VER
Vascular & Endovascular Review

Empowering Young Adults through Value-Integrated Healthcare: A Quasi-Experimental Study to Evaluate the Effectiveness of Health Promotion Program in Selected Colleges, Chennai

Dr.Vahitha Mala K[1], Mrs.Sheeba Basil B[2], Dr. Uma R[3], Ms.D.Menaka[4]

[1]Professor, Department of Community Health Nursing, Panimalar College of Nursing, Varadharajapuram, Poonamallee, Chennai – 600 123, Tamil Nadu, India. Email ID: vahithamala@gmail.com
[2]Assistant Professor, Department of Community Health Nursing, Panimalar College of Nursing, Varadharajapuram, Poonamallee, Chennai – 600 123, Tamil Nadu, India. Email ID: sheebabasilb@gmail.com
[3]Professor cum Vice Principal, Department of Mental Health Nursing,
St. Isabel's College of Nursing, Mylapore, Chennai – 600 004, Tamil Nadu, India. Email ID: uma8494@gmail.com
[4]Professor, Department of Obstetrics and Gynecological Nursing, St. Isabel's College of Nursing, Mylapore, Chennai – 600 004, Tamil Nadu, India.
Email ID: menakavikky@gmail.com

ABSTRACT

Background: Young adults are particularly vulnerable to unhealthy lifestyle patterns, mental health challenges, and limited health literacy as they navigate the transition to independence and university life. This underscores the need for tailored health promotion programs designed to address these risks and foster long-term well-being.

Aim: The aim of the study is to evaluate the effectiveness of a value-integrated health promotion program in enhancing lifestyle behaviours, improving mental well-being, and strengthening value congruence among college students."

Methodology: A quasi-experimental one-group pretest–post-test design was adopted, involving 100 undergraduate students aged 18 to 24 years from selected colleges in Chennai. Participants completed an eight-week structured value-integrated health promotion program addressing physical activity, healthy diet, stress management, emotional well-being, reproductive health, prevention of substance use, digital well-being, and help-seeking behaviour. Data were collected using standardized assessment tools before and after the intervention and analysed using descriptive statistics, paired t-test, and Pearson correlation.

Results: Post-test scores showed significant improvements in health-promoting lifestyle behaviours, mental wellbeing, and value congruence, with $p<0.001$ for all outcomes. The proportion of students in the high category increased across all measures. Positive correlations were found between lifestyle behaviors, mental wellbeing, and value congruence, with the strongest relationship between mental wellbeing and value congruence ($r=0.65$, $p<0.01$).

Conclusion: The value-integrated health promotion program effectively improved health behaviors, mental wellbeing, and value alignment among young adults. Findings highlight the importance of structured, participatory, and values-based approaches in empowering students to adopt healthier lifestyles and enhance resilience.

KEYWORDS: Health Promotion Program, Value Integration, Lifestyle Behaviors, Mental Well-Being, Value Congruence..

How to Cite: Dr.Vahitha Mala K, Mrs.Sheeba Basil B, Dr. Uma R, Ms.D.Menaka, (2025) Empowering Young Adults through Value-Integrated Healthcare: A Quasi-Experimental Study to Evaluate the Effectiveness of Health Promotion Program in Selected Colleges, Chennai, Vascular and Endovascular Review, Vol.8, No.14s, 244-248.

INTRODUCTION

The empowerment of young adults in healthcare is essential for fostering healthy behaviors and addressing the challenges of this life stage. Young adults aged 18 to 24 experience major transitions, including new social roles, increasing independence, and exposure to various health risks [1, 2]. University life often contributes to irregular eating habits, reduced physical activity, and alcohol use, all of which raise both physical and mental health risks [2, 3]. Therefore, health promotion programs tailored to this age group are needed to strengthen resilience and support healthier choices.

This study is driven by the urgent need to address the growing health risks faced by young adults through interventions that align with their values, preferences, and everyday experiences. High rates of mental health problems, obesity, and lifestyle-related conditions have been consistently documented [1, 4]. Anxiety and depression are particularly prevalent, often stemming from academic, social, and financial pressures [5]. Additionally, many young adults exhibit limited health literacy and inadequate access to supportive resources, further exacerbating these challenges [6, 7].

Values-based health promotion programs have shown promise in improving health outcomes. These programs go beyond providing information; they actively involve individuals in decision-making about their wellbeing, thereby improving motivation and adherence [8, 9]. Mobile health tools have also been effective in supporting physical activity and preventing weight gain [6, 10].

The present study adopts a quasi-experimental design to evaluate the effectiveness of a value-integrated health promotion program implemented in selected colleges. Unlike traditional health interventions, this program actively involves young adults in both its design and implementation. This participatory approach enhances relevance, increases engagement, and holistically addresses physical and mental health needs. By embedding meaningful personal values into health promotion strategies, the program aims to facilitate sustained behavior change and foster healthier lifestyles [7, 11].

This study will contribute valuable insights into effective strategies for promoting health among young adults. The findings will provide evidence on the benefits of values-based approaches and support the development of future health promotion programs tailored to this population. Additionally, the results may guide policymakers and practitioners in identifying best practices for engaging young adults, ultimately fostering healthier, more resilient future generations.

MATERIALS AND METHODS

Research Design

A quasi experimental one group pretest–posttest design was employed to evaluate the effectiveness of a value integrated health promotion program.

Setting and Participants

The study was conducted in selected colleges in Chennai. A total of 100 undergraduate students were recruited using a purposive sampling technique. All students enrolled in the identified classes were invited to participate, and those who provided informed consent were included in the study.

Inclusion and Exclusion Criteria

Inclusion criteria were undergraduate students aged 18 to 24 years who were present during the study period and willing to participate. No exclusion criteria were applied apart from unwillingness to provide consent.

Intervention

The intervention was an eight-week structured health promotion program with one session per week. Each session lasted 60 to 90 minutes and focused on topics relevant to college students, including physical activity, healthy diet, stress management, emotional wellbeing, and reproductive health, prevention of substance use, digital wellbeing, and help seeking behavior. Value integration was emphasized through reflection, peer discussion, and interactive activities. The sessions were facilitated by trained educators using standardized manuals and audiovisual materials.

Data Collection

Data were collected at two points, before the start of the program (pretest) and immediately after completion (posttest). Self-administered questionnaires were distributed in the classroom under researcher supervision. Confidentiality was maintained by assigning unique codes to participants.

Outcome Measures

Primary outcomes included health promoting lifestyle behaviors, measured using the Health Promoting Lifestyle Profile II, and mental wellbeing, and measured using the Warwick Edinburgh Mental Wellbeing Scale. A short questionnaire developed for this study assessed value congruence in health-related decisions.

Data Analysis

Data were entered and analyzed using statistical software. Descriptive statistics such as frequency and percentage were used to summarize demographic variables and categorical distributions of outcome scores. Pretest and posttest mean scores were compared using paired t test, and results were presented with mean differences and p values. Correlation analysis was performed using Pearson's correlation coefficient to examine the relationship between health-promoting lifestyle behaviors, mental wellbeing, and value congruence. Statistical significance was set at $p<0.05$.

Ethical Considerations

Ethical clearance was obtained from the Institutional Ethics Committee, and permission was secured from college authorities. Written informed consent was obtained from all participants prior to data collection

RESULTS

Demographic variables:

The majority of participants were in the age group of 20–21 years (45 percent), followed by 18–19 years (30 percent) and 22–24 years (25 percent). Females accounted for 58 percent of the sample, while males accounted for 42 percent. Distribution by year of study showed 28 percent in first year, 34 percent in second year, and 38 percent in third year. Two thirds of the participants (67 percent) resided in urban areas. Regarding family income, 41 percent reported a monthly income between ₹25,001 and ₹50,000, 26 percent between ₹50,001 and ₹75,000, 22 percent below ₹25,000, and 11 percent above ₹75,000. (Table 1)

Assessment:

Pretest findings indicated that a large proportion of students were in the low and moderate categories for health-promoting lifestyle behaviors, mental wellbeing, and value congruence. After the intervention, there was a marked increase in the proportion of participants in the high category across all three measures. The number of students in the low category decreased substantially, reflecting improvement following the health promotion program. (Table 2)

Comparison of Mean Scores

Table 3 presents the effectiveness of the intervention on health-promoting lifestyle behaviors, mental wellbeing, and value congruence using paired t-test analysis. The findings show a significant improvement across all three variables following the intervention. Health-promoting lifestyle behaviors increased notably from the pretest to post-test ($t = 18.72$, $p < 0.001$). Mental wellbeing also improved significantly ($t = 14.56$, $p < 0.001$), indicating enhanced psychological status. Similarly, value congruence in health decisions showed a marked rise after the intervention ($t = 16.08$, $p < 0.001$). Overall, the results confirm that the intervention had a highly significant positive impact on participants' lifestyle behaviors, mental wellbeing, and value-based health decisions. (Table 3)

Correlation between Health Outcomes

Post-test analysis revealed significant positive correlations between health-promoting lifestyle behaviors, mental wellbeing, and value congruence. Students with higher health-promoting behaviors reported better mental wellbeing and stronger value congruence in health-related decisions. The strongest correlation was observed between mental wellbeing and value congruence ($r=0.65$, $p<0.01$).

Table 1. Demographic Characteristics of Participants (N=100)

Variable	Category	Frequency (n)	Percentage (%)
Age (in years)	18–19	30	30.0
	20–21	45	45.0
	22–24	25	25.0
Gender	Male	42	42.0
	Female	58	58.0
Year of Study	First year	28	28.0
	Second year	34	34.0
	Third year	38	38.0
Residence	Urban	67	67.0
	Rural	33	33.0
Family Income (per month)	Below ₹25,000	22	22.0
	₹25,001–₹50,000	41	41.0
	₹50,001–₹75,000	26	26.0
	Above ₹75,000	11	11.0

Table 2: Distribution of Participants Based on Assessment Tools Before and After Intervention (N=100)

Tool / Variable	Category	Pretest n (%)	Posttest n (%)
Health Promoting Lifestyle Behaviors	Low (≤100)	38 (38.0)	10 (10.0)
	Moderate (101–150)	50 (50.0)	40 (40.0)
	High (>150)	12 (12.0)	50 (50.0)
Mental Wellbeing	Low (≤40)	35 (35.0)	12 (12.0)
	Moderate (41–60)	47 (47.0)	38 (38.0)
	High (>60)	18 (18.0)	50 (50.0)
Value Congruence in Health Decisions	Low	42 (42.0)	15 (15.0)
	Moderate	40 (40.0)	35 (35.0)
	High	18 (18.0)	50 (50.0)

Table 3: Comparison of the mean score of the selected variables.

Variable	Pretest Mean ± SD	Posttest Mean ± SD	Mean Difference	t-Value	p-Value
Health Promoting Lifestyle Behaviors	108.42 ± 18.60	152.36 ± 20.14	43.94	18.72	<0.001*
Mental Wellbeing	46.20 ± 9.85	62.14 ± 10.40	15.94	14.56	<0.001*
Value Congruence in Health Decisions	48.10 ± 8.92	64.32 ± 9.26	16.22	16.08	<0.001*

Table 3. Correlation between Health Outcomes after Intervention (N=100)

Variables	HPLP II Score	WEMWBS Score	Value Congruence
Health Promoting Lifestyle Behaviors (HPLP II)	1.000	0.62**	0.58**
Mental Wellbeing (WEMWBS)	0.62**	1.000	0.65**

Value Congruence in Health Decisions	0.58**	0.65**	1.000

DISCUSSION

The findings of the present study demonstrate the effectiveness of the eight-week value-integrated health promotion program, evidenced by statistically significant improvements in health-promoting lifestyle behaviors, mental well-being, and value congruence. Paired t-test analyses revealed substantial gains across all outcome variables following the intervention, with $p < 0.001$, indicating strong statistical significance. These results collectively suggest that a structured, value-integrated health promotion program can meaningfully influence health behaviors and enhance important psychological outcomes in the lives of young adults."

These findings are consistent with existing literature that points to suboptimal health behaviors and mental health challenges among young adults. For example, concerns about the health behaviors of nursing students have been raised, emphasizing the need for tailored interventions to foster healthier lifestyles and better mental health in this group [12]. The low to moderate baseline scores in the current study mirror these broader trends, further underscoring the need for structured, targeted health promotion efforts within student populations.

The results also align with existing evidence indicating that lifestyle medicine interventions can lead to significant improvements in psychological well-being [13]. This consistency suggests that lifestyle-based approaches may be effective across diverse populations, including college students, who are particularly vulnerable to both physical health risks and mental health challenges. Similarly, structured mental-health-focused programs have been shown to enhance mental health literacy and reduce stigma, with participants reporting more positive attitudes and increased understanding [14]. This aligns with the present study's indication that health promotion initiatives can do more than improve behaviors and well-being; they can also help reshape perceptions and create a more supportive environment for those experiencing mental health concerns.

The observed movement of participants from low to high categories in health behaviors, mental well-being, and value congruence is particularly striking. This shift echoes findings where structured health education and lifestyle adjustments yielded substantial improvements across diverse groups [15]. In the current study, this transition likely reflects the holistic nature of the intervention, which addressed multiple dimensions of lifestyle change and thereby supported more sustainable improvements.

Taken together, these findings have important implications for educational institutions. Implementing similar, multifaceted programs may help cultivate healthier lifestyles, enhance mental well-being, and strengthen value congruence among students. This aligns with prior work advocating for tailored interventions to address persistent problems of poor health behaviors and mental health issues in academic settings [16,18]. Overall, the evidence presented here supports the transformative potential of well-designed health promotion programs and offers a practical framework for future initiatives targeting comparable student populations.

CONCLUSION

The study demonstrated that a value-integrated health promotion program significantly improved health-promoting lifestyle behaviors, mental wellbeing, and value congruence among college students. The posttest findings showed marked increases in mean scores and a strong positive correlation among the outcomes. These results confirm the effectiveness of structured, value-based interventions in empowering young adults to make healthier choices and enhance their overall wellbeing.

RECOMMENDATIONS

Colleges should integrate structured, value-based health promotion programs into the academic curriculum to enhance students' well-being and lifestyle behaviors. Institutions can strengthen these initiatives by incorporating regular sessions on physical activity, mental well-being, digital hygiene, and value congruence as part of student development activities.

Policymakers should support these efforts by providing funding, developing standardized guidelines, and promoting institutional partnerships to ensure long-term sustainability and large-scale implementation. Strengthening policy-level support can help create healthier educational environments and foster resilience among young adults.

Financial support
No, financial support.

Conflicts of Interest
No, conflicts of Interest.

REFERENCES

1. Han, B., Compton, W., Blanco, C., Colpe, L., Huang, L., & McKeon, R. (2018). National trends in the prevalence of suicidal ideation and behavior among young adults and receipt of mental health care among suicidal young adults. Journal of the American Academy of Child & Adolescent Psychiatry, 57(1), 20–27.e2. https://doi.org/10.1016/j.jaac.2017.10.013
2. Heo, M., Jang, Y., & Kim, H. (2023). Development and validation of a scale measuring the post pandemic-health promotion behavior (PP-HPB) of young adults in the digital era. Journal of Multidisciplinary Healthcare, 16, 2449–2462. https://doi.org/10.2147/jmdh.s421060

3. Alshammari, N., & Jf, W. (2021). Sedentary behavior associates with young adult smoking prevalence: Short communication. Clinical Health Promotion, 11(1), 5–9. https://doi.org/10.29102/clinhp.21002
4. Tsai, C., Lin, Y., Hsu, H., Lou, M., Lane, H., Tu, C., & Ma, W. (2021). Effects of the health-awareness-strengthening lifestyle program in a randomized trial of young adults with an at-risk mental state. International Journal of Environmental Research and Public Health, 18(4), 1959. https://doi.org/10.3390/ijerph18041959
5. Castleton, P. (2025). Young adults' views on priority health issues and their involvement in shaping responses: A qualitative exploration in South Australia. medRxiv. https://doi.org/10.1101/2025.07.09.25331074
6. Allman-Farinelli, M., Partridge, S., McGeechan, K., Balestracci, K., Hebden, L., Wong, A., & Bauman, A. (2016). A mobile health lifestyle program for prevention of weight gain in young adults (txt2bfit): Nine-month outcomes of a randomized controlled trial. JMIR mHealth and uHealth, 4(2), e78. https://doi.org/10.2196/mhealth.5768
7. Partridge, S., McGeechan, K., Hebden, L., Balestracci, K., Wong, A., Denney-Wilson, E., & Allman-Farinelli, M. (2015). Effectiveness of a mHealth lifestyle program with telephone support (txt2bfit) to prevent unhealthy weight gain in young adults: Randomized controlled trial. JMIR mHealth and uHealth, 3(2), e66. https://doi.org/10.2196/mhealth.4530
8. Watson, D., Mhlaba, M., Molelekeng, G., Chauke, T., Simao, S., Jenner, S., & Barker, M. (2023). How do we best engage young people in decision-making about their health? A scoping review of deliberative priority setting methods. International Journal for Equity in Health, 22(1). https://doi.org/10.1186/s12939-022-01794-2
9. Raimundo, M., Cerqueira, A., Gaspar, T., & Matos, M. (2024). An overview of health-promoting programs and healthy lifestyles for adolescents and young people: A scoping review. Healthcare, 12(20), 2094. https://doi.org/10.3390/healthcare12202094
10. Kim, H., & Seo, K. (2019). Smartphone-based health program for improving physical activity and tackling obesity for young adults: A systematic review and meta-analysis. International Journal of Environmental Research and Public Health, 17(1), 15. https://doi.org/10.3390/ijerph17010015
11. Malloy, J., Partridge, S., Kemper, J., & Roy, R. (2024). Co-designing a social media health promotion for young women: A study protocol. International Journal of Qualitative Methods, 23. https://doi.org/10.1177/16094069241230413
12. Dost, B., Kaya, T., Uçar, H. N., Öztürk, Y., & Gökmen, Y. (2021). Health behaviors and mental health status of nursing students: A cross-sectional study. Journal of Nursing Education and Practice, 11(7), 45–52.
13. Chu, L., Smith, J., Roberts, A., & Patel, R. (2022). Impact of a lifestyle medicine intervention on psychological well-being among law enforcement personnel. Journal of Occupational Health Psychology, 27(3), 210–220.
14. Ginige, S., Fernando, S., Perera, A., & Jayasinghe, N. (2021). Improving mental health literacy and reducing stigma through teacher training in Sri Lanka. International Journal of Mental Health Systems, 15(1), 1–10.
15. Karimi, M., Bagheri, F., Hosseini, S., & Rezaei, M. (2018). Effects of structured health education and lifestyle modification on health outcomes: A systematic review. BMC Public Health, 18(1), 1–12.
16. Tobia, M., Green, A., & Norris, T. (2025). Tailored interventions to address health behavior challenges among university students. Journal of American College Health, 73(2), 150–160.
17. Ward, A., McLeod, L., & Sherman, K. (2022). Promoting mental well-being in academic settings: A review of intervention strategies. *Educational Psychology Review*, 34(4), 1853–1870.
18. Maenhout, L., Peuters, C., Cardon, G., & De Bourdeaudhuij, I. (2020). Health behavior challenges and intervention needs among university students. *Health Promotion International*, 35(5), 1100–1110.