

Socio-Demographic and Health-Related Predictors of Perceived Academic Performance of Students: An Academe-Centered Analysis

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ABSTRACT

The knowledge of the world that one acquires through education has a significant impact in the future lives and enables people to comprehend the events that are taking place in a manner that is significantly more cohesive. In the meantime, educational achievement is a measurement that is based on the academic performance of an individual student. A path analysis on the academic performance with personal characteristics and health factors is scarcely being done. This quantitative research made use of the descriptive, correlational (associative and predictive) design. The study further took the path analysis to assess the predictors and correlates of academic performance of students of higher education institution in Cebu City during the academic year 2023-2024. The findings of the study revealed that most of the respondents were 18 to 20 years old. There was an almost equal number of male and female. Almost a quarter were coming from the College of Maritime Education and almost a quarter of them took the Bachelor of Science in Marine Transportation. Majority had their residence in the city and majority were living with their family. The dietary healthy choices and social and mental balance were good while dietary harm avoidance, daily routine, organized physical exercise were poor. Overall, the health lifestyle and personal control of the respondents was poor. Physical, cognitive, psychological/emotional, behavioral, interpersonal, and existential self-care practices were good. Overall, the self-care practices was good. The personal well-being was high. Overall, the respondents had a good perceived academic performance. The path model revealed that the age, gender, self-care practices and personal well-being were predictors of perceived academic performance while the personal characteristics of college and the variable health lifestyle and personal control were the correlates of perceived academic performance. The model further explains that gender predicts health lifestyle and personal control as residency predicts self-care practices while age was a correlate of health lifestyle and personal control while college was a correlate of personal well-being. Based on the findings, an academic performance framework and academic performance enhancement plans was proposed.

Keywords—Health lifestyle and personal control; Path analysis; Perceived academic performance; Personal well-being; Self-care practices; and Students

INTRODUCTION

Students place a high value on their academic performance since it is a reflection of their knowledge, skills, and attitude that is developed through their time in school. It follows that a student's academic achievement is a major factor in determining their future professional success. According to the study of Mappadang et al. (2022), it showed that academic interest was proved to determine significantly the academic performance. However, the learning attitude and learning quality did not contribute to the student's academic performance. High academic interest students possessed a bigger chance to have better academic performance. Meanwhile, learning attitude and learning quality indicated otherwise, decrease the students' academic performance. The results of this study contributed to the universities' management to manage innovative and learning activities to promote accounting students' academic interest in continuing better learning. The universities' leaders should fulfill the infrastructure and learning facilities needed by lecturers to maintain learning quality.

Further, academic performance may be influenced by many factors such as a healthy lifestyle and personal control, self-care practices, and personal well-being. Achieving high levels of personal well-being can be accomplished in a number of ways, including adopting a healthy lifestyle and engaging in self-care practices. In

order for a student to improve his academic performance, it is essential for him to engage in practices such as these. One of the advantages of leading a healthy lifestyle is that it reduces the number of health problems that one experiences. This implies that leading a better lifestyle results in a decreased chance of sickness development. Being healthy is a step toward feeling more in control of your life, which is what it means to take control of your life. According to Tamanal and Kim (2020), healthy lifestyle is expressed into positive health behaviors being practiced so to be healthy as well as to prevent diseases. Healthy lifestyle behaviors are important characteristics in health promotion and may suppress markers of illness. Individuals who embraced healthy lifestyle behaviors can withstand health risks linked to disability and disease in later life. Healthy lifestyle habits such as regular exercise, having a quality sleep and proper diet are important for maintaining and improving students' health.

Another influencing factor could be self-care. Practicing self-care is as important as having a healthy lifestyle. According to Martinez et al, (2021), a clarified definition of self-care was identified: the ability to care for oneself through awareness, self-control, and self-reliance in order to achieve, maintain, or promote optimal health and well-being. In the study of Moses et al. (2016), four such practices (mindful acceptance, seeking social support, sleep hygiene, and food habits) uniquely predicted well-being, but physical exercise did not.

Further influencing is personal well-being. When taken in a very wide sense, the term "personal well-being" refers to a state of existence or living that is positive, satisfying, and desired for the individual. In terms of the quality of life, it is a personal aspect that is represented. Well-being has been defined as the combination of feeling good and functioning well; the experience of positive emotions such as happiness and contentment as well as the development of one's potential, having some control over one's life, having a sense of purpose, and experiencing positive relationships (Huppert, 2009 as cited in Ruggeri et al., 2020).

As academicians, it is the researchers' inherent responsibility to ensure the safety of their students. These days, students lead quite extravagant lives. They eat whatever is convenient because they are always on the go, and some of them even binge eat as a coping mechanism for the stress they experience at school. Having complete disregard for the food they consume. Aside from that, they barely had any time to work out. As the influence of their peers began to grow, they found it increasingly difficult to resist. Also, very few people are taking the time to care for themselves. For a while, schools were occupied with dealing with students' mental health. Additionally, methods of self-care that improve mental health were omitted. The school does not take a proactive stance in promoting self-care. As a result of the pandemic, psychological health has taken center stage, perhaps at the expense of personal well-being. The extent to which these occurrences may influence students' ability to learn is an open question.

Conducting a study on health lifestyle and personal control, self-care, personal, well-being, and academic performance would be an initial move to show this concern. In the many years of being served the university, the researcher had not encountered a study being conducted on determining the personal characteristics, health lifestyle and personal control, self-care, personal, well-being, and academic performance. As independent variables, there was a scarcity of studies being conducted in the university. Combining these variables, and correlating them is indeed a methodological gap.

In most studies, the four variables are not being correlated including personal characteristics of students. For example in the study of Khaw et al. (2022), subjects who were female, of Chinese or other ethnicity, and aged 18–30 years showed significant association with achieving healthy lifestyle compared to male, Malay and greater than or equal to 61 years old as reference categories. The results indicated that gender, age and ethnicity associated with healthy lifestyle behaviors. Also, the results in the study of Tom and Srinivasan (2023), the findings indicated that socio-demographic factors play a significant role in engaging in self-care practices. The findings indicated that socio-demographic factors play a significant role in engaging in self-care practices. In the study of Lee et al. (2022) that well-being across domains tends to increase with age, although there are some variations. Results are similar across most domains for men and women, although women score higher on character strengths, while men had higher scores on financial security. Lastly, in the study of El Refae et al. (2021), it was revealed that demographic characteristics demonstrated a significant impact on students' academic performance and predicted at least 7.4 percent variation in face-to-face learning and distance learning. In all these studies, the profile did not pertain to the profile of students and they do not include departments and courses

as distinguishing characteristics of students. Also, under the United Nations Sustainable Development Goals, this study falls under good health and well-being--ensuring healthy lives and promoting well-being for all at all ages.

It is therefore the aim of this study to do a path analysis on the different variables influencing perceived academic performance in the hopes of developing an academic performance enhancement plan that addresses the health aspects on healthy lifestyle and personal control, self-care practices, and personal well-being. Socio-demographic profiles and health-related factors can affect the performance of a student, in health care, a healthy individual can perform well in school as compared to those unhealthy. Though the end result is purely academic but as influenced by health-related factors which is really within the bounds of healthcare management. The academic performance enhancement plan will serve as a means of helping students achieve higher levels of academic performance alongside promoting a healthy lifestyle, good self-care practices, and achieving high personal well-being as well as the role of the demographics in achieving a high level of academic performance. The researcher is very hopeful that this work will be able to provide practical value to the healthcare profession and to the society in general through the output. The researcher is also positive that this work will be able to deliver what it purports to deliver. This will be made possible due to the experience and competence of the researcher in conducting research coupled with the determination and interest to the topic.

Statement of Purpose

The purpose of the study was to assess the predictors and correlates of academic performance of students of higher education institution in Cebu City during the academic year 2023-2024.

The study further sought to answer the following inquiries:

1. What was the personal characteristics of the students in terms of:
 - 1.1 age;
 - 1.2 gender;
 - 1.3 year level;
 - 1.4 college;
 - 1.5 program;
 - 1.6 residency (city or province); and
 - 1.7 if living with family?
2. What was the health lifestyle and personal control of the students in terms of:
 - 2.1 dietary healthy choices;
 - 2.2 dietary harm avoidance;
 - 2.3 daily routine;
 - 2.4 organized physical exercise; and
 - 2.5 social and mental balance?
3. What was the self-care practices of the students in terms of:
 - 3.1 physical self-care;
 - 3.2 cognitive self-care;
 - 3.3 psychological/emotional self-care;
 - 3.4 behavioral self-care;
 - 3.5 interpersonal self-care, and
 - 3.6 existential self-care?
4. What was the personal well-being of the students in terms of:
 - 4.1 standard of living;
 - 4.2 health;
 - 4.3 achieving in life;
 - 4.4 relationships;
 - 4.5 safety;
 - 4.6 community-connectedness; and
 - 4.7 future security?
5. What was the perceived academic performance of the students?

6. Did personal characteristics predict
 - 6.1 health lifestyle and personal control;
 - 6.2 self-care practices; and
 - 6.3 personal well-being?
7. Did the following factors predict perceived academic performance:
 - 7.1 personal characteristics;
 - 7.2 health lifestyle and personal control;
 - 7.3 self-care practices; and
 - 7.4 personal well-being?
7. Was there a significant relationship between:
 - 7.1 health lifestyle and personal control and self-care practices;
 - 7.2 health lifestyle and personal control and personal well-being;
 - 7.3 self-care practices and personal well-being;
8. What academic performance framework was proposed based on the findings of the study?
9. What academic performance enhancement plan was proposed based on the findings of the study?

Statement of Null Hypotheses

Ho1: Personal characteristics did not predict health lifestyle and personal control among students.

Ho2: Personal characteristics did not predict self-care practices among students.

Ho3: Personal characteristics did not predict personal well-being among students.

Ho4: Personal characteristics did not predict perceived academic performance among students.

Ho5: Personal characteristics, health lifestyle and personal control, self-care practices, and personal well-being did not predict perceived academic performance among students.

Ho6: There was no significant relationship between the health lifestyle and personal control and self-care practices.

Ho7: There was no significant relationship between the health lifestyle and personal control and personal well-being among students.

Ho8: There was no significant relationship between self-care practices and personal well-being among students.

REVIEW OF LITERATURE AND STUDIES

Health Lifestyle and Personal Control

Findings in the study of Bozlar and Arslanoğlu (2016) revealed that the highest average score of the subscale is self-fulfillment, while the lowest score of subscale was exercise. Schools of Physical Education and Sport (SPES) students with low BMI's were found to have a higher score in the Self- Fulfillment subscale. Recreation Department students scored higher in 4 of the 6 subscales, whereas the 4th grade students scored higher in 5 of the 6 subscales. It has been observed that as the family income and education level increases, there is an increase in the awareness of the Healthy Lifestyle Behaviors applied. The findings of the literature have revealed that there is a serious lack of exercise and proper nutrition, and the results for the SPES students observed in this regard were no different. This research supports the need for well-rounded encouragement and support as it pertains to healthy living. Also the students with low BMI's showed higher scores in the subscale of self-fulfillment. The students majoring in Recreation received higher scores on several subscales.

The results of the study of Dungog et al. (2021) showed the significance of lifestyle status among high school and college students having low scores. Socio-demographic and health-related characteristics had significance in perceived economic status, life satisfaction, health status, and happiness rate. Furthermore, healthy lifestyle subcomponents had significant differences in water, air, rest, exercise, nutrition, and trust. In the study of

Cicchella et al. (2022), on the total group, statistically significant differences were found in all the dimensions regarding age, sex, study specialty and university. Physical activity was associated with healthier lifestyles choices. Geographical differences were found (eating and sleep behaviors, alcohol awareness) as well as socio-economic differences. Female students shown to be more stressed than males. Occupational wellness increased by age. Sport students shown more health awareness. Many of the differences found between males and females in the total group disappeared when comparing only sport students of the two universities.

The results in the study of Hanawi et al (2020) indicated that majority were categorized as having an unhealthy lifestyle and over a quarter had an intermediate lifestyle. There was a statistically significant difference in healthy lifestyle score between various types of residences. The conclusion is that students with poor lifestyles have higher anxiety, depression and stress. The implication of this study is that universities should provide healthy activities to encourage healthy lifestyle practices by students. The study of Nwagu et al. (2018) revealed that the students' level of self-control was a little less than the recommended level. A significant difference was found in the male and female students' level of self-control in learning for healthy living with the male students possessing a higher level of self-control. Significant differences also occurred in the students' level of self-control in learning for healthy living when the students were classified based on their courses of study. The students' level of self-control in learning for healthy living at the College of Education (Technical), Enugu, needs to be improved. Educators at the college should employ self-control-enhancing strategies to improve the level of self-control in learning among the students.

In the study of Coxey (2018) it was found that physical health was the most widely recognized aspect of health, and that each participant had a unique definition of health. Mental health was not initially recognized by participants but was shown to be an important connection to all aspects of health including physical health, emotional health, sleep and nutrition. Participants recognized the importance of involvement and their transition to college as impacting their definition of health and their lifestyle in college. Recommendations for future research and Student Affairs professionals are discussed to continue educating students on all aspects of health and helping with the transition to college and living on their own. Health education intervention can improve the pass rate on healthy lifestyle and behavior questionnaires among college students. College students can actively improve their lifestyles and behaviors using the existing health information and health education methods (Liu et al., 2019). The coronavirus pandemic has heightened Filipinos' consciousness to stay in shape, both physically and mentally, but 52 percent feel they were financially unprepared to pay for medical expenses arising from any sudden critical illness (Dumlao-Abadilla, 2020).

The age is the strong determinant of over and unhealthy consumption in the young generation. The overall diet pattern of all age group is different, especially young adult are more inclined toward fast food. The age group 16 to 34 years old less likely to eat fruits and vegetables than adult age groups. However, once they grow up and live independently or after getting a job their family influence reduces, another factor such as time limitations, lack of food cooking skills, increase in income and reference group pressure may dominate on their food choices because they are immature according to age group. One more point, they do not know a healthy diet and what is the negative impact on health (Emond et al., 2019). As people grapple with these health, social and economic impacts, mental health has been widely affected. Plenty of us became more anxious; but for some COVID-19 has sparked or amplified much more serious mental health problems. A great number of people have reported psychological distress and symptoms of depression, anxiety or post-traumatic stress. And there have been worrying signs of more widespread suicidal thoughts and behaviors, including among health care workers. Some groups of people have been affected much more than others. Faced with extended school and university closures young people have been left vulnerable to social isolation and disconnectedness which can fuel feelings of anxiety, uncertainty and loneliness and lead to affective and behavioral problems. For some children and adolescents being made to stay at home may have increased the risk of family stress or abuse, which are risk factors for mental health problems. Women have similarly faced greater stress in homes, with one rapid assessment reporting that 45% of women had experienced some form of violence, either directly or indirectly during the first year of the pandemic. While mental health needs have risen, mental health services have been severely disrupted. This was especially true early on in the pandemic when staff and infrastructure were often redeployed to COVID-19 relief (World Health Organization, 2022).

Many devices have become popular across generations, with a majority now owning cell phones, laptops and

desktop computers. Younger adults are leading the way in increased mobility, preferring laptops to desktops and using their cell phones for a variety of functions, including internet, email, music, games, and video. In terms of generations, Millennials are by far the most likely group not only to own most of the devices we asked about, but also to take advantage of a wider range of functions. For instance, while cell phones have become ubiquitous in American households, most cell phone owners only use two of the main non-voice functions on their phones: taking pictures and text messaging. Among Millennials, meanwhile, a majority use their phones also for going online, sending email, playing games, listening to music, and recording videos. However, Gen X is also very similar to Millennials in ownership of certain devices, such as game consoles. Members of Gen X are also more likely than Millennials to own a desktop computer (Zickuhr, 2011).

According to Konrath (2022), recent generations of American children have been in school for more of their lives, for more hours per week, with more jam-packed schedules, and with less free play, than earlier generations. Thus, young people today are anything but lazy: They are working more and having less unstructured leisure time. According to the study of Cebu (2023), results showed that the majority of the college students were coming from 18 years old to 20 years old while in terms of gender, most of the college students were females. According to Balita (2022), in 2017, there were approximately 1.32 females per one male in tertiary education enrolment in the Philippines. Tertiary level education in the Philippines is composed of colleges that offer one or more specialized programs and universities with eight undergraduate degree programs.

Based on the ranking of courses, the most common course in the Philippines is the Bachelor of Science in Nursing. Nursing is the most popular course in the Philippines because of the high demand for healthcare professionals both locally and internationally. This course has been consistently in demand due to the need for skilled and compassionate nurses in hospitals, clinics, and other healthcare facilities. This is followed by Bachelor of Science in Business Administration. This course is popular because of its versatility in preparing students for various careers in business and management. Graduates can work in different industries such as banking, finance, marketing, and human resources. Third in rank is the Bachelor of Science in Information Technology. The demand for IT professionals continues to grow in the Philippines, making this course a popular choice for students. This program equips students with the necessary skills and knowledge to design, develop, and maintain computer systems and software applications. Fourth in rank is the Bachelor of Science in Accountancy. This course is popular because of the high demand for accountants in the Philippines and abroad. Graduates of this program can work in different industries such as accounting firms, banks, and government agencies. Fifth in rank is the Bachelor of Science in Education. This course is popular because of the need for qualified teachers in the Philippines. Graduates of this program can work in public and private schools, colleges, and universities (Krambs, 2024).

Self-care Practices

According to Riegel et al. (2021), the beneficial effects of self-care include improved well-being and lower morbidity, mortality, and healthcare costs. During conference discussions, it identified seven major reasons why self-care is challenging, which can be grouped into the general categories of behavior change and illness related factors. It identified six specific knowledge gaps that, if addressed, may help to address these challenges: the influence of habit formation on behavior change, resilience in the face of stressful life events that interfere with self-care, the influence of culture on self-care behavioral choices, the difficulty performing self-care with multiple chronic conditions, self-care in persons with severe mental illness, and the influence of others (care partners, family, peer supporters, and healthcare professionals) on self-care. The scores for the total self-care index did not achieve statistical significance, reinforcing the multidimensional nature of the concept. Students in health programs had statistically higher mean scores in food, but lower mean scores in normalcy. Regression analysis indicates that socioeconomic status, gender and self-efficacy were major factors influencing student self-care practices (Jackson, 2015).

Results in the study of Barankevich and Loebach (2022) revealed that high meaningfulness scores for planned in-person interactions suggests that these types of interactions may be most valuable for maintaining existing self-care patterns, engaging in self-care activities, and receiving support. Self-care activities for college students, including social interactions, were significantly impacted by the COVID-19 pandemic, which may have further exacerbated loneliness. College students should be encouraged to consciously engage in person with family and

friends to practice self-care and maintain or improve mental health. Strategically selecting interactions that will optimize meaningfulness may therefore be critical to helping students to maintain positive mental health during and beyond the pandemic. The study of Ayala et al. (2018) revealed that self-reported engagement in self-care appeared to moderate the relationships between perceived stress and both physical and psychological quality of life. As the level of reported engagement in self-care increased, the strength of the inverse relationship between perceived stress and both physical and psychological quality of life appeared to weaken.

According to Roxas (2023), the work-home assemblage was identified as the site of self-care, delineated by boundary-making and place-making practices and the creation of time spaces. The two major co-functionings of the work-home assemblage were (a) caring for the self as fostering different relationalities with the self, and (b) caring for the self as co-presencing with human and nonhuman others. Findings demonstrated the importance of material and spatial relationalities in facilitating caring relational encounters with the self. Theoretical and practical implications include attuning to the existing material and spatial resources in one's environment and integrating them into one's practices of caring for the self.

Personal Well-being

Based on the findings of the study of Mallari (2017), the respondents showed positive personal meaning with respect to the variables achievement, relationship, religion, and self-transcendence. The respondents, however, manifested moderately high personal meaning with respect to intimacy and fair treatment. The findings also revealed that the overall psychological well-being of the respondents is positive as revealed in their responses to the well-being variables control of self and events, happiness, social involvement, self-esteem, mental balance, and sociability. The relation between the personal meaning and psychological well-being of the respondents was also tested. Based on the findings, there is a significant association between personal meaning and the variables control of self and events, happiness, social involvement self-esteem, mental balance, and sociability. The findings clearly revealed that the well-being of the respondents depends partly on their positive perception of their personal meaning which is measured using such aspects of the respondents' lives as their relationship with others, their sense of being intimate with others which may be personal or private in nature, their sense of accomplishment, their religious orientation, their sense of purpose and direction, and sense of satisfaction or happiness with themselves.

Results in the study of Shek and Zhu (2017) showed that personal well-being measured at the beginning of university study positively predicted students' personal growth and academic achievement after 3 years' study. While the internal dimensions of university engagement (academic challenge and learning with peers) showed longitudinal significant mediational effect, the external dimensions (experience with faculty and campus environment) did not have significant longitudinal moderating effect. Nevertheless, external dimensions of student engagement also showed direct effect on personal growth and academic achievement. The long-standing positive effects of personal well-being on university engagement and subsequently, learning achievement during university years call for more attention to the promotion of holistic development among university students.

In the study of Morales-Rodríguez et al. (2020), psychological well-being dimensions, along with learning style and methodology preferences, social skills, level of social responsibility, emotional intelligence, state and trait anxiety, empathy and levels of self-concept were measured using a series of validated self-report scales. The results indicate that the total variance explained by the university students' psychological well-being factors were as follows: i) self-acceptance dimension; ii) positive relationships dimension; iii) autonomy dimension; iv) environmental mastery dimension; v) personal growth dimension; and vi) purpose-in-life dimension. The study of Sining et al. (2022) had shown that the department from this university positively impacted their students' well-being. Nonetheless, there were marginal aspects like discrimination, stress among students, and feedback mechanisms that need to be reviewed and improved. The research recommends improving the feedback mechanism by providing timely feedback and designing multiple ways of anonymous feedback.

A major recurring theme was well-being as a balance in the interplay between efforts directed towards studies and life beyond studies. This method of perceiving well-being deviates from theoretical definitions. Students mentioned various factors that influence their well-being. Responses ranged from personal and university related factors to external factors beyond their educational institution. This study contributes to the body of knowledge on the well-being of students in higher education and provides suggestions for educational institutions, such as

incorporating a holistic perspective on students and learning; and focus points for the development of policies and practices (Douwes et al., 2023).

Academic Performance

Academic performance is important for students as a result of educational experience in colleges to represent knowledge, skills, and attitudes. Academic performance becomes one of the key factors in determining students' success in their future careers (Mappadang et al., 2022). The study of Tadese et al. (2022) revealed that education plays a pivotal role in producing qualified human power that accelerates economic development and solves the real problems of a community. Students are also expected to spend much of their time on their education and need to graduate with good academic results. Majority of the students had a good academic performance. The key findings revealed that attending tutorials, use of previous examination papers, self-given homework, student-run study groups and use of the library are factors that were helpful in improving the academic performance of students. The results of this study also revealed that stable income status of parents and parental involvement with schoolwork were associated with great academic achievement. The results of this study also indicated that parents are increasingly getting involved in the students' academic work. The academic managers should provide different facilities and employ various teaching methods to enhance academic performance (Khuma & Utete, 2023).

According to the study of Masud et al. (2019), academic performance is among the several components of academic success. Many factors, including socioeconomic status, student temperament and motivation, peer, and parental support influence academic performance. Higher socio-economic status, father's education level, and higher care scores were independently associated with better academic performance in adolescent students. Affectionless control was the most common parenting style for fathers and mothers. When adapted by the father, it was also the only parenting style independently improving academic performance. Overall, mean "care" scores were higher for mothers and mean "overprotection" scores were higher for fathers. Parenting workshops and school activities emphasizing the involvement of mothers and fathers in the parenting of adolescent students might have a positive influence on their academic performance. Affectionless control may be associated with improved academics but the emotional and psychosocial effects of this style of parenting need to be investigated before recommendations are made.

In the study of Shahzadi and Ahmad (2011), the fitted model showed that academic performance depends on learning skills and learning skills depends on home environment. Also academic performance depends on academic interaction and academic interaction depends on study habits and home environment. It means academic performance can be estimated for any student by its home environment and learning skills and also by its academic interaction, study habits, and home environment. By examining the three possible paths of estimating academic performance, the strongest path is the home environment which affects the learning skills and ultimately learning skills lead to affect the academic performance. According to the model students can achieve high academic performance by focus on home environment and learning skills. Based on data, it was seen that most students' academic performance was good. Succeeding this was very good. Followed by satisfactory. The indicator with the least amount of percentage was excellent. Overall, the indicator of food had the leading level in the academic performance of the students meaning that the students accomplish their academic tasks and comply with their requirements (Tus et al., 2021).

Personal Characteristics and Health Lifestyle and Personal Control, Self-care Practices, and Personal Well-being

Personal Characteristics and Health Lifestyle and Personal Control. Results in the study of Wang et al. (2013), when controlling for the other variables, the total healthy lifestyles score was predicted by gender, grade, father's level of education, and type of institution; exercise behaviour was partially predicted by gender, grade, type of institution, and family monthly income; regular behaviour was modulated by gender, grade, type of institution, family monthly income, and father's educational level; nutrition behaviour was partially affected by type of institution, family monthly income, and father's educational level; health risk behaviour was modulated by gender, mother's level of education, and family monthly income; health responsibility was modulated by gender, grade, type of institution, and father's educational level; social support was modulated by gender, grade, and father's educational level; stress management was modulated by gender, grade, type of institution, and

mother's education level; life appreciation was modulated by grade, type of institution, and mother's educational level. These influences should be taken in behaviors to account in designing interventions for specific socio-demographic profiles that might be at higher risk for certain behaviors.

The results of the study of Schmidt (2012) showed that the lifestyle behaviors under study (physical activity, perceived stress and eating behaviors) as well as self-rated health can be predicted to a certain extent by socio-demographic factors such as gender, mother tongue and parents' educational level. Male university students were shown to be physically more active than female students; the male students were less stressed and rated their overall health, fitness level and mental health higher. Female students were more prone to adopt unhealthy eating behaviors. The mean score for male nurses' health promoting lifestyle (HPL) was good. The highest mean was from spiritual growth and the lowest was from physical activity. Approximately, almost a quarter of the participants were overweight and obese. The mean of HPL in normal-weight people was better than that of obese ones. Participants did not pay much attention to their family's health-promoting behaviors. They also were exposed to occupational hazards, including psychological, ergonomic, physical, and biological hazards. There was no significant relationship between age, educational level, marital status, job experiences, and HPL variables (Hossein Abbasi & Aghaamiri, 2020). The study findings of Celebi et al. (2017) indicated that students adopted the healthy lifestyle behaviors moderately. Variables such as gender, type of school, grade, family income, paternal education status were found to be effective on the healthy lifestyle behaviors. The researchers concluded those gay and bisexual males and lesbian and bisexual females had significant lifestyle differences as compared with heterosexual adolescents. This effect was stronger for females than for males (Yoon & So, 2023).

Sexual and gender minorities have a higher risk for health and nutrition-related disparities across the life course compared to the heterosexual or cisgender population. Experiences of stigmatization and discrimination are associated with diminished mental health quality and psychological distress, which are risk factors for developing various eating disorders. Other nutrition disparities include increased risk for food insecurity, body dissatisfaction, and weight complications, such as those experienced by the transgender population in association with gender-affirming hormone therapies (Ferrero et al., 2023).

Personal Characteristics and Self-care Practices. Quantitative results of the study of Cleofas (2021) suggested that specific domains of self-care practices are statistically linked with background characteristics and online student engagement. On the other hand, two themes describing the barriers to practising self-care emerged from the qualitative data: (1) quarantine-related barriers; and (2) online-class-related barriers. In the study of Cavalcante et al. (2018) revealed that self-care was best assessed in people with higher education level, higher household income and in a relationship. The socio-demographic characteristics influenced seven self-care practices: dietary control; monitoring of body weight; effort in labor activities; knowledge about heart failure; up-to-date vaccination record; leisure activities; and family and social support network with strong bonds.

Descriptive statistics were used to characterize the sample on demographics and health profile, while multiple regression analysis was conducted to determine the relationship between variables. Findings suggest these factors have a minimal influence on self-care behavior performance. Alternative factors influencing self-care behavior performance were identified along with implications for future nursing practice (Fredericks & Sidani, 2013). In the study of Coşkun and Yiğit (2020) there existed a significant relationship between the mean scores of the self-care scale with the age, grade, education level of their mothers, economic status of their families, academic success status and their family types. Based on the results, especially in the case of the single-parent type family structures, conducting a democratic family discipline and academic success status of students lead to increase in the self-efficacy belief of adolescents. In the similar way, the education level of mothers, economic status of the families, achieved high academic success and holding a democratic family discipline resulted in the high self-care agency level of the adolescents.

Personal Characteristics and Personal Well-being. Gender was significantly associated with smoking and drinking. Socio-economic status was significantly associated with smoking and stress. In addition, marital status were related to daily consumption of breakfast, appropriate daily duration of sleep, appropriate daily duration of work, regular physical activity, stress and nutritionally balanced diet (Altuna et al., 2011). It was found in the study of Lee et al. (2022), racial and ethnic differences were striking. Black employees score higher than the reference group (White employees) on the emotional, purpose, and character strengths domains, but considerably

lower on financial security. Hispanics also score lower on financial security (though not as low as Blacks), but higher than Whites on purpose, character strengths, and social connectedness. Asians reported higher well-being than Whites across all domains except purpose. It was found in the study of Sharma (2014) that children with 1 or 2 siblings had highest psychological well-being and quality of life. Urban students had higher quality of life than rural students. Gender had no effect either on psychological well-being or quality of life.

Personal Characteristics, Health Lifestyle and Personal Control, Self-care Practices, Personal Well-being, and Academic Performance

Personal Characteristics and Academic Performance. Some studies have suggested that older students attain higher academic achievement than younger students, even in high school, and are more likely to graduate from high school and enter college (Nam, 2014). According to the study of Shahjahan et al. (2021), poor academic performance is challenging for students, parents, and teachers. Of the study participants, male preponderance (88.4%) was found, and 77.9% of them selected the study programs by themselves. Poor academic performance was found significantly correlated with irregular class attendance, father's low education level, partial family cooperation, use of social media, and excessive time spent for gossiping. There is a need for implementing an appropriate counseling strategy to follow up the academic performance of the poor performing students.

The study of Tadese et al. (2022) revealed that students aged between 20 and 24 years, and medical/health faculty were significant associates of good academic performance. Students who did not smoke cigarettes were three times more likely to score good academic grades compared to those who smoke. Results in the study of El Refae et al. (2021) revealed that demographic characteristics demonstrated a significant impact on students' academic performance and predicted at least 7.4 percent variation in face-to-face learning and distance learning. The longitudinal survey showed that compared with their straight male peers, gay males earned higher GPAs in high school and college, enrolled in harder classes, took school more seriously, had more academically minded friends and had a much lower rate of ever dropping out for a month or more (Ryan, 2022). A health lifestyles approach holds promise for understanding change in women's and men's health behaviors and reducing gendered health disparities. Latent class analyses showed that health lifestyles differed significantly by gender. Results supported the dynamic multilevel framework, finding more variation in health lifestyle behaviors within genders than between, high levels of change across ages, intersections of gender with age, and socioeconomic status as a structural pathway for gender's influence (Mollborn et al., 2020).

Health Lifestyle and Personal Control and Academic Performance. The results in the study of Shafie et al. (2022) showed poor diet, healthy diet and sleep have statistically significant influence on the academic performance of the students; meanwhile, the other variables (physical activity, screen time and body mass index) have no significant influence on the academic performance. Thus, this study will significantly assist the students to improve academic performances in terms of the factor of the student's lifestyle-related behavior. The results in the study of Shafie et al. (2022) showed poor diet, healthy diet and sleep have statistically significant influence on the academic performance of the students; meanwhile, the other variables (physical activity, screen time and body mass index) have no significant influence on the academic performance.

Results in the study of Dubuc et al. (2019) showed that in female students, screen time measures were negatively correlated with academic performance and cognitive control. Furthermore, changes in sleeping habits were associated with changes in academic performance in both genders, whereas changes in eating habits and in studying time were correlated with changes in academic performance only in male students. Moreover, in female students, screen time, social media use, and eating habits measures seem to predict the variance in the changes of cognitive control measures, whereas, in male students, studying time, eating, and sleeping habits appear to explain the variance in the changes of academic performance measures. Results in the study of Maniaci et al. (2023) revealed that healthy lifestyles behaviors were highlighted as a significant predictor in academic achievement. Specifically, it was showed that a good diet as well as non-problematic Internet use significantly predicted academic success. Moreover, it was found that gender did not moderate the relationship between those predictors and academic achievement.

Self-care Practices and Academic Performance. In the study of Skinner (2023), it was predicted that students who more frequently engage in self-care practices will have higher perceived and actual academic performance

and lower levels of perceived stress. It was also predicted that higher levels of perceived stress will be reported among females compared to male participants. Understanding factors that impact student academic success are vital for social work programs and educational institutions particularly for students who are at risk for poor academic and life outcomes. Despite the issues associated with GPA as an outcome variable, grades remain the norm for the assessment of student learning and significantly impact student trajectories during and after college. Therefore, it is important for educators to identify key factors that affect academic performance. An interesting and understudied connection to GPA includes student engagement in self-care practices (Erdley-Kass et al., 2023).

According to Hollingsworth (2018), life demands compete with academic study for all levels of education. Higher education now includes strong representation of multiple generations as well as strong representation of both campus-based and online students. Research indicates that students at various stages and in different formats of academic study present some different needs as well as different strategies for managing these needs concurrently with academic study. Research has supported the use of self-care behaviors in reduction of stress, with some studies indicating also an association of self-care and academic performance. In addition, research has also indicated role of student-driven factors such as self-regulation in academic performance. Much of self-care behaviors such as physical activity, consumption of fruits and vegetables, and sleep habits include self-regulation. There is a positive correlation between student engagement in the self-care behaviors of physical activity, consumption of fruits and vegetables, and sleep and Grade Point Average (GPA).

Personal Well-being and Academic Performance. Results in the study of Yu et al. (2018) showed that personal well-being measured at the beginning of university study positively predicted students' personal growth and academic achievement after 3 years' study. If the person is having less self-esteem, self-acceptance and positive relationships this immensely affect the person's academic performance. An adolescent with whom psychological well-being is absent, will face difficulties to concentrate in class, to show interest towards the studies, to comprehend the syllabus. Thus, it is necessary to improve their academic performance through psychological well-being (Joseph et al., 2023).

Results in the study of Ling et al. (2022) showed that spiritual well-being was ranked the highest, followed by psychological, physical, self, and social well-being. Students gave the lowest ranking to academic well-being. The two significant paths identified were between spiritual well-being and two subjects, namely, Chinese and Mathematics. It is interesting to note that the other five dimensions of well-being were significantly associated with any subjects and English was not significantly related to any dimensions of well-being in this study. According to Klapp et al. (2023), psychological well-being was negatively related to academic achievement, indicating that students who experienced more school-related stress performed higher than students who experienced less stress. Cognitive well-being was positively related to academic achievement.

Findings revealed the significant positive relationship of social well-being with academic performance i.e., as the social well-being of the students was high, their academic performance was also high. Furthermore, social well-being was found to be a significant predictor of academic performance of the students. It was concluded that social well-being particularly social integration and social contribution aspects of educational life are important contributors to overall academic achievement of students, as they derive much of their sense of self-worth from social inclusion and evaluations of their peers and important adults (Baby et al., 2022). The selected studies suggest that there is a positive relationship between emotional and psychological well-being and academic achievement. The relationship of social wellbeing and academic achievement has not been examined in the included studies. In general students with higher levels of psychological and emotional wellbeing also show higher levels of academic achievement. Engagement, self-esteem, organizational justice, interpersonal relationship with teachers, student's perception of school and motives for attending school may moderate or mediate the relationship between wellbeing and academic achievement (Gräbel, 2017).

Self-Care Practices and Health Lifestyle and Personal Control. Self-care behaviors are fundamental for a healthy lifestyle. These behaviors can lead to improved physical and psychological health, which can in turn lead to individual and social wellbeing (Torres-Soto et al., 2022). Self-care includes a set of practices and skills intended to both safeguard individual health and to maintain positive attitudes that promote healthy coping and continuous personal growth (Wise et al., 2012). Self-care behaviors not only include actions to improve physical

health, but also attitudes or desire to safeguard oneself (Kissil & Niño, 2017). This practice is oriented towards self-reflection, meeting personal needs, and making a conscious and reasonable effort to seek resources that contribute to personal health and wellbeing (Colman et al., 2016; Pakenham, 2017). Self-care is manifested through a set of behaviors intended at keeping a healthy balance, such as personal hygiene, healthy and nutritious diet and activities that provide quality of life (Urpí-Fernández et al., 2019).

Self-care Practices and Personal Well-being. Self-care refers to the conscious actions one takes to promote physical, mental, and emotional well-being. From nutrition and exercise to meditation and relaxation techniques, self-care practices are diverse, personal, and necessary for maintaining a healthy balance in life (Viesca, 2024).

Health Lifestyle and Personal Control and Personal Well-being. A healthy lifestyle helps improve and maintain the health and well-being of the person. It is a valuable resource for reducing the incidence and impact of health problems, recovery, and coping with the effects of illnesses and medical treatments (StudySmarter GmbH, 2024).

Synthesis

A healthy lifestyle is proven to have positive influence on self-care, well-being, and academic performance. It has been demonstrated in clinical studies that engaging in a self-care regimen can reduce or eliminate anxiety and depression, as well as reduce stress, boost happiness, and other positive outcomes. It can assist students in adjusting to new circumstances, establishing meaningful relationships, and recovering from failures. The same way that having a good personal well-being is important for students. Being happy and healthy has benefits that last a lifetime in areas such as health, employment, relationships, and creativity. In order to promote health and happiness throughout the entire community, it is possible to more easily adapt the far-reaching influence that schools have. Students' academic achievement, behavior, social integration, and overall pleasure all improve when they are in a state of wellbeing. A student's ability to improve and develop critical abilities that are necessary for a successful life is directly correlated to their academic progress. Important life skills, such as leadership, time management, effective communication, logical thinking, problem-solving, and many more, are developed through the course of the students' educational experience. Though the importance of each of these variables are already well-established in both local and foreign studies, however, their correlation with academic performance, including personal characteristics, being the ultimate dependent variable has been scarcely studied at the local scenario.

RESEARCH METHODOLOGY

Design

This quantitative research made use of the descriptive, correlational (associative and predictive) design. The study further took the path analysis. The descriptive design was used in determining the personal characteristics of the students along with determining the health lifestyle and personal control, self-care practices, personal well-being, and academic performance of the students. The correlational design was used to assess the interrelationship among health lifestyle and personal control, self-care practices, and personal well-being. The correlational (predictive) design was used in assessing the whether personal characteristics predicted health lifestyle and personal control, self-care practices, and personal well-being. Further, it was used to assess whether personal characteristics, health lifestyle and personal control, self-care practices, and personal well-being predicted perceived academic performance of the students. The path analysis was used to assess which variables (personal characteristics, health lifestyle and personal control, self-care practices, and personal well-being) predicted and correlated with perceived academic performance.

Environment

The study was conducted in the University of the Visayas. The University of the Visayas (UV) is a private institution located in Cebu City, Philippines. It is the first school in the province of Cebu to attain university status. It envisions to become an internationally recognized private non-sectarian university committed to academic excellence, transformational, and innovative education.

Respondents

The respondents of the study were the students of the University of the Visayas. Table 1 reflects the distribution of the population according to the Department or College of the university. Currently there were 6,655 students enrolled for the second semester of 2023-2024. Using the Krejcie and Morgan sampling table, with the margin of error of .05, the sample size was 364.

Sampling Design. A proportionate stratified simple random sampling was utilized in the study. Computation of the proportionate sample size was reflected in Table 1.

Table 1. Respondents per College

College	Total Population	%	Sample Size
College of Allied Health Sciences	816	12.26	45
College of Arts and Sciences	659	9.90	36
College of Business Administration	1379	20.72	75
College of Criminal Justice Education	924	13.88	51
College of Engineering, Technology and Architecture	744	11.18	41
College of Education	316	4.75	17
College of Maritime Education	1573	23.64	86
College of Law	244	3.67	13
TOTAL	6655	100.00	364

Note: $n=364$.

The proportionate stratified sampling was done by getting samples based on the percentage contribution of each group or strata. The random sampling will utilize a table of random numbers in the random selection of respondents for the study. A list coming from the Registrar was requested containing the names of the students grouped according to departments. Random numbers were selected from the table and the chosen numbers that corresponds to the number of the hospital employee were invited to participate in the study.

Inclusion and Exclusion Criteria. Included in the study were the *bona fide* students of the university for the second semester of school year 2023-2024. They must be of legal age regardless of gender, course, religion, economic status and year level. Regular and irregular students are included. Included further are working scholars of the university. Excluded in the study were cross enrollees and students enrolled in the graduate studies.

Instruments

The study made use of a five-part instrument, Part one pertains to the demographic characteristics of the students in terms of age, gender, religion, department, and course. Part two of the instrument is an adopted instrument, the Health Lifestyle and Personal Control Questionnaire (HLPCQ) by Darviri et al. (2014). This is a 26-item tool in which the respondent is asked to indicate the frequency of adopting 26 positively stated lifestyle habits using a Likert-type scale (1 = Never or rarely, 2 = Sometimes, 3 = Often and 4 = Always). There are 12 items concerning diet, 8 items referring to a daily time management, 2 items referring to organized physical exercise and 4 items referring to practices of social support and positive thinking. As stated above, items were derived

from experience with stress management/health promotion interventions used in different study populations. In the end of each intervention program participants were asked about lifestyle changes that they have noticed during the previous weeks, using the following open question: “During the previous weeks, have you noticed any changes concerning your everyday living/lifestyle?”. The 26 items presented in the HLPCQ questionnaire are the result of gathering all the qualitative data from the participants’ answers (a total of 305 participants) to the aforementioned open question. All answers without exceptions were grouped and rephrased to keep the initial participant’s meaning. The main goal for this questionnaire was to detect and quantify lifestyle patterns that reflect health empowerment, as evidenced by the levels of stress and of the internal health locus of control. As such, validation is based upon these two characteristics, perceived stress and health locus of control, using the questionnaires described below. Cronbach alpha of the dimensions are as follows: Dietary Healthy Choices (.748); Dietary Harm Avoidance (.651); Daily Routine (.818); Organized Physical Exercise (.782); and Social and Mental balance (.627) (Darviri et al., 2014). Parametric scores and interpretation are as follows: 1.00 – 1.75 is Very Poor, 1.76 – 2.50 is Poor, 2.51 – 3.25 is Good, and 3.26 – 4.00 is Very good.

Part three of the instrument is an adopted questionnaire called the Self-care in Your Personal Life Questionnaire by Fisher (2016). It is a 30-item questionnaire which is composed of six dimensions, namely: Physical self-care (5 items), cognitive self-care (5 items), psychological/emotional self-care (5 items), behavioral self-care (5 items), and interpersonal self-care (5 items), and existential self-care (5 items). It is answered using a 4-point Likert scale where 0 is never, 1 is rarely, 2 is fairly often, and 4 is usually. The instrument went through the process of reliability testing among 20 students and results of the test revealed an alpha Cronbach of Physical self-care, cognitive self-care, psychological/emotional self-care, behavioral self-care, and interpersonal self-care, and existential self-care. Parametric scores and interpretation are as follows for each of the dimensions: 5 – 8.75 is very poor, 8.76 – 12.50 is poor, 12.51 - 15.25 is good, and 15.26 - 20 is very good. For the overall, a score of 30 – 52.50 is very poor, 52.60 – 75 is poor, 75.1 – 97.50 is good, and 97.60 – 120 is very good.

Part four of the instrument is The Personal Well-being Index (PWI) Scale by the International Well-being Group (2013). The PWI scale contains seven items of satisfaction, each one corresponding to a quality of life domain as: standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security. It is answered using an 11-point satisfaction scale, indicating the two response anchors of ‘No satisfaction at all/completely satisfied’. It is composed of single items on the following domains: Standard of Living, Personal Health, Achieving in Life, Personal Relationships, Personal Safety, Community Connectedness, and Future Security. The combined survey mean scores from 28 surveys of the Australian population have produced a maximum variation of 3.2 percentage points in subjective well-being. Cronbach alpha lies between .70 and .85 in Australia and overseas. Inter-domain correlations are often moderate at round .30 to .55 and item-total correlations are at least .50. The index has also demonstrated good test-retest reliability across 1-2 week interval with an intra-class correlation coefficient of 0.84 (Lau & Cummins, 2005). Parametric score and interpretation are as follows: 0 - 2.20 is very low, 2.21 – 4.40 is low, 4.41 – 6.60 is moderate, 6.61 – 8.80 is high, and 8.81 – 11 very high.

Part five of the instrument is the Academic Performance Questionnaire (APQ) by Birchmeier et al. (2015). It is an 8-item questionnaire scored using the scale, “Strongly Agree” is scored (5); “Agree” is scored (4); “Neutral” is scored (3); “Disagree” is scored (2); and “Strongly Disagree” is scored (1). For the total score, an internal consistency of .89 and a test-retest reliability of .85. The APS consisted of (8) 5-point scale items. This 5-point scale assessment was carried out by Birchmeier et al. (2015). For researchers who have a particular interest in academic performance among students, the APS promises to be a useful tool. Scale scores showed adequate internal consistency, 2-week test–retest reliability, and satisfactory concurrent validity. Parameter scoring and interpretations are as follows: A score of 33 - 40 is Excellent Performance; 25 - 32 is Good Performance; 17 - 24 is Moderate Performance; 9 - 16 is Poor Performance; and 0 - 8 is Failing Performance.

Data Gathering Procedures

The researcher submitted three possible research titles for an approval of a study. Once a study was approved, an Adviser will be assigned to work with the researcher. Transmittal letters were submitted to the Chief Executive Officer of the school where the study was conducted. Once approval was obtained, a draft of the study was made and submitted for a design hearing under a Panel of Experts to assess the technical and ethical

soundness of the paper. After compliance with the suggestions and recommendations of the panel, the study was submitted to the ethics committee of the university for ethical approval. Once a notice to proceed was issued, this signaled the researcher to proceed with the recruitment of students. Recruitment started upon the release of the notice to proceed. This study made use of the face-to-face intercept method of recruitment. In the data gathering method, the researcher was guided by the sampling technique and the inclusion and exclusion criteria. Selected students were searched in the class and were made to answer during their break time or after their class. To facilitate this an enumerator was specifically hired to do this. Questionnaires which were not completely answered were discarded and excluded and replaced by recruiting another respondent. This was done until the sampling size was achieved. All completed questionnaires were gathered and collated. Data were collated in soft copy form which were subjected to appropriate statistical treatment. Data were presented in tables as answers to the research problems. Tables were presented with their respective interpretations, implications, and supporting literature and studies. Completed questionnaires were shredded as the end of the study along with permanently deleting the soft copies of the raw data.

Statistical Treatment of Data

Descriptive and inferential statistics were used to answer the research problems which include the following: Frequency Distribution and Simple Percentage. This was used in determining the personal characteristics of the students. Summation was used in determining the self-care and academic performance of the students. Mean Score was utilized in determining the health lifestyle and personal control and personal well-being. Eta Squared Statistics was used to assess the relationship between the profile and the four variables. Pearson r was used in assessing the interrelationship among variables. Multiple Linear Regression was used to assess whether the personal characteristics, health lifestyle and personal control, self-care practices, and personal well-being predict the academic performance of the students or not.

Ethical Considerations

The study had ethical approval from the university’s institutional review board prior to data gathering.

RESULTS AND DISCUSSION

Personal Characteristics of the Students

Table 2 Personal Characteristics of the Students

Personal Characteristics	<i>f</i>	%
Age		
18 to 20 years old	156	42.90
21 to 23 years old	156	42.90
24 to 26 years old	36	9.90
27 years old and above	16	4.40
Gender		
Male	177	48.60
Female	179	49.20
LGBTQAI+	8	2.20
College		
College of Allied Health Sciences	45	12.40

College of Arts and Sciences	36	9.90
College of Business Administration	75	20.60
College of Criminal Justice Education	51	14.00
College of Engineering, Technology and Architecture	41	11.30
College of Law	13	3.60
College of Education	17	4.70
College of Maritime Education	86	23.60
Program		
Biology	12	3.30
Marine Transportation	86	23.60
Nursing	30	8.20
Office Administration	2	.50
Psychology	24	6.60
Civil Engineering	24	6.60
Personal Characteristics	<i>f</i>	<i>%</i>
Criminology	51	14.00
Education	12	3.30
English	5	1.40
Financial Management	54	14.80
Hotel and Restaurant Management	7	1.90
Information Technology	17	4.70
Juris Doctor	13	3.60
Marketing Management	12	3.30
Pharmacy	15	4.10
Residency		
City	250	68.70
Province	114	31.30
Living with Family?		
Alone	50	13.70
With Relatives	48	13.20
Yes	266	73.10

Note: $n=364$.

The table shows that most of the respondents were belonging to the age group of 18 to 20 years old and 21 to 23 years old while the remaining few are belonging to 24 to 26 years old and 27 years old and above. This is generally the age for college students. Supporting this finding, according to the study of Cebu (2023), results showed that the majority of the college students were coming from 18 years old to 20 years old while in terms of gender, most of the college students were females.

There was an almost equal number of male and female respondents while very few are members of the LGBTQAI+. New generations of students now are gender sensitive, the LGBTQIA+ identifies themselves as one of the genders thus, including such gender in the classification of students as it may be offending to the individuals to be identified as either male or female. However, according to Balita (2022), in 2017, there were approximately 1.32 females per one male in tertiary education enrolment in the Philippines. Tertiary level education in the Philippines is composed of colleges that offer one or more specialized programs and universities with eight undergraduate degree programs.

Almost a quarter of the respondents are coming from the College of Maritime Education followed by those coming from the College of Business Administration. This is then followed by those coming from the College of Criminal Justice Education, College of Allied Health Sciences, College of Engineering, Technology and Architecture, College of Arts and Sciences. Very few are coming from the College of Education and the College of Law. Almost a quarter of the students took the Bachelor of Science in Marine Transportation. This is then followed few taking Financial Management, Criminology, Nursing, Psychology, and Civil Engineering while the remaining few were distributed to the different programs on Information Technology, Pharmacy, Juris Doctor, Biology, Education, Marketing Management, Hotel and Restaurant Management, English, and Office Administration.

According to Krambs (2024), based on the ranking of courses, the most common course in the Philippines is the Bachelor of Science in Nursing. Nursing is the most popular course in the Philippines because of the high demand for healthcare professionals both locally and internationally. This course has been consistently in demand due to the need for skilled and compassionate nurses in hospitals, clinics, and other healthcare facilities. This is followed by Bachelor of Science in Business Administration. This course is popular because of its versatility in preparing students for various careers in business and management. Graduates can work in different industries such as banking, finance, marketing, and human resources. Third in rank is the Bachelor of Science in Information Technology. The demand for IT professionals continues to grow in the Philippines, making this course a popular choice for students. This program equips students with the necessary skills and knowledge to design, develop, and maintain computer systems and software applications. Fourth in rank is the Bachelor of Science in Accountancy. This course is popular because of the high demand for accountants in the Philippines and abroad. Graduates of this program can work in different industries such as accounting firms, banks, and government agencies. Fifth in rank is the Bachelor of Science in Education. This course is popular because of the need for qualified teachers in the Philippines. Graduates of this program can work in public and private schools, colleges, and universities.

The majority of students live in the city, while the rest throughout the province. Given that the university is in the city, most students live there also. Studying in the metropolis would be difficult for provincial pupils. Most respondents lived with their families, while the remainder students were split evenly between living alone and with relatives. According to the prior data, since most live in the city, they are residents and their families are there. With a large number of students in the province, this affects individuals living alone in boarding houses or with relatives in the city.

Health Lifestyle and Personal Control of the Students

Table 3. Health Lifestyle and Personal Control of the Students

Dimensions	Mean score	SD	Interpretation
Dietary Healthy Choices	2.58	.546	Good
Dietary Harm Avoidance	2.21	.631	Poor

Daily Routine	2.47	.667	Poor
Organized Physical Exercise	2.21	.848	Poor
Social and Mental balance	2.57	.615	Good
Grand mean	2.41	.473	Poor

Note: $n=364$.

Legend: 1.00 – 1.75 is very poor (never or rarely), 1.76 – 2.50 is poor (sometimes), 2.51 – 3.25 is good (often), and 3.26 – 4.00 is very good (always).

The table shows that in terms of dietary healthy choices, the respondents were good. This implies that they sometimes calculate the calories of their meals and limit fat in their meals. However, they often are careful about how much food they put on their plate, check the food labels before buying a product, like cooking, eat organic foods, and eat whole-wheat products. The good finding may be influenced by the fact that everyone just went through the pandemic. The pandemic serves as an eye opener for everyone to make sure that he or she is healthy. One has to be healthy to gain strong immune system which will somehow protect one from getting infected. With this event, this raises awareness to everyone to have a healthy diet to gain strong immune system. Further, there are a lot of information that is freely and readily accessible online. Information about dietary healthy choices are just a click away. According to Dumalo-Abadilla (2020), the coronavirus pandemic has heightened Filipinos' consciousness to stay in shape, both physically and mentally, but 52 percent feel they were financially unprepared to pay for medical expenses arising from any sudden critical illness.

In terms of dietary harm avoidance, the interpretation was poor. This implies that sometimes they avoid eating packaged- or fast-food, avoid soft drinks, avoid eating when stressed or disappointed, and avoid binge eating when you are out with friends. The respondents belong to the new generation and they are characterized by having food which are readily available. They go for fast food and commercially prepared foods. This may be attributed to their very busy schedule in school and their other extracurricular activities. Supporting this finding, the age is the strong determinant of over and unhealthy consumption in the young generation. The overall diet pattern of all age group is different, especially young adult are more inclined toward fast food. The age group 16 to 34 years old less likely to eat fruits and vegetables than adult age groups. However, once they grow up and live independently or after getting a job their family influence reduces, another factor such as time limitations, lack of food cooking skills, increase in income and reference group pressure may dominate on their food choices because they are immature according to age group. One more point, they do not know a healthy diet and what is the negative impact on health (Emond et al., 2019).

In terms of daily routine, the respondents also had a poor interpretation. This means that they only sometimes eat their meals at the same time each day, sleep at the same time each day, follow a scheduled program for their daily activities, and eat breakfast at the same time each day. Also, they often are careful about not missing a meal each day, eat a good breakfast, eat lunch at the same time each day, and eat dinner at the same time each day. The influence of the use of gadgets and technological advances somehow influenced this finding. Being new generations of students, they are so engrossed with use of gadgets and social media. Thus, they fail to eat on time and even have erratic sleeping patterns.

Many devices have become popular across generations, with a majority now owning cell phones, laptops and desktop computers. Younger adults are leading the way in increased mobility, preferring laptops to desktops and using their cell phones for a variety of functions, including internet, email, music, games, and video. In terms of generations, Millennials are by far the most likely group not only to own most of the devices we asked about, but also to take advantage of a wider range of functions. For instance, while cell phones have become ubiquitous in American households, most cell phone owners only use two of the main non-voice functions on their phones: taking pictures and text messaging. Among Millennials, meanwhile, a majority use their phones also for going online, sending email, playing games, listening to music, and recording videos. However, Gen X is also very similar to Millennials in ownership of certain devices, such as game consoles. Members of Gen X are also more likely than Millennials to own a desktop computer (Zickuhr, 2011).

In terms of organized physical exercise, the respondents had a poor interpretation. This means that they sometimes practice aerobic exercise for 20 or more minutes at least 3 times per week and exercise in an organized manner. Simply the new generations are very busy with their school and extracurricular activities that doing an organize physical exercise is longer feasible. They have difficulty fitting in organized physical exercise in their schedules. According to Konrath (2022), recent generations of American children have been in school for more of their lives, for more hours per week, with more jam-packed schedules, and with less free play, than earlier generations. Thus, young people today are anything but lazy: They are working more and having less unstructured leisure time.

In terms of social and mental balance, the respondents were good. Specifically, they sometimes share their personal problems or worries with others and empty their brain of thoughts or the next day's program during bedtime. However, they often concentrate on positive thoughts during difficulties, care about meeting and discussing with their family on a daily basis, and balance their time between work, personal life and leisure. During the pandemic, mental health has gained popularity because of the effects of the pandemic. The social distancing and quarantine measures greatly affects the mental health of the people that different activities in maintaining mental health sprouted like mushrooms. Even to this day mental health has become a concern for everybody that they take no chances of letting mental health activities pass by. As people grapple with these health, social and economic impacts, mental health has been widely affected. Plenty of people became more anxious; but for some COVID-19 has sparked or amplified much more serious mental health problems. A great number of people have reported psychological distress and symptoms of depression, anxiety or post-traumatic stress. And there have been worrying signs of more widespread suicidal thoughts and behaviours, including among health care workers. Some groups of people have been affected much more than others. Faced with extended school and university closures young people have been left vulnerable to social isolation and disconnectedness which can fuel feelings of anxiety, uncertainty and loneliness and lead to affective and behavioural problems. For some children and adolescents being made to stay at home may have increased the risk of family stress or abuse, which are risk factors for mental health problems. Women have similarly faced greater stress in homes, with one rapid assessment reporting that 45% of women had experienced some form of violence, either directly or indirectly during the first year of the pandemic. While mental health needs have risen, mental health services have been severely disrupted. This was especially true early on in the pandemic when staff and infrastructure were often redeployed to COVID-19 relief (World Health Organization, 2022).

Overall, the health lifestyle and personal control of the respondents was poor. This could have been attributed to the fact that people now a days are becoming lax as the pandemic is already over. The people are back to their usually unhealthy activities.

Self-care Practices of the Students

Table 4 is the presentation of the data on the self-care practices of the students in terms of cognitive self-care, psychological/emotional self-care, behavioral self-care, interpersonal self-care, and existential self-care.

Table 4. Self-care Practices of the Students

Self-care	Average Score	<i>f</i>
Physical	13.15	Good
Cognitive	14.24	Good
Psychological/Emotional	14.72	Good
Behavioral	13.29	Good
Interpersonal	14.12	Good
Existential	14.97	Good
Overall Self-care	84.49	Good

Note: $n=364$.

Legend: 5 – 8.75 is very poor, 8.76 – 12.50 is poor, 12.51 - 15.25 is good, and 15.26 - 20 is very good. For the overall, a score of 30 – 52.50 is very poor, 52.60 – 75 is poor, 75.1 – 97.50 is good, and 97.60 – 120 is very good.

The table shows that in terms of physical self-care practices, the respondents had a good interpretation. Looking at the details of the findings, the greatest number are those having poor physical self-care followed by just one third of the respondents having good physical self-care. Almost a quarter had a very good physical self-care while very few had very poor. This data implies that they often rarely eat regularly and healthily, get regular exercise and maintain fitness, get enough sleep, take time for themselves, get regular medical and dental preventative care. Physical self-care is caring for oneself to become physically fit. As a consequence of being physically fit a being healthy and well. During this time this is major priority. With the pandemic just ended, it is a wake up call for everyone that one has to be healthy in order for one to be not infected because to this day there are still isolated cases of COVID-19 infections. According to Dumalo-Abadilla (2020), the coronavirus pandemic has heightened Filipinos' consciousness to stay in shape, both physically and mentally, but 52 percent feel they were financially unprepared to pay for medical expenses arising from any sudden critical illness.

In terms of cognitive self-care practices, the respondents were good. Specifically, most of the respondents had good cognitive self-care practices while over one third had very good. Over a quarter had poor cognitive self-care practices while very few had very poor. This implies that they often rarely take time for self-reflection, recognize and value their strengths, capabilities and accomplishments, discuss and exchange thoughts and ideas with others, encourage themselves to be actively curious and interested, and read books or material that have nothing to do with work. As a result of the pandemic's consequences, concerns regarding mental health have become increasingly prevalent during the pandemic. The social isolation and quarantine measures have such a significant impact on the mental health of the individuals that a variety of activities aimed at sustaining mental health have grown up like mushrooms. Even in this day and age, mental health has become such a worry for everyone that they do not take any chances and do not pass up opportunities to engage in activities related to mental health. While mental health needs have risen, mental health services have been severely disrupted. This was especially true early on in the pandemic when staff and infrastructure were often redeployed to COVID-19 relief (World Health Organization, 2022).

In terms of psychological/emotional self-care practices, the respondents had a good interpretation. Specifically, most had very good while over one third had a good psychological/emotional self-care practices. Almost a quarter had poor while very few had very poor psychological/emotional self-care practices. This finding implies that they often rarely listen to their internal experience, allow themselves to experience distressing emotions, make space and opportunities for laughter and fun, actively work to reduce their stress levels, and make opportunities to safely connect with others and be themselves.

According to Riegel et al. (2021), the beneficial effects of self-care include improved well-being and lower morbidity, mortality, and healthcare costs. During conference discussions, it identified seven major reasons why self-care is challenging, which can be grouped into the general categories of behavior change and illness related factors. It identified six specific knowledge gaps that, if addressed, may help to address these challenges: the influence of habit formation on behavior change, resilience in the face of stressful life events that interfere with self-care, the influence of culture on self-care behavioral choices, the difficulty performing self-care with multiple chronic conditions, self-care in persons with severe mental illness, and the influence of others (care partners, family, peer supporters, and healthcare professionals) on self-care.

As for the behavioral self-care practices, the respondents had a good interpretation. Specifically, most of the respondents had a good behavioral self-care practices while over one third had poor. Almost a quarter had a very good behavioral self-care practices while very few had very poor. This finding implies that the respondents often rarely ask for support and assistance when they need it, do things where they are not an expert or not in charge, say no to added responsibilities and stresses, engage in hobbies or interests that are not work-related, and give themselves day-trips, mini-vacations or breaks from the routine. This implies that the behaviors of the respondents are in line with what is right which is in the same level with what they believe is right and healthy for them.

The scores for the total self-care index did not achieve statistical significance, reinforcing the multidimensional nature of the concept. Students in health programs had statistically higher mean scores in food, but lower mean scores in normalcy. Regression analysis indicates that socioeconomic status, gender and self-efficacy were major factors influencing student self-care practices (Jackson, 2015).

In terms of interpersonal self-care practices, the respondents had a good interpretation as well. Most of the them had a very good interpersonal self-care practices while over one third had good. Also, over a quarter had poor while very few had very poor interpersonal self-care practices. This finding implies that the respondents fairly often make time for their intimate relationship, spend quality time with children and family members, with friends who are important to them, take risks in letting people know different aspects of them, and set limits to taking on responsibilities and burdens that are not theirs. Maintaining health relations with family, relatives, friends, and classmates is also an important way of maintaining health. The respondents are very aware that for them to keep healthy, this includes keeping a healthy relationship with the people around them.

Results in the study of Barankevich and Loebach (2022) revealed that high meaningfulness scores for planned in-person interactions suggests that these types of interactions may be most valuable for maintaining existing self-care patterns, engaging in self-care activities, and receiving support. Self-care activities for college students, including social interactions, were significantly impacted by the COVID-19 pandemic, which may have further exacerbated loneliness. College students should be encouraged to consciously engage in person with family and friends to practice self-care and maintain or improve mental health. Strategically selecting interactions that will optimize meaningfulness may therefore be critical to helping students to maintain positive mental health during and beyond the pandemic.

The existential self-care practices of the respondents was good. Specifically, most had very good while over one third had good existential self-care practices. Few had poor while very few had very poor existential self-care practices. This finding implies that they are fairly often aware of what is meaningful to them and notice its place in their life; they pray, meditate, or engage in other practices which gives them grounding and a sense of peace; hold awareness of the non-material aspects of their life, find a spiritual connection or community that shares their beliefs and values, and take part, in some way, in causes they believe in. The respondents are aware of their existence and how religiosity helps them. They know that this is an important component of staying healthy. Existential self-care practices is as important as engaging in physical self-care practices.

According to Roxas (2023), the work-home assemblage was identified as the site of self-care, delineated by boundary-making and place-making practices and the creation of time spaces. The two major co-functionings of the work-home assemblage were (a) caring for the self as fostering different relationalities with the self, and (b) caring for the self as co-presencing with human and nonhuman others. Findings demonstrated the importance of material and spatial relationalities in facilitating caring relational encounters with the self.

Overall, the self-care practices of the respondents was good. Most of the respondents had good self-care practices while over a quarter had poor. Almost a quarter had very good self-care practices while very few had very poor.

Personal Well-being of the Students

Table 5. Personal Well-being of the Students

Statements	Mean score	SD	Interpretation
How satisfied are you with...?			
1. your standard of living?	6.88	2.03	Satisfied
2. your health?	6.72	2.00	Satisfied
3. what you are achieving in life?	6.70	2.06	Satisfied
4. your personal relationships?	7.07	2.49	Satisfied

5. how safe you feel?	7.39	2.07	Satisfied
6. feeling part of your community?	6.73	2.19	Satisfied
7. your future security?	7.02	4.13	Satisfied
Grand mean	6.93	1.74	High

Note: $n=364$.

Legend: 0 - 2.20 is very low, 2.21 – 4.40 is low, 4.41 – 6.60 is moderate, 6.61 – 8.80 is high, and 8.81 – 11 very high.

The personal well-being of the students was high. As supported, they were satisfied in terms of their standard of living, their health, what they are achieving in life and with their personal relationships. They were also satisfied with how safe they feel, feeling part of their community and their future security. A high well-being is very attainable for the students. With the advent of technology and social media platforms, wellness and well-being programs can be easily accessed by the students. It is just a click away. From videos to articles, attaining a high well-being with the help of these can be achieved and this is what is happening here.

Results in the study of Shek and Zhu (2017) showed that personal well-being measured at the beginning of university study positively predicted students' personal growth and academic achievement after 3 years' study. While the internal dimensions of university engagement (academic challenge and learning with peers) showed longitudinal significant mediational effect, the external dimensions (experience with faculty and campus environment) did not have significant longitudinal moderating effect. Nevertheless, external dimensions of student engagement also showed direct effect on personal growth and academic achievement. The long-standing positive effects of personal well-being on university engagement and subsequently, learning achievement during university years call for more attention to the promotion of holistic development among university students.

The study of Sining et al. (2022) had shown that the department from this university positively impacted their students' well-being. Nonetheless, there were marginal aspects like discrimination, stress among students, and feedback mechanisms that need to be reviewed and improved. Also, a major recurring theme was well-being as a balance in the interplay between efforts directed towards studies and life beyond studies. This method of perceiving well-being deviates from theoretical definitions. Students mentioned various factors that influence their well-being. Responses ranged from personal and university related factors to external factors beyond their educational institution (Douwes et al., 2023). This finding is somewhat related to the findings in self-care practices. It is just right that they also had a high level of personal well-being as a consequence of a good self-care practices.

Perceived Academic Performance of the Students

Table 6. Perceived Academic Performance of the Students

Performance	Average Score	<i>f</i>	%
Excellent Performance	35.84	120	32.97
Good Performance	28.69	175	48.08
Moderate Performance	22.17	65	17.86
Poor Performance	14.00	4	1.10
Failing Performance	0.00	0	0.00
Average Score	29.72	Good Performance	

Note: $n=364$.

Legend: A score of 33 - 40 is Excellent Performance; 25 - 32 is Good Performance; 17 - 24 is Moderate Performance; 9 - 16 is Poor Performance; and 0 - 8 is Failing Performance.

The table shows that almost half of the respondents had a good perceived academic performance while over one third of them had an excellent perceived academic performance. Few had a moderate perceived academic performance while very few had a poor performance. Overall, the respondents had a good perceived academic performance.

A good performance will suffice as it is beyond moderate performance. It only means that the students are doing their part as a student. They comply with attending to classes, complying with homeworks, research works, and complying with the different requirements for their subjects in school. According to Khuma and Utete (2023), the key findings revealed that attending tutorials, use of previous examination papers, self-given homework, student-run study groups and use of the library are factors that were helpful in improving the academic performance of students. The results of this study also revealed that stable income status of parents and parental involvement with schoolwork were associated with great academic achievement. The results of this study also indicated that parents are increasingly getting involved in the students' academic work. The academic managers should provide different facilities and employ various teaching methods to enhance academic performance.

Based on data, it was seen that most students' academic performance was good. Succeeding this was very good. Followed by satisfactory. The indicator with the least amount of percentage was excellent. Overall, the indicator of food had the leading level in the academic performance of the students meaning that the students accomplish their academic tasks and comply with their requirements (Tus et al., 2021). The findings reveal that the students are quiet serious with their schooling. To be able to get a good academic performance is an accomplishment already. Though there are a few needing help, this will be addressed in the output.

Personal Characteristics Predicting Health Lifestyle and Personal Control

Table 7. Personal Characteristics Predicting Health Lifestyle and Personal Control

Variables	B	Std error	Beta	t	p value	Decision	Interpretation
(Constant)	3.022	.173		17.508	.000	--	--
Age	-.014	.030	-.024	-4.83	.629	Failed to reject Ho	Not significant
Gender	-.323	.051	-.370	-6.327	.000	Reject ho	Significant
College	-.014	.012	-.073	-1.206	.229	Failed to reject Ho	Not significant
Program	-.011	.006	-.094	-1.729	.085	Failed to reject Ho	Not significant
Residency	-.086	.052	-.085	-1.666	.097	Failed to reject Ho	Not significant
Living with family	.060	.033	.091	1.830	.068	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The table shows that the p value for gender was below the significant value of .05. This value was interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, gender predicted health lifestyle and personal control. Looking at the table, the t value for was positive which indicates that the influence of gender towards health lifestyle and personal control was negative. A negative prediction means that as the gender goes into the direction of LGBTQAI+, the health lifestyle and personal control increases. For every one unit decrease in the gender, the health lifestyle and personal increases 6.327 units. This finding is clearly attributed to the fact that the lowest number of the respondents are coming from the LGBTQAI+ with only 2.20 percent of the total population. Thus, it also follows that they had the lowest mean score in terms of health lifestyle and personal

control.

Supporting the findings however, The researchers concluded those gay and bisexual males and lesbian and bisexual females had significant lifestyle differences as compared with heterosexual adolescents. This effect was stronger for females than for males (Yoon & So, 2023). Sexual and gender minorities have a higher risk for health and nutrition-related disparities across the life course compared to the heterosexual or cisgender population. Experiences of stigmatization and discrimination are associated with diminished mental health quality and psychological distress, which are risk factors for developing various eating disorders. Other nutrition disparities include increased risk for food insecurity, body dissatisfaction, and weight complications, such as those experienced by the transgender population in association with gender-affirming hormone therapies (Ferrero et al., 2023).

The model summary revealed the following values: $R = .397$, $R\text{ Square} = .158$, $\text{Adjusted } R\text{ Square} = .143$, $\text{Std. Error of Estimate} = .43775$, $F = 11.133$, $\text{Sig.} = .000$. Therefore, the regression model created is as follows:

Health Lifestyle and Personal Control = 3.002 - 6.327 (gender)

The equation reads that health lifestyle and personal control is the difference of the constant value of 3.002 minus 6.327 of gender. Based on the model summary, the r squared value was .158 which indicates that the total variation in the health lifestyle and personal control can be explained by the independent variable of gender. In this case, 15.80 percent can be explained which is very weak effect. This means that the variable of gender predicting health lifestyle and personal control had very weak effect. Thus, the regression model was also very weak. Based on the significant value of .000, the regression model predicts the dependent variable significantly. The value was equal to .000, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

However, the p values for the profile of age, college, program, residency, and living with family or not were greater than the significant value of .05 which were interpreted as not significant which further means that they did not predict health lifestyle and personal control. Therefore, health lifestyle and personal control is not influenced by age, college, program, residency, and living with family or not. There can still be a high level of health lifestyle and personal control no matter what the age, college, program, residency, and living with family or not.

Relationship between Personal Characteristics and Health Lifestyle and Personal Control

Table 8. Relationship between Personal Characteristics and Health Lifestyle and Personal Control

Variables	Eta squared	p value	Decision	Interpretation
Age	.575	.000	Reject H_0	Significant
College	.001	.776	Failed to reject H_0	Not significant
Program	.036	.331	Failed to reject H_0	Not significant
Residency	.010	.144	Failed to reject H_0	Not significant
Living with family	.011	.312	Failed to reject H_0	Not significant

Legend: Significant if p value is $\leq .05$.

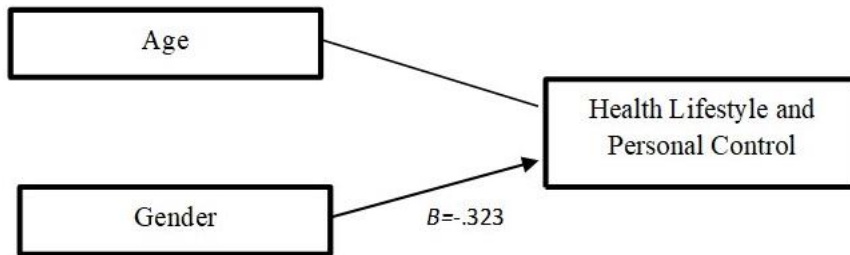
Legend: A partial eta squared score of 0.01 indicates a small effect, 0.06 indicates a medium effect, and 0.14 indicates a large effect.

The table shows that the p value for age was lesser than the significant value of .05. This value was interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, age was significantly correlated with health lifestyle and personal control. The correlation was strong positive. So, as age increases, health lifestyle

and personal control increases. With increasing age goes with the experiences. These experiences will mold the person to become more wiser and learned. This also includes higher practice of health lifestyle and personal control.

Similar to the prediction table above, the independent variables of college, program, residency, and living with family did not correlate with health lifestyle and personal control. As reflected in Figure 2, it serves as the path model for the health lifestyle and personal control.

Figure 2. Health Lifestyle and Personal control Path Model



The figure shows that gender is the predictive variable of health lifestyle and personal control while age is a correlation variable for health lifestyle and personal control. In summary both age and gender influences health lifestyle and personal control.

Personal Characteristics Predicting Self-Care Practices

Table 9. Personal Characteristics Predicting Self-Care Practices

Variables	B	Std error	Beta	T	p value	Decision	Interpretation
(Constant)	94.721	6.198		15.282	.000	--	--
Age	-.606	1.063	-.031	-.570	.569	Failed to reject Ho	Not significant
Gender	-.631	1.834	-.022	-.344	.731	Failed to reject Ho	Not significant
College	-.037	.423	-.006	-.088	.930	Failed to reject Ho	Not significant
Program	-.146	.223	-.038	-.653	.514	Failed to reject Ho	Not significant
Residency	-3.900	1.862	-.115	-2.094	.037	Reject ho	Significant
Living with family	-.748	1.170	-.034	-.640	.523	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The table shows that the p value for residency was below the significant value of .05. This value was interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, residency predicted self-care practices. Looking at the table, the t value was negative which indicates that the influence of residency towards self-care practices was negative. A negative prediction means that as residency becomes rural, the self-care practices increases. For every one unit decrease in the residency, the self-care practices increases 2.094 units. Living in a rural area means that the place is not influenced so much with developments, and life runs at a slower pace. In other words, it is not busy and therefore gives the person more time to engage in self-care practices.

Contrary to the findings, quantitative results of the study of Cleofas (2021) suggested that specific domains of self-care practices are statistically linked with background characteristics and online student engagement. On the other hand, two themes describing the barriers to practising self-care emerged from the qualitative data: (1) quarantine-related barriers; and (2) online-class-related barriers.

In the study of Cavalcante et al. (2018) revealed that self-care was best assessed in people with higher education level, higher household income and in a relationship. The socio-demographic characteristics influenced seven

self-care practices: dietary control; monitoring of body weight; effort in labor activities; knowledge about heart failure; up-to-date vaccination record; leisure activities; and family and social support network with strong bonds. Also, descriptive statistics were used to characterize the sample on demographics and health profile, while multiple regression analysis was conducted to determine the relationship between variables. Findings suggest these factors have a minimal influence on self-care behavior performance. Alternative factors influencing self-care behavior performance were identified along with implications for future nursing practice (Fredericks & Sidani, 2013).

The model summary revealed the following values: $R = .123$, $R\text{ Square} = .015$, $\text{Adjusted } R\text{ Square} = -.002$, $\text{Std. Error of Estimate} = 15.71925$, $F = .909$, $\text{Sig.} = .488$. Therefore, the regression model created is as follows:

Self-care Practices = 94.721 - 2.094 (residency)

The equation reads that self-care practices is the result of the constant value of 94.721 minus 2.094 of residency. Based on the model summary, the r squared value was .015 which indicates that the total variation in the self-care practices can be explained by the independent variable of residency. In this case, 1.50 percent can be explained which is very weak effect. This means that the variable of residency predicting self-care practices had very weak effect. Thus, the regression model was also very weak. Based on the significant value of .488, the regression model predicts the dependent variable insignificantly. The value was equal to .488, and indicates that, overall, the regression model statistically insignificantly predicts the outcome variable (i.e., it is a good fit for the data).

However, the p values for the profile of age, gender, college, program, and living with family or not were greater than the significant value of .05 which were interpreted as not significant which further means that they did not self-care practices. Therefore, self-care practices is not influenced by age, gender, college, program, and living with family or not. There can still be a high level of self-car practices no matter what the age, gender, college, program, and living with family or not.

Relationship between Personal Characteristics and Self-Care Practices

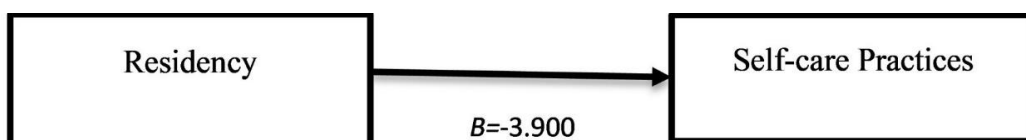
Table 10. Relationship between Personal Characteristics and Self-Care Practices

Variables	Eta squared	p value	Decision	Interpretation
Age	.007	.683	Failed to reject H_0	Not significant
Gender	.020	.107	Failed to reject H_0	Not significant
College	.005	.097	Failed to reject H_0	Not significant
Program	.019	.756	Failed to reject H_0	Not significant
Living with family	.013	.247	Failed to reject H_0	Not significant

Legend: Significant if p value is $\leq .05$.

The table shows that none of the variables were correlated with self-care practices. This is also similar with the predictive tables as displayed above.

Figure 3. Self-care Practices Path Model



The figure shows that the predictor of self-care practices is residency.

Personal Characteristics Predicting Personal Well-being

Table 11. Personal Characteristics Predicting Personal Well-being

Variables	B	Std error	Beta	T	p value	Decision	Interpretation
(Constant)	7.617	.680		11.198	.000	--	--
Age	-.086	.117	-.040	-.737	.462	Failed to reject Ho	Not significant
Gender	-.313	.201	-.097	-1.553	.121	Failed to reject Ho	Not significant
College	.041	.046	.058	.885	.377	Failed to reject Ho	Not significant
Program	-.010	.024	-.023	-.402	.688	Failed to reject Ho	Not significant
Residency	.107	.204	.028	.521	.602	Failed to reject Ho	Not significant
Living with family	-.121	.128	-.050	-.943	.346	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The table shows that the p values for the profile of age, gender, college, program, residency, and living with family or not were greater than the significant value of .05 which were interpreted as not significant which further means that they did not predict personal well-being. Therefore, personal well-being is not influenced by age, gender, college, program, residency, and living with family or not. There can still be a high level of personal well-being no matter what the age, gender, college, program, residency, and living with family or not.

When one care for his or her personal it does not matter whether you are young or old or what gender or what profile. Looking at ones welfare does not have to depend on profile. Anybody can have a high level of personal well-being. Contrary to the findings, gender was significantly associated with smoking and drinking. Socio-economic status was significantly associated with smoking and stress. In addition, marital status were related to daily consumption of breakfast, appropriate daily duration of sleep, appropriate daily duration of work, regular physical activity, stress and nutritionally balanced diet (Altuna et al., 2011).

It was found in the study of Lee et al. (2022), racial and ethnic differences were striking. Black employees score higher than the reference group (White employees) on the emotional, purpose, and character strengths domains, but considerably lower on financial security. Hispanics also score lower on financial security (though not as low as Blacks), but higher than Whites on purpose, character strengths, and social connectedness. Asians reported higher well-being than Whites across all domains except purpose.

It is important to take care of oneself. One cannot afford to get sick in this present time. The cost of consultations and hospitalization is high and to prevent this from happening, one has to engage in activities that promote well-being.

Relationship between Personal Characteristics and Personal Well-being

Table 12. Relationship between Personal Characteristics and Personal Well-being

Variables	Eta squared	p value	Decision	Interpretation
Age	.006	.392	Failed to reject Ho	Not significant
Gender	.013	.242	Failed to reject Ho	Not significant
College	.004	.037	Reject Ho	Significant

Program	.055	.091	Failed to reject Ho	Not significant
Residency	.001	.688	Failed to reject Ho	Not significant
Living with family	.008	.431	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. A partial eta squared score of 0.01 indicates a small effect, 0.06 indicates a medium effect, and 0.14 indicates a large effect.

The table shows that the p value for the independent variable of college was lesser than the significant value of .05. This value was interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, college is significantly correlated with personal well-being. The correlation has only a small effect. As the respondents belong to the College of Maritime Education, personal well-being increases. This is an expected finding as they are the greatest in number in terms of the respondents. All the other variables were similar to the predictive tables where they do not have an association with personal well-being.

Figure 4. Personal Well-being Path Model



The figure shows that the profile of college is significantly correlated with personal well-being.

Personal Characteristics, Health Lifestyle and Personal Control, Self-care Practices, and Personal Well-being Predicting Perceived Academic Performance

Table 13. Personal Characteristics, Health Lifestyle and Personal Control, Self-care Practices, and Personal Well-being Predicting Perceived Academic Performance

Variables	B	Std error	Beta	t	p value	Decision	Interpretation
(Constant)	13.400	2.588		5.179	.000	--	--
Age	-.703	.309	-.101	-2.276	.023	Reject Ho	Significant
Gender	-.730	.571	-.071	-1.278	.202	Reject Ho	Significant
College	-.079	.123	-.034	-.639	.523	Failed to reject Ho	Not significant
Program	.071	.065	.053	1.094	.275	Failed to reject Ho	Not significant
Residency	-.186	.546	-.015	-.341	.734	Failed to reject Ho	Not significant
Living with family	-.090	.343	-.012	-.261	.794	Failed to reject Ho	Not significant
Health Lifestly and Personal control	.675	.659	.057	1.025	.306	Failed to reject Ho	Not significant
Self-care Practices	.132	.019	.373	7.048	.000	Reject Ho	Significant
Personal Well-being	.900	.150	.281	6.010	.000	Reject Ho	Significant

Legend: Significant if p value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The table shows that the p values for age, gender, self-care practices, and personal well-being were below the significant value of .05. These values were interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, age, gender, self-care practices, and personal well-being predicted perceived academic

performance. Looking at the table, the t values were negative for age and gender while positive for self-care practices and personal well-being which indicates that the influence of age and gender towards perceived academic performance were negative while the influence of self-care practices and personal well-being were positive. A negative prediction means that as age decreases and as gender goes into the direction of males, the perceived academic performance decreases. For every one unit decrease in age and gender, the perceived academic performance increases 2.327 and 2.035, respectively. Further a positive prediction means that an increase self-care practices and personal well-being, increases perceived academic performance. For every one unit increases in self-care practices and personal well-being, perceived academic performance increases by 7.048 and 6.010, respectively.

Younger individuals have better perceived academic performance. This is because being young, one is still very energetic and there is a drive to learn. Younger ones have the hunger to learn. Contrary to the findings, some studies have suggested that older students attain higher academic achievement than younger students, even in high school, and are more likely to graduate from high school and enter college (Nam, 2014).

Supporting the findings, the study of Tadese et al. (2022) revealed that students aged between 20 and 24 years, and medical/health faculty were significant associates of good academic performance. Students who did not smoke cigarettes were three times more likely to score good academic grades compared to those who smoke. Results in the study of El Refae et al. (2021) revealed that demographic characteristics demonstrated a significant impact on students' academic performance and predicted at least 7.4 percent variation in face-to-face learning and distance learning.

Further, the longitudinal survey showed that compared with their straight male peers, gay males earned higher GPAs in high school and college, enrolled in harder classes, took school more seriously, had more academically minded friends and had a much lower rate of ever dropping out for a month or more (Ryan, 2022).

Supporting the findings, in the study of Skinner (2023), it was predicted that students who more frequently engage in self-care practices will have higher perceived and actual academic performance and lower levels of perceived stress. It was also predicted that higher levels of perceived stress will be reported among females compared to male participants. Also, understanding factors that impact student academic success are vital for social work programs and educational institutions particularly for students who are at risk for poor academic and life outcomes. Despite the issues associated with GPA as an outcome variable, grades remain the norm for the assessment of student learning and significantly impact student trajectories during and after college. Therefore, it is important for educators to identify key factors that affect academic performance. An interesting and understudied connection to GPA includes student engagement in self-care practices (Erdley-Kass et al., 2023).

Also, according to Hollingsworth (2018), research has supported the use of self-care behaviors in reduction of stress, with some studies indicating also an association of self-care and academic performance. In addition, research has also indicated role of student-driven factors such as self-regulation in academic performance. Much of self-care behaviors such as physical activity, consumption of fruits and vegetables, and sleep habits include self-regulation. There is a positive correlation between student engagement in the self-care behaviors of physical activity, consumption of fruits and vegetables, and sleep and Grade Point Average (GPA).

Supporting the findings, results in the study of Yu et al. (2018) showed that personal well-being measured at the beginning of university study positively predicted students' personal growth and academic achievement after 3 years' study. Also, If the person is having less self-esteem, self-acceptance and positive relationships this immensely affect the person's academic performance. An adolescent with whom psychological well-being is absent, will face difficulties to concentrate in class, to show interest towards the studies, to comprehend the syllabus. Thus, it is necessary to improve their academic performance through psychological well-being (Joseph et al., 2023).

Also, results in the study of Ling et al. (2022) showed that spiritual well-being was ranked the highest, followed by psychological, physical, self, and social well-being. Students gave the lowest ranking to academic well-being. The two significant paths identified were between spiritual well-being and two subjects, namely, Chinese and Mathematics. It is interesting to note that the other five dimensions of well-being were significantly associated with any subjects and English was not significantly related to any dimensions of well-being in this study.

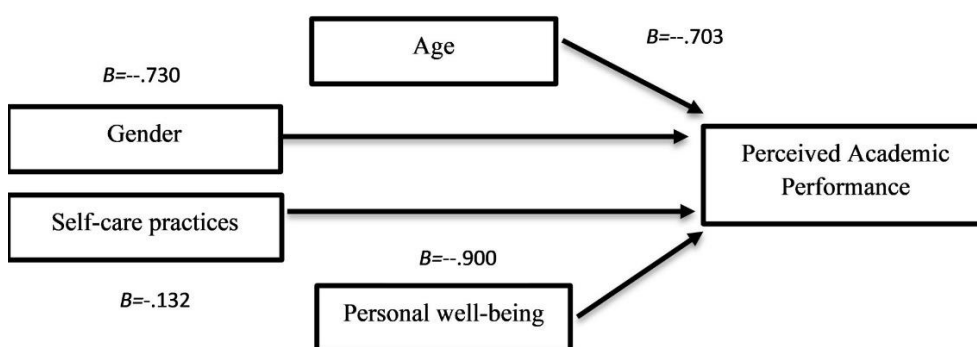
The model summary revealed the following values: $R = .589$, $R\text{ Square} = .347$, $\text{Adjusted } R\text{ Square} = .330$, $\text{Std. Error of Estimate} = 4.56228$, $F = 20.897$, $\text{Sig.} = .000$. Therefore, the regression model created is as follows:

$$\text{Perceived Academic Performance} = 34.822 - 2.327 (\text{age}) - 2.035 (\text{gender}) + 7.048 (\text{self-care practices}) + 6.010 (\text{personal well-being})$$

The equation reads that perceived academic performance is the result of the constant value of 34.822 minus 2.327 of age minus 2.035 of gender plus 7.048 of self-care practices plus 6.010 of personal well-being. Based on the model summary, the r squared value was .347 which indicates that the total variation in the perceived academic performance can be explained by the independent variables of age, gender, self-care practices, and personal well-being. In this case, 34.70 percent can be explained which is weak or has a low effect. This means that the variables of age, gender, self-care practice, and personal well-being predicting perceived academic performance had weak or low effect. Thus, the regression model was also weak. Based on the significant value of .000, the regression model predicts the dependent variable significantly. The value was equal to .000, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

However, the p values for the profile of college, program, residency, living with family or not, and health lifestyle and personal control were greater than the significant value of .05 which were interpreted as not significant which further means that they did not predict perceived academic performance. Therefore, perceived academic performance is not influenced by college, program, residency, living with family or not, and health lifestyle and personal control. There can still be a high level of perceived academic performance no matter what college, program, residency, and living with family or not or level of health lifestyle and personal control.

Figure 5. Perceived Academic Performance Path Model (Predictive)



The figure shows that the age, gender, self-care practices and personal well-being predicted perceived academic performance.

Relationship Personal Characteristics, Health Lifestyle and Personal Control, Self-care Practices, and Personal Well-being with Perceived Academic Performance

Table 14. Relationship Personal Characteristics, Health Lifestyle and Personal Control, Self-care Practices, and Personal Well-being with Perceived Academic Performance

Variables	Eta squared / r value	p value	Decision	Interpretation
College	.002	.023	Reject H_0	Significant
Program	.037	.306	Failed to reject H_0	Not significant
Residency	.005	.284	Failed to reject H_0	Not significant
Living with family	.006	.539	Failed to reject H_0	Not significant
Health Lifestyle and Personal control	.350*	.000	Reject H_0	Significant

Legend: Significant if p value is $\leq .05$. *Pearson r . A partial eta squared score of 0.01 indicates a small effect, 0.06 indicates a medium effect, and 0.14 indicates a large effect. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and $-.3$ is weak (negative), between $-.3$ and $-.5$ is moderate (negative), and less than $-.5$ is strong (negative).

The table shows that the p value for the independent variables of college and health lifestyle and personal control were lesser than the significant value of .05. These values were interpreted as significant which led to the decision of rejecting the null hypothesis. Thus, college and health lifestyle and personal control were significantly correlated with perceived academic performance. The correlation between college and perceived academic performance was to a small effect and positive. However, the between health lifestyle and personal control was moderate positive. As the respondents belong to the College of Criminal Justice and having a high levels of health lifestyle and personal control, this causes an increase in the perceived academic performance. Belonging to a College where there are more enrolled students means that the program is the program bearer of the university. As such, the program is given priority in terms of its compliance with the regulatory mandates and along with the enhancements. With all these happening, student would believe that they would perform more over other programs.

Supporting the findings, the results in the study of Shafie et al. (2022) showed poor diet, healthy diet and sleep have statistically significant influence on the academic performance of the students; meanwhile, the other variables (physical activity, screen time and body mass index) have no significant influence on the academic performance. Thus, this study will significantly assist the students to improve academic performances in terms of the factor of the student's lifestyle-related behavior.

Also, results in the study of Dubuc et al. (2019) showed that in female students, screen time measures were negatively correlated with academic performance and cognitive control. Furthermore, changes in sleeping habits were associated with changes in academic performance in both genders, whereas changes in eating habits and in studying time were correlated with changes in academic performance only in male students. Moreover, in female students, screen time, social media use, and eating habits measures seem to predict the variance in the changes of cognitive control measures, whereas, in male students, studying time, eating, and sleeping habits appear to explain the variance in the changes of academic performance measures.

Also, results in the study of Maniaci et al. (2023) revealed that healthy lifestyles behaviors were highlighted as a significant predictor in academic achievement. Specifically, it has showed that a good diet as well as non-problematic internet use significantly predicted academic success. Moreover, it was found that gender did not moderate the relationship between those predictors and academic achievement.

Interrelationship among Health Lifestyle and Personal Control, Self-care Practices, and Personal Well-being

Table 15. Interrelationship among Health Lifestyle and Personal Control, Self-care Practices, and Personal Well-being

Variables	r value	p value	Decision	Interpretation
Health Lifestyle and Personal Control (Independent variable) and Self-care Practices (Dependent variable)	.511	.000	Reject H_0	Significant
Health Lifestyle and Personal Control (independent variable) and Personal Well-being (Dependent variable)	.290	.000	Reject H_0	Significant
Self-care Practices (Independent variable) and Personal Well-being (Dependent variable)	.333	.000	Reject H_0	Significant

Legend: Significant if p value is $\leq .05$. Pearson r interpretation: A value greater than .5 is strong (positive),

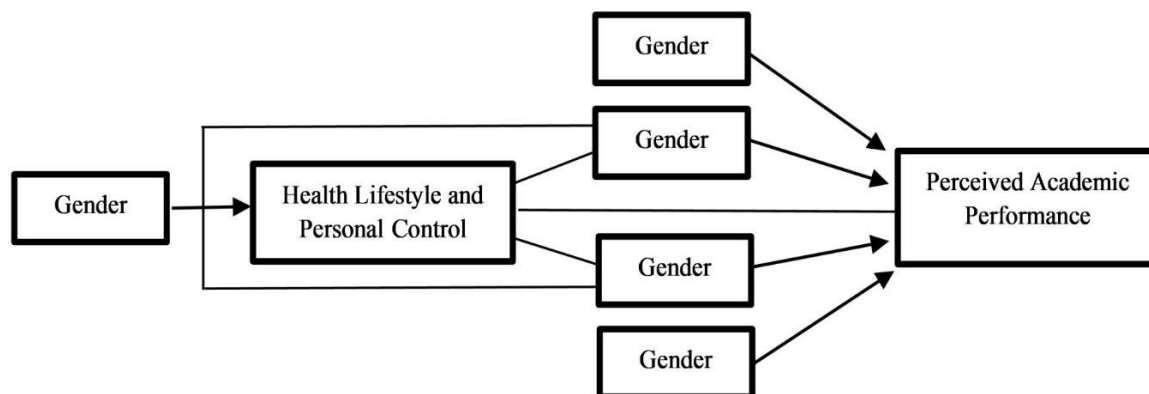
between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and $-.3$ is weak (negative), between $-.3$ and $-.5$ is moderate (negative), and less than $-.5$ is strong (negative).

The table shows that the p value for the correlations between health lifestyle and personal control and self-care practices as well as health lifestyle and personal control and personal well-being; and self-care practices and personal well-being were lesser than the significant value of .05. These values were interpreted as significant which led to the decision of rejecting the null hypothesis. This means that health lifestyle and personal control influences self-care practices and personal well-being as self-care practices also influences personal well-being. The influence is considered to be positive however, the influence of health lifestyle and personal control on self-care practices was strong, and for personal well-being was weak. Also, the influence of self-care practices to personal well-being was moderate. A positive association means that an increase in the health lifestyle and personal control increases in the self-care practices and personal well-being. Further, an increase in the self-care practices causes an increase in personal well-being. These three variables were assumed by the researcher to have an interrelationship. Simply because in a person has high levels of health lifestyle and personal control it is also a way of providing self-care. Engaging in exercise for example is caring or self as it allows the person to achieve a healthy body and being healthy elevates personal well-being. Further engagement in healthy lifestyle and good personal control leads to high levels of personal well-being.

Supporting the finding, self-care behaviors are fundamental for a healthy lifestyle. These behaviors can lead to improved physical and psychological health, which can in turn lead to individual and social wellbeing (Torres-Soto et al., 2022). Self-care includes a set of practices and skills intended to both safeguard individual health and to maintain positive attitudes that promote healthy coping and continuous personal growth (Wise et al., 2012). Self-care behaviors not only include actions to improve physical health, but also attitudes or desire to safeguard oneself (Kissil & Niño, 2017). This practice is oriented towards self-reflection, meeting personal needs, and making a conscious and reasonable effort to seek resources that contribute to personal health and wellbeing (Colman et al., 2016; Pakenham, 2017). Self-care is manifested through a set of behaviors intended at keeping a healthy balance, such as personal hygiene, healthy and nutritious diet and activities that provide quality of life (Urpí-Fernández et al., 2019).

Also, self-care refers to the conscious actions one takes to promote physical, mental, and emotional well-being. From nutrition and exercise to meditation and relaxation techniques, self-care practices are diverse, personal, and necessary for maintaining a healthy balance in life (Viesca, 2024). Also, a healthy lifestyle helps improve and maintain the health and well-being of the person. It is a valuable resource for reducing the incidence and impact of health problems, recovery, and coping with the effects of illnesses and medical treatments (StudySmarter GmbH, 2024). It is expected that these three variables are correlated to each other as they are all related to health promotion activities.

Figure 6. Perceived Academic Performance Path Model (Predictive and Correlational)



The figure shows the predictors and correlates of perceived academic performance. In terms of the personal characteristics, age and gender were predictors of perceived academic performance. Also, the variables self-care practices and personal well-being were also predictors of perceived academic performance. However, the personal characteristics of college and the variable health lifestyle and personal control were the correlates of perceived academic performance.

The figure also shows that gender predicts health lifestyle and personal control as residency predicts self-care practices. On the other hand, age was a correlate of health lifestyle and personal control while college was a correlate of personal well-being. Further, the variables of physical lifestyle and personal control, self-care practices, and personal well-being were interrelated.

THE SEVILLA ACADEMIC PERFORMANCE FRAMEWORK

By: Yvonne M. Sevilla (2024)

Generalizations

Factors such as age, gender, college, self-care habits, personal wellness, and healthy lifestyle and personal control has a perceived effect on how well students believe they are performing academically. An individual's perceived academic performance improves as they age, identify as LGBTQAI+, become a member of the college of Maritime, engage in more self-care activities, having a high personal well-being, and lead healthier lifestyles.

Assumptions

For this framework the following assumptions are suggested, to wit:

1. Perceived academic performance is influenced by socio-demographic factors of age, gender, and college and health-related factors of self-care habits, personal wellness, and healthy lifestyle and personal control.
2. Health lifestyle and personal control, self-care practices, and personal well-being influences one another.
3. Health lifestyle and personal control is influenced by age and gender.
4. Self-care practices is influenced by residency.
5. Personal well-being is influenced by college.

Definition of Terms

The following terms are defined operationally as used in the framework:

Socio-demographic Factors. This pertains to the age, gender, and college.

Age. This refers to the personal characteristics of the length of time that the student has lived or existed as expressed in years.

College. This refers to the College of Maritime Education.

Gender. This refers to being a member of the LGBTQIA+ of the students.

Residency. This refers to the residence of the student whether in the city or in the province.

Health-related Factors. This refers to the health lifestyle and personal control, personal well-being, and self-care practices.

Health Lifestyle and Personal Control. This refers to the assessment of dietary health choices, dietary harm avoidance, daily routine, organized physical exercise, and social and mental balance of the students.

Personal Well-being. This is an assessment of the students' satisfaction on his standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security of the students.

Self-care Practices. This refers to the frequency of using physical, cognitive, psychological, behavioral, interpersonal, and existential self-care in their personal life of the students.

Perceived Academic Performance. This refers to the perceptions of the students in terms of how they performed academically.

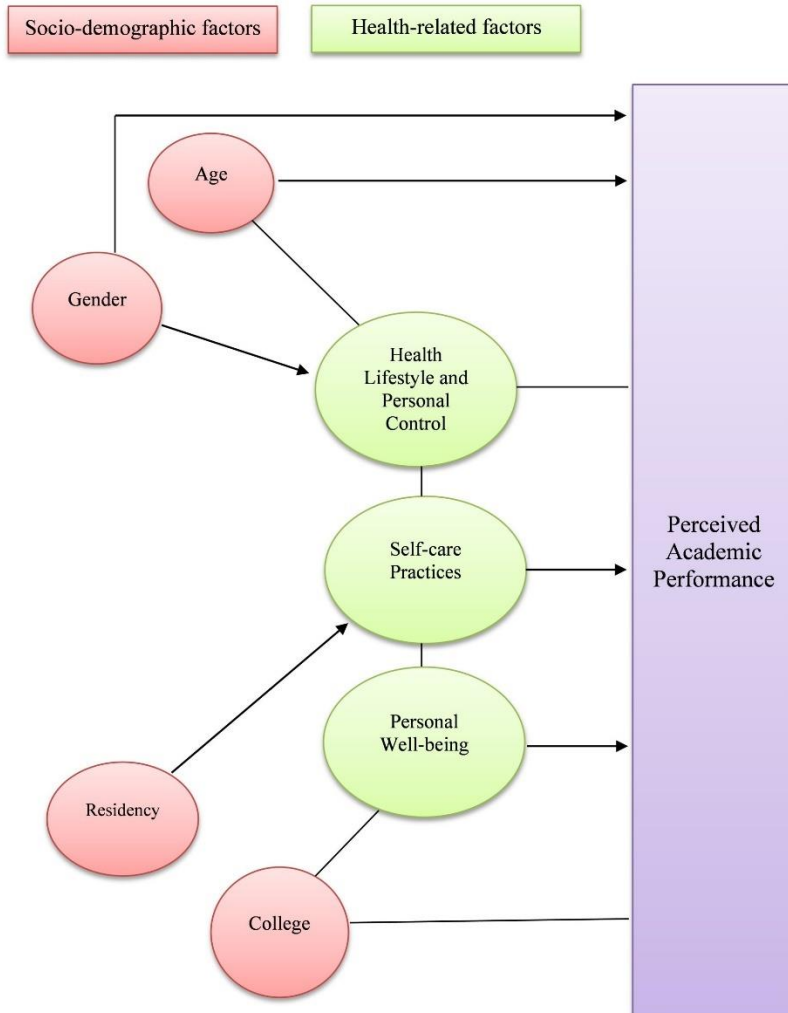
DISCUSSION

A student's ability to improve and develop critical abilities that are necessary for a successful life is directly correlated to their academic achievement. Important life skills, such as leadership, time management, effective communication, logical thinking, problem-solving, and many more, are developed through the course of the students' educational experience. In this framework of perceived academic performance, it is influenced by several factors both health factors and personal characteristics and how these factors are further influenced by other factors are also shown (Figure 6).

Gaining high levels of perceived academic performance is brought about by a good perception on health lifestyle and personal control, high levels of self-care practices, high levels of personal well-being, by age, by gender, and college. When one practices a good health lifestyle, this has an effect to the person's mind, body, and spirit. The person attains a high level of wellness when engaging in a healthy lifestyle. This will allow the person to function well, including academic performance. Engaging in a healthy lifestyle includes management of dietary health choices, dietary harm avoidance, daily routine, organized physical exercise, and social and mental balance. By doing these activities it promotes wellness. Being well presupposes that the person can do almost anything. As a student, being healthy means that he can fulfil his duties and responsibilities in school and thus, will gain a high level of perception on academic performance.

Engaging in healthy lifestyle is further influenced by self-practices and personal well-being. Gaining high levels of self-care practice and personal well-being allows the person to gain high levels of health lifestyle and personal control. Engaging in self-care practices constitutes healthy lifestyle. Self-care in terms of physical, cognitive, psychological, behavioral, interpersonal, and existential self-care is equally taking care of

Figure 7. The Perceived Academic Performance Framework Showing the Factors that Influences Perceived Academic Performance



oneself and therefore are considered practices geared towards a healthy lifestyle. The components or self-care are indeed components of healthy lifestyle as well. On the other hand, raising one personal well-being entails working on a healthy lifestyle. By having a healthy lifestyle, this will also achieve personal well-being. The three factors are interrelated and they are considered health promoting activities. No doubt that they are interrelated. Similarly, the link between self-practices and personal well-being influence is also well-established. By engaging in self-care practices it promoted personal well-being.

Self-care behaviors are fundamental for a healthy lifestyle. These behaviors can lead to improved physical and psychological health, which can in turn lead to individual and social wellbeing (Torres-Soto et al., 2022). Self-care includes a set of practices and skills intended to both safeguard individual health and to maintain positive attitudes that promote healthy coping and continuous personal growth (Wise et al., 2012). Self-care behaviors not only include actions to improve physical health, but also attitudes or desire to safeguard oneself (Kissil & Niño, 2017). This practice is oriented towards self-reflection, meeting personal needs, and making a conscious and reasonable effort to seek resources that contribute to personal health and wellbeing (Colman et al., 2016; Pakenham, 2017). Self-care is manifested through a set of behaviors intended at keeping a healthy balance, such as personal hygiene, healthy and nutritious diet and activities that provide quality of life (Urpí-Fernández et al., 2019). A healthy lifestyle helps improve and maintain the health and well-being of the person. It is a valuable resource for reducing the incidence and impact of health problems, recovery, and coping with the effects of illnesses and medical treatments (StudySmarter GmbH, 2024). Self-care refers to the conscious actions one takes to promote physical, mental, and emotional well-being. From nutrition and exercise to meditation and relaxation techniques, self-care practices are diverse, personal, and necessary for maintaining a healthy balance in life (Viesca, 2024).

Perceived academic performance is influenced by age, gender, and college. Younger individuals have better perceived academic performance. This is because being young, one is still very energetic and there is a drive to learn. Contrary to this, younger ones have the hunger to learn. Some studies have suggested that older students attain higher academic achievement than younger students, even in high school, and are more likely to graduate from high school and enter college (Nam, 2014). On the other hand, the gender, may have resulted to have influenced the academic performance as there was only 2.2 percent who belonged to the category of LGBTQAI+. But despite this fact. Members of the LGBTQAI+ are always known to be performers. This could be a result of discrimination where they pour their efforts on studying more and prove that they perform as individuals. The longitudinal survey showed that compared with their straight male peers, gay males earned higher GPAs in high school and college, enrolled in harder classes, took school more seriously, had more academically minded friends and had a much lower rate of ever dropping out for a month or more (Ryan, 2022).

Also, perceived academic performance also increases in a college where there are more enrolled students. This is because they will be given a priority by the university where all the requirements in offering the program really meets the mandates because it is its bread and butter. Furthermore, personal characteristics of residency influences self-care practices while gender influences health lifestyle and personal control, and residency influences self-care practices. Living in the province causes an increase in self-care practices. Living the province means that there is more time to engage in self-care practices because the life in the rural area is not as fast as living in highly urbanized cities. Sources of information on self-care practices is also easy to access in the internet as the internet is already available in rural areas. Similarly, the influence of gender on health lifestyle and personal control may have been brought about by the few respondents belonging to the said category. But, nevertheless there are indeed differences in healthy lifestyle among genders. A health lifestyles approach holds promise for understanding change in women's and men's health behaviors and reducing gendered health disparities. Latent class analyses showed that health lifestyles differed significantly by gender. Results supported the dynamic multilevel framework, finding more variation in health lifestyle behaviors within genders than between, high levels of change across ages, intersections of gender with age, and socioeconomic status as a structural pathway for gender's influence (Mollborn et al., 2020).

Furthermore, the diagram shows the interrelatedness of the variables of health lifestyle and personal control, self-practices, and personal well-being. This explains that as health lifestyle and personal control increases, this causes an increase in self-care practices and personal well-being. Also, as self-care practices increases this creates an increase in personal well-being. Self-care behaviors are fundamental for a healthy lifestyle. These

behaviors can lead to improved physical and psychological health, which can in turn lead to individual and social wellbeing (Torres-Soto et al., 2022). Self-care includes a set of practices and skills intended to both safeguard individual health and to maintain positive attitudes that promote healthy coping and continuous personal growth (Wise et al., 2012). Self-care behaviors not only include actions to improve physical health, but also attitudes or desire to safeguard oneself (Kissil & Niño, 2017). This practice is oriented towards self-reflection, meeting personal needs, and making a conscious and reasonable effort to seek resources that contribute to personal health and wellbeing (Colman et al., 2016; Pakenham, 2017). Self-care is manifested through a set of behaviors intended at keeping a healthy balance, such as personal hygiene, healthy and nutritious diet and activities that provide quality of life (Urpí-Fernández et al., 2019).

Also, a healthy lifestyle helps improve and maintain the health and well-being of the person. It is a valuable resource for reducing the incidence and impact of health problems, recovery, and coping with the effects of illnesses and medical treatments (StudySmarter GmbH, 2024). The diagram explains that perceived academic performance is influenced by both health factors (health lifestyle and personal control, self-care practices, and personal well-being) and personal characteristics factors (age, gender, and college). The three health factors of health lifestyle and personal control, self-care practices, and personal well-being are interrelated where gender influences health lifestyle and personal control and residency influences self-care practices.

ACADEMIC PERFORMANCE ENHANCEMENT PLAN

Rationale

The knowledge of the world that one acquires through education has a significant impact in the future lives and enables people to comprehend the events that are taking place in a manner that is significantly more cohesive. In the meantime, educational achievement is a measurement that is based on the academic performance of an individual student. Results of the study revealed that academic performance is associated with health lifestyle and personal control, self-care practices, personal well-being, age, and gender. The study further revealed the interconnectedness of health lifestyle and personal control, self-care practices, and personal well-being where health lifestyle and personal control is influenced by gender while self-care practices is influenced by residency.

Furthermore, findings of the study revealed a need to improve the different measured variables as there was a poor level of health lifestyle and personal control, a good levels of self-care practices, a good level of personal well-being, and a good levels of academic performance. All these findings, need to be addressed in order to be enhanced. Thus, the creation of this academic performance enhancement plan. This plan has university-wide applicability.

General Objectives

The main purpose of this academic enhancement plan is to further improve the academic performance of the students as may be influenced by health lifestyle and personal control, self-care practices, and personal well-being.

Specific Objectives

This academic performance enhancement plan aims to achieve the following specific objectives:

1. To further increase the dietary healthy choices and social and mental balance, the respondents from good to very good;
2. To increase the dietary harm avoidance, daily routine, organized physical exercise from poor very good;
3. To further increase the physical self-care practices, cognitive self-care practices, psychological/emotional self-care practices, behavioral self-care practices, interpersonal self-care practices, and existential self-care practices from good to very good;
4. To further increase the personal well-being from high to very high;
5. To increase the academic performance of the students from good to excellent across all ages and gender;

6. To maintain a high level of academic performance through maintaining a high level of health lifestyle, self-care practices, and personal well-being;
7. To achieve a high level of health lifestyle and personal control across all ages; and
8. To achieve a high level of self-care practices across all students living in both rural and urban areas.

Concerns	Specific Objectives	Activities	Persons Responsible	Resources	Time frame	Success Indicators
The need to improve the health lifestyle and personal control to very good.	<p>To further increase the dietary healthy choices and social and mental balance, the respondents from good to very good.</p> <p>To increase the dietary harm avoidance, daily routine, organized physical exercise from poor very good.</p>	<p>Personally-initiated activities:</p> <ul style="list-style-type: none"> · Read articles and view videos about health lifestyle and personal control. · Attend webinars or seminars on health lifestyle and personal control. · Engage in healthy lifestyle activities. · Putting only food on the plate that can be consumed · Check the food labels before buying a product · May need calculate calories of every meal · Limit fat intake in meals · Eat as much as possible organic foods · Eat whole-wheat products once in a while · Make sure to eat meals at the same time each day and not missing a meal · Do not skip a meal · Do journaling by fixing a scheduled 	<ul style="list-style-type: none"> · Student · Parent or Guardians · Faculty members · Academic Deans · SASC Director · Chief Academic Officer · School Physician and Nurses · Chief Executive Officer 	<ul style="list-style-type: none"> · Internet connectivity. · Desktops, laptops, tablets, or android phones. · Journal · Budget for the seminar or webinars (Php 10,000.00 per webinar) · Official Website or Facebook account · Intramurals schedule · Infographics · Instrument to re-assess health lifestyle and personal control 	<p>School year 2024-2025</p>	<ul style="list-style-type: none"> · Saved articulated and videos. · Certificates of participation and attendance on the different seminars. · List of assigned Advisers. · Created a support group. · Minutes of meetings. · Re-assessment results (very high level of health lifestyle and personal control)

		<p>program of daily activities</p> <ul style="list-style-type: none"> · Enroll in an exercise program or be active in sports in school by participating in the Intramurals and as a varsity · Engage in improvised exercise like walking in the stairs of the university · Avail of the counselling services in the SASC. · Consult with a psychologist or psychiatrist if needed · Connect with family and friends through messenger. <p>School-initiated activities:</p> <p>Dietary Healthy Choices</p> <ul style="list-style-type: none"> · Invite a Nutritionist and conduct a seminar of Eating A Healthy Diet. · Conduct a seminar on Go, Grow, Glow. · Provide counselling services at the school clinic on healthy diet. · Create an information drive in eating a healthy diet through infographics in the official website and Facebook account. <p>Dietary Harm Avoidance</p>				
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		<ul style="list-style-type: none"> · Conduct a seminar on Dietary Harm Avoidance: What to eat and not eat · Conduct a seminar on the consequences of eating packaged- or fast-food · Coordinate with SASC to conduct seminar on Stress Eating <p>Daily Routine</p> <ul style="list-style-type: none"> · Conduct a seminar on the Importance of Dietary Routine: Breakfast, Lunch and Dinner · Conduct a seminar on Sleeping Patterns and Sleeping Hours <p>Organized Physical Exercise</p> <ul style="list-style-type: none"> · To make sure that Intramurals is held every year. <p>Social and Mental balance</p> <ul style="list-style-type: none"> · Provide an information dissemination of the different services provided in the SASC through orientation and mid-semester · Create a support group utilizing online platforms and disseminate to students · Conduct a seminar of the Power of Positive Thinking · Assign an Adviser to every section where they 				
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		<p>schedule a monthly meeting discussing matters relating to health as well.</p> <ul style="list-style-type: none"> Re-assess the level of health lifestyle and personal control after the implementation of this plan. 				
<p>The need to further improve the self-care practices of the respondents to very good.</p>	<p>To further increase the physical self-care practices, cognitive self-care practices, psychological/emotional self-care practices, behavioral self-care practices, interpersonal self-care practices, and existential self-care practices from good to very good.</p>	<p>Personally-initiated activities</p> <ul style="list-style-type: none"> Read articles and view videos about self-care practices. Attend webinars or seminars on self-care practices. Eat regularly and healthily Get regular medical and dental preventative care Get regular exercise and maintain fitness Get enough sleep (an average of 8 or more hours per day) Do self-reflection, meditation, and mindfulness Participate in organizations in schools Read books or material that have nothing to do with work Engage in recreational activities Make wise use of paid leaves Spend quality 	<ul style="list-style-type: none"> Student Parent or Guardians Faculty members Academic Deans SASC Director Chief Academic Officer School Physician and Nurses Chief Executive Officer 	<ul style="list-style-type: none"> Internet connectivity. Desktops, laptops, tablets, android phones. Instrument to re-assess self-care practices. 	<ul style="list-style-type: none"> School year 2024-2025 	<ul style="list-style-type: none"> Saved articulated and videos. Certificates of participation and attendance on the different seminars. Approved religious activities of the Campus Ministry. Approved acquaintance party schedule. Re-assessment results (very high levels of self-care practices)

	<p>time with children and family members</p> <ul style="list-style-type: none"> · Pray, meditate, or engage in other practices which give grounding and a sense of peace. <p>School-initiated activities:</p> <p>Physical Self-Care</p> <ul style="list-style-type: none"> · Conduct a seminar on Time Management <p>Cognitive Self-care</p> <ul style="list-style-type: none"> · Conduct a seminar on mental health <p>Psychological/Emotional Self-Care</p> <ul style="list-style-type: none"> · Conduct a seminar on Stress Management and Coping Mechanisms <p>Behavioral Self-Care</p> <ul style="list-style-type: none"> · Schedule a per College Acquaintance Party <p>Interpersonal Self-Care</p> <ul style="list-style-type: none"> · Conduct a seminar on Interpersonal Relationships <p>Existential Self-Care</p> <ul style="list-style-type: none"> · Coordinate with Campus Ministry to initiate spiritual activities · Re-assess the level of self-care practices after the implementation of this plan. <p>Note: <i>All activities mentioned in health</i></p>				
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		<p><i>lifestyle and personal control are also applicable here.</i></p>				
<p>The need to further improve the personal well-being of the students very high.</p>	<p>To further increase the personal well-being from high to very high.</p>	<p>Personally-initiated activities</p> <ul style="list-style-type: none"> Read articles and view videos about personal well-being. Attend webinars or seminars on personal well-being. Maintain health by engaging in all the activities mentioned in concerns 1 and 2 Be a part of the community extension program of the university or be active in community activities. Maintain health relationship with classmates by joining in group chats. <p>School-initiated activities:</p> <ul style="list-style-type: none"> Conduct a webinar or seminar on Personal Well-being Re-assess the level of personal well-being after the implementation of this plan. <p>Note: All activities mentioned in health lifestyle and personal control and self-care practices are also applicable here.</p>	<p>Students</p> <p>Parents or Guardians</p> <p>Faculty members</p> <p>Academic Deans</p> <p>SASC Director</p> <p>Chief Academic Officer</p> <p>School Physician and Nurses</p> <p>Chief Executive Officer</p>	<p>Internet connectivity.</p> <p>Desktops, laptops, tablets, or android phones.</p> <p>Instrument to re-assess personal well-being.</p>	<p>School year 2024-2025</p>	<ul style="list-style-type: none"> Saved articles and videos. Certificates of participation and attendance on the different seminars. Re-assessment results (very high levels of personal well-being)
<p>The need to improve the academic performance to excellent.</p>	<p>To increase the academic performance of the students from good to excellent.</p>	<p>Personally-initiated activities:</p> <ul style="list-style-type: none"> Read articles and view videos on how to improve academic performance. 	<p>Students</p> <p>Parents or Guardians</p>	<p>Internet connectivity.</p> <p>Desktops, laptops, tablets, or</p>	<p>School year 2024-2025</p>	<ul style="list-style-type: none"> Saved articles and videos Certificate of

		<ul style="list-style-type: none"> · Join webinars on improving academic performance. · Develop good study habits. · Pay attention and listen during every discussion and actively participate in every discussion. · Comply religiously with homeworks and activities in school. · Visit the library once in while for references. · Play mind games like boggle, crossword puzzles, etc. <p>School-initiated activities:</p> <ul style="list-style-type: none"> · Conduct a seminar of Good Study Habits and Time Management. · Identify students needing help and conduct remedial classes. · Refer also to SASC students who are not performing well in their subjects. · Revive the buddy-buddy system to do tutorial sessions on students needing help. · Meet students through the adviser to discuss issues relating to academics. · Re-assess perceived academic performance following the 	<ul style="list-style-type: none"> · Faculty members · Academic Deans · SASC Director · Chief Academic Officer · Chief Executive Officer 	<ul style="list-style-type: none"> android phones. · Library card · Resources for Mind games · Instrument to re-assess perceived academic performance 	<ul style="list-style-type: none"> attendance to the seminar · Minutes of meetings. · Re-assessment results (Excellent perceived academic performance)
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		<p>implementation of this plan.</p> <p>Note: All activities to increase health lifestyle and personal; control, self-care practices, and personal well-being are applicable here.</p>				
<p>Interconnectedness of health lifestyle, self-care practices, personal well-being and academic performance.</p> <p>Age and gender predicting perceived academic performance.</p> <p>Age predicting health lifestyle and personal control.</p> <p>Residency predicting self-care practices.</p>	<p>To maintain a high level of academic performance through maintaining a high level of health lifestyle, self-care practices, and personal well-being.</p> <p>To achieve a high level of perceived academic performance across all ages and genders.</p> <p>To achieve a high level of health lifestyle and personal control across all ages.</p> <p>To achieve a high level of self-care practices across all students living in both rural and urban areas.</p>	<p>Note: All activities mentioned in concerns 1 to 4 are applicable in this concern.</p>	<ul style="list-style-type: none"> · Student · Parent or Guardians · Faculty members · Academic Deans · SASC Director · Chief Academic Officer · School Physician and Nurses · Chief Executive Officer 	<p>Note: All resources mentioned in concerns 1 to 4 are applicable in this concern.</p>	<p>School year 2024-2025</p>	<p>Note: All success indicators mentioned in concerns 1 to 4 are applicable in this concern.</p>

CONCLUSION

In conclusion, Factors such as age, gender, college, self-care habits, personal wellness, and healthy lifestyle and personal control influences perceived academic performance. An individual's perceived academic performance improves as they age, identify as LGBTQAI+, become a member of the college of Maritime, engage in more self-care activities, having a high personal well-being, and leading a healthier lifestyles. Further, the variables of physical lifestyle and personal control, self-care practices, and personal well-being influences one another. An increase in physical lifestyle and personal control increases self-care practices and personal well-being. In the

same way as an increase in self-care practices increases personal well-being.

Under the Health Lifestyle Theory, the results on the health lifestyle and personal control pertained to the personal routines that blend into an aggregate form characteristic of the students which was only influenced by age and gender. Further, the findings of the self-care practices as expressed in the Self-care Theory were reflective of specific activities that students perform to maintain life, health, and well-being which was influenced by residency. Furthermore, under the Theory of Well-being, personal well-being are reflection of the achievement of cognitive happiness, hedonic happiness, and eudaimonia as reflected in the findings which was associated with the profile of college.

Lastly, according to the Theory of Academic Performance, the students performed to produce valued results which was basically to pass their subjects. This pertains to the perceived academic performance in terms of achieving effective performance improvements through their mindset, immersion in an enriching environment, and engagement in reflective practice as reflective in the questionnaire on perceived academic performance which was influenced by a multitude of personal characteristics factors (age, gender, and college) and health factors (health lifestyle and personal control, self-care practices, and personal well-being). To address the findings an academic performance framework and an academic performance enhancement plan was created.

RECOMMENDATIONS

The following recommendations are given to address the findings of the study:

Practice. As part of research utilization, both the academic performance framework and academic performance enhancement plan is recommended for use in the university. A special meeting shall be called for to discuss the findings of the study to be attended by the school administrators. It is also recommended that a copy of the plan be given to the Health and Safety Committee of the university. And this plan may also call for the review of the strategic plan during the semi-annual review as it may possibly bring revision to it.

Education. The academic performance framework is to be adopted where it is applicable. It can be utilized in research studies as a framework for studies relating to academic performance. The findings of the study can serve as a reference to either support or negate findings in relation to health lifestyle and personal control, self-care practices, personal well-being, and perceived academic performance. The methodology can also serve as a reference for path analysis. And the statistical treatments used can also serve as reference including the ethical considerations.

Policy. For school administrators, internal policies can be developed relating to academic performance where activities towards achieving high levels of health lifestyle, and personal control, self-care practices, and personal wellbeing are taken into consideration. This policy may be collaborated with the appropriate regulating agency (CHED) for schools to be adopted and implemented to guarantee positive academic performance among students in higher education institution.

Research. As part of research dissemination, the study will be submitted for oral presentation in either local or international research congress. It shall also be submitted in a refereed journal either local or international journal. The following research titles are also suggested for future research, to wit: (a) Validation of the academic performance framework utilizing more number of respondents and wider coverage or environment; (b) Differences on health lifestyle and personal control, self-care practices, personal well-being and perceived academic performance between public and private institutions; and (c) A very detailed path analysis, where correlations and predictions involves the specific dimensions of health lifestyle and personal control and specific dimensions of self-care practices.

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