

HeLP (Healthy Lifestyle Practices): A Wellness Program Development and Promotion for Health Education among the Students and Employees of CSPC Buhi Campus

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HOW TO CITE:

Sheela Mae N. Bagacina, Sheena Marie N. Pamor, (2026). HeLP (Healthy Lifestyle Practices): A Wellness Program Development and Promotion for Health Education among the Students and Employees of CSPC Buhi Campus. International Journal of Special Education, 41(13s), 366-380

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ABSTRACT:

This study aimed to assess healthy lifestyle practices and the factors influencing them among students and employees of CSPC Buhi Campus, to inform the development of a tailored wellness program. Originally, 446 students and 28 employees were targeted; however, only 389 students and 10 employees' responses were received, totaling 399 participants. A descriptive-correlational research design was employed using a structured survey questionnaire. Data were analyzed through descriptive statistics and Chi-square tests to identify significant associations between demographic profiles and lifestyle behaviors. Results revealed most respondents were aged 18–23 years, female, single, and college undergraduates. Common health issues included hypertension and lung disease. Healthy practices like water intake and moderate physical activity were "often" performed, while vices were "never" or rarely practiced. Sleep and stress management were only "sometimes" practiced. Physical and emotional factors moderately influenced lifestyle behaviors. Statistically significant relationships were found between sex and physical activity ($p = .005$), occupation and vices ($p < .001$), and education and vices ($p = .001$). These findings highlight the importance of considering personal profiles in designing health interventions. The results support the development of a data-driven, campus-based wellness program to enhance health education and promote holistic well-being among students and employees.

Keywords: Healthy Lifestyle, Practices, Wellness, Promotion, Education

Introduction

Maintaining a healthy lifestyle is crucial for fostering overall well-being and achieving academic or professional success. However, the rise in lifestyle-related diseases among students and employees is increasingly linked to sedentary routines, poor dietary choices, high stress levels, and inadequate sleep. Prolonged physical

inactivity, coupled with frequent consumption of processed and fast food, contributes to chronic conditions such as obesity, hypertension, and type 2 diabetes. Additionally, academic and work-related pressures often result in mental health challenges—including anxiety and depression—which may further impair physical health and lead to reliance on harmful coping mechanisms such as alcohol and tobacco use. Irregular sleep

patterns also heighten risks for cognitive decline and emotional instability. These interconnected health risks underscore the urgency of developing holistic wellness initiatives that promote physical activity, nutritious eating, mental health support, and sustained health education. This study aims to explore healthy lifestyle practices among students and employees as a foundation for designing an effective wellness and health education program, addressing critical behavioral gaps and advancing the overall health of the academic community.

According to the World Health Organization (2024), a healthy lifestyle is a proactive way of living that significantly reduces the risk of developing serious illnesses and experiencing premature death. It goes beyond the mere absence of disease, encompassing physical, mental, and social well-being. Scientific evidence shows that many noncommunicable diseases (NCDs), such as coronary heart disease and lung cancer, are closely linked to unhealthy lifestyle behaviors. Reinforcing this, WHO (2023) reports that lifestyle-related ailments are responsible for 41 million deaths annually, accounting for 74% of global mortality. Notably, 17 million of these deaths occur before the age of 70, with 86% concentrated in developing countries. The leading causes include cardiovascular diseases (17.9 million), cancers (9.3 million), chronic respiratory diseases (4.1 million), and diabetes (2 million), which collectively contribute to 80% of premature deaths worldwide. These conditions are largely driven by modifiable risk factors such as tobacco and alcohol use, physical inactivity, poor diet, and environmental pollution. In this context, promoting healthy lifestyle practices becomes a vital public health strategy. Adopting and modeling such behaviors not only improves individual well-being but also contributes to the prevention of NCDs, aligning with global health priorities and reinforcing the need for targeted wellness and health education programs.

In the study of Chao (2023), they concluded that while health-promoting behaviors among university students in Taiwan need overall improvement, non-health-related students exhibit more concerning patterns in nutrition,

physical activity, and health responsibility. Universities are urged to foster a positive health concept (HC) among all students, with targeted interventions based on disciplinary and demographic needs. Non-health-related students, particularly those with limited income or poor dietary habits, female students, and those with low physical or psychological health scores, should be prioritized. Recommended strategies include tailored sports programs for inactive students, campus-based nutritional support, and collaboration with local food establishments to promote healthy eating environments. The study emphasizes the necessity for students to "live healthy" by "learning and practicing healthy" within the academic setting.

Consistent with the goals of this study, Maniaci et. al (2021) analyzed the relationship between active lifestyles and academic achievement in 373 young Italian students. Particularly, they have studied the relationship between the use of illegal drugs, inactive physical activity, poor eating habits, levels of social support, levels of self-esteem, level of Internet use, sensed stress, and hours of sleep and academic success. Academic performance was complemented by good diet, perceived social support, and self-esteem. As expected, healthy lifestyle behaviors were emphasized as a substantial predictor of academic achievement. Specifically, it was shown that good eating habits and diet, as well as nonproblematic Internet use, notably predicted academic success. The results of our study show that practicing a healthy lifestyle is a relevant factor for better performance at school, at least in our sample. The health education program was effective in improving the attitudes of the participants and their personal health behaviors, but not so much in strengthening the teaching infrastructure within the community and provide solutions for structural barriers like employment conditions. Socioeconomic constraints need to be incorporated in future interventions to ensure sustainable results (Malabanan, 2026).

The study of Futch et.al (2023) investigated university students' interest in wellness and evaluated the impact of a 9-week pilot wellness program. In Study 1, 93 undergraduates

expressed strong interest in wellness initiatives despite identified barriers. Study 2 involved 13 students who participated in sessions focused on relaxation, yoga, gratitude, self-compassion, and emotion regulation. Post-program findings showed improved psychological well-being and optimism, along with reduced mental health concerns. These results highlight the effectiveness of structured wellness interventions in higher education and align with the current study on healthy lifestyle practices, reinforcing the need for targeted wellness program development to enhance physical and mental well-being among students.

Additionally, Alcera (2019) examined the health and wellness practices of faculty and non-teaching personnel at the University of Eastern Philippines, focusing on physical, mental, emotional, spiritual, and social well-being. The study revealed that while employees generally had average health levels, faculty members were more at risk in physical and environmental health, whereas non-teaching staff faced higher risks in mental, emotional, spiritual, and social domains. These findings underscore the importance of targeted wellness interventions based on role-specific health risks. Similarly, the current study on healthy lifestyle practices among employees and students at CSPC Buhi Campus aims to assess health behaviors and challenges across different groups. By identifying wellness gaps, the study seeks to provide a basis for developing responsive wellness and health education programs tailored to the specific needs of both personnel and students, reinforcing the relevance of differentiated health promotion strategies in academic institutions.

This study sought to explore the various healthy lifestyle practices adopted by both employees and students, shedding light on their everyday habits, choices, and challenges. By understanding these practices, the researcher aimed to identify potential areas of improvement and develop targeted interventions to enhance the health and well-being of these populations.

This research intended to provide significant insights into the factors affecting healthy lifestyle

choices and proposed strategies for fostering a healthier environment for the students and personnel alike. Additionally, the study aimed to address several departmental agendas, such as identifying barriers that prevented students and employees from adopting healthy lifestyle practices, promoting awareness to raise understanding of the importance of health education and wellness programs, encouraging behavioral change to motivate individuals to make positive lifestyle adjustments, developing successful health teaching and promotion programs tailored to the needs of students and employees, and evaluating the effects of these programs on the overall health and well-being of the institution.

Camarines Sur Polytechnic Colleges (CSPC) Buhi Campus was a separate campus of the CSPC-Main by virtue of Board of Trustees Resolution No. 2023-23, with an office address in Lourdes, Buhi, Camarines Sur. The institution was composed of 28 employees and 446 students as of the school year 2023–2024.

To fully assess the healthy lifestyle practices of both students and personnel as a basis for wellness program development and promotion for health education, an institutional research study was conducted, and instructional materials, wellness programs, and workshops were developed.

This study builds on the work of Allothman et.al (2024), who investigated the lifestyle behaviors of Saudi university students during the 2021–2022 academic year, examining their associations with sociodemographic factors, comorbidities, and pain. Using the Health-Promoting Lifestyle Profile II (HPLP-II), data from 1,112 students were analyzed through Pearson's correlation and multiple linear regression. Results indicated no significant correlation between most sociodemographic variables and lifestyle behaviors, except for science students who demonstrated healthier lifestyles. Mental health issues were associated with poorer lifestyle behaviors and increased sedentary time. Students without disabilities exhibited lower scores in

several health domains, while auditory disabilities specifically impacted health responsibility.

Pain showed no association with lifestyle behaviors. The study highlights the importance of targeted health promotion initiatives for university students to foster long-term health and prevent noncommunicable diseases.

Hidalgo et.al (2024) highlight the critical importance of promoting healthy habits during the university period, emphasizing prevention and health promotion. Findings indicate that as students' progress academically, their lifestyle habits often deteriorate, marked by low adherence to the Mediterranean diet, reduced physical activity, and increased stress and academic burnout.

Evidence supports that interventions focusing on physical activity, nutrition education, and stress management—including cognitive behavioral therapy and resilience training—significantly improve well-being and reduce psychological distress. Overall, establishing healthy routines in university is essential for mitigating stress, enhancing life satisfaction, and preventing the development of harmful habits, underscoring the fundamental role of preventive health strategies.

The findings of the study of Teuber et.al (2024) highlight the positive effects of physical activity (PA) on university students' stress, recovery, and academic performance, particularly during home study. Leisure-time PA (LTPA) and PA breaks both improve stress management and perceived study ability.

Universities are encouraged to promote PA by providing opportunities for leisure-time exercise and supporting PA breaks during study sessions through resources such as instructor-led videos and on-site activities. These strategies not only enhance physical activity but also reduce sedentary behavior and related health risks. Future research should explore the impact of sedentary behavior and leisure time on academic outcomes using objective measures to better understand the complex role of PA.

Zhang et.al (2024) examined the relationship between health awareness and healthy lifestyles among university students, exploring the mediating roles of self-esteem and social support based on social cognitive theory. Surveying 1,169 students, results indicated that higher health awareness positively influenced self-esteem, which enhanced social support, ultimately promoting healthier lifestyles.

Self-esteem and social support were significant mediators in this pathway. The findings deepen the understanding of health behaviors and suggest that interventions to improve healthy lifestyles should focus on boosting health awareness, self-esteem, and social support through mental health education and supportive community activities.

Methodology

This study utilized the descriptive survey method, as its purpose was to assess the healthy lifestyle practices for wellness program development and the promotion of health education among the students and employees of CSPC Buhi Campus. The descriptive research method aimed to describe a population, situation, or phenomenon (McCombes, 2023) accurately and systematically. It included the explanation, recording, analysis, and interpretation of the present nature of the respondents' practices and conditions.

This study was administered and explained to a total of 446 students currently enrolled in the school year 2023–2024 and 28 personnel, including both teaching and non-teaching staff, whether regular or contract-of-service.

During the survey or data-gathering phase, a total of 389 student questionnaires and 10 employee questionnaires were successfully retrieved. The results of the questionnaire retrieval were then recorded and analyzed as part of the study's findings.

Results and Discussions

Demographic Profile

A. Personal

Table 1. Age

AGE		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-23 years old	347	87.0	87.0	87.0
	24-29 years old	36	9.0	9.0	96.0
	30-35 years old	10	2.5	2.5	98.5
	36-41 years old	3	0.8	0.8	99.2
	42 and above	3	0.8	0.8	100.0
Total		399	100.0	100.0	

Figure 1. Sex at birth

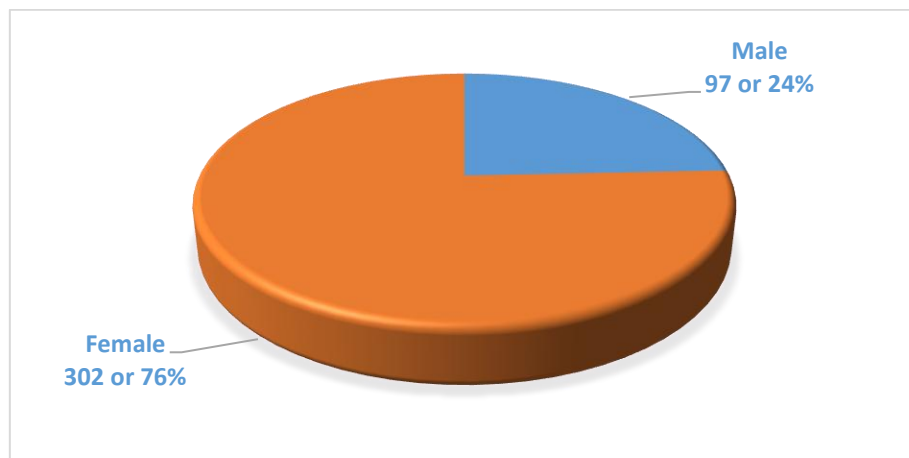


Table 2. Civil status

Civil Status		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	377	94.5	94.5	94.5
	Married	11	2.8	2.8	97.2
	Live-in	11	2.8	2.8	100.0
	Total	399	100.0	100.0	

Table 3. Educational attainment

Educational Attainment		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Elementary Graduate	2	0.5	0.5	0.5
	High School Graduate	56	14.0	14.0	14.5
	High School Undergraduate	15	3.8	3.8	18.3
	College Graduate	13	3.3	3.3	21.6
	College Undergraduate	307	76.9	76.9	98.5
	Master's Degree	1	0.3	0.3	98.7
	Master's Undergraduate	3	0.8	0.8	99.5
	Doctorate Undergraduate	2	0.5	0.5	100.0
	Total	399	100.0	100.0	

Table 4. Religious orientation

Religious Orientation		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Roman Catholic	372	93.2	93.7	93.7
	Jehovah's Witness	1	0.3	0.3	94.0
	Iglesia ni Cristo	7	1.8	1.8	95.7
	Baptist	2	0.5	0.5	96.2
	Mormons	2	0.5	0.5	96.7
	Born Again	9	2.3	2.3	99.0
	Islam	3	0.8	0.8	99.7
	Iglesia watawat ng Lahi	1	0.3	0.3	100.0
	Total	397	99.5	100.0	
Missing	System	2	0.5		
Total		399	100.0		

Table 5. Occupation

Occupation		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Student	389	97.5	97.5	97.5
	Regular Faculty	3	0.8	0.8	98.2

Part-Time Contract of Service (COS)	1	0.3	0.3	98.5
Administrative Staff/Personnel	6	1.5	1.5	100.0
Total	399	100.0	100.0	

Table 6. Year level for students

Year Level for Students		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1st Year	103	25.8	25.8	25.8
	2nd Year	119	29.8	29.8	55.6
	3rd Year	127	31.8	31.8	87.5
	4th Year	50	12.5	12.5	100.0
	Total	399	100.0	100.0	

Table 7. Family monthly income

Family Monthly Income		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5,000 Below	245	61.4	61.4	61.4
	5,001 to 10,000	103	25.8	25.8	87.2
	10,001 to 15,000	31	7.8	7.8	95.0
	15,001 to 20,000	11	2.8	2.8	97.7
	20,001 and above	9	2.3	2.3	100.0
	Total	399	100.0	100.0	

A. Current Health Status/History Of Present Illness**Table 8. Current health status / history of present illness**

Current Health Status		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hypertension/High blood pressure	90	22.6	22.6	22.6
	Diabetes	9	2.3	2.3	24.8
	Obesity and Overweight	13	3.3	3.3	28.1
	Epilepsy	3	.8	.8	28.8
	Osteoporosis	1	.3	.3	29.1

Lung disease	34	8.5	8.5	37.6
Depressive Disorder	8	2.0	2.0	39.6
Substance Abuse: Alcohol	14	3.5	3.5	43.1
None	196	49.1	49.1	92.2
Others (UTI, Allergy etc.)	31	7.8	7.8	100.0
Total	399	100.0	100.0	

B. Genetic Predisposition Or Family History

Table 9. Genetic predisposition or family history

Genetic Predisposition		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hypertension/High blood pressure	162	40.6	40.6	40.6
	Stroke/Cerebrovascular Disease	11	2.8	2.8	43.4
	Diabetes	35	8.8	8.8	52.1
	Obesity and Overweight	4	1.0	1.0	53.1
	Cancer	2	.5	.5	53.6
	Epilepsy	1	.3	.3	53.9
	Osteoarthritis	1	.3	.3	54.1
	Lung disease	32	8.0	8.0	62.2
	Depressive Disorder	1	.3	.3	62.4
	Substance Abuse: Alcohol	7	1.8	1.8	64.2
	NONE	134	33.6	33.6	97.7
	Others	9	2.3	2.3	100.0
	Total	399	100.0	100.0	

Healthy Lifestyle Practices

Diet/Eating Habits

Table 10. Diet/Eating Habits	Mean	Verbal Interpretation
1. I eat a variety of foods each day, such as fruits, vegetables, whole grain bread and cereals, lean meats, dairy products, dry peas, beans, and nuts.	2.50	Often

2. I eat foods high in fats and cholesterol (including fat on meat, eggs, butter, cream, shortenings, and organ meat).	2.34	Sometimes
3. I eat salty foods.	2.29	Sometimes
4. I eat and drink sweets and foods high in sugar.	2.27	Sometimes
5. I drink 8 glasses of water daily.	2.71	Often
TOTAL	2.42	SOMETIMES

Physical Activities

Table 11. Physical Activities	Mean	Verbal Interpretation
1. I maintain a desired body weight, avoiding overweight and underweight.	2.45	Sometimes
2. I exercise for more than 30 minutes every day.	2.08	Sometimes
3. I usually sweat when I exercise.	2.76	Often
4. I use part of my leisure time participating in individual, family, or team activities that increase my level of fitness (such as gardening, biking, basketball, etc.).	1.97	Sometimes
5. When I work, I stay in one position for a long period.	2.22	Sometimes
TOTAL	2.30	SOMETIMES

Stress Tolerance and Coping Mechanisms

Table 12. Stress Tolerance and Coping Mechanisms	Mean	Verbal Interpretation
1. I have a job and other work or tasks that I enjoy.	2.36	Sometimes
2. I find it easy to relax and express my feelings freely.	2.53	Often
3. I recognize early and prepare for events or situations likely to be stressful to me.	2.37	Sometimes
4. I have close friends, family, relatives, and others whom I can talk to about personal matters and call on for help when needed.	2.72	Often
5. I participate in group activities (such as church and community organizations or hobbies that I enjoy).	2.34	Sometimes

	TOTAL	2.46	SOMETIMES
Vices			
	Table 13. Vices	Mean	Verbal Interpretation
	1. I smoke cigarettes 3-5 sticks a day or more.	1.20	Never
	2. I drink alcoholic beverages no more than one or two bottles a day.	1.37	Never
	3. I use alcohol or other drugs (especially illegal drugs) as a way of handling stressful situations.	1.19	Never
	4. I drink alcohol even when taking medicines, and when I am in a stressful situation.	1.22	Never
	5. I gamble, especially if I need money.	1.29	Never
	TOTAL	1.25	NEVER

Sleep Pattern and Rest Habits

	Table 14. Sleep Pattern and Rest Habits	Mean	Verbal Interpretation
	1. I sleep for at least 7 to 8 hours every day.	2.44	Sometimes
	2. I take naps and rest periods for at least 10-15 minutes.	2.41	Sometimes
	3. I use electronic devices until midnight.	2.61	Often
	4. I stay on a regular, healthy sleep-wake pattern.	2.27	Sometimes
	5. I feel sluggish and tired most of the time.	2.45	Sometimes
	TOTAL	2.44	SOMETIMES

Factors Influencing Healthy Lifestyle Practices

Physical Factors

	Table 15. Physical Factors	Mean	Verbal Interpretation
	1. I visit my physician regularly for a proper check-up, especially for my illness (such as hypertension, diabetes, heart problems, etc.)	1.34	Not at all
	2. I visit my dentist regularly for my oral care.	1.42	Not at all
	3. I take my medications (including vitamins or other supplements) regularly as prescribed by my physician.	1.70	Not at all
	4. I keep my body healthy and away from harmful substances (such as alcohol, soft	2.42	Moderately Affect

drinks, coffee, and other drugs) through proper exercise.

5. I have access to various health-related resources (such as healthy foods, recreational resources, and medical care).	2.13	Moderately Affect
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TOTAL	1.80	MODERATELY AFFECT
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Emotional/Psychological Factors

Table 16. Emotional/Psychological Factors	Mean	Verbal Interpretation
1. I visit my physician regularly for a proper check-up, especially for my illness (such as hypertension, diabetes, heart problems, etc.)	1.34	Not at all
2. I visit my dentist regularly for my oral care.	1.42	Not at all
3. I take my medications (including vitamins or other supplements) regularly as prescribed by my physician.	1.70	Not at all
4. I keep my body healthy and away from harmful substances (such as alcohol, soft drinks, coffee, and other drugs) through proper exercise.	2.42	Moderately Affect
5. I have access to various health-related resources (such as healthy foods, recreational resources, and medical care).	2.13	Moderately Affect
TOTAL	1.80	MODERATELY AFFECT

Social and Environmental Factors

Table 17. Social and Environmental Factors	Mean	Verbal Interpretation
1. I am aware of the events in our society through social media (such as Facebook, Twitter, Instagram, etc.).	2.71	Affect
2. I am aware of the problems and concerns in our community and society through media (such as television, radio, newspaper, etc.).	2.46	Moderately Affect
3. I can adjust, adopt, and accept new trends and practices in my learning and working environment through seminars and training.	2.47	Moderately Affect

4. I have my mentors/teachers, supervisors, and colleagues who support me in my undertakings.	2.29	Moderately Affect
5. I have my family, relatives, or loved ones who love me and support me in my decisions.	2.80	Affect
TOTAL	2.55	AFFECT

Financial And Economic Factors

Table 18. Financial and Economic Factors	Mean	Verbal Interpretation
1. I borrow money for my needs and caprices from my friends, family, co-workers, and classmates.	2.03	Moderately Affect
2. I borrow money from a lending/loan institution for my extra expenses.	1.38	Not at all
3. I gamble in search of extra money.	1.35	Not at all
4. I work part-time job/s for my extra income.	1.87	Moderately Affect
5. I spend and invest my savings and money properly.	2.17	Moderately Affect
TOTAL	1.76	MODERATELY AFFECT

Wellness Program Plan for Health Education and Promotion

The proposed wellness program at CSPEC Buhi Campus adopts a holistic, preventive approach to student and employee health by addressing physical, mental, emotional, social, and environmental well-being. It is structured around multidimensional components aimed at promoting sustainable behavior change through education, access, and community involvement.

Health Education forms the core of the plan, delivered via seminars, workshops, and curriculum-integrated modules tailored to student demographics. This is supported by digital resources such as mobile notifications and e-brochures to reinforce learning. A major component is Nutritional Awareness and Intervention, which involves partnerships with nutritionists and food providers for counseling, healthy menu planning, and cafeteria labeling. The program promotes Physical Activity through

scheduled movement breaks, fitness competitions, and campus infrastructure enhancements (e.g., walking trails and outdoor stations). Mental Health and Stress Management initiatives include mindfulness workshops, counseling services, and a peer support network. A Substance Abuse and Vices Awareness campaign utilizes education, testimonial sharing, and access to confidential counseling.

To improve Sleep Hygiene, educational strategies and monitoring tools such as sleep diaries are introduced. Policies in dormitories will be revisited to ensure a sleep-conducive environment. Health Screening and Risk Assessment activities, such as medical and dental check-ups, will be conducted quarterly or semi-annually at minimal or no cost.

Behavioral Reinforcement and Incentivization are employed through gamified tracking apps, competitions, and reward systems to increase engagement. Cultural sensitivity and inclusion are

embedded across all components to ensure accessibility for all participants. The creation of a Campus Wellness Committee ensures sustainability, governance, and program continuity. Community Involvement and Extension initiatives will connect the wellness efforts to surrounding barangays, engaging allied health students in community service. An Evaluation Framework with pre- and post-assessments and satisfaction surveys ensures data-driven improvement. Lastly, a Strategic Health Communication Campaign will promote program visibility using campus media and digital platforms to engage the largely Gen Z population.

Overall, the program aims to cultivate a culture of holistic health and resilience across CSPC Buhi Campus, contributing to improved academic performance, workplace productivity, and campus cohesion.

Conclusions

1. Age does not appear to influence the respondents' diet, physical activity, stress tolerance, engagement in vice, or sleep patterns, suggesting that these lifestyle behaviors are relatively consistent across different age groups in the sample.
2. Sex plays a role in the physical activity levels of respondents, indicating that male and female students may differ in their engagement with physical exercises or routines, while other lifestyle aspects remain unaffected by sex.
3. Religious orientation has no evident impact on lifestyle choices such as diet, physical activity, stress tolerance, vice, and sleep habits, implying that religious affiliation may not be a key determinant of these behaviors among the respondents.
4. Occupation is a significant factor when it comes to engagement in vice, implying that students who work while studying might be more prone to or exposed to vices compared to those who are not working.
5. The year level of students is related to engagement in vice, which may suggest that academic standing or school experience could influence exposure to or involvement in certain vices.
6. Family monthly income does not have a notable effect on the lifestyle behaviors assessed in this study, indicating that financial background may not directly determine the dietary habits, physical activity, stress management, vice involvement, or sleep patterns of the respondents.

Recommendations

1. Schools and universities should continue promoting equal access to health and wellness programs regardless of age, since lifestyle habits do not significantly vary across age groups.
2. Since sex was found to influence physical activity, tailored fitness programs that cater to the preferences and needs of different genders may help improve engagement in exercise among students.
3. While religious orientation showed no significant impact on lifestyle habits, it can still be used as a supportive channel for promoting wellness campaigns, as faith-based groups often play influential roles in student life.
4. Institutions should pay attention to working students and explore the possible stressors they face that could lead to engagement in vice, such as implementing support programs, flexible academic arrangements, and time management workshops.
5. Since student year level is related to vice involvement, targeted interventions such as peer mentoring and wellness education can be implemented early in students' academic journeys to mitigate risks.
6. Although family income did not significantly affect lifestyle behaviors, inclusive wellness programs should continue to be offered to all students, regardless of socioeconomic status, to ensure equal opportunities for maintaining healthy habits.

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