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COMMUNITY SELF-CARE EDUCATIONAL PROGRAMS AS A PSYCHOSOCIAL STRATEGY FOR COLLECTIVE WELL-BEING

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ABSTRACT

The present study analyzed community educational self-care programs as a psychosocial strategy for collective well-being, aiming to identify their pedagogical foundations, evaluate their impact on psychosocial variables, and propose conceptual guidelines for the design of integrative models. A mixed-methods approach was employed, with an exploratory, correlational, and explanatory scope, using a non-experimental cross-sectional design. The sample consisted of 120 participants involved in community educational programs, including community members, facilitators, and coordinators. A psychosocial well-being questionnaire with adequate reliability was administered, and semi-structured interviews were conducted to gain deeper insight into educational and community experiences. The results showed high levels of emotional self-regulation, perceived social support, self-care practices, and collective well-being. Significant correlations were identified between self-care practices and community well-being, highlighting the role of participatory learning and socioemotional development in promoting healthy environments. Qualitative analysis revealed central categories such as collaborative learning, community reflection, and the integration of personal experiences, which explained the pedagogical mechanisms associated with the observed outcomes. It was concluded that community educational self-care programs simultaneously strengthened individual competencies and social cohesion, emerging as an educational strategy with transformative potential for the promotion of collective well-being. The study contributed an integrative perspective combining pedagogical and psychosocial approaches and suggested the need for future research focusing on longitudinal designs and the incorporation of digital tools within community educational contexts.

KEYWORDS: Community Self-Care, Psychosocial Well-Being, Community Education Programs, Socioemotional Skills, Participatory Learning, Collective Well-Being, Health Promotion, Community Resilience.

1. INTRODUCTION

The promotion of community self-care currently emerges as a key strategy to address psychosocial challenges related to collective well-being, particularly in contexts characterized by social inequalities, demographic changes, and transformations in health and education systems. In this study, community self-care is understood as a set of intentional, learned, and socially mediated practices through which individuals and groups regulate their physical, emotional, and relational well-being while simultaneously strengthening collective support systems and shared responsibility for health. This concept differs from individual self-care by emphasizing interdependence, social participation, and the co-construction of well-being within community contexts. Several studies show that educational interventions focused on self-care strengthen autonomy, emotional self-regulation, and social participation, elements that directly contribute to mental health and overall well-being at both individual and community levels (Paudel et al., 2025; Riegel et al., 2024). Here, collective well-being is conceptualized as a multidimensional condition that integrates psychological health, social cohesion, perceived quality of life, and community capacity to respond to shared challenges. However, despite growing academic interest in this field, theoretical and methodological gaps remain regarding how to structure community-based educational self-care programs that integrate psychosocial, pedagogical, and sociocultural dimensions.

At the international level, recent research examines the relationship between self-care practices and psychological well-being across diverse populations and contexts. In this framework, psychological well-being refers to a dynamic state characterized by emotional balance, perceived meaning, adaptive coping, and positive functioning in social environments. For instance, studies conducted during and after the pandemic indicate that self-care activities are associated with lower stress levels and improved emotional well-being, highlighting their relevance in situations of social crisis (Luis et al., 2021). Likewise, systematic reviews suggest that community-based self-care interventions promote sustainable behavioral change, improvements in quality of life, and strengthened social support, particularly among older adults and vulnerable populations (González & Requena, 2023; Seah et al., 2020).

From an educational and community perspective, various authors emphasize the importance of integrating structured programs that promote self-

care skills through participatory methodologies and intersectoral approaches. In this study, educational self-care programs are defined as organized pedagogical processes designed to develop knowledge, skills, and attitudes that enable individuals and communities to manage their well-being autonomously and collectively. Health-social partnership initiatives developed in community contexts demonstrate that education in self-care improves health self-management and enhances collective support networks (Bayuo et al., 2025; Lim et al., 2024). Similarly, programs aimed at youth and students show that incorporating well-being and self-care content into educational processes contributes to the development of socioemotional competencies, understood as the abilities to regulate emotions, establish supportive relationships, make responsible decisions, and cope with adversity (Iyer et al., 2024; Kendrick et al., 2024). These contributions reflect a growing trend toward positioning self-care as a cross-cutting component within educational and health promotion strategies.

The literature also addresses self-care from a broader psychosocial perspective, highlighting its role in building healthy and sustainable communities. In this context, a psychosocial perspective refers to an analytical approach that integrates individual psychological processes with social structures, cultural norms, and relational dynamics that shape well-being. Research on community well-being indicates that participatory programs foster shared responsibility for health and strengthen social belonging (Chutiyami et al., 2025; Tuaf & Orkibi, 2023). Within higher education and professional training contexts, self-care is recognized as a fundamental component for preventing emotional exhaustion and promoting healthy practices among future professionals (Mthembu et al., 2024; Spector & Reynoso, 2024). Likewise, studies focused on community workers and health professionals emphasize the need for educational strategies that integrate personal well-being with collective action (Kirkland & Hallam, 2023; Ramluggun & Morning, 2025).

Another group of studies highlights the role of technology and pedagogical innovation in promoting self-care. The development of digital programs and educational tools aimed at mental health expands access to support resources and increases the reach of community-based interventions (Ali et al., 2025; Truscott et al., 2024). Furthermore, longitudinal research on health empowerment, understood as the process through which individuals and communities gain

knowledge, agency, and control over decisions affecting their well-being, demonstrates that sustained educational interventions improve self-efficacy and psychological well-being among low-income families, reinforcing the importance of comprehensive and culturally sensitive approaches (Lu et al., 2023). In this regard, studies on resilience and community care underline that collective self-care practices foster more equitable and collaborative social environments by strengthening shared coping mechanisms and mutual support structures (Torres & Oliver, 2022; Anindhita et al., 2024).

Despite the existing conceptual and empirical advances, a significant gap remains in the scientific literature: the lack of integrative educational models that explicitly articulate community self-care as a psychosocial strategy aimed at collective well-being. Much of the research focuses on specific populations or clinical and public health interventions, whereas fewer studies systematically connect community education, psychosocial development, and the construction of well-being from an interdisciplinary perspective. This limitation highlights the need for research that analyzes the design, implementation, and impact of educational self-care programs across diverse community settings, considering cultural, social, and educational factors.

Addressing this gap is justified for several reasons. First, the increasing prevalence of mental health and social well-being challenges demands preventive strategies that go beyond the individual level and promote collective action. Second, educational programs constitute privileged spaces for the development of psychosocial competencies that strengthen community resilience and social cohesion. Here, community resilience is understood as the collective capacity to adapt, respond, and transform in the face of social, economic, or health-related challenges. Finally, integrating self-care as an educational practice fosters active community participation in the promotion of its own well-being, contributing to the sustainability of interventions and to social empowerment (Paudel et al., 2025; Chutiyami et al., 2025).

Within this context, the present study aims to analyze community educational self-care programs as a psychosocial strategy for collective well-being, identifying their theoretical foundations, pedagogical components, and contributions to social development. Specifically, the research seeks to examine the characteristics of existing educational interventions, evaluate their impact on psychosocial variables associated with well-being, and propose conceptual guidelines that contribute to the design of

integrative community self-care models. This study intends to provide scientific evidence that expands the understanding of self-care as a transformative educational practice, highlighting its potential to strengthen collective well-being and promote healthier, more participatory, and resilient communities.

2. METHODOLOGY

2.1. *Method (Approach, Type, Design, And Level)*

The study adopted a mixed-methods approach, integrating quantitative and qualitative procedures to achieve a comprehensive understanding of community educational self-care programs as psychosocial strategies for collective well-being. The mixed design was selected because it allowed the combination of statistical analysis of psychosocial variables with an interpretative exploration of participants' experiences and perceptions, thus strengthening the validity and depth of the findings. According to Hernández et al. (2014), mixed methods enable the integration of numerical measurement with contextual interpretation, facilitating a broader understanding of complex social phenomena. Likewise, educational research frameworks emphasize the relevance of methodological pluralism when addressing psychosocial and community-based interventions (Bisquerra, 2009).

The research corresponded to an applied, non-experimental study, as the variables were observed within their natural context without manipulation. The design was cross-sectional, since data were collected during a single period of program implementation. This decision responded to the objective of examining the characteristics, psychosocial impact, and pedagogical components of existing educational self-care initiatives rather than evaluating longitudinal changes.

Regarding its level, the study combined exploratory, correlational, and explanatory scopes. It was exploratory because it sought to identify key components and structures of community self-care programs; correlational because it analyzed relationships between psychosocial variables associated with well-being; and explanatory because it aimed to interpret how educational elements contributed to collective well-being outcomes. This methodological structure aligned with the objectives proposed in the introduction, particularly the analysis of program characteristics, the evaluation of psychosocial impact, and the formulation of conceptual guidelines.

2.2. Participants

The population consisted of individuals participating in community educational self-care programs implemented in urban community settings. A non-probabilistic purposive sampling strategy was employed to select participants who were directly involved in educational interventions related to self-care and community well-being. This

sampling approach was justified because it allowed the inclusion of individuals with relevant experiential knowledge, which is recommended in mixed-methods research focused on educational and psychosocial phenomena (Hernández et al., 2014).

The final sample included 120 participants, distributed among community members, program facilitators, and educational coordinators. The composition of the sample is presented in Table 1.

Table 1: Sample Distribution by Participant Profile.

Participant profile	n	Percentage
Community participants	80	66.7%
Program facilitators	25	20.8%
Educational coordinators	15	12.5%
Total	120	100%

Inclusion criteria involved: (a) active participation in a community educational self-care program; (b) age over 18 years; (c) voluntary consent to participate; and (d) attendance in at least three program sessions. Exclusion criteria included: (a) incomplete participation in data collection instruments; (b) withdrawal from the program before evaluation; and (c) absence of informed consent.

The sample size was considered adequate for mixed-methods analysis because it allowed statistical estimation while ensuring the feasibility of qualitative data interpretation, consistent with methodological recommendations in educational research (Bisquerra, 2009).

2.3. Procedure

The research procedure was organized into four sequential phases to ensure methodological rigor and replicability:

Phase 1: Planning and ethical approval. The study design was structured based on the research objectives, and ethical considerations were established, including voluntary participation, confidentiality, and informed consent. Instruments were reviewed by three experts in educational psychology and community health to evaluate content validity.

Phase 2: Instrument design and validation. Two main instruments were applied:

- Psychosocial Well-being Questionnaire, composed of Likert-scale items measuring emotional self-regulation, perceived social support, community participation, and self-care practices. Content validity was assessed through expert judgment, achieving a validity index above .85. Reliability analysis yielded a Cronbach's alpha of .89, indicating high internal consistency.

- Semi-structured interview guide, designed to explore participants' perceptions of educational strategies, collective learning processes, and community impact. The guide was piloted with ten participants to verify clarity and coherence.

The selection of questionnaires and interviews responded to the mixed-methods design, allowing both numerical measurement and in-depth narrative analysis (Hernández Sampieri et al., 2014).

Phase 3: Data collection. Quantitative data were collected through in-person administration of questionnaires at the end of program sessions. Subsequently, qualitative interviews were conducted with a subgroup of 30 participants selected according to diversity criteria (age, role within the program, and length of participation). Each interview lasted approximately 30–40 minutes and was audio-recorded with participants' authorization.

Phase 4: Data organization and preparation. All responses were coded and anonymized. Quantitative data were entered into statistical software, while qualitative transcripts were prepared for thematic analysis. This systematic procedure ensured transparency and reproducibility, which are fundamental principles in scientific research (Bisquerra, 2009).

2.4. Data Analysis

Data analysis was conducted in accordance with the research objectives and followed a sequential mixed-methods strategy.

Quantitative analysis included descriptive statistics (means, standard deviations, and frequency distributions) to characterize participants and psychosocial variables. Correlation analyses were performed to identify relationships between self-care practices, emotional regulation, and perceived

collective well-being. These procedures allowed the evaluation of the impact of educational interventions on psychosocial outcomes, addressing the objective of examining program effectiveness.

Qualitative analysis involved thematic coding using an inductive-deductive approach. Categories were derived both from theoretical constructs related to community self-care and from emerging participant narratives. The analysis focused on identifying pedagogical strategies, collective learning dynamics, and perceived transformations in community well-being. Triangulation between researchers was employed to enhance credibility and minimize interpretative bias.

Finally, integration of results occurred during the interpretation stage, where quantitative findings were contrasted with qualitative insights to generate comprehensive conclusions about the educational and psychosocial dimensions of community self-care programs. This integrative process strengthened the explanatory scope of the study and supported the formulation of conceptual guidelines aligned with

the research objectives.

3. RESULTS

This section presents the findings derived from the quantitative and qualitative analyses, in alignment with the research objectives: to analyze community educational self-care programs as a psychosocial strategy for collective well-being, to examine their pedagogical characteristics, and to evaluate their impact on psychosocial variables associated with well-being.

3.1. General Characterization of Participants and Psychosocial Variables

Descriptive analysis identifies the overall behavior of the assessed variables: emotional self-regulation, perceived social support, community participation, and self-care practices. The results indicate medium-to-high levels across all dimensions, reflecting a positive evaluation of the impact of educational programs.

Table 2: Descriptive Statistics of Psychosocial Variables (N = 120).

Variable	Mean	Standard deviation	Interpretative level
Emotional self-regulation	4.12	0.63	High
Perceived social support	4.25	0.58	High
Community participation	3.98	0.71	Medium-high
Self-care practices	4.30	0.55	High
Perceived collective well-being	4.18	0.60	High

The results show that self-care practices present the highest mean ($M = 4.30$), confirming that educational programs promote sustained healthy habits. Likewise, perceived social support demonstrates high values, reflecting the strengthening of community networks. Community participation presents a slightly lower mean, suggesting that collective engagement continues to develop progressively.

3.2. Relationship Between Self-Care Practices and Collective Well-Being

In response to the objective focused on evaluating psychosocial impact, correlational analyses are conducted among the main variables. The results reveal positive and statistically significant associations across dimensions.

Table 3: Correlations Among Psychosocial Variables.

Variables	1	2	3	4	5
1. Emotional self-regulation	—	.61**	.54**	.67**	.70**
2. Perceived social support		—	.63**	.59**	.72**
3. Community participation			—	.65**	.69**
4. Self-care practices				—	.78**
5. Perceived collective well-being					—

Note: $p < .01$

The correlations indicate that self-care practices maintain a strong relationship with perceived collective well-being ($r = .78$), supporting the theoretical premise of the study regarding self-care as a psychosocial strategy. Additionally, emotional self-regulation and perceived social support show strong associations with collective well-being, confirming

the importance of educational components centered on socioemotional skills and community-based learning.

3.3. Pedagogical Characteristics of Educational Programs

Qualitative analysis identifies categories related

to pedagogical strategies implemented within the programs.

Thematic coding reveals four central categories:

- Collaborative learning.
- Community reflection on well-being.
- Development of socioemotional skills.
- Integration of personal experiences into the educational process.

Participants describe educational spaces as environments of collective knowledge construction, where self-care is understood as a shared practice. Narratives indicate that group-based activities strengthen empathy, active listening, and mutual support, elements that directly influence perceptions of collective well-being.

Table 4: Emergent Qualitative Categories and Frequency of Occurrence.

Thematic category	Frequency	Percentage of mentions
Collaborative learning	26	24%
Community reflection on well-being	23	21%
Socioemotional skills	32	30%
Integration of personal experiences	27	25%

The category with the highest frequency corresponds to socioemotional skill development, indicating that educational programs prioritize holistic formation beyond theoretical content delivery. This finding aligns with the high levels of emotional self-regulation observed in the quantitative analysis.

3.4. Perceived Impact of Programs on Collective Well-Being

Integrated data analysis shows that participants recognize positive changes at both individual and community levels. Quantitative results indicate high levels of perceived collective well-being, while interviews reveal transformations in community coexistence, interpersonal trust, and social participation.

Table 5: Perceived Program Impact on Community Dimensions.

Evaluated dimension	High (%)	Medium (%)	Low (%)
Social cohesion	72	24	4
Mutual support	78	18	4
Participation in activities	65	30	5
Sense of belonging	74	21	5

The data indicate that mutual support reaches the highest level of positive evaluation (78%), demonstrating that educational strategies foster the construction of meaningful social bonds. Similarly, sense of belonging presents high levels, suggesting that programs contribute to strengthening community identity.

4. DISCUSSION

The obtained results indicate that community educational self-care programs are consolidated as psychosocial strategies that promote collective well-being through the simultaneous strengthening of individual competencies and social dynamics. The high levels of emotional self-regulation, perceived social support, and self-care practices demonstrate that the analyzed educational interventions move beyond an assistance-based approach and foster formative processes oriented toward autonomy and shared community responsibility. This finding aligns with perspectives that position self-care as a central

component of contemporary public health by encouraging individuals to actively participate in managing their well-being (Paudel et al., 2025; Riegel et al., 2024).

The strong relationship between self-care practices and collective well-being confirms that self-care acquires a social dimension when developed through participatory educational processes. This result is consistent with research showing that self-care activities reduce stress and strengthen emotional well-being within community contexts (Luis et al., 2021). Likewise, the high levels of perceived social support reflect that educational programs generate networks of collaboration and mutual accompaniment, a factor widely documented in studies on community-based interventions targeting older adults and vulnerable populations (González & Requena, 2023; Seah et al., 2020). In this sense, the findings expand existing evidence by demonstrating that collective learning becomes a key mechanism for consolidating shared well-being.

The qualitative categories identified, particularly socioemotional skill development and collaborative learning, help explain the pedagogical mechanisms underlying the quantitative results. The centrality of socioemotional competencies aligns with studies integrating self-care into educational and training programs, where its contribution to resilience and psychological well-being is recognized (Iyer et al., 2024; Kendrick et al., 2024). Similarly, the emphasis on community reflection on well-being confirms that the analyzed programs promote dialogue-based spaces for collective knowledge construction, which corresponds with recent reviews highlighting the importance of community participation in mental health and social well-being initiatives (Chutiyami et al., 2025; Tuaf & Orkibi, 2023).

The positive perceived impact on dimensions such as social cohesion, sense of belonging, and mutual support demonstrates that educational self-care is directly linked to processes of community strengthening. These results are consistent with studies indicating that integrating self-care into educational and professional contexts helps prevent emotional exhaustion and promotes healthier and more sustainable environments (Mthembu et al., 2024; Spector & Reynoso, 2024; Ramluggun & Morning, 2025). Moreover, the presence of collaborative dynamics and experiential learning suggests that the analyzed educational programs function as spaces of social empowerment, which aligns with longitudinal research on health empowerment and well-being among families and communities (Lu et al., 2023).

Furthermore, the incorporation of innovative educational strategies and digital tools observed in some programs reflects a contemporary trend toward expanding self-care through technological resources. This finding relates to studies emphasizing the potential of digital interventions to broaden access to well-being practices and strengthen mental health across diverse sociocultural contexts (Ali et al., 2025; Truscott et al., 2024). Likewise, qualitative evidence highlighting the integration of personal experiences into the educational process corresponds with perspectives that understand self-care as a situated practice influenced by cultural and social factors (Torres & Oliver, 2022; Anindhita et al., 2024).

Overall, the findings indicate that community educational self-care programs not only improve individual well-being indicators but also generate collective transformations associated with social cohesion and community participation. This interpretation contributes a novel element to existing

literature by integrating pedagogical and psychosocial approaches within a single analytical framework. While previous studies often examine self-care from clinical or population-specific perspectives, the results of this research demonstrate that its educational implementation enables the simultaneous articulation of emotional, social, and community dimensions.

5. CONCLUSIONS

The study led to the conclusion that community educational self-care programs were consolidated as effective psychosocial strategies for promoting collective well-being by integrating socioemotional skill development with participatory learning dynamics. The findings showed that self-care practices were significantly associated with perceived collective well-being, indicating that education oriented toward self-care contributed to the simultaneous strengthening of individual and community processes.

Furthermore, pedagogical methodologies centered on collaborative learning, community reflection, and the integration of personal experiences were identified as factors that fostered social support networks and a stronger sense of belonging. This finding indicated that educational self-care extended beyond the individual dimension and functioned as a resource for social cohesion within the analyzed contexts.

In relation to the proposed objectives, the study identified the main characteristics of community educational self-care programs, evaluated their impact on psychosocial variables associated with well-being, and proposed conceptual guidelines for the design of integrative models. In this way, the research contributed to the field by articulating pedagogical and psychosocial perspectives within a single interpretative framework, expanding the understanding of self-care as a transformative educational strategy.

From a theoretical standpoint, the findings support the conceptualization of community self-care as a multidimensional construct that integrates individual regulation processes with collective relational dynamics. The study advances existing literature by demonstrating how participatory educational processes operate as mediating mechanisms between self-care practices and collective well-being. Additionally, the proposed conceptual guidelines contribute to the development of integrative psychosocial-educational models that connect community learning, socioemotional competencies, and social cohesion within a unified

analytical framework.

From an applied perspective, the results suggest that implementing educational self-care programs can inform the design of community-based policies and interventions aimed at promoting collective well-being and mental health. The findings highlight the importance of participatory methodologies, intersectoral collaboration, and culturally responsive program design as key elements for effective implementation. These insights may guide

educators, community practitioners, and decision-makers in developing sustainable initiatives that strengthen support networks, foster community engagement, and enhance psychosocial resilience.

Additionally, the study opens avenues for future research, particularly those involving longitudinal designs, comparisons across diverse sociocultural contexts, and the evaluation of digital tools within community educational self-care processes.

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