East Asian Journal of Multidisciplinary Research (EAJMR)
Vol. 5, No. 10, 2026: 4111 - 4122

Impact of Peer Educator's Training on the Biopsychosocial Well-Being of Adolescents

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A R T I C L E I N F O

Keywords: Adolescents, Peer Educators Training, Biopsychosocial Well-Being, Social Learning Theory, Koronadal City

Received : 08, August
Revised : 13, September
Accepted: 17, October

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A B S T R A C T

This study examined the impact of Peer Educator's Training under the Adolescent Health and Youth Development (AHYD) Program on the biopsychosocial well-being of adolescents in Koronadal City. Using a descriptive-correlational design, the study involved 164 adolescents aged 10–19 who participated in the training from 2022 to 2024. The study assessed biological, psychological, and social well-being in relation to the training components of personal growth and self-understanding, interpersonal and social skills, health and sexuality awareness, and life skills and empowerment. Findings revealed high levels of well-being among participants and significant positive correlations between all training components and well-being outcomes ($r = 0.89$, $p < .001$). The results support the value of peer education as an effective strategy for promoting adolescent development and strengthening youth-focused interventions.

DOI prefix: https://doi.org/10.55927/eajmr.v5i10.2
ISSN-E: 2828 – 1519 (Online)
https://eajmrformosa.my.id/index.php/eajmr

INTRODUCTION

Adolescence is a critical developmental stage characterized by significant biological, psychological, and social changes that influence overall well-being. However, this period also exposes young people to various health and social risks, including early sexual activity, substance use, mental health concerns, violence, and peer pressure (Reis et al., 2023). Globally and nationally, these challenges continue to affect adolescents, highlighting the need for effective interventions that promote healthy development and responsible decision-making.

In the Philippines, concerns related to adolescent well-being remain evident through increasing cases of adolescent pregnancy, HIV infection, and mental health issues among young people. In response, government agencies and partner organizations have implemented youth-centered programs such as Peer Educator's Training under the Adolescent Health and Youth Development (AHYD) Program. In Koronadal City, this initiative is implemented through the City Population Office and Youth Development Office, providing adolescents with education and training on leadership, reproductive health, mental health, life skills, and youth participation.

Peer education has been widely recognized as an effective strategy for improving adolescent knowledge, attitudes, and health-related outcomes (Dodd et al., 2022; Medley et al., 2009). Nevertheless, existing studies provide limited evidence regarding its long-term influence on behavioral and biological outcomes, particularly within local Philippine settings. Moreover, research examining the impact of peer educator programs from a holistic biopsychosocial perspective remains scarce.

Addressing these gaps, the present study examined the impact of Peer Educator's Training on the biopsychosocial well-being of adolescents in Koronadal City. Guided by the biopsychosocial model and the holistic perspective of social work, the study assessed the extent to which participation in the program influenced adolescents' biological, psychological, and social well-being. Specifically, it examined the impact of the training across key components, namely personal growth and self-understanding, interpersonal and social skills, health and sexuality awareness, and life skills and empowerment. Furthermore, the study explored the relationship between these program components and adolescents' well-being outcomes. By providing localized evidence on the effectiveness of peer education initiatives, the findings contribute to the growing body of knowledge on adolescent development and offer practical insights for strengthening youth-centered interventions in Koronadal City and similar communities.

THEORETICAL REVIEW

Social Learning Theory

Social Learning Theory, developed by Bandura (1977), explains that individuals learn behaviors, attitudes, and values through observation, imitation, and modeling. According to the theory, learning occurs through four key processes: attention, retention, reproduction, and motivation. Individuals are more likely to adopt behaviors that they observe being performed and reinforced

within their social environment. The theory emphasizes the important role of peers in shaping behavior, particularly during adolescence when social influence becomes increasingly significant.

In the context of this study, Social Learning Theory provides a foundation for understanding how Peer Educator's Training influences adolescents. Through interactions with trained peer educators, participants are exposed to positive models of behavior related to health practices, communication, decision-making, and social responsibility. As adolescents observe and interact with their peers, they may acquire knowledge, develop positive attitudes, and adopt behaviors that contribute to their biological, psychological, and social well-being. Hofmans and van den Bos (2022) further support this perspective by highlighting adolescents' heightened sensitivity to peer influence and social information during this developmental stage.

Psychosocial Development Theory

Erikson's Psychosocial Development Theory explains that human development occurs through a series of stages characterized by psychosocial challenges. The stage most relevant to this study is Identity versus Role Confusion, which occurs during adolescence. During this period, individuals seek to establish a coherent sense of self, develop personal values, and identify their roles within society. Successful resolution of this stage leads to a stronger sense of identity, confidence, and responsible decision-making, while failure may result in confusion and engagement in risk-taking behaviors.

This theory is relevant to Peer Educator's Training because the program addresses important developmental needs of adolescents through activities focused on personal growth and self-understanding, interpersonal and social skills, health and sexuality awareness, and life skills and empowerment. These components provide opportunities for adolescents to explore their identities, build healthy relationships, and develop competencies necessary for positive adjustment. De Carvalho et al. (2025) emphasized that psychosocial development significantly influences adolescents' engagement and participation in developmental opportunities. Through participation in Peer Educator's Training, adolescents may strengthen their psychosocial development, thereby enhancing their overall biopsychosocial well-being.

METHODOLOGY

The study used descriptive-correlational design to describe the profile of the adolescents such as age, sex and grade level; the activities they used in the Peer Educator's Training; and their views on its impact, as well as to determine the significant relationship between the components of the Peer Educator's Training and the respondents perceived impact of the program on the biopsychosocial well-being of the adolescents. The study involved 164 adolescents aged 10 to 19 years who participated in two-day Peer Educator's Training conducted by the CPO of Koronadal City from 2022 to 2024. Since the population was only 164 the researchers used census sampling to examined all

members of the group which resulted in accurate findings based on the complete experiences of the entire group.

Research instrument

The research used a survey questionnaire as the main instrument for the collection of the data. The questionnaire was made up of carefully crafted items intended to evaluate the main research variables, making sure it is appropriate, relevant, and clear for the targeted respondents. To ensure the validity and the reliability of the instrument, the questionnaire underwent validation by the three experts from relevant fields. These experts include a statistician, a social worker, and an officer from the CPO who handles the peer educator's training.

The questionnaire was also assessed for content relevancy, clarity, and language appropriateness. Based on the experts' suggestions, revisions were made to improve the instrument. Researchers must require a 4.00 minimum mean rating to proceed to the data gathering procedure. The instrument obtained a mean score of 4.71 from the statistician, 4.28 from the social work professor, and 4.42 from the officer of the CPO. The overall mean score of the validation instrument was 4.47, which indicates that the instrument is highly valid.

Data collection

Data collection was carried out systematically to ensure the accuracy and reliability of the information gathered from the respondents. It involved obtaining official permission to conduct the study, securing assent and consent from the participants, and distributing validated questionnaire to the identified peer educators. The researchers secured approval from the research adviser and the CPO of Koronadal to conducted interviews, and identified 164 participants from Saravia National High School (SNHS), Esperanza National High School (ENHS), and Koronadal Comprehensive High School (KNCHS), and a session in Cinco Niñas.

The research instrument underwent content validation by the experts to assess its relevance, clarity, and alignment with the study's objectives. After the approval from the CPO and experts, the research study was reviewed and approved by the Notre Dame of Marbel University's (NDMU) Research Ethics Committee before conducting the pilot testing and actual data collection. a pilot test was conducted with 20 respondents who shared characteristics with the target population to ensure the clarity, validity, and reliability of the questionnaire. The pilot test data were analyzed using Cronbach's alpha, with a value of 0.70 or higher considered acceptable. Parents or guardians of the respondents signed an informed consent, and the respondents also signed the informed assent upon approval. The validated questionnaire was then distributed to the respondents.

Data analysis

The collected data were encoded, organized, and analyzed with the assistance of a statistician using appropriate statistical procedures. Prior to analysis, the data set was checked for completeness, consistency, and encoding errors to ensure data quality. Descriptive statistics, including frequency and

percentage distributions, were utilized to summarize the respondents' demographic characteristics in terms of sex, gender, and educational attainment. Mean and standard deviation were solved to determine the respondents' perceived level of the Peer Educators' Training components and their biopsychosocial.

A 5-point Likert scale was used to measure the respondents' perception of the Peer Educators' Training components and their biological, psychological, and social well-being. Composite mean scores were interpreted using the following scale: 4.21-5.00 (Very High/Strongly Agree), 3.41-4.20 (High/Agree), 2.61-3.40 (Moderate/Neutral), 1.81-2.60 (Low/Disagree), and 1.00-1.80 (Very Low/Strongly Disagree).

In order to determine the relationship between the Peer Educators' Training and the biopsychosocial of adolescents', Pearson's Product-Moment Correlation Coefficient (Pearson's *r*) was used. The use of Pearson's correlation was used to determine the strength and direction of the relationship between the Peer Educator's Training components and adolescents' biopsychosocial well-being. Composite mean scores were computed from the Likert-scale items to represent the study variables. Given the sample size of 164, the analysis was considered sufficiently robust to minor deviations from normality. Consistent with the Central Limit Theorem, Pearson's correlation is generally robust to minor deviations from normality in large samples. Statistical significance was evaluated at the 0.05 level. Given the descriptive-correlational research design, the analysis was intended to determine the strength and direction of the relationship between the variables rather than to establish causal relationships.

RESULTS

The processing of the collected field data followed a systematic, three-step analytical workflow. First, descriptive frequency and percentage distribution tests were deployed to capture the baseline demographic profiling of the adolescent sample. Second, weighted composite mean calculations were run to outline the perceived levels of peer training module exposure and the reported status of participant well-being. Third, an inferential bivariate analysis using the Pearson Product-Moment Correlation Coefficient was carried out to test the linear statistical association between the two primary continuous variables.

To provide an objective qualitative baseline for interpreting the computed values, the study utilized a structured Score Range Matrix. This matrix operationalizes the continuum of the 5-point Likert scale into clear thematic score intervals, shown in Table 1.

Table 1. Score Range Matrix for Descriptive Mean Interpretations

Score Interval Range	Quality Status/Perception Level
4.21 – 5.00	Very High / Strongly Agree
3.41 – 4.20	High / Agree
2.61 – 3.40	Moderate / Neutral
1.81 – 2.60	Low / Disagree
1.00 – 1.80	Very Low / Strongly Disagree

Demographic Profiling of Respondents

The baseline assessment involved a census of 164 active peer educators. The descriptive distribution of the participants' age, sex, and academic grade placement across the tracked secondary schools is detailed in Table 2.

Table 2. Demographic Profiling of Respondents

Variable	Frequency (n)	Percentage (%)
Age 10-13	2	1
Age 14-17	72	44
Age 18-19	90	55
Male	53	32
Female	111	68
Grade 8	2	1
Grade 9	8	5
Grade 10	49	30
Grade 11	33	20
Grade 12	72	44

Table 2 shows that most respondents belonged to the 18–19 age group (55%), followed by those aged 14–17 years (44%), while only 1% were aged 10–13 years. In terms of sex, female respondents comprised the majority of the sample (68%), whereas males accounted for 32%. Regarding grade level, most respondents were Grade 12 students (44%), followed by Grade 10 (30%), Grade 11 (20%), Grade 9 (5%), and Grade 8 (1%).

Levels of Adolescents' Biopsychosocial Well-being

Table 3. Level of Adolescents' Biopsychosocial Well-being

Dimension	Mean	SD	Interpretation
Biological Well-being	4.47	0.67	High
Psychological Well-being	4.34	0.72	High
Social Well-being	4.38	0.69	High
Overall Mean	4.40	0.69	High

Table 3 presents the level of adolescents' biopsychosocial well-being. Among the three dimensions, biological well-being obtained the highest mean score (M = 4.47), followed by social well-being (M = 4.38) and psychological well-being (M = 4.34). The overall mean indicates a high level of biopsychosocial well-being among the respondents.

Level of Peer Educators Training

Table 4. Level of Peer Educators Training Components

Component	Mean	SD	Interpretation
Personal Growth and Self-Understanding	4.40	0.69	High
Life Skills and Empowerment	4.46	0.67	High
Interpersonal and Social Skills	4.48	0.65	High
Health and Sexuality Awareness	4.50	0.66	High
Overall Mean	4.46	0.63	High

Table 4 shows the respondents' assessment of the Peer Educators Training components. Health and Sexuality Awareness obtained the highest mean score (M = 4.50), followed by Interpersonal and Social Skills (M = 4.48), Life Skills and Empowerment (M = 4.46), and Personal Growth and Self-Understanding (M = 4.40). Overall, the Peer Educators Training was rated high by the respondents.

Inferential Correlation Analysis

To establish the linear statistical interaction between the variables without assuming directional or causal progression, a Pearson r product-moment correlation model was executed. The underlying statistical relationship is modelled through the following correlation matrix framework:

Relationship Between Peer Educators Training and Adolescents' Biopsychosocial Well-being

Table 5. Relationship Between Peer Educators Training and Adolescents' Biopsychosocial Well-Being

Variables	r-value	p-value	Interpretation
Peer Educator's Training and Adolescents' Biopsychosocial Well-Being	**.89**	**<.001**	**Significant Positive Relationship**

DISCUSSION

The present study found that adolescents reported high levels of both participation in the Peer Educators' Training and biopsychosocial well-being. Furthermore, a statistically significant strong positive relationship was observed between the Peer Educators' Training and adolescents' biopsychosocial well-being ($r = .89$, $p < .001$), indicating that respondents who provided higher ratings for the training also tended to report higher levels of biological, psychological, and social well-being. These findings suggest that the Peer Educators' Training is positively associated with adolescents' overall well-being, although the correlational design does not permit conclusions regarding causality.

The demographic profile showed that most participants were older adolescents aged 18–19 years and were predominantly female. The greater participation of older adolescents may reflect their increased readiness to assume leadership roles and engage in peer-support activities. This observation is consistent with Erikson's Psychosocial Development Theory, which describes late adolescence as a developmental period characterized by identity formation, increased autonomy, and greater social responsibility. Older adolescents are therefore more likely to participate actively in programs that emphasize leadership, peer mentoring, and personal development.

Among the three dimensions of well-being, biological well-being obtained the highest mean score, indicating that respondents perceived positive health-related behaviors following their participation in the Peer Educators' Training. This finding is consistent with the systematic review conducted by Dodd et al. (2022), which reported that school-based peer education programs effectively promote adolescents' health knowledge and encourage healthier behaviors. Likewise, Medley et al. (2009) concluded that peer-led interventions improve health outcomes because health information communicated by peers is often perceived as more credible, relatable, and acceptable than information delivered solely by adults. The high rating for biological well-being suggests that the training successfully reinforced adolescents' awareness of healthy lifestyle practices, personal hygiene, and responsible health behaviors.

Psychological well-being also received a high overall rating, indicating that respondents generally perceived improvements in self-confidence, self-awareness, and responsible decision-making after participating in the program. Nevertheless, emotional regulation received comparatively lower ratings than the other psychological indicators, suggesting that although participants perceived positive psychological outcomes, managing emotions and coping with stress remain developmental challenges. This finding is consistent with Hofmans and van den Bos (2022), who explained that adolescents continue to develop socio-cognitive abilities through interactions with peers, allowing them to gradually strengthen emotional understanding and behavioural regulation. Likewise, Van den Akker et al. (2021) emphasized that adolescence is characterized by rapid psychological and emotional changes associated with personality development and pubertal maturation, which may explain why emotional regulation remains more difficult than other aspects of psychological well-being. These findings indicate that while peer education may strengthen adolescents' confidence and decision-making, additional activities focusing on emotional resilience and mental health promotion may further enhance program outcomes.

Social well-being was likewise rated high, reflecting respondents' positive perceptions of their communication skills, peer relationships, and social participation. This finding aligns with previous evidence demonstrating that peer education creates supportive environments where adolescents learn through collaboration, shared experiences, and mutual encouragement. Dodd et al. (2022) similarly reported that peer-led interventions strengthen interpersonal communication and social connectedness by encouraging active participation and collaborative learning. Furthermore, Hofmans and van den Bos (2022) argued that adolescence represents an important period of social learning during which peer interactions significantly influence behavioural development and interpersonal competence. The present findings therefore reinforce the importance of peer education in fostering communication skills, mutual respect, and healthy peer relationships.

Among the Peer Educators' Training components, Health and Sexuality Awareness received the highest mean score. This finding suggests that respondents highly valued discussions concerning puberty, reproductive health, consent, gender identity and expression, and healthy relationships. Adolescence is a developmental stage characterized by substantial physical and psychosocial changes, making sexuality education particularly relevant. This finding supports the systematic review of Reis et al. (2023), which emphasized that comprehensive sexuality education equips adolescents with accurate knowledge that supports informed decision-making and reduces engagement in risky sexual behaviours. Similarly, Dodd et al. (2022) highlighted that health-focused peer education interventions significantly improve adolescents' health literacy and encourage responsible health behaviours. The high rating for this component therefore reflects the relevance of comprehensive health education in addressing adolescents' developmental needs.

The study further demonstrated a statistically significant strong positive relationship between the Peer Educators' Training and adolescents' biopsychosocial well-being. This finding is consistent with the systematic review conducted by Dodd et al. (2022), which concluded that peer education interventions positively influence multiple dimensions of adolescent health, including physical, psychological, and social outcomes. Likewise, Medley et al. (2009) reported that peer-led interventions improve health-related knowledge and encourage positive behavioural practices because peers serve as trusted sources of information and support. The findings are also consistent with Bandura's Social Learning Theory, which proposes that learning occurs through observation, modelling, imitation, and social interaction. Throughout the Peer Educators' Training, adolescents observe peer educators demonstrating positive communication, responsible decision-making, leadership, and healthy behaviours, which may encourage participants to adopt similar behaviours within their own social environments.

Therefore, the findings indicate that adolescents who perceived the Peer Educators' Training more positively also reported higher levels of biopsychosocial well-being. These findings are consistent with previous evidence supporting peer education as an effective approach for promoting adolescent health and development (Dodd et al., 2022; Medley et al., 2009). However, because the study utilized a descriptive-correlational design and relied on self-reported perceptions, the findings should be interpreted as demonstrating a significant association rather than a causal relationship. Future longitudinal and mixed-method studies are recommended to examine how peer education influences adolescents' biopsychosocial development over time and to explore additional contextual factors that may contribute to these outcomes.

CONCLUSIONS AND RECOMMENDATIONS

The Peer Educators Training under the AHYD program in Koronadal City displays a strong, positive, and significant relationship ($r = .89$) with biological, psychological, and social health domains among youth participants. This high correlation demonstrates that systematically higher scores in local peer mentoring capabilities strongly move in tandem with high levels of adolescent self-concept, risk avoidance, and relational transparency.

Based on these concurrent findings, it is recommended that the City Population Office and local school districts extend the current framework into early secondary tracks (Grades 7 and 8) to establish these positive relationships earlier in youth development. Furthermore, administrators should consider incorporating tailored, interactive networking scenarios into interpersonal modules to help reduce social anxiety when engaging with unfamiliar groups, alongside specialized recruitment strategies to increase male engagement.

FURTHER STUDY

This study is structurally bounded by its descriptive-correlational nature, which prevents the establishment of explicit directional or causal paths between the programmatic variables and the well-being dimensions. It is also limited by its reliance on self-reported perception surveys and a cross-sectional timeline

restricted to peer educators trained between 2022 and 2024. Future investigations should deploy longitudinal, mixed-method approaches to analyze how these statistical associations develop and change over time.

ACKNOWLEDGMENT

We express our profound gratitude to Mr. Angelo M. Estaniel, RSW, MSSW, for his expert guidance, and to the distinguished review panel: Dr. Judy Mae Castillo, Mr. Ivan Ray B. Amadio, and Ms. Quennie Marie S. Zuyco, RSW, MSSW. Invaluable statistical precision was provided by Dr. Skezeer John B. Paz. Continuous fieldwork administrative facilities were graciously supplied by Sir Alvin and Ma'am Arianne of the Koronadal City Population Office.

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