 – “An Act Providing for the Promotion and Financing of an Integrated Physical Education and Sports Development Program for the Schools in the Philippines.”

Section 1. This Act shall be known as "The Schools Physical Education and Sports Development Act of 1969."

Reviewing the State Colleges and Universities (SUC'S)Athletic Association (Sports Olympics Report)in Region III shows a landslide win for Bulacan State University as a winner for more than 20 years. The big question is why does Bulacan State University hold the honor for so long? Based on the latest report on the SCUAA Sports Olympics 2015 Journal in the last Schools Colleges and Universities Athletic Association (SCUAA)held at Pampanga State Agricultural University in Magalang, Pampanga, last December 15-21, 2015, Bulacan State University (BulSU)received a total of 275 medals (Champion). Central Luzon State University (CLSU) was 1st Runner up with a total of 229 medals. Bataan Peninsula State University (BPSU) placed 2nd Runner up with a total of 131 medals. Tarlac State University (TSU) placed 3rd Runner up with a total of 104 medals. Nueva Ecija University for Science and Technology (NEUST) got the 5th place with a total of 72 medals. Ramon Magsaysay Technological University (RMTU)got the 6th place with a total of 55 medals. Pampanga State Agricultural University (PSAU) got the 7th place with a total of 51 medals. Tarlac College of Agriculture (TCA) got the 8th place with a total of 33 medals. Bulacan Agricultural State College (BASC) got the 9th place with a total of 31 medals.Philippine Merchant Marine Academy (PMMMA) got the 10th place with a total of 29 medals. Aurora State College of Technology (ASCOT) got the 11th place with a total of 29 medals. Don Honorio Ventura Technological State University (DHVTSU) got the 12th place with a total of 22 medals. Lastly, Philippine State College of Aeronautics (PHILSCA)got the 13th place with a total of 6 medals.

According to most expert sports scientists and coaches,(Finish First, 2016) athletes must be prepared properly to be successful. This holds true in all areas of life. Success typically comes to those who are best prepared.

An athlete who is educated with proper health practices especially in their personal health, social health, mental health and nutritional health may obtain information to help enhance his/her athletic performance, to maintain healthy eating habits, and to avoid unhealthy eating attitudes that may further cause eating disorders. Furthermore, athletes who are well nourished as a whole are not only healthy but also capable of performing intensely and compete successfully without putting their health at risk and injury.

5. DISCUSSION

I. Profile of Athlete-Respondents

Athlete – respondents were in the age of 19-20 with 97 or 49.74%. On the other hand, the athletes who received the lowest frequency were those in the age of 16 and below with five or 2.56%. There were 133 or 68.21% male athletes while there were 62 or 31.79% female athletes. There were 172 or 88.21% single, 18 or 9.23% were already married, and five were already widower/s. There were 101 or 51.79 % of the athletes who had 1 to 2 years of experience as athletes. There were 128 or 65.64% athletes who were Roman Catholic. One or 3.08 % was a member of Jehovah's Witnesses. The Highest frequency of 82 or 42.05 percent had one to 2 siblings while the lowest was 11 or 5.64 percent with 6 and above

siblings. One hundred fifty or 76.92 percent were in regular status while the lowest frequency of five or 2.56 percent were in probationary status. There were 75 or 38.46 percent respondents who lived in the urban area while 120 or 61.54 percent of athlete – respondents lived in the rural area. As to the family income of the athlete – respondents, the highest frequency of 91 or 46.67 percent had family income of 9,999.00 and below while the lowest frequency of 28 or 14.36 percent earned 10,000.00 – 14, 999.00.

2. Personal Health Practice of Athlete – Respondents

Item 10, “I follow all the rules and regulations of my coach and his/her advice” obtained the highest weighted mean of 3.56 described as always while item 4, “I go to gym regularly” obtained the lowest weighted mean of 2.46 described as sometimes. Over-all, the items in the Personal Health Care Practices of the athlete – respondents obtained an average weighted mean of 3.06 described as often.

Nutritional Health Practices of Athlete – Respondents

Items 5 and 7, “I eat fresh fruits like apple, grapes, mango, pear, oranges, and the likes” and “I eat enough protein dish like pork, beef, chicken, fish, and sea foods” obtained the highest weighted mean of 3.29 described as always while item 3, “I avoid eating confectionary including sweets and chocolate bars like Goya, Toblerone, Mars, Butter Finger, Snickers and the likes” obtained the lowest weighted mean of 2.66 described as Often. Over-all, the items in the Nutritional Health Care Practices of the athlete – respondents obtained an average weighted mean of 3.06

Social Health Practices of Athlete – Respondents

Item 1, “I communicate well with my coach” obtained the highest weighted mean of 3.58 described as always while item 4, “I ask advice and guidance from my family members/friends if I experience problems in coaching” obtained the lowest weighted mean of 2.36 described as sometimes. Over-all, the items in the Personal Health Care Practices of the athlete – respondents obtained an average weighted mean of 3.22 described as often.

Mental Health Practices of Athlete-Respondents

Item 7, “I believe in myself (skills and capabilities)” obtained the highest weighted mean of 3.64 described as always while item 2, “I manage stress with the help of my coach” obtained the lowest weighted mean of 3.36 described as always. Over-all, the items in the Mental Health Care Practices of the athlete – respondents obtained an average weighted mean of 3.50 described as always.

Summary of the Athlete – Respondents’ Assessment of their Health Practices

Item 4, “Mental Health” obtained the highest weighted mean of 3.50 described as Always while items 1 and 2 “Personal Health” and “Nutritional Health” obtained the lowest weighted mean of 3.06 or Often. It is clearly shown that almost all the health practices of athlete – respondents obtained a verbal description of Often. The summary of health practices of athlete – respondents obtained the grand weighted mean of 3.21 or often.

Health Practices of Athlete – Respondents and how are they Assessed by their Coaches.

Item 1, “My Athletes exercise on a regular basis” obtained the highest weighted mean of 3.43 described as always while item 4, “My Athletes go to gym regularly” obtained the lowest weighted mean of 2.78 described as Often. Over-all, the items in the Mental Health Care Practices of the athlete – respondents obtained an average weighted mean of 3.12 described as Often.

Health Practices of Athlete – Respondents and how are they Assessed by their Coaches.

Items 4 and 7, “My Athletes drink 8-12 glasses of water a day” and “My Athletes eat enough protein dish like pork, beef, chicken, fish, and sea foods” obtained the highest weighted mean of 3.20 described as Often while item 2 and 3, “My Athletes avoid eating chips like Piatos, Nova, Mang Juan, Cheese Curls, and other chips” and “My Athletes avoid eating confectionary including sweets and chocolate bars like Goya, Toblerone, Mars, Butter Finger, Snickers and the likes” obtained the lowest weighted mean of 2.88 described as Often. Over-all, the items in the Mental Health Care Practices of the athlete – respondents obtained an average weighted mean of 3.03 described as Often.

Health Practices of Athlete – Respondents and how are they assessed by their Coaches.

Item 1, “My Athletes communicate well with me as a coach” obtained the highest weighted mean of 3.46 described as always while item 5, “ My Athletes have a peer group, fraternity, or sorority group aside from their teammates in sports” obtained the lowest weighted mean of 2.77 described as Often. Over-all, the items in the Mental Health Care Practices of the athlete – respondents obtained an average weighted mean of 3.18 described as Often.

Health Practices of Athlete – Respondents and how are they assessed by their Coaches.

Items 9 and 10, “My Athletes ask assistance from me as their coach to improve their weaknesses”, and “ask assistance from me as their coach to develop their strength” obtained the highest weighted mean of 3.28 described as always while item 5, “ My Athletes feel stressed during their training in sports” obtained the lowest weighted mean of 2.62 described as Often. Over-all, the items in the Mental Health Care Practices of the athlete – respondents obtained an average weighted mean of 3.15 described as Often.

Summary of the Athlete – Respondents’ Assessment of their Health Practices Assessed by their Coaches

Item 3, “Social Health” obtained the highest weighted mean of 3.18 described as Often while item 2, “Nutritional Health” and obtained the lowest weighted mean of 3.03 or Often. It is clearly shown that all the health practices of athlete – respondents obtained a verbal description of Often. The summary of health practices of athlete – respondents obtained the grand weighted mean of 3.12 described as often.

3. Results of Spearman rho as Relationship among the Profile of the Athlete-Respondents and their Health Care Practices

School has relationship to personal health care practices at 0.01 level of significance since its value in the significance is 0.003 which is less than 0.01. Civil status has relationship to personal health care practices at 0.05 level of significance and to nutritional health care practices at 0.01 level of significance by having corresponding significance values of 0.016 and 0.002 which are less than 0.05 and less than 0.01, respectively.

Moreover, number of siblings has relationship to nutritional health care practices at 0.01 level of significance since its value 0.006 is less than 0.01. Lastly, residence has relationship to personal health care practices at 0.01 level of significance by having a value of 0.001 and to nutritional health care practices at 0.05 level of significance by having a value of 0.011.

4. Results of t Test as to the Difference between the Responses of the Athletes on their Personal Health Care Practices and how they were Assessed by their Coaches

The results of t Test as to the difference between the responses of the athletes on their personal health care practices and how they were assessed by their coaches. It can be seen in the table that the t value is -0.884 while critical value is 1.969. Since the t value is less than the critical value and that the P Value 0.378 is greater than 0.05, the null hypothesis “There is no significant difference between the responses of the athletes on their personal health care practices and how they were assessed by their coaches” is not rejected.

Results of t Test as to the Difference between the Responses of the Athletes on their Nutritional Health Care Practices and how they were Assessed by their Coaches

The results of t Test as to the difference between the responses of the athletes on their nutritional health care practices and how they were assessed by their coaches. It can be seen in the table that the t value is 0.355 while critical value is 1.969. Since the t value is less than the critical value and that the P-value 0.723 is greater than 0.05, the null hypothesis “There is no significant difference between the responses of the athletes on their nutritional health care practices and how they were assessed by their coaches” is not rejected.

Results of t Test as to the Difference Between the Responses of the Athletes on their Social Health Care Practices and how they were Assessed by their Coaches

The results of t Test as to the difference between the responses of the athletes on their social health care practices and how they were assessed by their coaches. It can be seen in the table that the t value is 0.839 while critical value is 1.969. Since the t value is less than the critical value and that the P-value 0.402 is greater than 0.05, the null hypothesis “There is no significant difference between the responses of the athletes on their social health care practices and how they were assessed by their coaches” is not rejected.

Results of t Test as to the Difference Between the Responses of the Athletes on their Mental Health Care Practices and how they were Assessed by their Coaches

The results of t Test as to the difference between the responses of the athletes on their mental health care practices and how they were assessed by their coaches. It can be seen from the table that the t value is 0.543 while critical value is 1.969. Since the t value is greater than the critical value and that the P-value is less than 0.05, the null hypothesis "There is no significant difference between the responses of the athletes on their mental health care practices and how they were assessed by their coaches" is rejected.

Results of t-Test as to the Difference in the Responses of the Athletes on their Health Care Practices and how they were Assessed by their Coaches

The results of the t Test as to the difference between the responses of the athletes on their health care practices and how they were assessed by their coaches. Since the t value 1.659 is less than the critical value 1.969 and that the P-value is greater than 0.05, the null hypothesis "There is no significant difference between the responses of the athletes on their health practices and how they were assessed by their coaches" is not rejected.

6. RECOMMENDATIONS

Based on the conclusions, the following are hereby recommended.

1. For athlete should have Enhanced Health Practices Program for Athletes

a. a personal health record.

A personal health record, or PHR, is a health record where health data and information related to the care of a patient is maintained by the athlete.

b. a training matrix and a regular schedule of their routine exercises.

c. a regular check- up to their physician/nutritionist-dietician to know their needs in relation with their respective event in sports including the good habits of personal hygiene – self-care.

d. a recreational activities or team building at least twice a year to develop and improve their social skills. They must have a separate recreational activity with their teammates and with the other athletes from different events in their respective sports to broaden the scope of experience in their social life.

e. a sports psychologist to fully monitor and manage stress as an athlete.

2. For Coaches should

a. monitor the training and physical activities of their athletes to determine the things to improve and develop physically.

b. synchronize with the nutritionist-dietician to know the different healthy diet assigned to the different events in sports for them to assess the needs of their athletes.

c. join other gatherings, activities, and training/seminars to be updated in sports science for them to apply the new techniques and methodologies on how to handle athletes as a whole.

d. also seek professional growth and development on their respective track or enroll their master and doctoral degree.

e. attend trainings specifically on guidance, sport science, and sports psychology to align with the needs of the athletes.

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