

UNIVERSITY OF TARTU
Pärnu College
Department of Tourism Studies

Sandra Real Ávila

**GENERATION Z'S PERSPECTIVES ON WELLNESS IN
IBERO-AMERICA BEFORE, DURING, AND AFTER
COVID-19**

Master thesis

Supervisor: Kai Tomasberg, MA

Co-supervisor: Melanie Kay Smith, PhD

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Recommendation for permission to defend thesis

(digitally signed)

Kai Tomasberg



Melanie Kay Smith

Permission for public defence

The programme director, Pärnu College of the University of Tartu

(digitally signed)

Tomaš Pavelka

This Master thesis has been compiled independently. All works by other authors used while compiling the thesis as well as principles and data from literary and other sources have been referred to.

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Sandra Real Ávila

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INTRODUCTION

Generation Z currently accounts for 30% of the world's population (Martinez-Estrella *et al.*, 2023, p. 2). Understanding Generation Z's wellness idea is crucial because, as they reach working age, they will influence health policy. The Ibero-American region encompasses Portugal, Andorra, Spain, all Spanish-speaking countries in North, Central, and South America, and Brazil (Matassi & Boczkowski, 2020, p. 2). It was chosen for the study because it contains one of the world's biggest concentrations of Generation Z people. Worldometer (n.d.-a) reports a total population of 669 million in Latin America. According to Martínez-Estrella *et al.* (2023, p. 2), Generation Z makes up 147.2 million or 22% of the Latin American population. According to Worldometer (n.d.-b), Portugal's total population is 10.23 million; thus, 15% of the population, or 1.5 million, are Generation Z members (Vieira *et al.*, 2020, p. 4); and in Spain, out of a total population of 47.48 million reported by Worldometer (n.d.-c), 8 million, or 17%, are Generation Z members (Vilanova, 2019, p. 43).

Generation Z refers to those born between 1995 and 2010 (Mahapatra *et al.*, 2022, p. 249). They differ from previous generations because they were born and reared in an industrialized and digitalized civilization. This group's members are more adaptive to diverse cultures, using different technological platforms and embracing habit changes. According to education scholars, they are eager to follow the latest developments in social media related to wellness to connect with their peers and imitate the lifestyles of their preferred influencers who act as role models (Tagare, 2022, p. 67). It is critical to investigate how they perceive the wellness concept because, in addition to the digital tools they use for communication, imitation of current trends, and content publishing, this generation's identity has been shaped by social inequality, stress, diet modification, and educational disruptions caused by the COVID-19 pandemic. Nonetheless, before the start of the COVID-19 situation, there was already a significant prevalence of overweight and

obesity in persons aged 25 and younger in Ibero-America related to unhealthy nutrition habits and a lack of desire for exercise culture (Casas *et al.*, 2022, p. 2417). As a result, during the COVID pandemic, these factors became the main detonators in developing comorbidities and complexities of the disease's symptoms, resulting in the region having one of the highest reported disease-related mortalities (Durán-Agüero *et al.*, 2022, p. 3). Following the COVID epidemic, adverse impacts such as sedentary behavior, increased eating between meals, and lower sleeping quality continue to be prevalent in some countries from the region object of study such as El Salvador, Paraguay, Mexico, Brazil, Uruguay, Chile, and Costa Rica (Martinez-Vazquez *et al.*, 2021, p. 2).

Research problem: There is currently no agreement on what wellness means for educational institutions in the Ibero-American region to design support programs to assist Generation Z members in transitioning from academic to work life.

Therefore, the master's thesis goal is to analyze the meaning of wellness for Generation Z members of Ibero-Americas before, during, and after the COVID-19 pandemic and make recommendations to public educational institutions situated in the Ibero-American region on developing wellness programs that promote healthier lifestyles.

Thus, the research questions to explore in the present thesis topic are:

1. How does the Ibero-American Generation Z define social, physical, and emotional wellness before, during, and after the COVID-19 pandemic?
2. What role do universities play in ensuring students' physical, mental, and social wellness before, during, and after the COVID-19 pandemic?

The current thesis will have an introduction, a chapter one with a literature review on 21st-century generation concepts, Generation Z features, and theoretical perspectives for integrating wellness into university curricula. The second chapter is the empirical section, which describes the research design, results, discussion, and recommendations, while the third chapter presents the conclusions.

1. LITERATURE REVIEW

1.1. Generation concept in the 21st century and Generation Z characteristics

Nowadays, sociologists still find the term generation difficult to explain since it lacks a unifying definition and may have different connotations across disciplines (Rudolph *et al.*, 2021, p. 946). For example, Jayatissa (2023, p. 179) defines a generation as a collection of people with comparable birth dates, life experiences, cultural influences, shared historical context, and common upbringing in society. Jayatissa's perspective on generation focuses on lifestyle rather than categorizing a generation in terms of material items. Other researchers who agree with defining the generation as an idea based on lifestyle include Costanza *et al.* (2023, p. 6), who state that the perception of what a generation is should also include an empirical connotation. According to his point of view, businesspeople assume that generation is solely defined by birthdate span and common opinions about significant events in the world, as well as similar attitudes to material objects, without considering cultural or social implications and how similar and different generations behave around the world.

There are now psychological and social factors that influence the identity of generational groups in society, as well as their relationship to historical and cultural events. For instance, Bristow (2024, p. 18) presents an intriguing discussion about how people of different generations can think and behave in response to events that changed global dynamics. For example, in her analysis, she highlights that events involved in changing the world order such as pandemics, wars or political instability, and technological development can provoke stigmatization of generations, leading to growing tensions across different generational groups in terms of prioritizing the economic needs of the older vs the younger, a lack of motivation for labor culture, behavioral changes

manifested in disregard for rules or not being empathetic with other members of society, plus the impact of technological development in human life across nations.

Four generations currently dominate the world's corporate and educational sectors: Baby boomers, Generation X, Millennials, and Generation Z, each bringing a unique perspective to the workplace or educational institution. However, the opposing values, needs, and approaches of each generation can provoke discourses between them (Hannay & Fretwell, 2011, p. 2). Therefore, organizations need to understand each generation's unique characteristics to capitalize on its strengths to achieve success in creating products and services that can improve their life quality and diminish gaps between ages, socioeconomic backgrounds, and skills.

Nowadays, the focus is on providing services and experiences for Generation Z members. As of the present decade, Generation Z accounts for 32% of the global population, dominating today's digitalized world. Generation Z is important for Human Resources (HR), educational, marketing, and medical specialists because it is a generation that is currently pursuing college degrees and will soon enter the next stage of their lives, making up the dominant workforce for the next decade (Pichler *et al.*, 2021, p. 600).

Scholars refer to Generation Z as the first generation to grow up in a technological environment, learning how to use technology tools in the form of smartphones and communicating on social networks at a young age. Growing up in a digitalized society have shaped Generation Z's lifestyle in terms of their physical activity and mental wellness (Tricás-Vidal *et al.*, 2022, p. 2). It is also a very ambitious generation that is more aware of what is going on in the world, is more financially, health, and environmentally sensitive, and has greater freedom of expression and an openness to understanding diverse cultures and lifestyles (Benitez-Marquez *et al.*, 2022, p. 2). Generation Z has revolutionized the educational and work environments in a variety of ways throughout the twenty-first century, dictating new styles of working and studying, alternating between in-person and virtual interactions, and prioritizing activities to improve physical and mental health. Lev (2022, p. 2) highlights that corporations need to better grasp the demands of this new generation to best integrate them into job organization when they conclude their immediate education degrees. The Generation Z

favours innovation, seeks authenticity, and is judgemental of facts that can harm a persons' wellness. Nevertheless, it is also a generation characterized by delayed maturity and continuing to live with immediate family members in late ages despite seeking independence (Grénman *et al.*, 2023, p. 2).

Also, when researching Generation Z to develop services tailored to their needs and desires, professionals should avoid stereotyping the gender topic into only two categories, as this generation views gender as a flexible concept that is no longer divided into male and female identities but should also consider that people can identify as transgender, non-binary, agender, and other identities (Kurup & Underwood, 2021, p.6). For example, according to Bermúdez-Gonzalez et al. (2022, p. 1), gender concepts from the previous century fostered sexism in the marketing field by triggering gender prejudices in advertisements. He critiques the scholarship's use of gender for data collecting, which divides individuals into male and female roles. Adding to this conversation on how the question of gender can be rephrased for research about Generation Z needs, considering that this generation has the highest percentage of Lesbian, Gay, Bisexual, Transgender, Questioning, Asexual and Intersex (LGBTQAI)--identifying individuals in the world, it is significant to know if how the persons label themselves will have a role or not in defining the perceptions members have about their lifestyle activities and products to design to improve their wellness. Furthermore, one gap that Harris et al. (2023, p.2) reported that should be relevant for researchers focusing on future studies using the gender equation is not to focus only on the held identities and labels, but rather to make cross-studies examining the meaning of lifestyle in connection with other sub-groups social factors such as geographical region and also, making age partitions to allocate responses in questionnaire exercises into groups as homogeneous as possible, even if the research subjects belong to a same generation.

According to Pichler et al. (2021, p. 600), Generation Z has encountered a high number of disruption events in a short period. This includes technology developments that are not available to all economic segments of the population, turbulent global politics, violent wars, a pandemic, and racial, gender, and social class disparities. Because understanding Generation Z's desires, dynamics, and struggles is still a work in progress, scholars around

the world can translate research done in all areas of knowledge into opportunities and challenges for businesses, educational institutions, and companies to work on providing solutions and creative ideas that contribute to the improvement of Generation Z's wellness.

1.2. Wellness conceptualization in the 21st century and the impact of COVID-19 on student wellness

Society's idea of wellness is centered only on physical factors such as nutrition and physical activity. However, wellness in the twenty-first century should be understood as a holistic integration of physical, mental, and spiritual factors to restore an individual's state of balance by fueling the body, engaging in cognitive pursuits, and nourishing the spirit (Stoewen, 2017, p. 861). The academic definitions discovered in the literature before COVID-19 do not divide the understanding of the wellness concept into intergenerational groups, but rather provide a basic picture of what wellness means to human culture around the world. Truscott et al. (2023) for example, describe wellness as a condition of emotional equilibrium, health promotion, self-awareness for others, and personal experiences gained through everyday interactions in society. According to Simons and Baldwin (2021, p. 984), there was no difference between the wellness and wellbeing concepts before the COVID-19 pandemic, with wellbeing being preferred as an idea by local and global governments for explaining the absence of pathology, improved quality of life, and a state of internal positive feelings that can be measured subjectively and objectively. This definition contrasts with the definition provided by the Global Wellness Institute (2020, p. 4), where wellness is described as “the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health”.

Scholars have not reached an agreement on what the wellness idea means for members of Generation Z before and after the COVID pandemic, and whether the notion of wellness changed once the pandemic limitations were lifted globally. For McKenney Jones (2022, p. 14), as described in her dissertation, wellness for Generation Z members involves their participation in physical fitness programs, mindfulness programs, nutrition programs, and social connectivity initiatives. Other scholars, such as Chen et al. (2023,

p. 2), believe that to achieve wellness equilibrium, educational institutions, and workplaces must pay special attention to mental health because members of Generation Z are more susceptible to developing psychological distress than previous generations due to the influence of digital technologies, peer pressure, and sense of isolation during the COVID pandemic. Despite the relaxation of pandemic restrictions around the world, the physical, mental, and social wellness of members of this generation is still endangered by societal differences as well as poor eating patterns and sedentarism in households (Silva & Carvalho, 2021, p. 8). Wellness is a component that encompasses self-discovery and connection with one's culture and environment, all while maintaining physical, mental, and social balance. It has become an important industry in the world, particularly in the educational sector, where administrators have been directed by ministries of education, governmental institutions, and health advocacy groups to develop and promote more active wellness initiatives aimed at improving school performance and increasing student physical activity.

Individual wellness has previously been measured on multiple dimensions, including emotional, spiritual, intellectual, social, physical, and occupational (Wickramarathne *et al.*, 2020, p. 185). According to Stoewen (2017, p. 862), while defining the aim of wellness for humans, two major aspects impact human behavior: self-regulation and habits. Self-regulation is the ability to regulate one's emotions and inclinations to attain goals, adhere to social norms, or strive for specific values. It demands mental energy; thus, brain processes must be well-managed to preserve energy, allowing humans to outperform themselves in their daily tasks. Habits, in contrast, require little energy investment from the brain functions if humans are systematic and create habits for performing in society reflecting on past experiences and focusing on important decisions to change their lives and plan since habits influence health and quality of life. Stoewen (2017, p. 862) proposed a model of wellness that includes the following dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental. The physical dimension is about taking care of the body; the intellectual dimension is connected to lifelong learning, sharing talent, and responding to challenges; the emotional dimension includes appreciating the feelings of others, staying positive, and managing emotions; the social dimension is about maintaining healthy relationships,

contributing to the community, and protecting others; and the spiritual dimension is related to finding purpose in life and participating in activities that are closer to each person's beliefs, vocational dimension provides personal satisfaction consistent with personal goals and chosen lifestyle, financial dimension is about managing resources and set short and long term goals to preserve the personal economy, and the environmental dimension is about demonstrating a commitment to the environment and how the social and natural environment affect the health.

According to the educational sector, wellness is a concept that should comprise 10 elements to help students learn competencies for self-care, resilience, personal development, and professional decision-making before they enter the workforce. The model proposed by Gawlick et al. (2024, pp. 74–75) depicts that to design wellness programs for the educational sector that target students with different lifestyles, the wellness concept should be divided into career wellness, creative wellness, digital wellness, emotional wellness, environmental wellness, financial wellness, intellectual wellness, physical wellness, social wellness, and spiritual wellness. Thus, the concept of self-care through wellness teaches students how to maintain personal health and emotional equilibrium. Wellness-focused teaching and learning strategies can help students prioritize and practice self-care, develop healthy emotional coping skills, and build resilience throughout their education. Thus, the ten pillars of wellness served as a design framework for stressing and ensuring a holistic approach to a healthy lifestyle at school and home.

In terms of wellness research, the connection of physical wellness to other wellness dimensions for improving students' lives has received the most scholarly attention, with articles focusing on defining the concept of physical wellness in academic institutions and nutrition practices in the households. For instance, Zaidi (2020, p. 1) defines physical wellness as a combination of healthy behaviours that include proper dietary habits, physical activity, and avoiding alcohol or drug abuse. These elements help to improve one's quality of life and can motivate others to do the same. Also, sustaining optimal physical wellness requires medical check-ups, monitoring and seeking guidance on improving dietary patterns, and participating in support groups that inspire young people

to become better versions of themselves by fostering social connections and taking care of their bodies. However, he noted that students in the present day still don't understand what the wellness concept means, the definition of a wellness dimension, and how the connection of the wellness dimensions can contribute to improving their lifestyles.

Other studies have tried to provide a better presentation of wellness to students by connecting physical wellness with mental health to support positive relations among youngsters. For instance, Rodriguez-Romo et al. (2022, p. 3) conducted a study to compare the degree of physical activity and the impact of the setting in which the physical activity is performed (occupational, commuter, or leisure time). Like Zaidi's (2020, p. 1) scholarship presented above, physical activity should also be measured by scholars in the educational area in connection to sleeping quality, anxiety, depression, and engagement of students to participate in social activities. Still, Rodriguez-Romo et al. (2022, p. 8) was not optimistic about educational institutions still not making enough efforts in detecting students with potential sedentary habits or those whose wellness is affected in the household for developing action strategies to foster more active participation in sports activities through its incorporation as a mandatory subject in educational curricula and having the universities' physical education or student affairs departments updating the choices of activities frequently to foster a sense of community in their social circles and preparing them for working life.

In the conversation of physical wellness, nutrition should also be considered as a fundamental factor connected to an individual's lifestyle. The eating choices depend on lifestyle, socioeconomic factors, education, and aging. According to Savelli and Murrura (2023, p. 6), younger generations have increased their consumption of sugary and fatty foods this century, resulting in the adoption of poor eating habits and a higher risk of chronic disease manifestations such as diabetes, obesity, and hypertension. The explored research questions created by the authors were to see if there is a relationship between food consumption, food acquisition, and its effects on other wellness dimensions, to determine whether there was a link between Generation Z individuals' dietary patterns and behavioral intentions during the COVID-19 pandemic. Savelli and Murrura highlighted that there is a lack of research on what constitutes healthy food consumption,

with previous studies focusing solely on surveying students about reasons to choose individual foods rather than analyzing types of meals consumed in households, eating frequency, how diet changed during and after COVID-19, and that still there is no clear definition about what a healthy diet for Generation Z members is. Another critical component for the public health sector to collaborate with governments, academic institutions, and corporations is the prioritizing of social wellness research and implementation within organizations. According to Holt-Lunstad (2022, p. 5), 40–80% of health and wellness initiatives that have been developed in the world for the current century have been conducted in Europe, North America, the United Kingdom, Asia, and Australia, with fewer studies conducted in developing countries unable to discern how social connections were affected there during the pandemic.

The COVID-19 confinement limits are without a doubt the "largest physiological experiment ever conducted" in the words of Martinez et al. (2022, p. 1). With over two million deaths globally and over 100 million confirmed cases, the pandemic, the methods used to restrict the virus's spread, and the global economic ramifications took a toll on society's wellness (Mallah *et al.*, 2021, p. 1). This crisis, as well as the prevalence of emotions like dread and uncertainty, has had a significant impact on the entire worldwide population (Martinez *et al.*, 2022, p. 1).

There have been preliminary studies that investigated the obstacles that students from underdeveloped countries faced in terms of mental health challenges, life satisfaction, social group support, access to or lack of use of technology for learning purposes, and students' physical health during the COVID-19 epidemic. Wang (2023, p. 2) presented some of these challenges, claiming that despite some students adapting to the lockdowns imposed by the pandemic and a new living reality for others, the mental health was affected and brought serious consequences such as fear of academic failure due to not coping with a new reality, loss of social relations, inadequate time management, lack of technological resources, manifestation of suicidal tendencies, depression, obsessive-compulsive disorder, long-term anxiety, and in some cases, a worsening relationship with families. Pokhrel and Chhetri (2021, p. 133) shared that the educational and health industries were the most affected since the beginning of COVID-19 when 1.6 billion

students in over 200 nations struggled in their learning process and coping with a new reality plus having an impact in sleeping habits, and inadequate access to technologies for educational purposes between the city and countryside.

Another important component in the wellness discourse, is the social wellness in connection to mental and physical health. The effects of the COVID-19 pandemic on student life and social issues were documented by Ercan et al. (2023, p. 3) to examine the effects of COVID-19 in the household, the challenges between urban and rural environments for coping with the pandemic situation, and its effects on the mental, physical health and social life of the individual. The restrictions imposed by governments triggered negative emotions in students such as fear, stress, confusion, being separated from loved ones, fatigue, uncertainty about the future, and fear of death. At the same time, Ercan's article highlighted that students began to become more conscious about their health and began to give attention to their hygiene, changed their nutrition habits, and started to engage in physical activity, even when being indoors. However, this scholarship only presents the situation that applied to European and Asian countries and no further documents if there was an improvement in wellness after COVID-19.

In the Latin American region, Shor et al. (2017, p. 23) were one of the first scientists to point out that a lower socioeconomic status is related to poorer health, increased morbidity, and a high risk of mortality, all of which might have an impact on an individual's wellness. During the COVID-19 pandemic, specialists from the region, such as Jiménez-Villamizar et al. (2023, p. 154), reported that sociocultural factors contribute to a high distress prevalence in university students from the Ibero-American region manifested in the form of anxiety and a huge economic gap between the cities and the countryside for accessing digital resources for studying purposes. To add to the discussion of social inequity, and its connection to wellness during and after the COVID pandemic in the region object of study, Saldaña-Tejeda (2020, p. 1434) mentioned that Latin American states continue to fail to protect people's health, provide equal access to health services, and provide community support for mental health and physical activity promotion not only addressed to individuals but also to families for knowing in how they can contribute to support to their sons' or daughters' wellness and to educational

institutions to develop programs to support students' wellbeing. Adding to this conversation, Peñaloza and Gallego (2023, p. 352), highlighted that wellness for students during the pandemic was achieved through connections with immediate family members and friends to gather in social activities and impulsing themselves to become more physically active for health purposes. Scholars like Martinez et al. (2022, p. 4) developed an analytical framework that included hypotheses about both the negative and positive effects of the pandemic in Colombia on students' wellness. Following the formulation of the hypothesis, an online survey was conducted in which students from Generation Z answered questions about general wellness, the prevalence of feelings of depression and worry, as well as attitudes toward future optimism, emotional closeness with social circles, and coping with the pandemic situation in their households. In terms of data collection methods during the pandemic, Singh and Sagar (2021, p. 2), agreed that collection through online surveys increased response rates by engaging participants and encouraging them to share the surveys further with other contacts on social media.

Also, there were reported disturbances in the dietary practices. For instance, Martínez-Vázquez et al. (2021, p. 2) highlight Latin American countries, in specific focusing in Mexico, which already had a high prevalence of overweight and obesity before the COVID-19 pandemic resulting in the country having one of the highest incidence levels of the disease in the world among Generation Z members. The situation worsened during the COVID pandemic where 39.5% of the households presented negative dietary changes reporting a decrease in the consumption of vegetables and fruits and an increase in the consumption of processed products in addition to increased sedentary behaviour and less sleeping hours due to the dependence of technologies for study or working purposes. In addition, the differences between households with access to the internet and those without internet contributed to the economic disparities, differences in access to medical services, and increased mortality levels in low-income families. The author emphasizes that future studies should follow up in researching the physical wellness impacts on Mexicans' lifestyles after the COVID-19 situation.

One of the shortcomings presented by Martinez et al. (2022, p. 4), Saldaña-Tejeda (2020, p. 1434), Ercan et al. (2023, p. 3), and Jiménez-Villamizar et al. (2023, p. 154), noted in

this literature review analysis is that their research focuses on mental health issues rather than addressing the links between mental health, social settings, physical activity, and nutritional habits. It will also be necessary to investigate whether the wellness perception changed before, during, and after the COVID pandemic, how digital technologies are contributing to improving individuals' wellness state globally, and what challenges the region of study is currently facing in the educational sector for supporting students' wellness initiatives.

1.3. Theoretical Perspectives on Integrating Wellness into University Curricula

In the twenty-first century, anthropocentric activities have contributed to climate change, jeopardized planetary health, and impacted human health and wellness. Changes in technology, dietary patterns, and individual or communal lifestyles have all had an impact on the physical and emotional health of the youth (Venkatasubramanian, 2022, p. 1). As a result, as part of their educational journey, youngsters must develop their minds and bodies to achieve intellectual, social, and physical skills. Following the COVID-19 pandemic, Generation Z members seek a combination of digital technologies and in-person support at their educational institutions to promote overall wellness. Strand et al., (2010, p. 46) were among the contemporary experts to highlight a concerning trend in students' sedentary behavior, substance misuse, mental health, nutrition, personal safety, and aggression. Strand (2010, p. 46) underlined that wellness programs should be a necessary component of an institution's curricula to assist students in transitioning from adolescence to adulthood while also reducing student engagement in dangerous behaviors that contribute to mortality and disease. Strand et al. (2010, p. 47) mentioned that students' health and fitness have been an important component of the educational lifestyle, with physical education classes offered at all levels now combining lectures on fitness and wellness concepts with a physical activity or laboratory component involving activities such as aerobics, jogging, walking, and weight training. Strand also stated that greater efforts from scholars are required to bridge the research gap in assessing the quality of educational institutions' wellness initiatives and their effectiveness in engaging the student community.

Concerning the status of wellness programs in the Ibero-American region, one concept that has been gaining adepts during the second decade of the 21st century is the Open Street programs researched by Velazquez-Cortes et al. (2023, p. 590) which have the purpose of promoting physical activity in Latin American cities by opening for specific hours the main avenues and streets where people can cycle, jog or walk without interruptions contributing with this initiative to the reduction of sedentarism and improve the population health in the long term diminishing the apparition of diseases such as Diabetes which is one of the top mortal diseases in the region. This program has contributed to people deciding to incorporate exercise routines into their daily lives. However, it is still unclear how regional educational institutions might gain from implementing a comparable program in their facilities. Rodríguez-Pacheco et al. (2020, p. 154), a scholar who began researching the impact of wellness programs on student health, emphasized that educational institutions should also focus on developing meal plan initiatives to improve students' life quality through healthier food choices while contributing to support students financially. Another scholar who supported Rodríguez Pacheco's ideas with similar statements is Daza-Corredor et al. (2022, p. 54), who mentioned the importance of providing a meal plan in educational institutions with lunch and snacks included, in combination with inclusion, retention, and academic assistance programs for students in vulnerable categories by analyzing the factors that impact academic performance and motivation of students before participating in a decision-making process of any support program creation and implementation.

For finding inspiration for educational institutions to create or improve existing wellness programs, in the words of Franzidis and Zinder (2019, p. 57), it is necessary to incorporate all dimensions of wellness that contribute to individual quality of life such as physical, spiritual, social, emotional, environmental, occupational, and intellectual. It is also important for the programs to be adequately marketed and communicated in terms of gender, personality, year of study, and social circumstances of the region where the institutions are located. In addition, in the present decade, also taking advantage of digital technologies, for this matter, gamification could be one of the most effective 21st-century techniques for encouraging students to care for their wellness and to implement innovative wellness programs as a prototype in educational institutions. Hidayah et al.

(2021, p. 975) investigated ways to motivate students to become conscious of their health by employing gamification tactics to create engaging experiences in persons. The author highlights that gamification became a fundamental tool for students' learning process during the pandemic and at the same time a detonator for increasing health consciousness to take care of individual wellness. Other scholars involved in studying the applications of gamification to the educational sector for encouraging physical exercise and support in mental wellness are Perez-Jorge et al. (2024, pp. 1–2). Perez-Jorge (2024, p. 1) and his team discovered that mobile apps developed for education can improve mental health and life quality while also serving as tools for social support. His research focuses on the applications of gamified virtual sports practice in the form of running, yoga, aerobics, swimming, or cycling, which encourage students to incorporate fitness activities regularly while also fostering healthy competition among peers through an entertaining activity that improves their physical, social, and cognitive abilities.

Research by Daza-Corredor et al. (2022, p. 54), Hidayah et al. (2021, p. 975), Perez-Jorge et al. (2024, pp. 1–2), Rodríguez-Pacheco et al. (2020, p. 154), Strand et al. (2010, p. 46), and Venkatasubramanian (2022, p. 1) suggests that successful wellness programs for educational institutions require the incorporation of digital technologies. Furthermore, as recommended by Franzidis and Zinder (2019, p. 57), that educational institutions must remember to consider all dimensions of wellness when developing specialized programs and receiving aid across diverse departments of the academic institutions.

2. EMPIRICAL PART

2.1. Research process for data collection

The study used a mixed-methods approach, combining deductive and inductive research. The importance of using a mixed-methods approach for the study is that quantitative data measures the effects of an intervention, whereas qualitative data explores participants' perceptions (Guetterman *et al.*, 2015, p. 555).

The data collection process began with a deductive research approach in which preliminary studies on global wellness conceptualization, the impact of the COVID pandemic on student wellness, and theoretical perspectives on integrating wellness into educational institutions were consulted to see the type of data collection methods and analysis employed and to search for the theoretical background to help design the questionnaire to survey university students which consisted of close-ended and open-ended questions uploaded to the Google Forms platform, while the qualitative component was an inductive research strategy that took the form of a semistructured interview with student affairs officials from Chilean and Spanish universities. Having obtained data from both students' and university officers' opinions allowed to analyze the current state of student wellness promotion in the region, the reasons why students' wellness was and continues to be impacted, and which wellness-specific dimension aspects university officers should focus on to develop or improve existing student support initiatives.

The thesis data collection included two methods of non-probability sampling: convenience sampling and snowball sampling. Convenience sampling was the major method used to identify the study population because this study focused on recruiting Generation Z students from the Ibero-American region rather than Generation Z students from anywhere else in the world. According to Stratton (2021, p. 373), convenience sampling is the best strategy to use in a research procedure because it allows

a researcher to recruit study participants through an announcement and individuals can choose whether or not to participate. With this sample type, it was possible to categorize students' perceptions of wellness based on their demographics such as region of origin (Latin America or the Iberian Peninsula which includes Spain and Portugal), age group (17–19 years and 20–25 years), gender labeled in more categories than the conventional male and female (as recommended by Bermúdez-Gonzalez *et al.*, 2022, p. 2), Harris et al. (2023, p.2) and The TREVOR Project (2023), place of living (urban or rural), type of dwelling (home, apartment, or room), and occupation (university student, high school student, or working).

Furthermore, some participants who responded to the questionnaire via social media potentially recommended other acquaintances to participate in the study, therefore the snowball sampling strategy was also applicable in this study, but not the fundamental method that dominated this study's data collection. According to Singh and Sagar (2021, p. 2), the snowball method is an appropriate strategy for study participants to continue sharing a survey link in their social media groups (although not fundamental), while the researcher can continue receiving responses on an active basis and ensure the estimated number of participants is met. Participation in the online questionnaire was entirely voluntary, and all replies were kept strictly confidential.

The number of Ibero-American students required to participate in the study was estimated using the total number of Generation Z members in Ibero-America reported by Martínez-Estrella et al. (2023, p. 2); Vieira et al. (2020, p. 4); Vilanova, (2019, p. 43) and Worldometer (n.d.-a) (n.d.-b) (n.d.-c) since there were few number of participants from Portugal and Spain in comparison to Latin Americans. According to Worldometer (n.d.-a), Latin America has a total population of 669 million throughout all generations, with Portugal accounting for 10.23 million and Spain for 47.48 million. As a result, the Ibero-American region has 726.71 million persons in total. According to Martínez-Estrella et al. (2023, p. 2), Generation Z comprises 147.2 million or 22% of the Latin American population. Vieira et al. (2020, p. 4), reported that there are 1.5 million Generation Z in Portugal (15%), while Vilanova (2019, p. 43) reports 8 million in Spain (17%). Therefore, for the entire Ibero-American region, there is a total of 156.7 million or 21.56% of persons

that are Generation Z members. The total number of Generation Z members in the Ibero-Americas (21.56%) was entered into the MaCorr sample size calculator (MaCorr Research, n.d.) with a 95% confidence level and a 5% confidence interval. As a result, the MaCorr calculation determined that 384 persons in total needed to be surveyed to represent the entire Ibero-American region.

Table 1 provides a brief explanation of the questionnaire content that was administered to students. Appendix 1 contains the whole questionnaire in the English language as well as the authors who influenced the question formulation.

Table 1. Topics in the questionnaire

Type of questions	Topic	Question contents
Open-ended	Demographic	Country of origin.
	Physical wellness targeting physical activity	Exercise inspiration and university support for physical exercise.
Close-ended	Demographic	Gender, age group, place of residence, type of university students attend, and whether or not they contracted COVID.
Close-ended	Mental wellness	Feelings of loneliness or isolation during and after COVID-19, state of mental wellness now and during COVID-19, mental health support at university before, during, and after COVID-19
	Social wellness	Related to hobbies, friends, and family support before, during, and after COVID-19.
	Physical wellness targeting physical activity	Frequency of exercising before, during, and after COVID-19, place of preference for exercising, sleeping habits before, during, and after COVID-19, priority of physical activity in university before, during, and after COVID-19.
	Physical wellness targeting nutrition	Frequency of meals eaten before, during, and after COVID-19, type of foods eaten before, during, and after COVID-19, definition of a healthy diet, negative influences on diet before, during, and after COVID-19, meal plan options.

The online questionnaire (see Appendix 2 for the Spanish version and Appendix 3 for the Portuguese version) was published on social media on March 15, 2024, and was available until April 26, 2024. Participants received a brief description of the study's purpose and indicated their agreement to participate before continuing to answer the survey. The advantage of using a digital tool (like an online questionnaire shared on social media) is

that it can gather responses from a wide audience in Latin America, Portugal, and Spain. It also preserves participant anonymity and creates a friendly environment where participants are free to respond to the questions in the language that they feel most comfortable in. Table 2 lists the social media groups used to distribute the questionnaire, and Appendix 7 contains a poster created in two languages (Spanish and Portuguese) to invite participants to participate in the questionnaire exercise.

Table 2. Survey media groups for participants' invitation

Social media tool	Name of the groups
Facebook	Oportunidades para internacionalistas UNAM Recomendaciones Facultad de Química UNAM Diversidad comunidad LGBT Mexico LGBTQ Mexico LGBT Introvertidos Cosas de introvertidos Internacionailstas Estudiantes brasileiros na Estonia Españoles-Latinos en Tallinn, Estonia International Students in Estonia Degree Students of the University of Tartu Brasileños estudiantes de español e hispanos estudiantes de portugués Brasileiros na Estonia Expats in Tallinn/Estonia Portugueses no mundo Comunidad de estudiantes extranjeros en España Estudiantes y profesionales latinos en España/Europa The author's personal account Emprendedores LGBT CDMX
Instagram	The author's personal account
Telegram	Tartu Students 2021-2024 Latín Gays
WhatsApp	Mexicanos Unidos en España Mexicanos Unidos en Portugal Eduard House Residents (Larsen)

The questionnaire's data was evaluated using Excel software. The analysis is based on Martinez-Vazquez's et al. (2021) work. Anova single factor analysis with a statistical significance set at $p < 0.05$ was used to analyze sociodemographic factors and their relationship to the three wellness components chosen: physical, social, and mental to determine if there were differences in these factors before, during, and after COVID-19.

The qualitative component included an interview (see Appendix 4 for the English version). The employed qualitative approach was grounded theory. An interview was chosen as a qualitative data collection method because it provides the capture of specific information as well as insight into the intended participants' thoughts and opinions (Sutton & Austin, 2015, p. 226). Furthermore, when the researcher wants to develop theoretical categories to describe a group of developing concepts or a phenomenon under study, interviews conducted using a grounded theory technique can be readily converted from an unstructured to a semi-structured interview approach (Foley *et al.*, 2021, p. 2).

This study compared university staff's thoughts on wellness and student support programs to students' perceptions of wellness concerning their lifestyles and whether they perceive educational institutions provide sufficient assistance for cultivating individual and collective wellness. The specific type of interview chosen for data collection was a semi-structured interview. The reason for using a semi-structured interview is that it allows researchers to gather in-depth information about a specific topic as well as evidence from interviewees while keeping the study's focus in mind (Ruslin *et al.*, 2022, p. 22). It also allows researchers to be flexible and adaptable in asking additional questions to interviewees that may be relevant for supplementing the information collected through a quantitative research approach. The qualitative component of the research included a semi-structured interview with student affairs specialists from Ibero-American universities (see Appendix 5 for the Spanish version). In terms of the interview component, the goal of this qualitative technique was to learn about existing wellness support programs, how the meaning of wellness is perceived by student affairs officials, and which wellness initiatives were implemented for student support before, during, and after the pandemic.

The language of communication was Spanish. The countries considered for the data collection originally were Chile, Spain, and Portugal. The reason for choosing these specific countries is that the University of Tartu has partner universities in these countries (University of Tartu, 2021) which made it more convenient for initiating the contact communication instead of approaching educational institutions independently. The University of Tartu's partner university in the region under investigation that was

successfully contacted, included only Universidad Mayor (Chile). The University of Granada and the University of Lisbon didn't confirm participation in the study. The author chose instead the Spanish university (Universitat Internacional de Catalunya) based on her experience living in Barcelona and being told by an acquaintance studying at that university that the university's student affairs officers were receptive to helping students' thesis assignments.

To contact the student affairs representatives of Universidad Mayor, an email communication was sent to the Pärnu College mobility coordinator, including the thesis advisor copy, describing the purpose of the study, requesting permission for the communication to be forwarded to the student affairs specialists of the universities, as well as attaching the questions for preliminary review. The Universitat Internacional de Catalunya representatives were contacted using the general Student Services email address provided by the author's friend.

Appendix 4 contains a sample of the author's developed interview questions. The interviews took place between March 13 and April 25, 2024. On March 15, an email interview request was submitted to the Universidad Mayor, and the interview responses were confirmed to be sent via email on March 29. On April 2, the author received responses to the email interview from the General Director of Student Services at Universidad Mayor.

The challenges associated with the interview exercise were receiving approval from participants at a later stage closer to the final submission date, which jeopardized the timely submission of finished results, the time difference across continents (between Europe and Latin America), delays in acknowledging communication sent to them throughout the entire month of March, the Easter holidays taking place between March 25 and April 5, where most staff members were on vacation leave, and complex work schedules of university staff members. Nonetheless, in the position of researcher, it was decided to try a different approach for data collection and contribute to providing time flexibility and comfort to the participants, since both the researcher and the interviewee were unable to agree on an appropriate time to conduct an online interview using the Google Meet platform as it was initially proposed while developing the first research

design during the autumn semester of 2023. Specifically, the interview method chosen was an asynchronous email interview of structured nature inspired by Ratislavová and Ratislav's (2014, pp. 452–453) recommendations. Although not fully replacing in-person, video, or telephone interviews it is a method that provides benefits such as being cost-efficient, in-depth information can be obtained by following up with the interviewee in future communications should additional questions arise, interviews can be easily transcribed and supplemented, it's easier to reach participants from very distant locations, and to decrease the language barrier.

Thematic analysis was used to gather the qualitative data from student affairs specialists' interviews, as suggested by Naeem et al. (2023, p. 2). This method is useful for identifying and interpreting themes in a data set that can provide fresh perspectives on understudied research topics. It applies to qualitative studies based on grounded theory. To interpret the interview content, it was transcribed line by line in the Microsoft Word program. Each sentence was coded, then grouped into subthemes, and finally transformed into the themes present in Appendix 6 and inspired by the work of Ercan et al. (2023, p. 4).

2.2. Results

2.2.1 Quantitative study

In this section, the author presents the surveyed Generation Z Ibero-American population based on 132 responses received from March 15 until April 25, 2024. Figure 1 illustrates respondents' demographic information, such as region of residence, gender, age, occupational status, place of residence, and type of housing. The purpose of providing this information is solely to know the identity of the surveyed population across continents and not to make comparisons of each category due to an insufficient number of participants from the Iberian peninsula countries, members with non-traditional gender identity and participants being city dwellers in its majority. Therefore, only age groups were taken into account for doing the one-factor ANOVA analysis comparison (see Appendix 8).

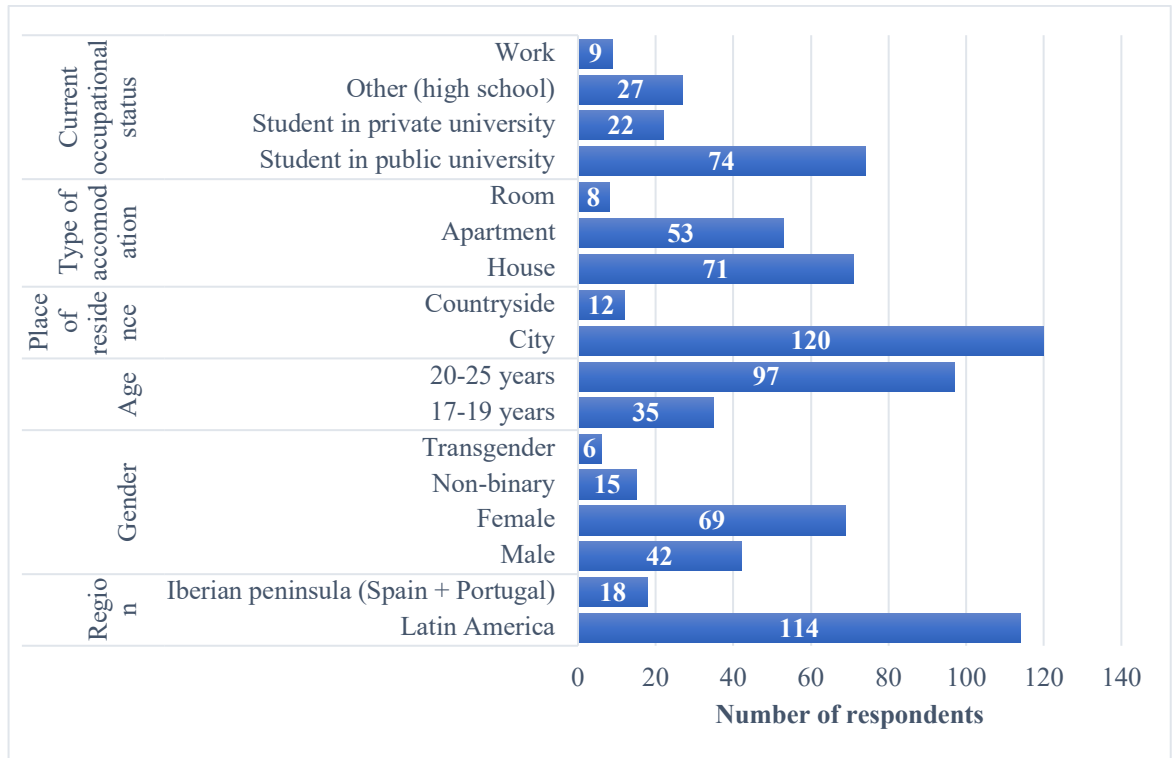


Figure 1. Demographic data of respondents (N= 132)

Participants in the study came from 16 different Latin American countries and two from the Iberian Peninsula. The Latin American participants' home nations were Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Panamá, Perú, Dominican Republic, Mexico, and Venezuela, while Spain and Portugal were grouped in the Iberian Peninsula category due to the few responses obtained. Latin America had 114 responses, whereas the Iberian Peninsula had 18 accounting for 86.4% and 13.6%, respectively. The statistical data from Figure 1 also shows a 52.3% female, 31.8% male, 11.4% non-binary, and 4.5% transgender response rate among the entire participant population. In connection to the age distribution of Generation Z participants, people aged 20 to 25 make up 73.5% of the sample size, while those aged 17 to 19 make up only 26.5%. Most survey respondents indicated that they now live in the city accounting for 90.9% of the total population, while those living in the countryside make 9.1%. Highlighting the living place, it was mentioned by participants that 53.8% live in a house, 40.2% live in an apartment, and 6.1% live in a room. Finally, most participants are students at public universities, accounting for 56.1% of the total

population, while students enrolled in private universities constitute 16.7%. However, an important fact is that 20.5% of the overall population is enrolled in high school and 6.8% is already employed full-time. The high school and job environment statuses could be used in future studies to recruit more participants from those groups, investigate the perception of wellness in high school students, and study Generation Z new graduate students' thoughts on the wellness topic as they begin their careers.

Figure 2 depicts the percentage of people who experienced loneliness and isolation before, during, and following COVID-19. Twenty-seven percent of participants stated they had never felt lonely before the outbreak, while 33% said they had experienced it occasionally. During the COVID epidemic, 26% of people reported feeling regularly lonely, while only 13% never felt lonely. Although the pandemic has ended, 40% of the participants reported feeling lonely at times.

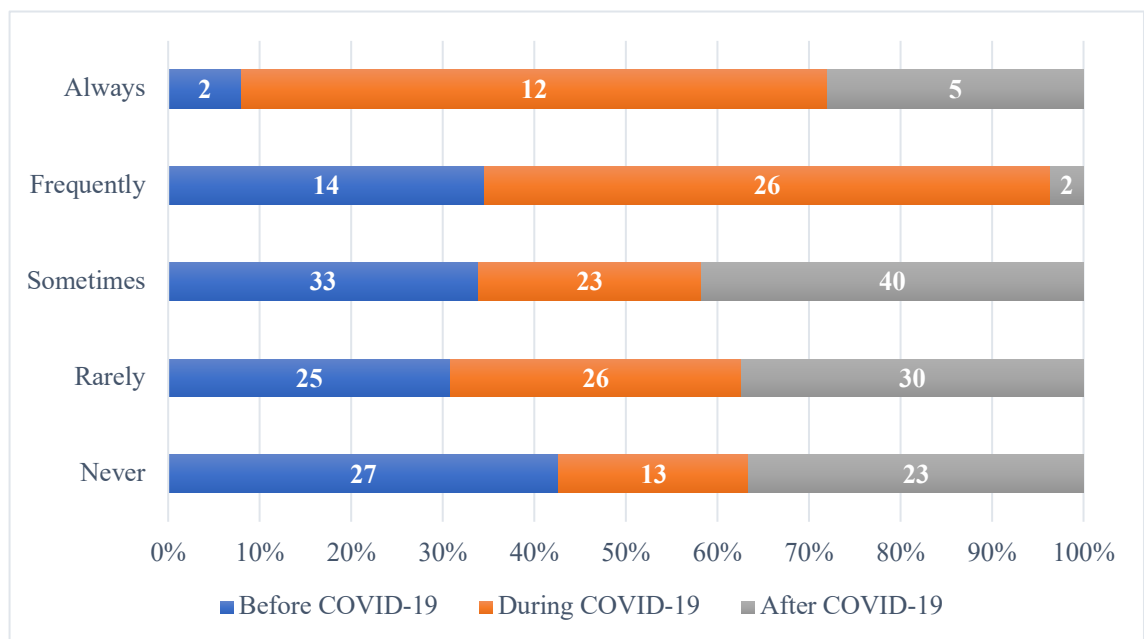


Figure 2. Loneliness and isolation of participants (N= 132)

Figure 3 depicts how Ibero-American participants' wellness was affected before, during, and after the COVID-19 pandemic. Before the start of the pandemic, stress, procrastination, toxic relationships, and a sedentary life were the major factors influencing people's wellness. Stress, sedentary lifestyle, procrastination, and loneliness

all had an impact on wellness during the pandemic, but following, only stress and procrastination remained as important disruptors of wellness. It is important to note that nutrition was not considered a major element influencing wellness before, during, or after the pandemic. Participants who chose the other choice for the three-period phases stated that health issues, relationship with parents, drug use, mental health conditions, and dissatisfaction with life jeopardize their overall wellness.

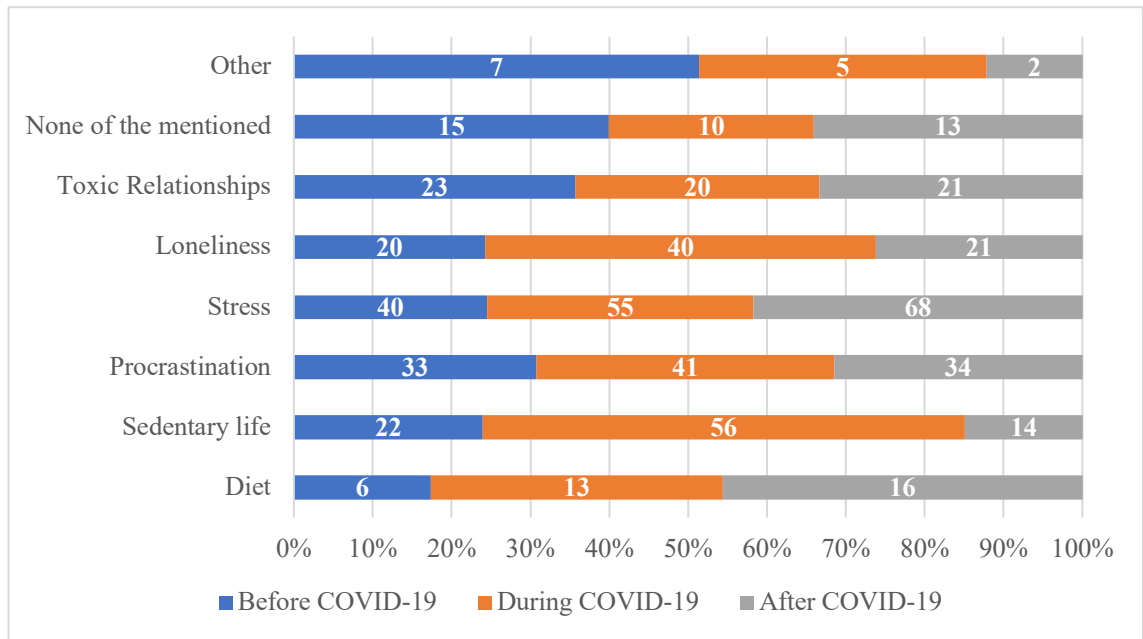


Figure 3. Wellness affected before, during, and after COVID-19 in the Ibero-American region (N= 132)

Figure 4 displays the findings of Ibero-American students on the prioritization of mental wellness in educational institutions. Before, during, and after the outbreak, efforts by school or university staff members to promote mental wellness program initiatives were viewed by most participants as neutral to unlikely, and before the pandemic, the prevalent attitude was between very unlikely to neutral.

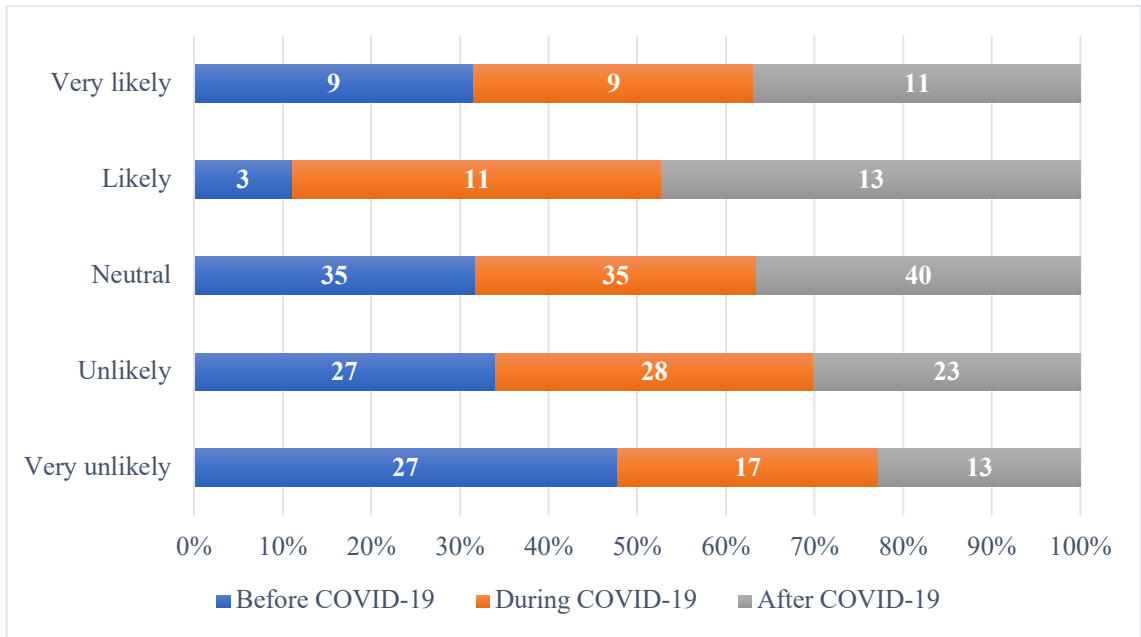


Figure 4. Student mental wellness support perceptions in Ibero-America (N= 132)

Figure 5 depicts students' involvement in social activities before, during, and following the pandemic. Generation Z individuals were frequently active in social activities before and after the pandemic, accounting for 44% and 41%, respectively. Their social involvement has only diminished during the pandemic to a level between rare and sometimes estimated in 33% and 26% of the overall population.

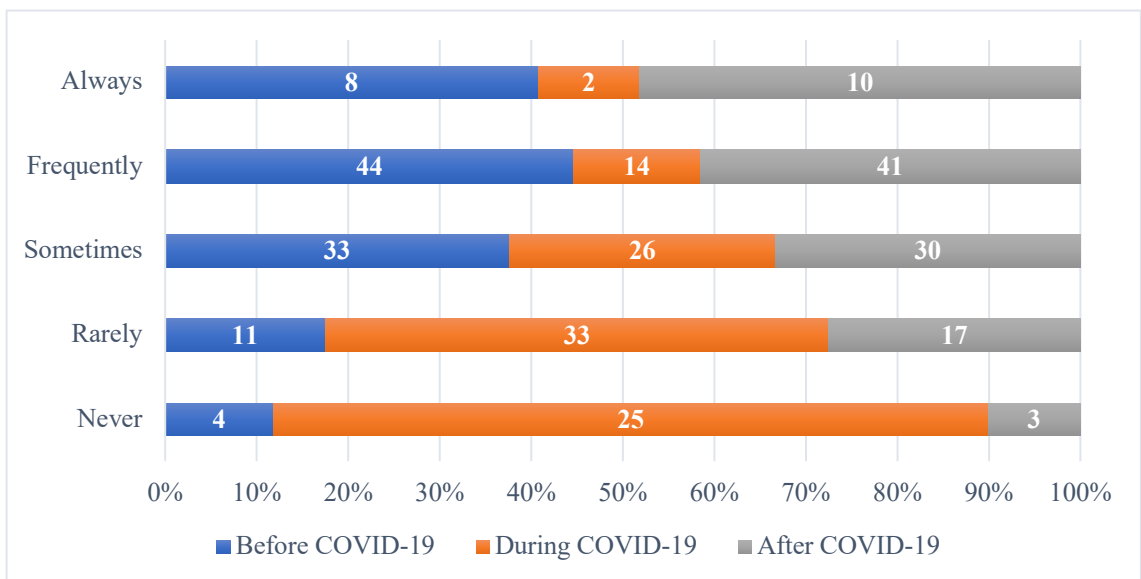


Figure 5. Students' participation in social activities (N= 132)

Figure 6 depicts relatives' and friends' support for the students. This element was not the primary driver in altering social and emotional health across the three-time frames (before, during, and after the pandemic), as students regularly and consistently felt the support of their special individuals (estimated at 30–40%).

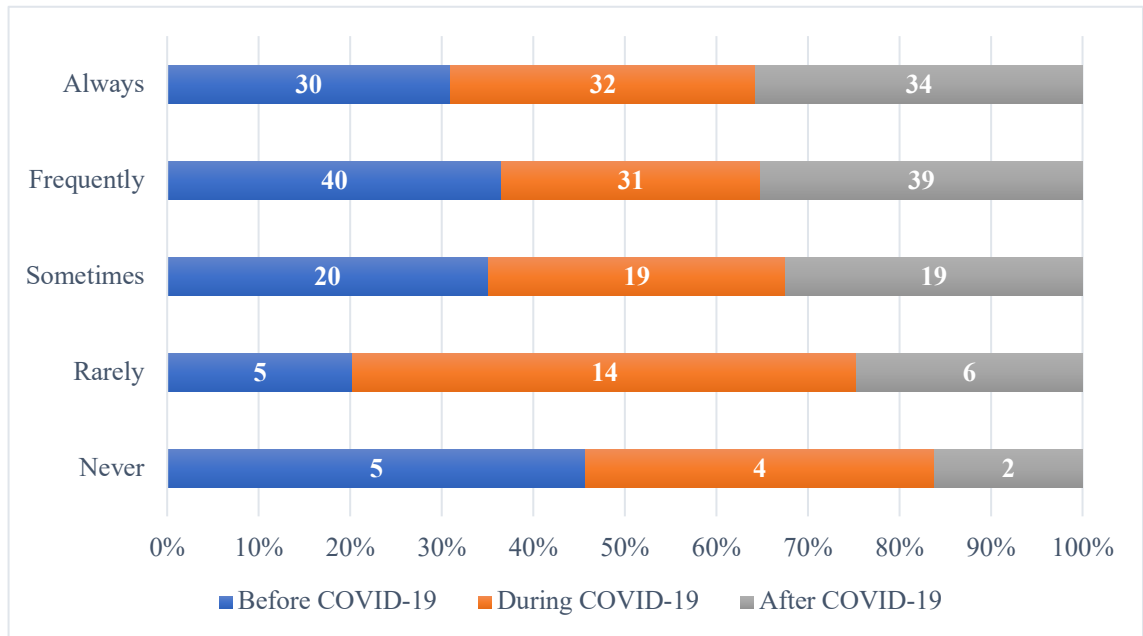


Figure 6. Support of families and friends to students (N= 132)

Figure 7 illustrates how Generation Z Ibero-American students use their free time. Their most popular activities include exercising, which 61% of the population chose, and developing their intellectual capacity through engagement in learning new skills, which 47% value, with reading coming in third at 39%. Another factor to consider is that this generation is also interested in developing their creativity by engaging in artistic activities in their spare time, accounting for 34%. In contrast, the activities indicated in the label others were diverse, where students chose diverse activities from playing video games, cooking, watching anime or films, listening to music, getting to know places from their city of origin, surfing on social media, and in-person social gathering as other enjoyment activities during their free time.

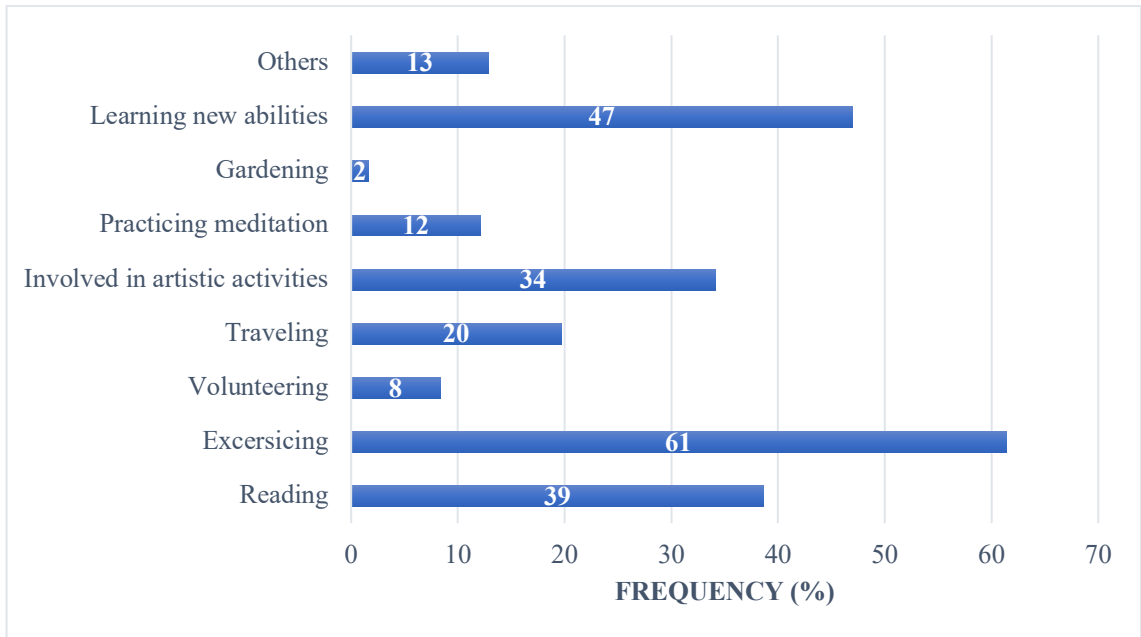


Figure 7. Free time activities of students (N= 132)

Figure 8 depicts the exercise frequency of Generation Z individuals. Before COVID-19, 31% of people had never exercised, while 20% exercised at least three times per week, and 17% every day. During COVID-19, exercise practice grew to 40% in the never category, while 26% of participants declared exercising at least once a week. These findings indicate that due to the pandemic condition, exercise practice decreased, but a part of the population found ways to continue keeping physically active even with restrictions. However, following COVID-19, young people were more active in terms of exercise, reporting that they engage in physical activity every day and three times a week, accounting for 25% and 26% of the overall population, respectively. Participants who responded "other" to the frequency question before and after COVID-19 reported that they exercised on occasion and that their decision to exercise at a specific time-frequency was influenced by their mood, indicating that the behaviour was maintained across time frames.

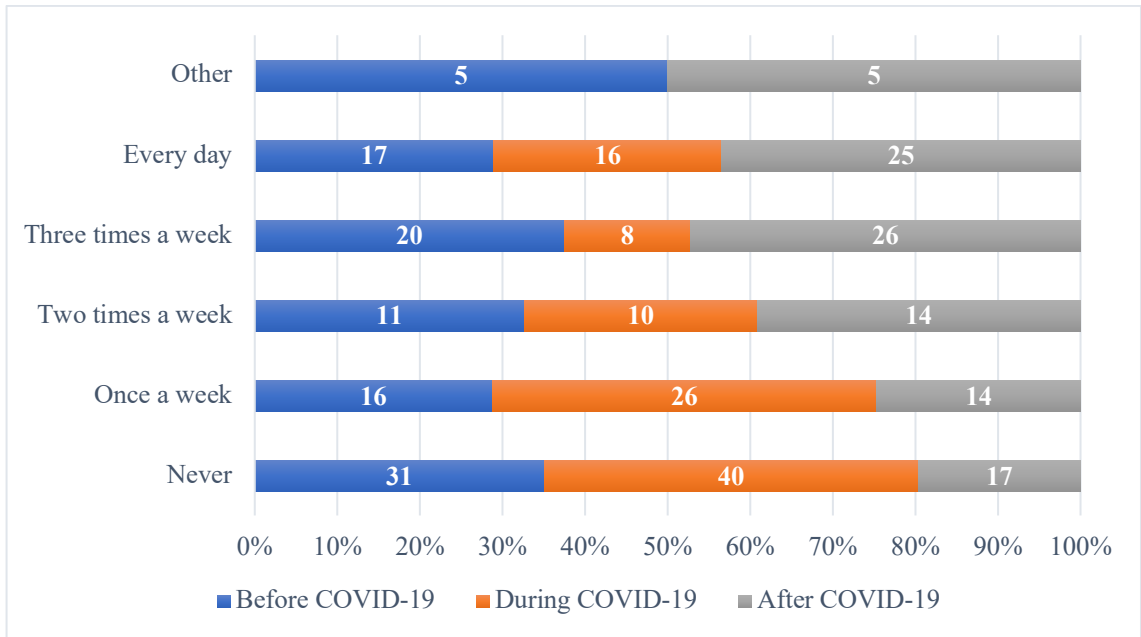


Figure 8. Exercise frequency before, during, and after COVID-19 (N= 132)

Figure 9 depicts where participants prefer to exercise. Forty-two percent of respondents prioritized the gym, with 23% choosing to exercise outdoors and 17% opting to exercise at home. The 5% of participants who answered the “other” option stated that they exercise in their educational institutions.

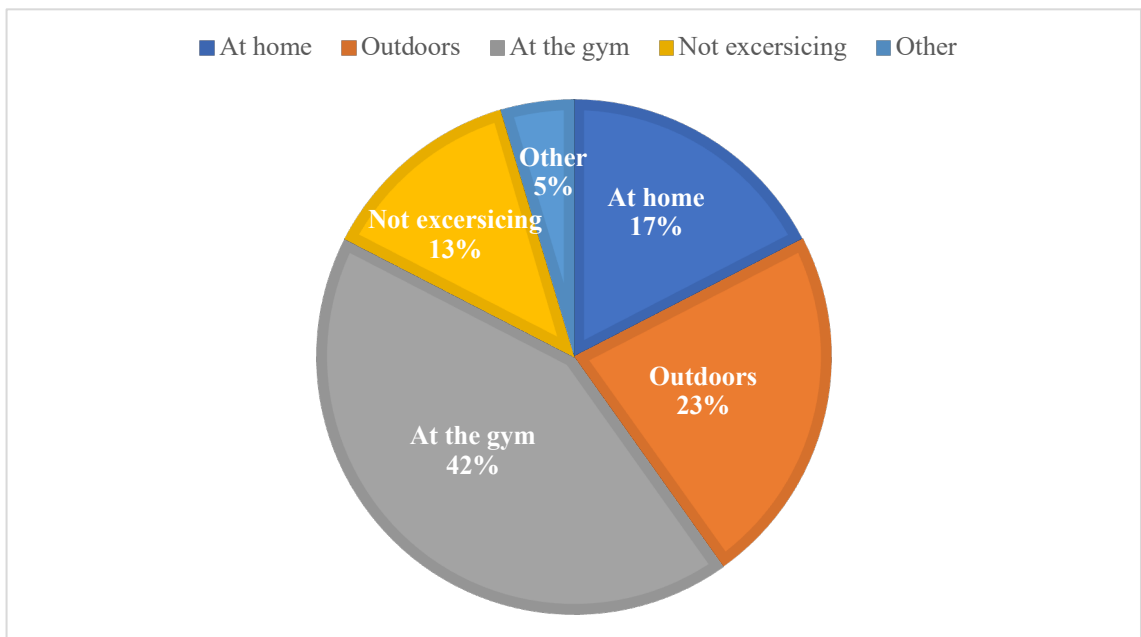


Figure 9. Places of choice where Ibero-American Generation Z exercise (N= 132)

Figure 10 displays the findings about sleeping habit satisfaction. Participants expressed 39%, 25%, and 28% satisfaction with their sleeping quality prior to, during, and following the pandemic, respectively. However, during COVID-19, dissatisfaction with sleep quality increased from 18% prior to the pandemic to 23%.

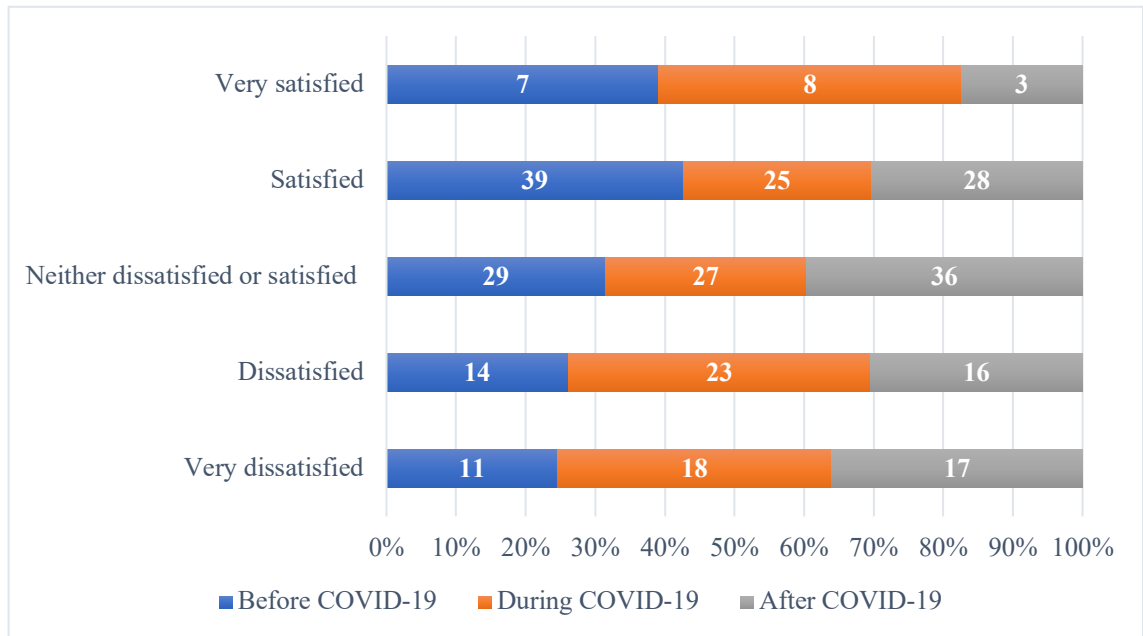


Figure 10. Sleeping quality in participants (N= 132)

Figure 11 demonstrates how students perceive exercise promotion via the lens of their educational institutions. Many students agreed that their universities' or schools' efforts in this area were either unlikely to neutral and had not changed before, during, or following the COVID-19 pandemic. Before COVID-19, 26% of respondents believed that their institutions' involvement in exercise promotion was unlikely, while the neutral opinion supported 28% of responses prior to the pandemic, 30% during the epidemic, and 35% after COVID-19. Although most students feel educational institutions are neutral in promoting exercise culture, 30% of respondents reported increased involvement from student affairs authorities in promoting physical activity programs for student participation in the aftermath of COVID-19. This was reinforced by responses labeled as "likely".

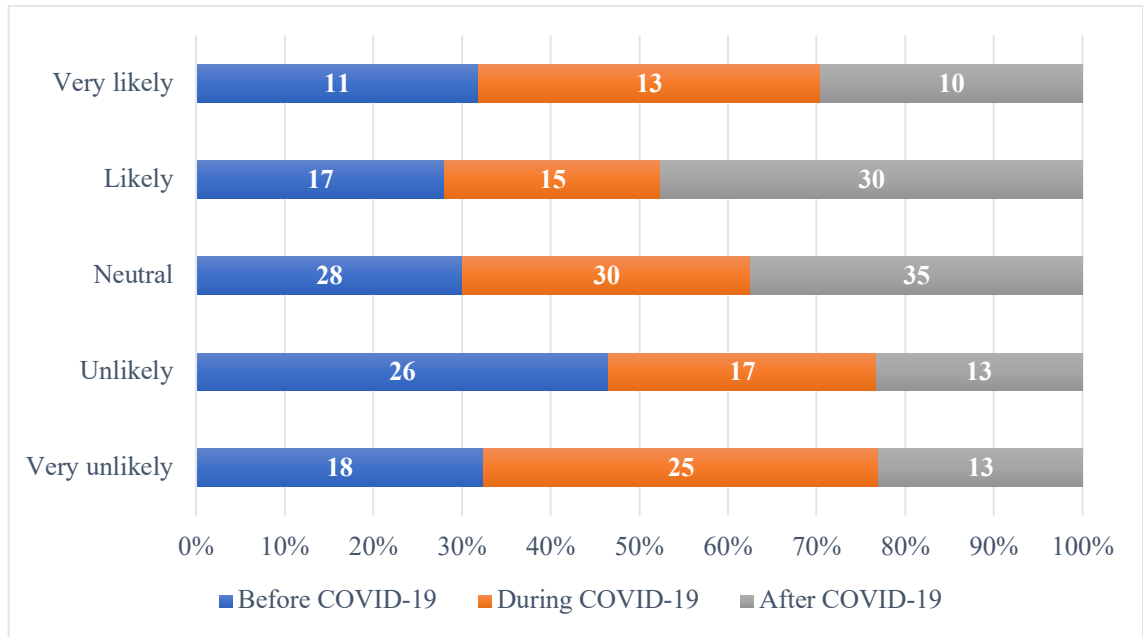


Figure 11. Perspectives of educational institution exercise promotion by students (N=132)

Concerning the motives that 132 students provided in response to the questionnaire's question on what inspires them to exercise, the responses have been compiled and classified into the following categories for easy visualization:

- a) Reaching goals: Students are motivated to be in shape, gain muscular weight, surpass strength limits, and improve physical appearance.
- b) Life Quality: Increase social skills and have more self-confidence.
- c) Keeping active: Learning new skills, for mobility, and taking part in competitions
- d) Health: Improve health condition, improve physical and mental health, maintain a healthy weight, or lose weight, distress, and not dying at a premature age.
- e) Passion: They consider exercise to be a life philosophy, also some participants claimed that their families practice sports and they want to keep alive the tradition.

Furthermore, students gave their perspectives on educational institutions' support for the promotion of physical activity. Overall, students from the Ibero-American region agreed that universities have spaces for outdoor sports such as soccer, volleyball, and basketball, as well as swimming pools and gyms where group activities such as dance lessons, gymnastics, or yoga are taught. Tournaments to compete with other universities are also

arranged, with some institutions offering scholarships to high-performance athletes among their students. Finally, in addition to the discussion of physical wellness, the questionnaire contained a section on the nutritional viewpoints of Ibero-American Generation Z students.

Figure 12 introduces the concept by showing how many meals the students consumed per day before, during, and after COVID-19. Prior to COVID-19, most students (64%) reported eating three meals each day; however, owing to pandemic-imposed restrictions, 42% of students ate more than three meals. However, it is worth noting that the tendency to consume more than three meals per day was maintained even after COVID-19, as reported by 21% of people. Future research should look at the factors that contribute to eating more than three meals to see if they apply to the Ibero-American region as well as other regions of the world, and to what extent disturbances in students' wellness dimensions are associated.

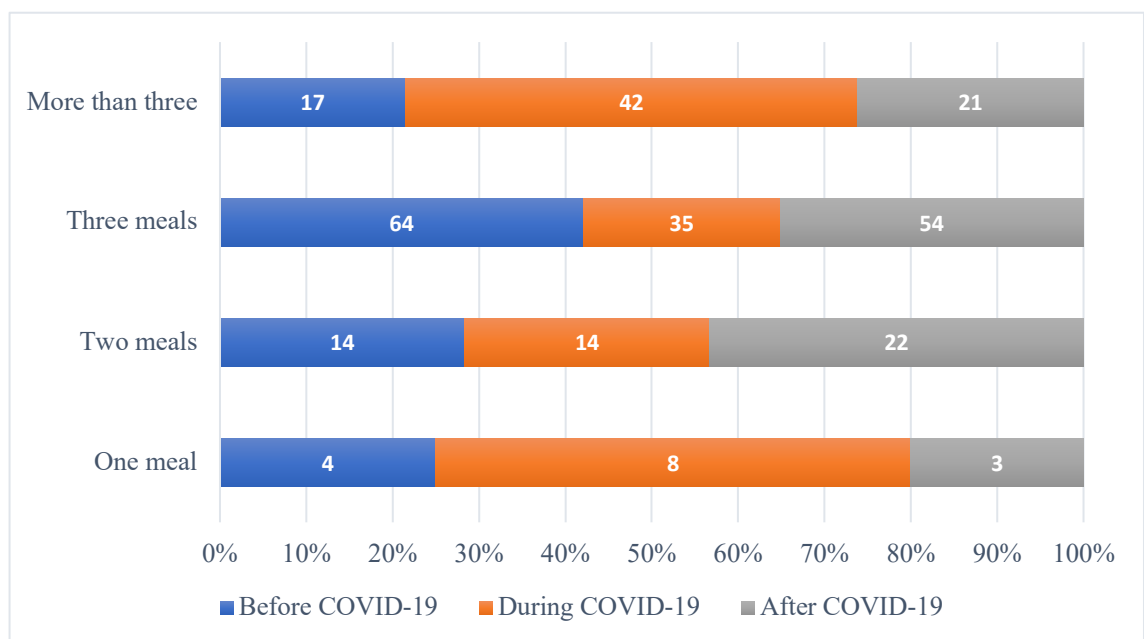


Figure 12. Meals per day of students before, during, and after COVID-19 (N= 132)

Figure 13 displays student impressions of the most important meal of the day (between breakfast, lunch, and dinner) before, during, and following COVID-19. Before COVID-19, 48% of participants evaluated breakfast as the most important meal of the day,

whereas 56% did so subsequently. During COVID-19, the emphasis switched, and lunch became the most important meal of the day in students' lives, which was associated with families spending more time together at home. This view was held by 58% of the participants. After COVID-19, breakfast returned to become the most important meal of the day chosen by 56% of the participants.

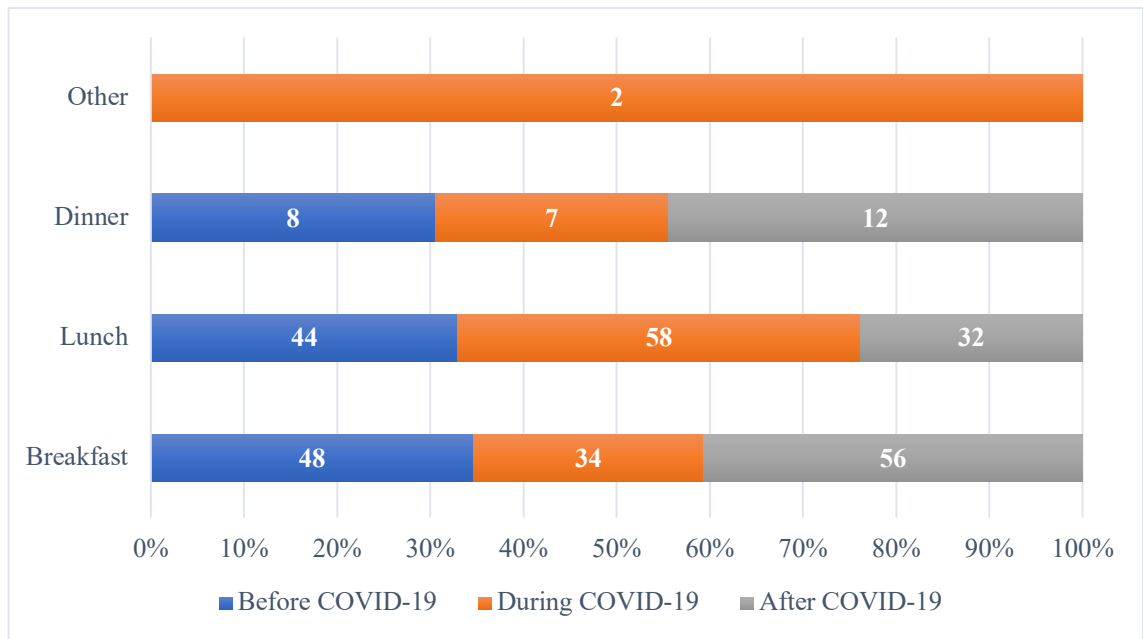


Figure 13. Most important meal of the day for students (N= 132)

Figure 14 shows the preferred meal items of Ibero-American students before, during, and after the pandemic. The graphic shows that, in addition to the main ingredients of a typical diet such as chicken, fish, vegetables, fruit, grains, milk products, legumes, and seeds, sweets and fast food were consumed in large quantities, with 50% and 42% shown for the sweets section and 30% and 42% for the fast-food option, respectively. The consumption of sweets and fast food did reduce following the epidemic, but it has not dropped below 30%. For future research, it will be fascinating to take the facts discovered in this study as an inspiration for testing which factors still contribute to students' use of sweets and fast food in their everyday diet choices despite a more active exercise lifestyle and no more sedentarism imposed by the pandemic.

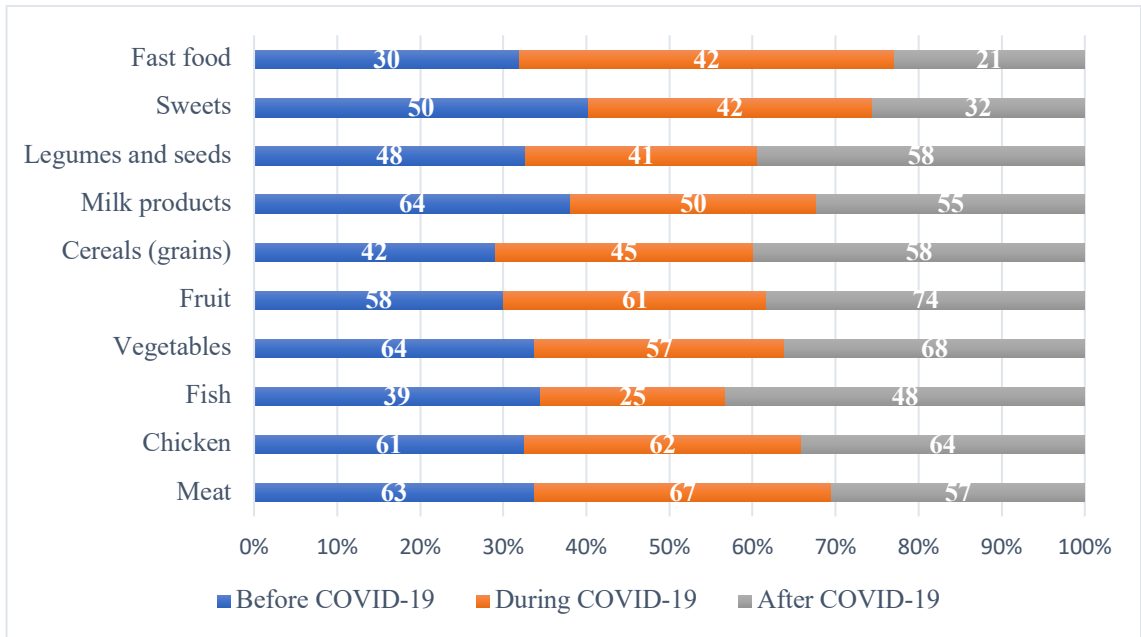


Figure 14. Preferred meal items of Ibero-American students (N= 132)

Figure 15 depicts what Ibero-American students believe is the healthiest diet. Fifty-three percent of participants believe that a low-carb diet is the greatest for delivering the most nutrition, followed by 37% who believe that the Mediterranean diet is the best for achieving a balance in the nutrients taken per day.

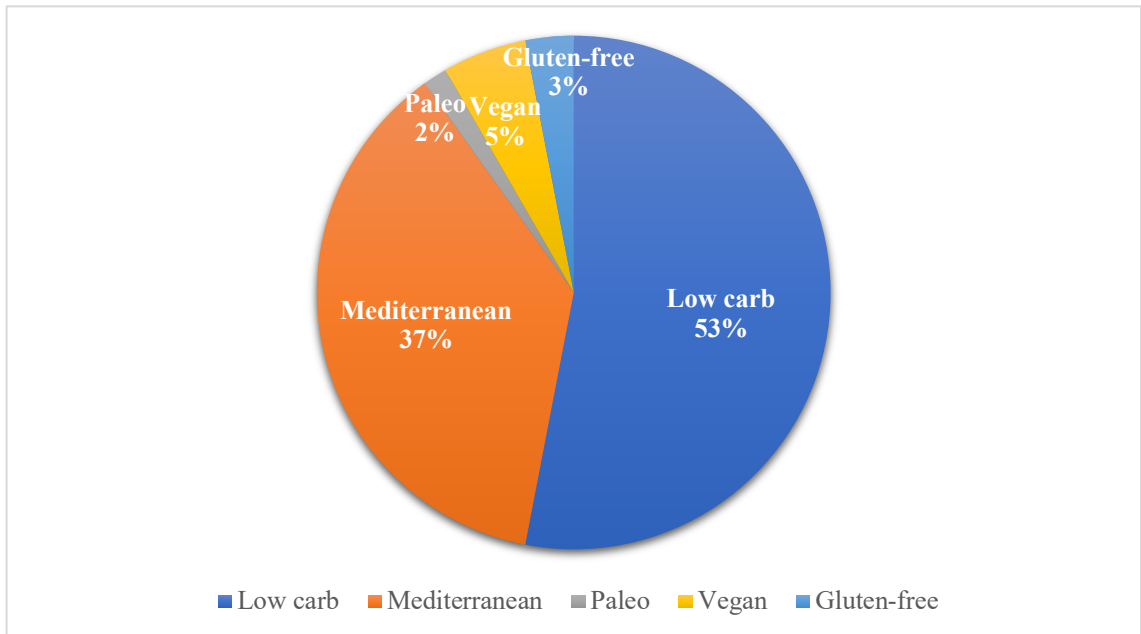


Figure 15. Healthiest diet choice of Ibero-American students (N= 132)

Figure 16 illustrates the factors that had a detrimental impact on the students' diets before, during, and after COVID-19. Eating sweets at least once a day was the most common food temptation among students before, during, and after the pandemic calculated between 41-71%. Another thing to consider is that following the epidemic, 33% of students stated that not having time to cook is hurting their daily nutrition. Future research should focus on determining if these problems are related to lifestyle, academic matters, recent integration into work-life, or a combination of various aspects that harm individual wellness.

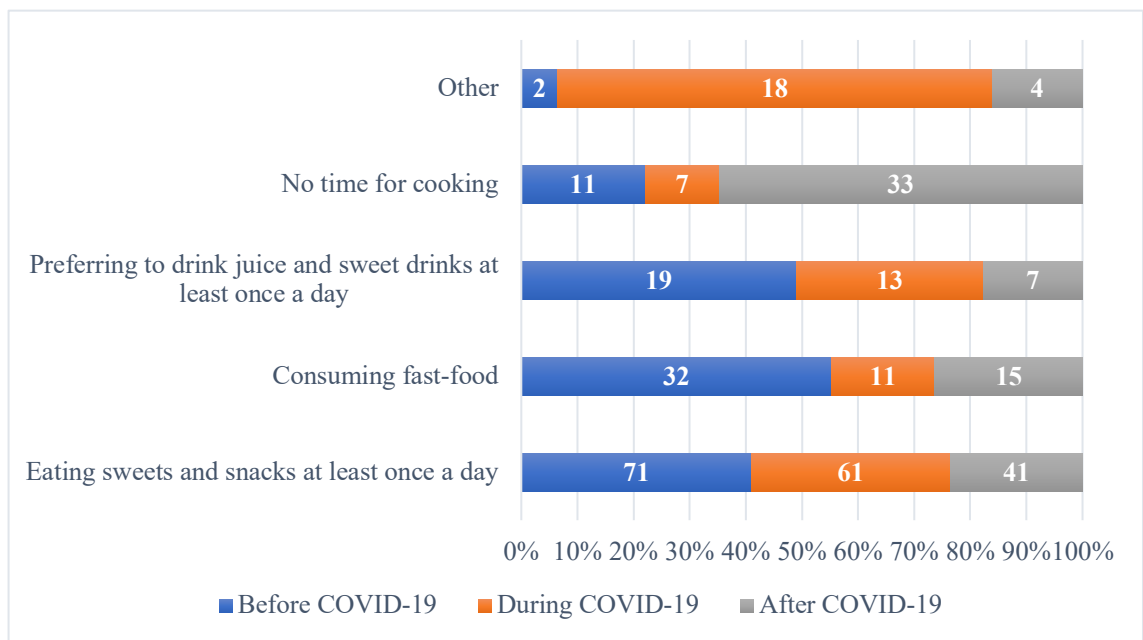


Figure 16. Factors negatively affecting students' dietary practices (N= 132)

Figure 17 reveals that the majority of students evaluated their overall dietary practices as regular, accounting for 38%, with 30% of participants rating it as good.

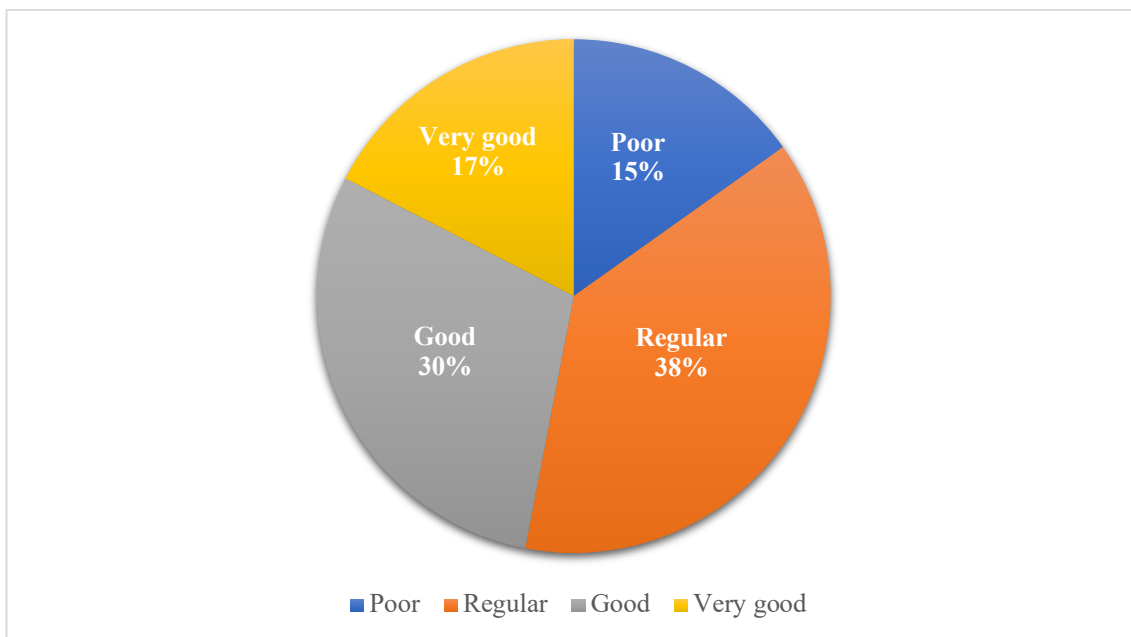


Figure 17. Overall dietary practices of students (N= 132)

Figure 18 depicts the findings on the presence or lack of a food plan at the students' educational institutions. Out of the whole population, 58% do not know whether their institutions have a food plan, while 22% say there is no meal plan available at their schools or colleges.

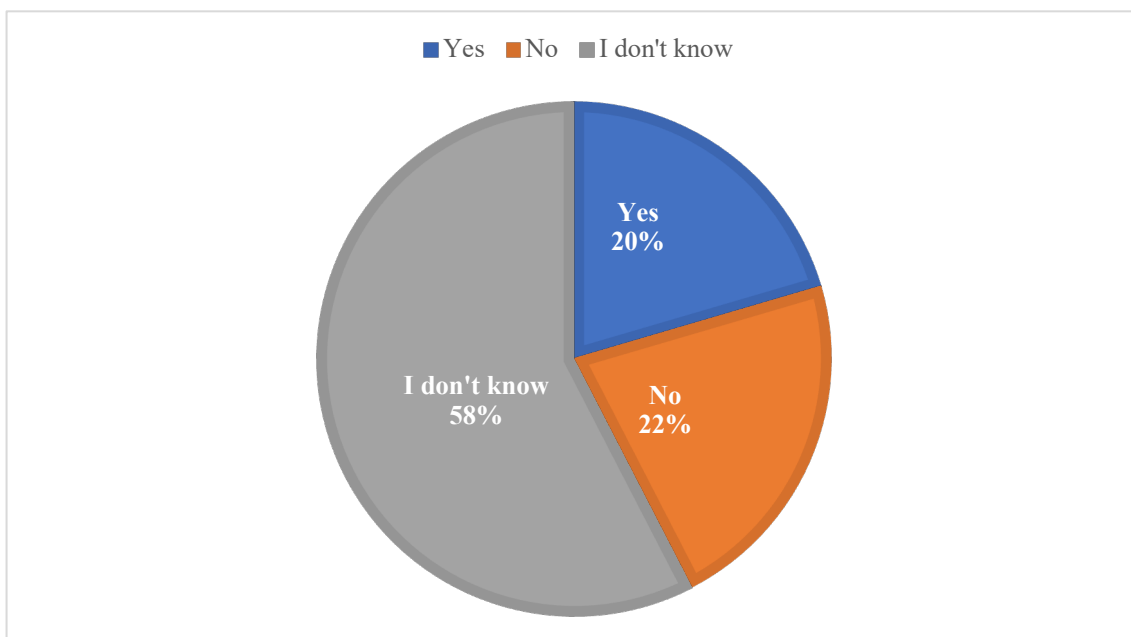


Figure 18. Meal plan for students at educational institutions (N= 132)

An ANOVA analysis with a 5% confidence level was used to determine whether there were significant differences in physical, mental, and social wellness between the two Generation Z groups polled by age: 17-19 and 20-25 years (Appendix 8). The accepted hypothesis conditions were: H0 (wellness perceptions are the same before, during, and after COVID-19 for both age groups) and H1 (wellness perceptions differ before, during, and after COVID-19 for both age groups). Since F is $> F$ crit, the H1 hypothesis is accepted meaning that despite being the same generational group, those aged 20-25 years old have a better understanding of how wellness is applied to their lifestyles in taking care of their body and mind.

2.2.2 Qualitative study

The concept of wellness by both studied educational institutions (see Appendix 6 for the themes, subthemes, and codes obtained) involves the development of skills in the form of creativity and artistic-cultural expressions, providing physical and mental health coaching support, participating in the creation of social and scholarship program initiatives, encouraging and taking care of support network creation, and frequently supervising the quality of provided services without losing sight of the need to engage students through entertainment. Wellness initiatives on both campuses were successful in splitting their areas of work into mental, social, and physical wellness. In their working strategy efforts, mental wellness support is linked to the requirement to give student mentorship through psycho-pedagogical assistance by appointing mentors to accompany students from the start to the finish of their academic journey. Social wellness support aims to involve the need to develop and strengthen the creation of support networks between students, staff members of the institutions, and their families, encouraging participation of students in volunteering activities to improve life conditions in their communities in the form of solidarity campaigns to protect the population in vulnerable situations, without forgetting the entertainment factor for students to foster their creativity and socialization. Therefore, artistic-cultural support remained an emerging buzzword in this wellness dimension. Physical wellness support to promote exercise culture in the student community was only envisioned by the studied institutions as the need to organize sports activities, identify talented students in specific sports disciplines, provide them with scholarship

opportunities, and organize competitions with other educational institutions. The physical wellness support also includes a nutrition component, however, there are still no meal plan implementations in the region's educational institutions, despite universities having cafeteria facilities. Instead, the food support of students is controlled by providing meal scholarships where money is transferred monthly to the students in vulnerable situations' bank accounts.

Both institutions agreed that there have been challenges faced by students before, during, and after COVID-19, therefore, student authorities need to have active communication with students and their families to continue improving the already existing support services. Before COVID-19, the key obstacles were to accurately identify the number of students experiencing economic, academic, and health issues, as well as the economic and psychosocial causes that contributed to their current circumstances. During COVID-19, the pandemic situation had a variety of effects on students. For example, the gap between students living in rural areas and those living in urban environments in terms of technology and health service access widened, contributing to further deterioration of their mental health, lack of social interaction, and household economies. However, students residing in cities grumbled about not having a computer or adequate internet connectivity. Academically, students struggled to adjust to virtual education because it hadn't been actively implemented in the region before. The surveyed educational institutions tried to support students in different ways during the pandemic to continue creating a sense of community. For example, online activities such as documenting student experiences on social media, organizing virtual recreational activities, providing online psycho-pedagogical consultations to students who requested them, delivering memory chips, and loaning computers with free internet connections all helped to keep the staff and student community united in their efforts to overcome the pandemic. Following the COVID-19 epidemic, the interviewed universities stated that there are still difficulties to address to continue helping students and expanding the scope of services. Some of these problems include developing meal plan initiatives to address students' dietary behaviors, as there are currently no meal plans, and enhancing communication channels between students and staff members by making more active use of social media.

2.3. Discussion and recommendations

Only 132 responses were collected out of 384 expected responses based on the calculated sample, despite the survey being actively shared on three social media platforms frequented by students, the data collection being extended until April 25 and the survey being designed in Spanish and Portuguese to encourage participants to be motivated to take part in the study, plus making the gender question more inclusive for the questionnaire answering according to the recommendations provided by Bermudez-Gonzalez (2022, p. 2) and The TREVOR Project (2023). The majority of responses collected to achieve 132 came from Telegram and WhatsApp platforms. Facebook wasn't an active social media platform used by Ibero-American Generation Z students. As a result, for future studies, a suggestion for increasing student participation is to extend the data collection period to last an additional 2-3 months, and the data collection method should also include sending the questionnaire to students via email directly through the region's educational institutions, with student affairs officers acting as mediators for preliminary approval. In terms of social media platforms, use Instagram to reach out to influencers interested in promoting wellness topics, discuss the purpose of the study, and have them actively share the link on their social media, as studies have shown that Generation Z prefers Instagram or Tik Tok over Facebook as a communication tool (Pasztor, 2020, p. 128). Another key aspect that hampered students' active participation in the survey was that the data collecting took place over the vacation season (Easter 2024), and students and most student affairs administrators ignored notifications about the study due to being on holiday leave.

This study complemented the scholarship previously published by Strand et al. (2010, p. 47), Velazquez-Cortes (et al., 2023, p. 590), Franzidis and Zinder (2019, p. 57), and Hidayah et al. (2021, p. 975) in providing an overview on what is the meaning of wellness for Generation Z members in the Ibero-American region without being labeled entirely as a wellbeing concept. It successfully provided an understanding of the challenges and expectations of Generation Z members to take care of their wellness as they enter the working age, as well as how they feel supported by their academic institutions, friends, and family members, and what they believe is lacking from society and educational

institutions in the Ibero-American region. According to their thoughts, stress, procrastination, and a sedentary life have affected their wellness for the three time periods (before, during, and after the pandemic), however, the majority have support from their families and friends but don't perceive enough efforts done by educational institutions to promote wellness initiatives and support them in their academic journey. Also, students seem more inclined to develop their skills and keep themselves in shape to improve physical appearance and surpass strength limits in addition to being more health conscious after the COVID pandemic. In terms of nutrition connected to physical wellness, despite the students favoring the consumption of a low-carb diet as being the healthiest diet option, the collected evidence shows a concerning preference during COVID-19 and in the present day to still incorporate sweets, consumption of sugary beverages and fast food in their everyday diet choices. A continuation of this study could include additional questions in the survey connected to marketing and lifestyle practices in seeing if these nocive food preference choices are connected to family or friends' influence or the advertising campaigns.

In terms of how educational institutions conceive wellness used for student support, universities in the Ibero-American region are more focused on the promotion and development of skills and sports practice through competitions rather than targeting and designing specialized activities that focus on the wellness dimensions according to the model proposed by Gawlick et al. (2024, pp. 74–75). Also, universities agree that their promotion channels to showcase wellness activities need to be actualized and make use of social media channels for engaging with more success Generation Z members. This confirms that research conducted on Generation Z wellness perspectives in the Ibero-American region for the educational sector is still a work in progress and requires cooperation between educational institutions, work enterprises, and, local governments to come up with a single definition of what the wellness concept means and the efforts that the Ibero-American region need to do to ensure healthier citizens in the future.

CONCLUSIONS

The current thesis project was successful in addressing how Ibero-American students perceive the meaning of wellness applied to their lifestyles, how their wellness has been affected pre and post-COVID-19, and whether their educational institutions are making sufficient efforts to ensure their wellness through diverse physical, mental, and social program initiatives designed by their academic advisors offices. Nevertheless, the consulted scholarship also compared with the opinions of student affairs specialists shows that wellness is still an emerging concept in the Ibero-American region and continues to be confused with well-being (*bienestar* in Spanish language) that targets preventing illnesses rather than thinking that wellness is a concept that should be included in the design of programs that promote a healthier lifestyle beyond the notions of solely health indicators. Despite the study's limitations in terms of not reaching sufficient participants according to the calculated sample size and not enough information for making more thorough statistical comparisons across gender, countries, and living situations, it provided an overview for a future continuation of this study to focus data collection efforts to the Latin American region, firstly because it has one of the highest population levels in the world and the one actively experiencing economic and social difficulties in addition to still prevalent health issues. Despite the gender equation requested for students in the questionnaire not being analyzed for the results part due to a lack of participants, it provided an inclusive view for Generation Z in acknowledging their more fluid perception about how they define themselves in their personal lives. For the continuation of this study, recruiting more students belonging to different gender collectives will provide a further understanding if their institutions are also inclusive in helping to balance their wellness.

The role universities played before and during COVID-19 was reduced in promoting physical culture, and social interactions through student associations and scholarship programs applied to sports practice and dietary support contributions, not much priority

was given to supporting mental health. The COVID-19 pandemic brought the need for educational institutions, not only in the region of study but in the world, that wellness is a concept that has a main protagonism for the present century to achieve a lifestyle equilibrium between the household, educational institution, and a future job duty, and that any program support tailored towards benefiting their students' lifestyles should necessarily include an overview of all wellness dimensions as reported by the consulted authors that contributed to the making of the present thesis theoretical background.

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Appendix 1. Survey for students (English version)

Hello there,

My name is Sandra, and I am a 2nd-year student at the University of Tartu Pärnu College from the master's program in Wellness and Spa Service Design and Management. I am doing my thesis project on the topic called **GENERATION Z's PERSPECTIVES ON WELLNESS IN IBERO-AMERICA**.

I'd like to invite you to participate in a survey designed for university students (from 17-25 years). The survey's goal is to find out how Latin American, Brazilian, Portuguese, and Spanish youth perceive wellness in their daily lives, specifically in terms of physical activity, food, and emotional status before, during, and after COVID-19. Participation in the survey is voluntary; it will take between 3-5 minutes, and all responses will be kept confidential.

Before starting with the survey, please get familiar with the following definitions:

- Mental wellness: It influences how you think, feel, and behave in your daily life.
- Social wellness: This is how you interact with the community and those around you.
- Physical wellness: It includes a variety of behaviors including exercise, nutrition, and sleeping practices.

Your feedback is very welcomed, and it will help us examine how Latin American, Brazilian, Spanish, and Portuguese youth perceive wellness by examining lifestyle changes that occurred before, during, and following the COVID-19 pandemic. Your responses will help to make recommendations to universities situated in the Ibero-American region on developing wellness programs that promote healthier lifestyles.

Simply visit your preferred language link to get started:

- Spanish language
- Portuguese language

Thank you very much for your time!

Open-ended question (demographic) Questions based on Bermúdez-Gonzalez, 2022, p. 2

From which country are you from?

Multiple choice questions (demographic) Questions based on Bermúdez-Gonzalez, 2022, p. 2 and Kurup & Underwood, 2021, p. 6

Do you identify as?

- a) Male b) Female c) Trans-gender d) Non-binary e) Agender e) Prefer not to answer f) Other

What is your age group?

- a) 17–19 years b) 20–25 years

Where do you live?

- a) City b) Countryside

In which type of accommodation do you dwell?

- a) House b) Apartment c) Room d) Other

Where do you study?

- a) Public university b) Private university c) Other

Multiple-choice questions targeting mental wellness Question based on Stoewen, 2017, p. 862

Have you experienced any feelings of loneliness or isolation before COVID-19?

- 1) Never 2) Rarely 3) Sometimes 4) Often 5) Always

Have you experienced any feelings of loneliness or isolation during COVID-19?

- 1) Never
- 2) Rarely
- 3) Sometimes
- 4) Often
- 5) Always

Are you experiencing now any feelings of loneliness or isolation?

- 1) Never
- 2) Rarely
- 3) Sometimes
- 4) Often
- 5) Always

What do you feel is harmed your wellness before COVID-19?

- a) Dietary habits
- b) Sedentary life
- c) Procrastination
- d) Stress
- e) Loneliness
- f) Toxic relationships
- g) None of the above
- e) Other

What do you feel harmed your wellness during COVID-19?

- b) Dietary habits
- b) Sedentary life
- c) Procrastination
- d) Stress
- e) Loneliness
- f) Toxic relationships
- g) None of the above

What do you feel is harming your wellness now?

- a) Dietary habits
- b) Sedentary life
- c) Procrastination
- d) Stress
- e) Loneliness
- f) Toxic relationships
- g) None of the above
- e) Other

Do you feel that your mental health was supported and prioritized by your educational institution before COVID-19?

- 1) Very unlikely
- 2) Unlikely
- 3) Neutral
- 4) Likely
- 5) Very likely

Do you feel that your mental health was supported and prioritized by your educational institution during COVID-19?

- 1) Very unlikely
- 2) Unlikely
- 3) Neutral
- 4) Likely
- 5) Very likely

Do you feel that your mental health is supported and prioritized by your educational institution now?

- 1) Very unlikely
- 2) Unlikely
- 3) Neutral
- 4) Likely
- 5) Very likely

Multiple-choice questions targeting social wellness Question based on Ercan et al., 2023, p. 4

How often did you engage in social activities or hobbies before COVID-19?

1)Never 2) Rarely 3) Sometimes 4) Often 5) Always

How often did you engage in social activities or hobbies during COVID-19?

1)Never 2) Rarely 3) Sometimes 4) Often 5) Always

How often do you engage now in social activities or hobbies?

1)Never 2) Rarely 3) Sometimes 4) Often 5) Always

Did you feel supported by your friends and family before COVID-19?

1) Never 2) Rarely 3) Sometimes 4) Often 5) Always

Did you feel supported by your friends and family during COVID-19?

1) Never 2) Rarely 3) Sometimes 4) Often 5) Always

Do you feel supported by your friends and family now?

1) Never 2) Rarely 3) Sometimes 4) Often 5) Always

How do you spend your free time? You can choose more than one answer.

a) Reading b) Exercising c) Volunteering d) Traveling e) Creative hobbies f) Relaxation and mindfulness g) Gardening h) Learning new skills i) Other

Multiple-choice questions about physical wellness targeting physical activity

Questions based on Zaidi, 2020, p. 4 and Tricás-Vidal et al., 2022

How frequently did you exercise before COVID-19?

- 1) Never
- 2) Once a week
- 3) Two times a week
- 4) Three times a week
- 5) Every day
- 6) Other

How frequently did you exercise during COVID-19?

- 1) Never
- 2) Once a week
- 3) Two times a week
- 4) Three times a week
- 5) Every day
- 6) Other

How frequently do you exercise now?

- 1) Never
- 2) Once a week
- 3) Two times a week
- 4) Three times a week
- 5) Every day
- 6) Other

Where do you prefer to exercise?

- a) At home
- b) Outdoors
- c) At the gym
- d) Other
- e) I don't exercise

Are you satisfied with your current sleeping habits?

- 1) Very dissatisfied
- 2) Dissatisfied
- 3) Neither dissatisfied or satisfied
- 4) Satisfied
- 5) Very satisfied

Were you satisfied with your sleeping habits during COVID-19?

- 1) Very dissatisfied
- 2) Dissatisfied
- 3) Neither dissatisfied or satisfied
- 4) Satisfied
- 5) Very satisfied

Were you satisfied with your sleeping habits before COVID-19?

- 1) Very dissatisfied
- 2) Dissatisfied
- 3) Neither dissatisfied or satisfied
- 4) Satisfied
- 5) Very satisfied

Do you feel that physical activity was prioritized by your educational institution before COVID-19?

- 1) Very unlikely 2) Unlikely 3) Neutral 4) Likely 5) Very likely

Do you feel that physical activity was prioritized by your educational institution during COVID-19?

- 1) Very unlikely 2) Unlikely 3) Neutral 4) Likely 5) Very likely

Do you feel that physical activity is prioritized by your educational institution now?

- 1) Very unlikely 2) Unlikely 3) Neutral 4) Likely 5) Very likely

Open-ended questions about physical wellness targeting physical activity

What inspires you to exercise?

Which forms of support does your school offer related to physical activity?

Multiple-choice questions about physical wellness targeting nutrition Questions adapted from Savelli and Murmura, 2023, p. 6 and Martínez-Vázquez et al., 2021, p. 2

How many meals a day have you eaten before COVID-19?

- a) one b) two c) three d) more than three

How many meals a day have you eaten during COVID-19?

- a) one b) two c) three d) more than three

How many meals a day do you eat now?

- a) one b) two c) three d) more than three

What meal did you consider to be the most important of the day before COVID-19?

- a) breakfast b) lunch d) dinner e) other

What meal did you consider to be the most important of the day during COVID-19?

- a) breakfast b) lunch d) dinner e) other

What meal do you consider to be the most important of the day now?

- a) breakfast b) lunch d) dinner e) other

Which of the foods listed above did you eat before COVID-19? You can mark more than one option.

- a) I ate meat.
- b) I ate chicken.
- c) I ate fish
- d) I ate vegetables.
- e) I ate fruit.
- f) I ate grains.
- g) I ate dairy.
- h) I ate beans and nuts.
- i) I ate sweets.
- j) I ate fast food.
- k) Other

Which of the foods listed above did you eat during COVID-19? You can mark more than one option.

- a) I ate meat.
- b) I ate chicken.
- c) I ate fish
- d) I ate vegetables.
- e) I ate fruit.
- f) I ate grains.
- g) I ate dairy.
- h) I ate beans and nuts.

- i) I ate sweets.
- j) I ate fast food.
- k) Other

Which of the foods listed above do you eat now? You can mark more than one option.

- a) I prefer eating meat.
- b) I prefer eating chicken.
- c) I prefer eating fish
- d) I prefer eating vegetables.
- e) I prefer eating fruit.
- f) I prefer eating grains.
- g) I prefer eating dairy.
- h) I prefer eating beans and nuts.
- i) I prefer eating sweets.
- j) I prefer eating fast food.
- k) Other

What is a healthy diet for you?

- a) Low carb: High in vegetables, meat, fish, eggs, fruits, nuts, and fats but low in starches, sugars, and processed foods.
- b) Mediterranean: It includes plenty of vegetables, fruits, fish, poultry, whole grains, legumes, dairy products, and olive oil.
- c) Paleo: Raw foods believed to resemble those available to some of early humanity's ancestors.
- d) Vegan: Based exclusively on plant food and eliminates all animal products
- d) Gluten-free: Eating only whole foods that don't contain gluten, such as fruits, vegetables, meat, and eggs, as well as processed gluten-free foods like gluten-free bread or pasta

e) Other

What had a negative influence on your diet before COVID-19?

- a) Eating sweets and snacks at least once a day.
- b) Consuming fast-food.
- c) Preferring to drink juice and sweet drinks at least once a day.
- d) No time for cooking.
- e) Other

What had a negative influence on your diet during COVID-19?

- a) Eating sweets and snacks at least once a day.
- b) Consuming fast-food.
- c) Preferring to drink juice and sweet drinks at least once a day.
- d) No time for cooking.
- e) Other.

What is having a negative influence on your diet after COVID-19?

- a) Eating sweets and snacks at least once a day.
- b) Consuming fast-food.
- c) Preferring to drink juice and sweet drinks at least once a day.
- d) No time for cooking.
- e) Other.

In general, how healthy do you think your diet is overall?

- a) poor b) fair c) good d) very good e) excellent

Does your school provide a meal plan?

- a) yes b) no c) I don't know

Which of the following alternatives for student meal plans does your school provide?

- a) Breakfast b) Lunch c) Dinner d) All the options e) None of the options f) Other

Appendix 2. Survey for students (Spanish version)

¡Hola!

Mi nombre es Sandra y soy estudiante de segundo año en la Universidad de Tartu Pärnu College del programa de maestría en Diseño y Gestión de Servicios de Bienestar y Spa. Estoy realizando mi proyecto de tesis sobre el tema llamado PERSPECTIVAS DEL BIENESTAR (WELLNESS) DE LA GENERACIÓN Z EN IBEROAMÉRICA.

Me gustaría invitarte a participar en una encuesta diseñada para estudiantes universitarios (de 17 a 25 años). El objetivo de la encuesta es conocer cómo los jóvenes latinoamericanos, brasileños, portugueses, españoles y andorranos perciben el bienestar (wellness) en su vida diaria, específicamente en términos de actividad física, alimentación y estado emocional antes, durante y después del COVID-19.

La participación en la encuesta es voluntaria; Tomará entre 3 y 5 minutos y todas las respuestas se mantendrán confidenciales.

Antes de comenzar con la encuesta, conoce un poquito más las siguientes definiciones:

- Bienestar mental (wellness mental): Influye en cómo piensas, sientes y te comportas en su vida diaria.
- Bienestar social (wellness social): Así es como interactúas con la comunidad y quienes te rodean.
- Bienestar físico (wellness físico): Incluye una variedad de comportamientos que incluyen ejercicio, nutrición y prácticas de sueño.

Sus puntos de vista nos ayudarán a examinar cómo los jóvenes latinoamericanos, brasileños, portugueses, españoles y andorranos perciben el bienestar (wellness) al examinar los cambios en el estilo de vida que ocurrieron antes, durante y después de la pandemia de COVID-19. Sus respuestas ayudarán a hacer recomendaciones a las universidades ubicadas en la región iberoamericana sobre el desarrollo de programas de bienestar que promuevan estilos de vida más saludables.

¡Muchas gracias por tu tiempo en participar en este proyecto!

¿De que parte de Iberoamérica eres?

- a) Latinoamérica b) Brasil c) España d) Portugal e) Andorra

¿Eres?

- a) Hombre b) Mujer c) Transgénero d) No-binario e) Prefiero no contestar f) Otro

Selecciona el grupo de edad al que perteneces

- a) 17–19 años b) 20–25 años

¿Dónde vives?

- a) Ciudad b) Zona rural

¿En qué tipo de alojamiento vives?

- a) Apartamento b) Casa c) Cuarto d) Otro

¿Dónde estudias?

- a) Universidad pública b) Universidad privada c) Otro

¿Experimentaste soledad o aislamiento antes del COVID-19?

- 1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Experimentaste soledad o aislamiento durante el COVID-19?

- 1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Experimentas soledad o aislamiento ahora?

- 1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Qué crees que afectaba tu bienestar antes del COVID-19? Puedes contestar mas de una opción.

- a) La dieta b) Sedentarismo c) Procrastinación d) Estrés e) Soledad f) Relaciones tóxicas g) Ninguna de las anteriores e) Otro

¿Qué crees que afectaba tu bienestar durante el COVID-19? Puedes contestar mas de una opción.

- a) La dieta b) Sedentarismo c) Procrastinación d) Estrés e) Soledad f) Relaciones tóxicas g) Ninguna de las anteriores e) Otro

¿Qué crees que afecta tu bienestar ahora? Puedes contestar más de una opción.

- a) La dieta b) Sedentarismo c) Procrastinación d) Estrés e) Soledad f) Relaciones tóxicas g) Ninguna de las anteriores e) Otro

¿Sientes que tu salud mental fue apoyada y priorizada por tu institución educativa antes del COVID-19?

- 1) Muy improbable 2) Improbable 3) Neutral 4) Probable 5) Muy probable

¿Sientes que tu salud mental fue apoyada y priorizada por tu institución educativa durante el COVID-19?

- 1) Muy improbable 2) Improbable 3) Neutral 4) Probable 5) Muy probable

¿Sientes que tu salud mental es apoyada y priorizada por tu institución educativa ahora?

- 1) Muy improbable 2) Improbable 3) Neutral 4) Probable 5) Muy probable

¿Con qué frecuencia participabas en actividades sociales o pasatiempos antes del COVID-19?

- 1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Con qué frecuencia participabas en actividades sociales o pasatiempos durante el COVID-19?

1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Con qué frecuencia participas en actividades sociales o pasatiempos ahora?

1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Te sentiste apoyado por tus amigos y familiares antes del COVID-19?

1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Te sentiste apoyado por tus amigos y familiares durante el COVID-19?

1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Te sientes apoyado por tus amigos y familiares ahora?

1) Nunca 2) Raramente 3) Algunas veces 4) Frecuentemente 5) Siempre

¿Cómo pasas tu tiempo libre? Puedes contestar más de una

a) Leyendo b) Haciendo ejercicio c) Haciendo voluntariado d) Viajando e)
Involucrado en actividades artísticas f) Practicando meditación g) Jardinería h)
Aprendiendo nuevas habilidades i) Otro

¿Con qué frecuencia hacías ejercicio antes del COVID-19?

1) Nunca 2) Una vez por semana 3) Dos veces por semana 4) Tres veces por semana
5) Todos los días 6) Otro

¿Con qué frecuencia hacías ejercicio durante el COVID-19?

1) Nunca 2) Una vez por semana 3) Dos veces por semana 4) Tres veces por semana
5) Todos los días 6) Otro

¿Con qué frecuencia haces ejercicio ahora?

- 1) Nunca
- 2) Una vez por semana
- 3) Dos veces por semana
- 4) Tres veces por semana
- 5) Todos los días
- 6) Otro

¿Dónde prefieres hacer ejercicio? a) En casa b) Afuera (en parques o bosques) c) En el gimnasio d) Otro e) No hago ejercicio

¿Estás satisfecho con sus hábitos de sueño actuales?

- 1) Muy insatisfecho
- 2) Disatisfecho
- 3) Ni disatisfecho ni satisfecho
- 4) Satisfecho
- 5) Muy satisfecho

¿Estuviste satisfecho con sus hábitos de sueño durante el COVID-19?

- 1) Muy insatisfecho
- 2) Disatisfecho
- 3) Ni disatisfecho ni satisfecho
- 4) Satisfecho
- 5) Muy satisfecho

¿Estuviste satisfecho con sus hábitos de sueño antes del COVID-19?

- 1) Muy insatisfecho
- 2) Disatisfecho
- 3) Ni disatisfecho ni satisfecho
- 4) Satisfecho
- 5) Muy satisfecho

¿Sientes que tu escuela o universidad incentivaba a los estudiantes a hacer ejercicio antes del COVID-19?

- 1) Muy improbable
- 2) Improbable
- 3) Neutral
- 4) Probable
- 5) Muy probable

¿Sientes que tu escuela o universidad incentivaba a los estudiantes a hacer ejercicio durante el COVID-19?

- 1) Muy improbable
- 2) Improbable
- 3) Neutral
- 4) Probable
- 5) Muy probable

¿Sientes que tu escuela o universidad incentiva a los estudiantes a hacer ejercicio ahora?

- 1) Muy improbable
- 2) Improbable
- 3) Neutral
- 4) Probable
- 5) Muy probable

¿Qué te inspira a hacer ejercicio?

¿Qué formas de apoyo ofrece tu universidad relacionada con la actividad física?

¿Cuántas comidas al día hacías antes del COVID-19?

a) una b) dos c) tres d) más de tres

¿Cuántas comidas al día hacías durante el COVID-19?

a) una b) dos c) tres d) más de tres

¿Cuántas comidas al día haces ahora?

a) una b) dos c) tres d) más de tres

¿Qué comida considerabas que era la más importante del día antes del COVID-19?

a) desayuno b) comida d) cena e) otra

¿Qué comida considerabas que era la más importante del día durante el COVID-19?

a) desayuno b) comida d) cena e) otra

¿Qué comida consideras que ea la más importante del día después del COVID-19?

a) desayuno b) comida d) cena e) otra

¿Cuál de los alimentos aquí enumerados comías más antes del COVID-19? Puedes marcar más de una opción.

- a) Carne
- b) Pollo
- c) Pescado
- d) Verduras
- e) Fruta
- f) Cereales
- g) Productos lácteos

- h) Leguminosas y semillas
- i) Golosinas
- j) Comida rápida
- k) Otro

¿Cuál de los alimentos aquí enumerados comías más durante el COVID-19? Puedes marcar más de una opción.

- a) Carne
- b) Pollo
- c) Pescado
- d) Verduras
- e) Fruta
- f) Cereales
- g) Productos lácteos
- h) Leguminosas y semillas
- i) Golosinas
- j) Comida rápida
- k) Otro

¿Cuál de los alimentos aquí enumerados comes más ahora? Puedes marcar más de una opción.

- a) Carne
- b) Pollo
- c) Pescado
- d) Verduras
- e) Fruta
- f) Cereales
- g) Productos lácteos
- h) Leguminosas y semillas
- i) Golosinas
- j) Comida rápida

k) Otro

¿Cuál de estas opciones consideras que es la dieta más saludable en tu opinión?

a) Baja en carbohidratos: Alta en verduras, carne, pescado, huevos, frutas, nueces y grasas, pero bajo en almidones y alimentos procesados.

b) Mediterránea: Incluye muchas verduras, frutas, pescado, aves, cereales integrales, legumbres, productos lácteos y aceite de oliva.

c) Paleo: Enfatiza el consumo de alimentos crudos en forma de carne, frutas y verduras. Es una alimentación que se basa en el estilo de vida de los hombres del Paleolítico hace 10,000 años.

d) Vegana: Basada exclusivamente en alimentos vegetales y elimina todos los productos animales.

e) Sin gluten: Comer solo alimentos que no contengan gluten como frutas, verduras, carne y huevos, así como alimentos procesados sin gluten como pan o pasta sin gluten.

f) Otro

¿Qué influía negativamente en tu alimentación antes del COVID-19? Puedes contestar más de una opción

a) Comer dulces y botanas al menos una vez al día.

b) Comer comida rápida.

c) Preferir beber jugos, refrescos y bebidas dulces al menos una vez al día.

d) No tener tiempo para cocinar.

f) Otro.

¿Qué influía negativamente en tu alimentación durante el COVID-19? Puedes contestar más de una opción

a) Comer dulces y botanas al menos una vez al día.

b) Comer comida rápida.

- c) Preferir beber jugos, refrescos y bebidas dulces al menos una vez al día.
- d) No tener tiempo para cocinar.
- g) Otro.

¿Qué influye negativamente en tu alimentación ahora? Puedes contestar más de una opción

- a) Comer dulces y botanas al menos una vez al día.
- b) Comer comida rápida.
- c) Preferir beber jugos, refrescos y bebidas dulces al menos una vez al día.
- d) No tener tiempo para cocinar. h) Otro.

En general, ¿qué tan saludable crees que es tu dieta?

- b) pobre b) regular c) buena d) muy buena e) excelente

¿Tu universidad ofrece en sus instalaciones un plan de alimentación para los estudiantes?

- a) sí b) no c) no sé

Si tu universidad ofrece un plan de alimentación ¿Cuál de las siguientes alternativas es ofrecida para los estudiantes?

- a) Desayuno b) Comida c) Cena d) Todas las anteriores c) Ninguna de las anteriores
- e) Otra

Appendix 3. Survey for students (Portuguese version)

De que parte da América Latina você é?

- a) América Latina b) Brasil c) Espanha d) Portugal e) Andorra

Você é?

- b) Homem b) Mulher c) Transgênero d) Não binário e) Prefiro não responder f)
Outro

Selecione a faixa etária a que você pertence

- a) 17–19 anos b) 20–25 anos

Onde vives?

- a) Cidade b) Zona rural

Em que tipo de alojamento você mora?

- a) Apartamento b) Casa c) Quarto d) Outro

Onde estudas?

- a) Universidade pública b) Universidade privada c) Outros

Você sentiu solidão ou isolamento antes do COVID-19?

- 1) Nunca 2) Raramente 3) Às vezes 4) Frequentemente 5) Sempre

Você sentiu solidão ou isolamento durante o COVID-19?

- 1) Nunca 2) Raramente 3) Às vezes 4) Frequentemente 5) Sempre

Você sente solidão ou isolamento agora?

- 1) Nunca 2) Raramente 3) Às vezes 4) Frequentemente 5) Sempre

O que você acha que afetou seu bem-estar antes do COVID-19? Você pode responder mais de uma opção.

- a) Dieta b) Sedentarismo c) Procrastinação d) Estresse e) Solidão f) Relacionamentos tóxicos g) Nenhuma das opções acima e) Outros

O que você acha que estava afetando seu bem-estar durante o COVID-19? Você pode responder mais de uma opção.

- a) Dieta b) Sedentarismo c) Procrastinação d) Estresse e) Solidão f) Relacionamentos tóxicos g) Nenhuma das opções acima e) Outros

O que você acha que afeta seu bem-estar agora? Você pode responder mais de uma opção.

- a) Dieta b) Sedentarismo c) Procrastinação d) Estresse e) Solidão f) Relacionamentos tóxicos g) Nenhuma das opções acima e) Outros

Você sente que sua saúde mental era apoiada e priorizada pela sua instituição de ensino antes da COVID-19?

- 1) Muito improvável 2) Improvável 3) Neutro 4) Provável 5) Muito provável

Você sente que sua saúde mental foi apoiada e priorizada pela sua instituição de ensino durante a COVID-19?

- 1) Muito improvável 2) Improvável 3) Neutro 4) Provável 5) Muito provável

Você sente que sua saúde mental é apoiada e priorizada pela sua instituição de ensino agora?

- 1) Muito improvável 2) Improvável 3) Neutro 4) Provável 5) Muito provável

Com que frequência você participava de atividades sociais ou hobbies antes da COVID-19?

- 1) Nunca 2) Raramente 3) Às vezes 4) Frequentemente 5) Sempre

Com que frequência você participou de atividades sociais ou hobbies durante a COVID-19?

- 1) Nunca
- 2) Raramente
- 3) Às vezes
- 4) Frequentemente
- 5) Sempre

Com que frequência você participa de atividades sociais ou hobbies agora?

- 1) Nunca
- 2) Raramente
- 3) Às vezes
- 4) Frequentemente
- 5) Sempre

Você se sentia apoiado por seus amigos e familiares antes do COVID-19?

- 1) Nunca
- 2) Raramente
- 3) Às vezes
- 4) Frequentemente
- 5) Sempre

Você se sentiu apoiado por seus amigos e familiares durante o COVID-19?

- 1) Nunca
- 2) Raramente
- 3) Às vezes
- 4) Frequentemente
- 5) Sempre

Você se sente apoiado por seus amigos e familiares agora?

- 1) Nunca
- 2) Raramente
- 3) Às vezes
- 4) Frequentemente
- 5) Sempre

Como você passa seu tempo livre? Você pode responder mais de uma

- a) Ler
- b) Praticar exercícios
- c) Voluntariado
- d) Viajar
- e) Envolvido em atividades artísticas
- f) Praticar meditação
- g) Jardinagem
- h) Aprender novas habilidades
- i) Outras

Com que frequência você fazia exercícios antes do COVID-19?

- 1) Nunca
- 2) Uma vez por semana
- 3) Duas vezes por semana
- 4) Três vezes por semana
- 5) Todos os dias
- 6) Outros

Com que frequência você se exercitou durante o COVID-19?

- 1) Nunca
- 2) Uma vez por semana
- 3) Duas vezes por semana
- 4) Três vezes por semana
- 5) Todos os dias
- 6) Outros

Com que frequência você se exercita agora?

- 1) Nunca
- 2) Uma vez por semana
- 3) Duas vezes por semana
- 4) Três vezes por semana
- 5) Todos os dias
- 6) Outros

Onde você prefere se exercitar? a) Em casa b) Ao ar livre (em parques ou florestas) c) Na academia d) Outro e) Não faço exercícios

Você está satisfeito com seus hábitos de sono atuais?

- 1) Muito insatisfeito
- 2) Insatisfeito
- 3) Nem insatisfeito nem satisfeito
- 4) Satisfeito
- 5) Muito satisfeito

Você ficou satisfeito com seus hábitos de sono durante o COVID-19?

- 1) Muito insatisfeito
- 2) Insatisfeito
- 3) Nem insatisfeito nem satisfeito
- 4) Satisfeito
- 5) Muito satisfeito

Você estava satisfeito com seus hábitos de sono antes do COVID-19?

- 1) Muito insatisfeito
- 2) Insatisfeito
- 3) Nem insatisfeito nem satisfeito
- 4) Satisfeito
- 5) Muito satisfeito

Você acha que sua escola ou universidade incentivava os alunos a se exercitarem antes do COVID-19?

- 1) Muito improvável
- 2) Improvável
- 3) Neutro
- 4) Provável
- 5) Muito provável

Você acha que sua escola ou universidade incentivou os alunos a se exercitarem durante o COVID-19?

- 1) Muito improvável
- 2) Improvável
- 3) Neutro
- 4) Provável
- 5) Muito provável

Você acha que sua escola ou universidade incentiva os alunos a se exercitarem agora?

- 1) Muito improvável
- 2) Improvável
- 3) Neutro
- 4) Provável
- 5) Muito provável

O que te inspira a fazer exercícios?

Que formas de apoio a sua universidade oferece relacionadas à atividade físico?

Quantas refeições por dia você fazia antes do COVID-19?

a) um b) dois c) três d) mais de três

Quantas refeições por dia você fez durante o COVID-19?

a) um b) dois c) três d) mais de três

Quantas refeições por dia você faz agora?

a) um b) dois c) três d) mais de três

Qual refeição você considerou a refeição mais importante do dia antes do COVID-19?

a) café da manhã b) almoço d) jantar e) outros

Qual refeição você considerou a refeição mais importante do dia durante o COVID-19?

a) café da manhã b) almoço d) jantar e) outros

Qual refeição você considera a mais importante do dia após o COVID-19?

a) café da manhã b) almoço d) jantar e) outros

Qual dos alimentos listados aqui você comia mais antes do COVID-19? Você pode marcar mais de uma opção.

a) Carne

b) Frango

c) Peixe

d) Legumes

e) Fruta

- e) Cereais
- g) Produtos lácteos
- h) Legumes e sementes
- i) Guloseimas
- j) Fast-food
- k) Outros

Qual dos alimentos listados aqui você mais comeu durante o COVID-19? Você pode marcar mais de uma opção.

- a) Carne
- b) Frango
- c) Peixe
- d) Legumes
- e) Fruta
- e) Cereais
- g) Produtos lácteos
- h) Legumes e sementes
- i) Guloseimas
- j) Fast-food
- k) Outros

Qual dos alimentos listados aqui você mais come atualmente? Você pode marcar mais de uma opção.

- a) Carne
- b) Frango
- c) Peixe
- d) Legumes
- e) Fruta
- e) Cereais
- g) Produtos lácteos
- h) Legumes e sementes
- i) Guloseimas
- j) Fast-food
- k) Outros

Qual destas opções você considera a dieta mais saudável na sua opinião?

- a) Baixo teor de carboidratos: rico em vegetais, carne, peixe, ovos, frutas, nozes e gorduras, mas pobre em amidos e alimentos processados.
- b) Mediterrâneo: Inclui muitos vegetais, frutas, peixes, aves, grãos integrais, legumes, laticínios e azeite.
- c) Paleo: Enfatiza o consumo de alimentos crus na forma de carnes, frutas e vegetais. É uma dieta baseada no estilo de vida dos homens do Paleolítico há 10.000 anos.
- d) Vegano: Baseado exclusivamente em alimentos vegetais e elimina todos os produtos de origem animal.

e) Sem glúten: Coma apenas alimentos que não contenham glúten, como frutas, vegetais, carnes e ovos, bem como alimentos processados sem glúten, como pães ou massas sem glúten.

f) Outros

O que influenciou negativamente sua dieta antes do COVID-19? Você pode responder mais de uma opção

a) Coma doces e salgadinhos pelo menos uma vez ao dia.

b) Coma fast-food.

c) Prefira consumir sucos, refrigerantes e doces pelo menos uma vez ao dia.

d) Não ter tempo para cozinhar.

f) Outro.

O que estava influenciando negativamente sua dieta durante o COVID-19? Você pode responder mais de uma opção

a) Coma doces e salgadinhos pelo menos uma vez ao dia.

b) Coma fast-food.

c) Prefira consumir sucos, refrigerantes e doces pelo menos uma vez ao dia.

d) Não ter tempo para cozinhar.

g) Outros.

O que influencia negativamente sua dieta agora? Você pode responder mais de uma opção

a) Coma doces e salgadinhos pelo menos uma vez ao dia.

b) Coma fast-food.

c) Prefira consumir sucos, refrigerantes e doces pelo menos uma vez ao dia.

d) Não ter tempo para cozinhar. h) Outro.

Em geral, quão saudável você acha que sua dieta é?

b) ruim b) médio c) bom d) muito bom e) excelente

A sua universidade oferece plano de alimentação para os alunos em suas instalações?

a) sim b) não c) não sei

Se sua universidade oferece plano de alimentação, qual das alternativas a seguir é oferecida aos alunos?

a) Café da manhã b) Almoço c) Jantar d) Todas as opções acima c) Nenhuma das opções acima e) Outros

Appendix 4. Interview questions for student affairs specialists (English version)

Dear university representatives,

Please kindly allow me to introduce myself. My name is Sandra Real and I am an international student from Mexico doing a Master's degree in Wellness and Spa Service Design and Management at the University of Tartu, Estonia.

The purpose of this communication is to kindly request support from either the international students' office or the student and staff support office in helping me answer the attached questions which are part of the data collection for my thesis project.

My thesis topic is called GENERATION Z's PERSPECTIVES ON WELLNESS IN IBERO-AMERICA BEFORE, DURING, AND AFTER COVID-19.

University of X feedback will be very welcomed, and it will help in my thesis aim to examine how your esteemed institution supported the wellness of students in terms of initiatives targeting physical activity, nutrition, and emotional state before, during, and after COVID-19.

The responses to these questions can be provided in written form in case scheduling an online interview with a staff representative might not be possible.

Could you please kindly let me know if a representative from the requested university's departments can agree to provide answers to the questionnaire?

I am looking forward to your feedback.

Thank you very much for the time and consideration of my request.

Kind regards,

Sandra Real

1. In your own words, how do you define wellness and wellness applied to students?
2. Could you please provide information regarding university programs or activities before, during the COVID-19 pandemic, and after COVID-19 that promote physical activity, mental health support, social skills, and community inclusion for students?
3. What obstacles did students report having with their lifestyle, social interactions, and education before and during the COVID-19 pandemic?
4. What obstacles do students report having with their lifestyle, social interactions, and education now?
5. Does the university provide a student meal plan? If so, what does it include? And, if not, what suggestions do you have for implementing it? Are there any recommendations from the students' side?

Appendix 5. Interview questions for student affairs specialists (Spanish version)

Estimados representantes universitarios,

Por favor, permítanme presentarme. Mi nombre es Sandra Real y soy una estudiante internacional de México realizando una Maestría en Diseño y Gestión de Servicios de Bienestar y Spa en la Universidad de Tartu, Estonia.

El propósito de esta comunicación es solicitar amablemente apoyo de la oficina de estudiantes internacionales o de la oficina de apoyo a estudiantes y personal para ayudarme a responder las preguntas adjuntas que forman parte de la recopilación de datos para mi proyecto de tesis.

Mi tema de tesis se llama PERSPECTIVAS DEL BIENESTAR DE LA GENERACIÓN Z EN IBEROAMÉRICA ANTES, DURANTE Y DESPUÉS DEL COVID-19.

Sus comentarios serán muy bienvenidos y me ayudarán en el objetivo de mi tesis de examinar cómo su estimada institución apoyó el bienestar de los estudiantes en términos de iniciativas dirigidas a la actividad física, la nutrición y el estado emocional antes, durante y después de COVID-19.

Las respuestas a estas preguntas se pueden proporcionar por escrito en caso de que no sea posible programar una entrevista en línea con un representante del personal.

¿Podría por favor informarme si un representante de los departamentos de la universidad solicitada puede aceptar proporcionar respuestas al cuestionario?

Atentamente,

Sandra Real

1. En tus propias palabras, ¿cómo defines el bienestar y el bienestar aplicado a los estudiantes?
2. ¿Podría proporcionar información sobre programas o actividades universitarias antes, durante y después de la pandemia de COVID-19 que promuevan la actividad física, el

apoyo a la salud mental, las habilidades sociales y la inclusión comunitaria de los estudiantes?

3. ¿Qué obstáculos informaron los estudiantes que tenían en su estilo de vida, interacciones sociales y educación antes y durante la pandemia de COVID-19?

4. ¿Qué obstáculos dicen tener los estudiantes actualmente en su estilo de vida, interacciones sociales y educación?

5. ¿La universidad ofrece un plan de alimentación para estudiantes? Si es así, ¿qué incluye? Y si no, ¿qué sugerencias tienes para implementarlo? ¿Hay alguna recomendación por parte de los estudiantes?

Appendix 6. Themes, subthemes and codes of interviews

Theme 1: Wellness in educational institutions

Subtheme 1: Definition of student wellness

Code 1: Skills development

Code 2: Creativity

Code 3: Coaching services

Code 4: Physical and mental health support

Code 5: Quality services provided

Code 6: Artistic-cultural

Code 7: Entertainment

Code 8: Social programs

Code 9: Scholarship programs

Code 10: Support networks

Theme 2: Wellness dimensions

Subtheme 1: Mental wellness support

Code 1: Psychopedagogical help

Code 2: Physical and mental health support

Code 3: Mentors

Subtheme 2: Social wellness support

Code 1: Volunteering

Code 2: Artistic-cultural

Code 3: Support networks

Code 4: Solidarity campaigns

Code 5: Student clubs

Subtheme 3: Physical wellness support (physical activity)

Code 1: Sport activities

Code 2: Sport talent

Code 3: Competitions

Subtheme 4: Physical wellness support (food)

Code 1: Cafeteria

Code 2: Food scholarships

Code 3: Monthly money transfer

Code 4: No offering of meal program

Theme 3: Student challenges

Subtheme 1: Challenges before COVID-19

Code 1: Students with needs

Code 2: Economic and psychosocial factors

Subtheme: Challenges during COVID-19

Code 1: Deterioration of well-being and mental health

Code 2: Economic and psychosocial factors

Code 3: Not having a PC or internet for classes

Code 4: Problems with virtual education

Code 5: Rural vs urban students

Code 6: Students with doubts

Code 7: Loss of interactions

Subtheme: Challenges after COVID-19

Code 1: No offering of meal program

Code 2: Outdated channels of communication

Theme 4: Student support during COVID-19

Subtheme 1: Online activities as accompaniment

Code 1: Documentary of student experiences

Code 2: Social media promotion (stream)

Code 3: Virtual psychopedagogical help

Code 4: Delivery of memory chips

Code 5: Free internet connection

Code 6: Loan of computers

Code 7: Hiring of hour-based psychologists to compensate demand

Appendix 7. Invitations for requesting participants to the questionnaire exercise



Spanish language link: <https://forms.gle/nMNDJAAdZzCVPLsX6>

Portuguese language link: <https://forms.gle/NiNEfRCN8zY7CTGz6>

Appendix 8. ANOVA analysis (single factor)

Anova: Single Factor

SUMMARY

<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>
Diet	3	34,8646035	11,6215345	25,4642707
Sedentary life	3	91,6666667	30,5555556	505,241812
Procrastination	3	108,333333	36,1111111	17,4089379
Stress	3	163,636364	54,5454545	196,854913
Loneliness	3	81,0606061	27,020202	129,897459
Toxic Relationships	3	63,6363636	21,2121212	2,29568411
None of the mentioned	3	37,8949065	12,6316355	7,08251632
Other	3	13,2656351	4,42187836	6,90480605

ANOVA

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	5401,98284	7	771,711834	6,92778085	0,00068477	2,6571966
Within Groups	1782,3008	16	111,3938			
Total	7184,28363	23				

RESÜMEE

Z-PÕLVKONNA NÄGEMUS TERVISEST JA FÜÜSILISEST HEAOLUST IBERO- AMEERIKAS COVID-19 EEL, AJAL JA JÄREL

Sandra Real Avila

Selles magistritöös uuritakse tervise ja füüsilise heaolu tähendust Z-põlvkonna esindajate seas Ibero-Ameerikas (sealhulgas Ladina-Ameerikas, Hispaanias ja Portugalis) COVID-19 eel, ajal ja järel ning seda, kuidas haridusasutused käsitlevad tervise ja füüsilise heaolu mõistet, kui nad kavandavad toetusprogramme, et aidata Z-põlvkonna liikmeid üleminekul akadeemilisest elust tööellu. Seega olid siinse magistritöö teema kohta sõnastatud uurimisküsimused järgmised. Kuidas määratles iberoameerika Z-põlvkond sotsiaalset, füüsilist ja emotsionaalset heaolu COVID-19 eel, ajal ja järel? Kuidas tagasid haridusasutused õpilaste füüsilise, emotsionaalse ja sotsiaalse heaolu COVID-19 eel, ajal ja järel?

Magistritöö projekti koostamiseks kasutatud kirjandusest nähtub, et Z-põlvkonna heaolu kontseptsiooni mõistmine on kriitilise tähtsusega, sest see põlvkond siseneb peagi tööturule ning hakkab mõjutama tervishoiupoliitikat haridus- ja ettevõtlussektoris. Lisaks on selle põlvkonna identiteeti kujundanud sotsiaalne ebavõrdsus, stress, toitumise muutmine ja COVID-19 pandeemiast tingitud häired hariduses. Heaolu tajumise uurimiseks õpilaste ja haridusasutuste vaatenurgast jagati kogutud andmed kahe lähenemisviisi vahel: kvalitatiivne ja kvantitatiivne. Kvalitatiivne komponent hõlmas asünkroonseid e-posti teel tehtud intervjuusid õppejuhtidega, et saada rohkem teavet õpilaste heaolu käsitlevate algatuste ja selle kohta, kuidas nad määratlevad õpilaste heaolu toetamist, samas kui kvantitatiivne komponent hõlmas hispaania ja portugali keelde tõlgitud küsimustiku jagamist sotsiaalmeedia platvormide kaudu (nt Facebookis,

Instagramis, Telegramis ja WhatsAppis). Küsimustiku täitis 132 inimest. Lisaks viidi läbi Anova ühe elemendi analüüs, et analüüsida sotsiaal-demograafilisi parameetreid, nagu vanuserühm ja asukoht, ning nende seoseid füüsilise, sotsiaalse ja vaimse heaoluga.

Analüüsist nähtus, et õpilaste sõnul ei olnud ülikoolide või haridusasutuste jõupingutused heaolu edendamiseks tõenäoliselt neutraalsed ega muutunud COVID-19 eel, ajal ega järel. Toitumise seisukohalt tekitab aga muret see, et maiustuste ja kiirtoidu tarbimine ei vähenenud pandeemia ajal ning lisaks magamisharjumustele on endiselt levinud probleem väheliikuv eluviis. Haridusasutused tegelevad tervise ja füüsilise heaolu komponente käsitlevate sihipäraste ja spetsiaalsete programmide kavandamise asemel pigem võimete ja spordi edendamise ja arendamisega võistluste kaudu. Kokkuvõtteks on Z-põlvkonna tervise ja füüsilise heaoluga seotud püüdluste, dünaamika ja probleemide mõistmise vallas Ibero-Ameerika piirkonnas veel arenguruumi. Sellegipoolest on selle uurimistöö eesmärk anda nii piirkonna spetsialistidele kui ka haridusasutustele taustteavet selle kohta, kuidas toetada Z-põlvkonna esindajate sotsiaalset, füüsilist, emotsionaalset ja intellektuaalset arengut ning valmistada neid ette edukaks tööellu astumiseks, võttes arvesse ka avatust mitmesuguste sooliste identiteetide suhtes.

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17/05/2024