

Assessing the Health and Wellness Needs of Adolescents: A Basis for a Community-Based Intervention Program

Lailani P. Joson, MAN; Rogelio N. Villena Jr., MAN; Rodney E. Salagubang, MAN; Louie D. Juguilon, MAN; Loida C. Fernandez, MAN; Alyssa Ashley R. Diego, EdD, MAN*

College of Health Sciences, Urdaneta City University, Urdaneta City, Pangasinan, Philippines

*Corresponding Author

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ABSTRACT

Adolescence is a formative period in which health behaviors, coping patterns, and social relationships can influence later well-being. This study assessed the physical, mental, and social wellness needs of adolescents in Cabaruan, Urdaneta City, Pangasinan, Philippines, and used the findings as the basis for a community-based intervention program. A descriptive-correlational, cross-sectional design was used. Eighty adolescents aged 14-18 years were selected purposively during a barangay wellness activity and completed a content-validated, researcher-developed questionnaire covering participant characteristics and 30 wellness indicators. Frequencies, percentages, weighted means, and Pearson correlation coefficients were used for analysis at a 0.05 significance level. Overall wellness ratings were high for physical wellness ($M = 3.92$), mental wellness ($M = 3.94$), and social wellness ($M = 3.86$). The lowest-rated physical indicators were regular physical activity ($M = 3.10$) and consistent avoidance of alcohol and smoking ($M = 3.20$). Stress management was the lowest-rated mental wellness indicator ($M = 3.00$), while professional help-seeking, although rated high, was lower than most other mental wellness items ($M = 3.60$). Conflict resolution and the perceived positive effect of social media on relationships were the lowest-rated social indicators (both $M = 3.20$). Based on the reported correlation analysis, sex, living arrangement, and access to health services showed significant relationships with wellness, whereas age, educational attainment, household size, and social media use did not reach statistical significance. Based on the identified needs, the METAMORPHOSIS Program was proposed, with EMBRACE for physical wellness, EMPOWER for mental wellness, and EVOLVE for social wellness. The findings support focused community interventions that strengthen physical activity, preventive health behaviors, stress management, help-seeking, conflict resolution, and responsible digital engagement among adolescents.

Keywords: Adolescent health, community-based intervention, mental wellness, physical wellness, social wellness

INTRODUCTION

Adolescence, commonly defined as ages 10-19 years, is a period of rapid physical, cognitive, emotional, and social development. Health behaviors established during this stage can influence later morbidity, mental health, social functioning, and health-service use. The World Health Organization (WHO, 2024) emphasizes that adolescents face a broad set of health risks, including physical inactivity, substance use, mental health concerns, injuries, violence, and barriers to timely care. In the Philippines, the Department of Health's National Policy and Strategic Framework on Adolescent Health and Development likewise identifies healthy development, nutrition, substance-use reduction, violence prevention, and mental health as priority outcomes (Department of Health, 2013).

Physical wellness is an important concern because many adolescents do not achieve recommended activity levels. The 2021 Expanded National Nutrition Survey reported that 72.9% of Filipino adolescents were insufficiently physically active, with inactivity particularly common among females and urban adolescents

(DOST-FNRI, 2022). WHO recommends an average of at least 60 minutes of moderate-to-vigorous physical activity per day for children and adolescents aged 5-17 years and advises limiting sedentary time, especially recreational screen time (WHO, 2020). These findings support community-level assessment of physical activity, preventive practices, nutrition, sleep, and other health behaviors rather than relying only on national estimates.

Mental wellness also requires attention. WHO (2025) estimates that about one in seven adolescents globally experiences a mental health condition, while many concerns remain unrecognized or untreated. In the Philippine setting, UNICEF Philippines (2022) identified continuing gaps in child and adolescent mental health and psychosocial support systems and highlighted the importance of coordinated services across health, education, social welfare, and community sectors. Help-seeking is a particular challenge: systematic reviews have identified stigma, limited mental health literacy, preference for self-reliance, concerns about confidentiality, and service accessibility as recurring barriers among adolescents (Aguirre Velasco et al., 2020; Radez et al., 2021). Among Filipinos, reluctance to use formal mental health services has likewise been associated with stigma, financial constraints, service inaccessibility, and reliance on family or friends (Martinez et al., 2020).

Social wellness is closely linked with family relationships, peer acceptance, communication, and digital engagement. Social connectedness, including family and school connectedness and perceived social support, has been identified as a protective factor for adolescent mental health (Preston & Rew, 2022). At the same time, social media can have mixed effects. Systematic evidence links problematic or intensive social media use with depression, anxiety, psychological distress, and poorer sleep among adolescents, although effects vary according to patterns and context of use (Keles et al., 2020; Woods & Scott, 2016). Community assessment is therefore useful for distinguishing general strengths from specific areas that may require focused intervention.

The study was conceptually informed by Maslow's hierarchy of needs and Pender's Health Promotion Model. Maslow (1943) described human needs as progressing from basic physiological and safety needs toward belongingness, esteem, and self-actualization. These levels are relevant to adolescent wellness because physical health, emotional security, social belonging, and self-worth are interrelated. Pender's model emphasizes personal characteristics, prior experiences, perceived benefits and barriers, interpersonal influences, and situational factors in shaping health-promoting behavior (Murdaugh et al., 2022). Together, these perspectives support a multidimensional assessment of physical, mental, and social wellness and the use of findings to design context-responsive health promotion activities.

Although national policies and programs address adolescent health, local data are necessary to identify which concerns should be prioritized in a specific community. This study therefore aimed to describe the profile of adolescent participants, determine their levels of physical, mental, and social wellness, examine associations between selected profile variables and wellness domains, and formulate a community-based intervention program based on the needs identified. The study was undertaken within the community extension context of the College of Health Sciences of Urdaneta City University.

METHODOLOGY

Research Design

A quantitative descriptive-correlational, cross-sectional design was used to characterize the adolescents' wellness status and examine associations between selected profile variables and physical, mental, and social wellness. The study was conducted in Cabaruan, Urdaneta City, Pangasinan, Philippines, within an existing community extension partnership of the College of Health Sciences, Urdaneta City University.

Participants and Sampling

The study included 80 adolescents aged 14-18 years who were residing in the community and were available during the scheduled barangay wellness activity. Purposive sampling was used because participation depended on availability, eligibility, and willingness to participate at the time of data collection. The sample therefore

represents the participating adolescents and should not be interpreted as a probability-based representation of all adolescents in Urdaneta City or Pangasinan.

Research Instrument

Data were collected using a structured, self-administered questionnaire developed for the study and subjected to content validation by a panel of health and social science experts to assess the relevance, clarity, and appropriateness of the items. The first section collected participant characteristics: age, sex, highest educational attainment, household size, living arrangement, access to health services, and daily social media duration. The second section contained 30 wellness statements, with 10 items each for physical, mental, and social wellness. Responses were rated on a five-point Likert scale from 1 (Never) to 5 (Always). Domain means were interpreted as follows: 4.50-5.00, Very High Wellness; 3.50-4.49, High Wellness; 2.50-3.49, Moderate Wellness; 1.50-2.49, Low Wellness; and 1.00-1.49, Very Low Wellness.

Data Collection and Ethical Consideration

Permission to conduct the study was secured from the College of Health Sciences and the concerned barangay authorities. The study followed the ethical standards and research procedures of Urdaneta City University that were applicable at the time of data collection. Participants and their guardians were oriented regarding the purpose and procedures of the study. Parental or guardian consent and adolescent assent were obtained when applicable. Participation was voluntary, respondents could decline participation, and completed questionnaires were handled confidentially. No identifying information was used in the analysis presented in this manuscript.

Data Analysis

Frequencies and percentages were used to summarize participant characteristics. Weighted means were computed for individual wellness indicators and domain averages. The original analysis used Pearson's correlation coefficient to examine the relationships between the respondents' profile variables and wellness measures. Statistical significance was evaluated at $\alpha = 0.05$. The correlation coefficients and p-values presented in this publication version are those documented in the original study summary.

RESULTS AND DISCUSSION

Participant Characteristics

The participants were distributed relatively evenly across the two age categories, with slightly more aged 17-18 years (52.5%) than 14-16 years (47.5%). Females comprised 55.0% of the sample. Most participants were in high school (70.0%), lived in households of six or more persons (60.0%), lived with parents (75.0%), and reported access to health services (85.0%). Sixty percent reported social media use of at least three hours per day. These characteristics provide context for interpreting the wellness results but should not be treated as population estimates because purposive sampling was used.

Table 1: Characteristics of the Adolescent Participants (n = 80)

Characteristic	Frequency	Percentage
Age: 14-16 years	38	47.5
Age: 17-18 years	42	52.5
Sex: Male	36	45.0
Sex: Female	44	55.0
Educational attainment: High school	56	70.0
Educational attainment: College	24	30.0

Characteristic	Frequency	Percentage
Household size: 1-5 persons	32	40.0
Household size: 6 or more persons	48	60.0
Living arrangement: With parents	60	75.0
Living arrangement: With relatives/guardians	20	25.0
Access to health services: Yes	68	85.0
Access to health services: No	12	15.0
Social media use: ≥ 3 hours/day	48	60.0
Social media use: < 3 hours/day	32	40.0

Physical wellness

Physical wellness was rated High overall ($M = 3.92$). The strongest behaviors were proper personal hygiene ($M = 4.50$, Very High Wellness), adequate hydration ($M = 4.40$), and frequent handwashing or sanitizing ($M = 4.30$). In contrast, regular participation in sports or exercise ($M = 3.10$) and consistent avoidance of alcohol and smoking ($M = 3.20$) were in the Moderate Wellness range. These lower scores identify more actionable needs than the already well-established hygiene behaviors. The physical activity finding is consistent with national evidence: the 2021 ENNS reported insufficient physical activity among 72.9% of Filipino adolescents (DOST-FNRI, 2022). Community programming should therefore prioritize enjoyable, accessible movement opportunities and prevention-focused education on tobacco and alcohol rather than relying solely on general health messages.

Preventive practices such as vaccinations ($M = 3.70$) and routine medical check-ups ($M = 3.90$) were rated High but remained below hygiene and hydration behaviors. This pattern suggests that the community may benefit from linking health education with accessible preventive services. Such an approach is consistent with the Philippine adolescent health framework, which emphasizes both healthy behavior and access to adolescent-friendly care (Department of Health, 2013).

Table 2: Physical Wellness of Adolescent Participants (n = 80)

Indicator	Weighted Mean	Interpretation
I maintain proper personal hygiene.	4.50	Very High Wellness
I attend school regularly and prioritize my education.	4.10	High Wellness
I engage in physical activities such as sports or exercise.	3.10	Moderate Wellness
I avoid harmful substances like alcohol and smoking.	3.20	Moderate Wellness
I get at least 7-9 hours of sleep every night.	4.20	High Wellness
I follow a balanced diet with healthy food choices.	3.80	High Wellness
I wash my hands and sanitize frequently.	4.30	High Wellness
I undergo medical check-ups regularly.	3.90	High Wellness
I take preventive health measures like vaccinations.	3.70	High Wellness
I drink enough water daily to stay hydrated.	4.40	High Wellness
Overall mean	3.92	High Wellness

Note. Interpretation: 4.50-5.00 = Very High Wellness; 3.50-4.49 = High Wellness; 2.50-3.49 = Moderate Wellness; 1.50-2.49 = Low Wellness; 1.00-1.49 = Very Low Wellness.

Mental Wellness

Mental wellness was also rated High ($M = 3.94$). Focusing on positive thoughts ($M = 4.40$), feeling a sense of accomplishment in personal goals ($M = 4.30$), and confidence in oneself ($M = 4.20$) were among the strongest indicators. The lowest score was for effective stress management ($M = 3.00$, Moderate Wellness). Professional help-seeking ($M = 3.60$) remained within the High Wellness range but was lower than most other mental wellness indicators. This distinction is important: the result does not establish that participants were unwilling to seek help, but it does identify help-seeking as a comparatively weaker area.

The pattern is consistent with broader adolescent mental health evidence. WHO (2025) identifies emotional difficulties and stress as major adolescent concerns and emphasizes supportive family, school, and community environments. Reviews of adolescent help-seeking consistently identify stigma, limited mental health literacy, self-reliance, confidentiality concerns, and service access as barriers (Aguirre Velasco et al., 2020; Radez et al., 2021). Philippine evidence similarly shows that formal help-seeking may be delayed by stigma, cost, and inaccessibility and that family and friends are often preferred sources of support (Martinez et al., 2020). Community interventions should therefore combine stress-management skills with mental health literacy, clear referral pathways, and normalization of professional support.

Table 3: Mental Wellness of Adolescent Participants ($n = 80$)

Indicator	Weighted Mean	Interpretation
I feel confident in myself.	4.20	High Wellness
I have hope for the future.	4.00	High Wellness
I can manage stress effectively.	3.00	Moderate Wellness
I can cope with life challenges.	4.10	High Wellness
I feel a sense of accomplishment in personal goals.	4.30	High Wellness
I focus on positive thoughts rather than negative ones.	4.40	High Wellness
I engage in relaxing activities (e.g., meditation, hobbies).	3.90	High Wellness
I recognize and manage negative emotions effectively.	3.80	High Wellness
I have healthy self-esteem and confidence in my abilities.	4.10	High Wellness
I seek professional help (e.g., counselor, therapist) when needed.	3.60	High Wellness
Overall mean	3.94	High Wellness

Note. Interpretation: 4.50-5.00 = Very High Wellness; 3.50-4.49 = High Wellness; 2.50-3.49 = Moderate Wellness; 1.50-2.49 = Low Wellness; 1.00-1.49 = Very Low Wellness.

Social Wellness

Social wellness had an overall mean of 3.86, interpreted as High Wellness. Peer acceptance ($M = 4.30$), trust in friends and family ($M = 4.20$), family support ($M = 4.10$), and effective peer communication ($M = 4.10$) were notable strengths. These findings are consistent with evidence that social connectedness and support can protect adolescent mental health and resilience (Preston & Rew, 2022).

The lowest social wellness scores were conflict resolution and the perceived positive impact of social media on relationships (both $M = 3.20$, Moderate Wellness). These results identify interpersonal problem-solving and digital well-being as priority areas. Social media should not be treated as uniformly harmful; however, systematic reviews have found associations between problematic or intensive use and depression, anxiety, psychological distress, and sleep problems in adolescents (Keles et al., 2020; Woods & Scott, 2016). A community response should therefore focus on mindful use, healthy boundaries, online safety, and maintaining face-to-face relationships rather than simply restricting access.

Table 4: Social Wellness of Adolescent Participants (n = 80)

Indicator	Weighted Mean	Interpretation
I feel accepted by my peers.	4.30	High Wellness
I have a supportive relationship with my family.	4.10	High Wellness
I handle conflicts with others effectively.	3.20	Moderate Wellness
My social media use has a positive impact on my relationships.	3.20	Moderate Wellness
I trust my friends and family members.	4.20	High Wellness
I participate in community activities or events.	3.60	High Wellness
I feel a sense of belonging in my social groups.	4.00	High Wellness
I communicate effectively with my peers.	4.10	High Wellness
I am open to forming new friendships.	3.90	High Wellness
I feel supported by others during difficult times.	4.00	High Wellness
Overall mean	3.86	High Wellness

Note. Interpretation: 4.50-5.00 = Very High Wellness; 3.50-4.49 = High Wellness; 2.50-3.49 = Moderate Wellness; 1.50-2.49 = Low Wellness; 1.00-1.49 = Very Low Wellness.

Associations Between Participant Characteristics and Wellness

Table 5 reproduces the correlation coefficients and p-values documented in the original analysis. At $\alpha = .05$, sex ($p = .032$), living arrangement ($p = .010$), and access to health services (reported as $p = .000$ in the original table and presented here as $p < .001$) showed statistically significant relationships with wellness. Age ($p = .054$), educational attainment ($p = .150$), household size ($p = .340$), and social media use ($p = .290$) did not reach statistical significance. Among the reported coefficients, access to health services showed the largest positive values across the three wellness domains ($r = .45-.55$), followed by living arrangement ($r = .35-.42$).

These findings suggest that access to health services and living arrangement may be important considerations when planning community-based adolescent wellness activities. Sex also showed a significant relationship in the reported analysis. However, the cross-sectional design identifies associations only and does not establish causation.

Table 5: Associations Between Participant Characteristics and Wellness Domains

Profile variable	Physical r	Mental r	Social r	Reported p-value	Decision
Age	0.18	0.22	0.30	.054	Not significant
Sex	0.25	0.30	0.35	.032	Significant
Educational attainment	0.12	0.10	0.15	.150	Not significant
Household size	0.10	0.05	0.18	.340	Not significant

Profile variable	Physical r	Mental r	Social r	Reported p-value	Decision
Living arrangement	0.35	0.40	0.42	.010	Significant
Access to health services	0.45	0.50	0.55	<.001	Significant
Social media use	-0.16	-0.18	-0.20	.290	Not significant

Note. The original study summary reported one p-value for each profile variable together with three domain-specific correlation coefficients. The p-values are reproduced as documented, with $p = .000$ expressed as $p < .001$ for journal reporting. Significance was evaluated at $\alpha = .05$.

Proposed Metamorphosis Program

The needs identified in the three wellness domains were translated into METAMORPHOSIS, a proposed community-based wellness program. The framework retains the study's three-phase structure: EMBRACE for physical wellness, EMPOWER for mental wellness, and EVOLVE for social wellness. The program focuses on the comparatively lower-rated indicators rather than attempting to address every item equally. It is a proposed intervention framework and was not implemented or evaluated as part of the present study.

Table 6: Metamorphosis: Proposed Community-Based Wellness Program for Adolescents

Phase	Priority focus	Key activities	Expected outcome
EMBRACE - Physical Wellness	Physical activity, healthy choices, preventive care	Move to Improve community fitness sessions; Fuel Your Body nutrition and hydration education; linkage to check-ups and vaccination services	More regular activity and stronger preventive health practices
EMPOWER - Mental Wellness	Stress management, emotional resilience, help-seeking	Mind Over Matter stress-management workshops; peer-support circles; mental health literacy and referral information	Better coping skills, reduced stigma, and clearer pathways to professional support
EVOLVE - Social Wellness	Conflict resolution, healthy relationships, digital well-being	Harmony in Relationships communication and conflict-resolution sessions; family/peer bonding activities; Mindful Media campaign	Stronger communication and relationships and more responsible digital engagement

Limitations

Several limitations should be considered. First, the study used purposive sampling and included only 80 adolescents from one community, limiting generalizability. Second, all wellness measures were self-reported and may be influenced by social desirability or recall. Third, the participant profile variables were grouped into broad categories, which may obscure meaningful variation within groups. Finally, the cross-sectional design identifies associations but cannot establish temporal or causal relationships. Future studies may use larger and more diverse adolescent samples and complementary measures of wellness.

CONCLUSION

Adolescents in the selected community reported generally high physical, mental, and social wellness, but the domain averages concealed several specific needs. Lower scores were observed for regular physical activity, consistent avoidance of alcohol and smoking, stress management, conflict resolution, and the perceived positive influence of social media on relationships. Professional help-seeking was rated High but remained weaker than

most other mental wellness behaviors. Based on the reported correlation analysis, sex, living arrangement, and access to health services showed statistically significant relationships with wellness, while age, educational attainment, household size, and social media use did not reach statistical significance. These findings support a targeted rather than generic approach to adolescent health promotion. The proposed METAMORPHOSIS framework offers a practical basis for community extension activities addressing physical activity and preventive care, stress and help-seeking, interpersonal skills, and digital well-being. Future research should evaluate the program after implementation using larger and more diverse samples and appropriate validated outcome measures.

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Ethical Considerations

Approval to conduct the study was obtained from the College of Health Sciences and the concerned local authorities. The study was conducted in accordance with the ethical standards and research procedures of Urdaneta City University that were in effect at the time. Participation was voluntary, parental or guardian consent and adolescent assent were obtained when applicable, and confidentiality was maintained throughout data collection and analysis.

Conflict Of Interest

The authors declare no known financial or personal conflict of interest related to this study.

Data Availability

The dataset is not publicly available because the participants were minors and confidentiality was assured.

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