Relationship between Health Promotion Behavior and Marriage Value View

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Abstract

This study was cross sectional descriptive survey study to analysis the relationship between marriage value view and health promotion behavior among university students. Questionnaires from those who voluntary agreed to the study were collected online, and the collection period was from May 20, 2020 to June 10, 2020. Research tools for analyzing marriage value view was used by RR lee, and health promotion behavior research tools was developed by Walker., The data analysis was performed using SPSS 18.0 as frequency, Pearson correlation, t-test, and Multiple regression analysis. According to the analysis, women had high passive (p<0.05) and exclusive (p<0.01) marriage value view, while men had high active (p<0.01) and instrumental (p<0.05) marriage value view. According to the analysis, it turns out that people who value interpersonal relationships during health promotion have a positive effect on romantic (t=2.383, R^2=.257, p=.019) and instrumental (t=2.201, R^2=.120, p=.030) marriage value view. Hygiene has been appeared to affect Passive marriage value view (t=3.001, R^2=.111, p=.003) and Exclusive marriage value view (t=3.765, R^2=.122, p=.000). Nutrition has been appeared to affect conservative marriage value view (t=2.086, R^2=.118, p=0.039). Exercise has been appeared to affect conservative marriage value view (t=2.456, R^2=.118, p= 0.015) and active marriage value view (t=2.261, R^2=.168, p=0.025). Through this study, in order to increase for the desire of marriage, marriage values need to be organized differently between men and women in marriage value programs and it suggested that health promotion behavior be included in programs that enhance the value of marriage.

***Keywords:** College students, Health Promotion Behavior, Marriage Value View*

1. INTRODUCTION

In the "2020 World Population Status Report" released by the United Nations Population Fund (UNPFA), Korea's total fertility rate (the average number of babies a woman is expected to have in her lifetime) ranked 198th out of 198 countries surveyed [1]. Economic growth slows because the population of production decrease due to falling birth rates [2]. On the other hand, social instability and conflict are intensifying as welfare costs increase as the proportion of the non-produced elderly population increases and the burden of

supporting them increases. The low birth rate measures began in earnest in the mid-2000s, with support for childbirth, child rearing, and tax benefits, as well as priority housing benefits for newly married couple and

multi-child households, and support for infertility procedures. However, understanding of low birthrates should begin in a different direction, as such content may precede the perception that it is treated only as a "body to give birth" without understanding of marriage. In unstable living conditions, where it is difficult to plan for the future, it is easy to accept it as a great burden to build and support a family. Thus, non-marriage and non-birth can be seen as a natural 'choice' under these conditions.

If unmarried men and women choose or delay marriage, it could ultimately lead to a decline in the birth rate. Recently, efforts have been made to analyze the causes in various ways in line with the falling birth rate. One of the efforts was an attempt to understand marriage as an economic structure, with economist Becker claiming that marriage is a "market" and that unmarried men and women calculate the benefits and costs of marriage when entering the wedding market [3]. This logic explains that the improvement of income level and the increase in women's social advancement lead to the improvement of women's economic status, which ultimately puts off the marriage. According to a 2005 study conducted by SS Lee [4], it was assumed that economic factors were the reason why unmarried men and women did not get married, and that instability in employment was an important reason for deciding marriage. Other factors suggest a change in social norms, which is weakening the need and value of marriage [5]. This means that the individual values of marriage, childbirth and family have changed, turning marriage into an optional area. In other words, the rise in education levels and the increase in women's participation in economic activities tend to value marriage less than in the past, which is why unmarried people are now accepted as a reasonable choice [6]. Another factor that affects the perception of marriage from a different perspective is the socio-cultural factor. Explaining the male livelihood model, SS Lee reported that the more people reject traditional patriarchal values, the more they avoid marriage [4]. In addition, HY Jeong published a study showing that people who agree with marriage, the need for children, and traditional gender roles tend to be more willing to marry. As such, the perception of marriage shows that socio-cultural variables play an important role [6]. As such, the perception of marriage shows that socio-cultural variables play an important role.

As a social being, humans experience socialization through interaction with the environment. Interaction with family members, the basic unit of society, has an important effect on the person's behavior and decision-making process, and the socialization process through the interaction within the family that he or she worked on, establishes the general norms and values of society [7]. On the contrary, values and attitudes toward family are also affected by changes in society and times. The values of family and marriage are not fixed invariant, but changing concepts with changes in society. Marriage refers to individual values about marriage and how one chooses one's spouse, and serves as part of family values [8]. Changes in marriage values have occurred most often through the expansion of educational opportunities. Not only in Korea but also around the world, the meaning of marriage as a system is gradually declining and an alternative form of relationship is taking place, and as a result, the meaning of traditional marriage is gradually changing [9-10].

Health promotion means a multi-dimensional pattern of behavior that maintains and strengthens individual well-being, self-realization, and satisfaction [11]. In other words, health promotion acts as a factor that increases self-efficacy by raising the level of health awareness and developing good health life habits, and by improving the quality of life, health promotion acts as a factor that increases self-efficacy [12]. Health promotion is a positive effect on an individual's health status, so that an individual can maintain a healthy state, grow or develop, and achieve optimal health [13]. Therefore, health promotion is the basis for a healthy life when it acts as a daily lifestyle pattern.

As above, the current values of marriage are causing drastic changes due to changes in the social environment, and it can now be seen that marriage is acting as an optional area of the individual rather than a necessary system in Korean society. In other words, they are deciding whether or not they will be married according to their circumstances [4]. The reality is that the decline in marriage rates and the trend toward late marriage are prevalent among young people, resulting in a low birth rate. Currently, the government operates various systems for low birthrates, but there is little research on what factors fundamentally affect the change

in marriage views. Therefore, the purpose of this study is to analyze the link between health promotion activities and values for marriage that enable individuals to maintain a healthy state and lead to growth or development and optimal health, and ultimately to prepare positive basic data for marriage and childbirth. Specific research objectives include: First, analyze the differences between general characteristics and marriage views. Second, the correlation between health promotion and marriage values is investigated. Third, analyze the factors that affect marriage values.

2. Research Methods

2.1 Research Design and Participants

This study analyzed the relationship between marriage values and health promotion activities of students attending university. A total of 134 people voluntarily participated in the study received and analyzed the questionnaire online. The data collection period was from May 20 to Jun 10, 2020. The sample number of G-power for analysis is 98, and 134 participants in the study were satisfied.

2.2 Research tools

2.2.1. Marriage Value View

The tool was developed by BR Lee [14] by referring to the "Investigation of Marriage and Family Consciousness of Unmarried Women" created by HY Kim and YY Na [15]. The survey included 22 questions, consisting of two factors: "will to marry" and "value for marriage." The "marriage values" are the 5 point Likert scales, which gives one point for "not at all" and five points for "very yes." Initial reliability is Cronbach's Alpha= .762. As for the question of marriage values, the validity of the composition was secured through exploratory factorial analysis, a method to verify that the measurement tool was properly measured. The results of an exploratory factor analysis on marriage values are divided into six factors named 'romantic', 'passive', 'conservative', 'exclusive', 'active' and 'instrumental' marriage value.

2.2.2. Health Promotion Behavior

Health promotion tools were developed by Walker, S.N. Securities, K.R. & Pender [16] and Chen KY, a tool developed by Cheng [17]. The subcomponent of health promotion behavior is the 4 points likert scales consisting of six areas: personal hygiene, nutrition eating habits, substance abuse, exercise, interpersonal and self-realization and one point is "not at all", and four points are "always yes". The reliability of the tool was .87.

3. RESULTS

3.1 General Characteristics

A Frequency analysis was conducted to identify the general characteristics of the participants (Table 1). According to the analysis, 32 males (23.9%) and 102 females (76.1%). 36 people (26.9 %) were 20 years old, 9 people (6.7%) were 21 years old, 51 people (38.1%) were 22 years old, 29 people (21.6 %) were 23 years old, and 9 people (6.7%) were over 25 years old. Religion was 19 people (14.2%) for Protestant, 13 people (9.7%) for Catholic, 3 people (2.2%) for Buddhism, and 97 people (72.4%) for non-religious people. Of the participants, 53 people (39.6%) did not exercise at all, with 24 people (17.9 percent) exercising once a week, 30 people (22.4 %) exercising two to three times a week, 17 people (12.7%) exercising daily and 10 people (7.5%) were others. 45 people (33.6%) said they had friends of the opposite sex, 77 people (57.5%) said they had no friends of the opposite sex, and 12 people (9.0%) said they had broken up. 12 people (9.0%) answered that they often drink, 82 people (61.2%) were occasional drinkers, 25 people (18.7%) were unable to drink, and 15 people (11.2%) responded others. fourteen4 people (10.4%) responded they smoke, 117 people (87.3%)

responded they don't smoke, and 3 people (2.2%) responded they quit. Three (2.2%) were interested in Politics, two (1.5 percent) in Economy, 36 (26.9%) in Culture, 13 (9.7%) in Science, 38 (28.4 %) in Art, and 43 (31.3%) in Others.

Table 1. General Characteristics (N=134)

Characteristics	Categories	N (%)
Gender	Male	32(23.9)
	Female	102(76.1)
Age	20	36(26.9)
	21	9(6.7)
	22	51(38.1)
	23	29(26.1)
	25	9(6.7)
Religion	Protestant	19(14.2)
	Catholic	13(9.7)
	Buddhism	3(2.2)
	Others	2(1.5)
	None	97(72.4)
Exercise	No	53(39.6)
	1/week	24(17.9)
	2-3/week	30(22.4)
	Daily	17(12.7)
	Others	10(7.5)
Hetero friend	Yes	45(33.6)
	No	77(57.5)
	Separate	12(9.0)
Alcohol	Frequently	12(9.0)
	Sometimes	82(61.2)
	No	25(18.7)
	Others	15(11.2)
Smoking	Yes	14(10.4)
	No	117(87.3)
	Quit	3(2.2)
Interesting field	Politics	3(2.2)
	Economy	2(1.5)
	Culture	36(26.9)
	Science	13(9.7)
	Art	38(28.4)
	Others	

3.2 Correlation between Marriage Value View and Health Promotion Behavior

The Pearson Correlation analysis was conducted to confirm the correlation between the value of marriage and the act of health promotion (Table 2). According to the analysis, people with romantic marriage values have personal hygiene related health promotion behavior($r=.252$, $p<0.01$), nutrition related health promotion behavior ($r=.177$, $p<0.05$), Interpersonal health promotion behavior ($r=.477$, $p<0.01$), and self-actualization related health promotion behavior ($r=.447$, $p<0.01$) were found to be correlated under statistical significance levels. Those with passive marriage values were found to be correlated with personal hygiene($r=.175$, $p<0.01$), health promotion activities, and statistical significance levels. Those with conservative marriage values were found to be correlated with exercise ($r=.242$, $p<0.01$) health promotion activities under statistical significance levels. Those with exclusive marriage values were found to be correlated with personal hygiene ($r=.292$,

p<0.01) health promotion activities under statistical significance levels. People with active marriage values have personal hygiene (r=-).173, p<0.05, exercise(r=.213, p<0.05), interpersonal(r=.179, p<0.05), self-realization (r=.190, p<0.05) were shown to be correlated under statistical significance levels. Those with instrumental marriage values were found to be correlated with interpersonal (r=.298, p<0.01), self-realization (r=.248, p<0.01) health promotion activities and statistical significance levels.

Table 2. Correlation between Marriage Value View and Health Promotion Behavior

Type	1	2	3	4	5	6	7	8	9	10	11	12
1.Romantic	1	-.160	.128	-.183*	.387**	.383**	.252**	.177*	.152	.069	.477**	.477**
2.Passive		1	-.070	.506*	-.403**	-.277**	.175*	-.061	.103	-.072	-.114	-.166
3.Conservative			1	-.203*	.326**	.193*	-.077	.165	-.099	.242**	.023	-.053
4.Exclusive				1	-.468**	-.211*	.292**	.017	.133	.013	.009	-.040
5.Active					1	.454**	-.173*	.133	.020	.213*	.179*	.190
6.Instrumental						1	-.001	.010	.076	.116	.298**	.248**
7.Hygiene							1	.339**	.156	.187*	.393**	.308**
8.Nutrition								1	.262**	.267**	.307**	.214*
9.Abuse									1	.025	.106	.092
10.Exercise										1	.271**	.130
11.Relation											1	.766**
12.Self-actualization												1

**, The correlation coefficient is significant at p<0.01 level (both sides)
*, The correlation coefficient is significant at p<0.05 level (both sides)

3.3 Friends of the Opposite Sex by Age

Qui squire (χ^2) analysis was conducted to confirm the presence of friends of the opposite sex by age (Table 3). According to the analysis, 22 year-old people had the highest number of heterosexual friends at present (39.2%) under the statistical significance level, the lowest age of heterosexual friends was 21 year-old (77.8%), and 25 year-old (44.4%) said they broke up with opposite sex friends (χ^2= 19.959, p=.010)

Table 3. Friend of the Opposite sex by Age

Variable	Type	Yes N(%)	No N(%)	Separate N(%)	χ^2 (p)
Age	20	9(25.0)	25(69.4)	2(5.6)	
	21	2(22.2)	7(77.8)	0(0.0)	19.959 (.010)*
	22	20(39.2)	28(54.9)	5(5.6)	
	23	2(22.2)	14(48.3)	3(10.3)	
	25	45(33.6)	3(33.3)	4(44.4)	

3.4 Differences in Marriage Value View based on Gender

A t-test was conducted to determine the mean difference in marriage values by gender (Table 4). According to the analysis, passive marriage values (t=-2.075, p<0.05), exclusive marriage values (t=.796, p<0.01) appeared that women were higher under statistical significance than men. Active marriage values (t=3.797, p<0.01) and instrumental marriage values (t=2.018, p<0.05) were found to be higher in men than women under statistical significance.

Table 4. Differences in Marriage Value View based on Gender

Classification	Mean		SD		t	p
	Male	Female	Male	Female		
Romantic	4.181	4.082	.779	.606	.750	.455

Passive	3.312	3.621	.698	.746	.275	.040*
Conservative	2.562	2.254	.957	.927	1.625	.107
Exclusive	3.187	3.907	.940	.886	..796	.000**
Active	3.219	2.343	1.170	1.128	3.797	.000**
Instrumental	3.547	3.093	1.234	1.068	2.018	.046

*, p<0.05, ** p<0.01

3.5 Effects of Health Promotion Behavior on Marriage Values

A multi-regulation analysis was conducted to determine the effect of health promotion behavior on marriage values (Table 5). The subcomponents of marriage values consist of Romantic marriage value, passive marriage value, Conservative marriage value, Exclusive marriage value, Instrument marriage value, and the subcomponent of health promotion activities is Hygiene, Nutrition, Material abuse, Exercise, Interpersonal relationship, Self- realization. According to the analysis, it turns out that people who value interpersonal relationships during health promotion have a positive effect on romantic (t=2.383, R^2=.257, p=.019) and instrumental (t=2.201, R^2=.120, p=.030) marriage value view. Hygiene has been appeared to affect Passive marriage value view (t=3.001, R^2=.111, p=.003) and Exclusive marriage value view (t=3.765, R^2=.122, p=.000). Nutrition has been appeared to affect conservative marriage value view (t=2.086, R^2=.118, p=0.039). Exercise has been appeared to affect conservative marriage value view (t=2.456, R^2=.118, p= 0.015) and active marriage value view (t=2.261, R^2=.168, p=0.025).

Table 5. Effects of Health Promotion Behavior on Marriage Values View

Dependent Variable	Independent Variable	Nonstandard factor		β	T	p	Statistics
		B	SD				
Romantic	Constant	1.929	.329	-	5.082	.000**	R^2=.257, Modified R^2=.222 F=7.334, p=.000 Durbin Watson=1.765
	Relationship	.309	.128	.304	2.383	.019*	
Passive	Constant	3.457	.476	-	7.268	.000**	R^2=.111, Modified R^2=.069 F=2.641, p=.019 Durbin Watson=1.993
	Hygiene	.295	.098	.283	3.001	.003**	
Conservative	Constant	2.402	.599	-	4.014	.000**	R^2=.118, Modified R^2=.079 F=2.825, p=.013 Durbin Watson=1.839
	Nutrition	.237	.114	.197	2.086	.039*	
	Exercise	.235	.096	.219	2.456	.015*	
Exclusive	Constant	2.550	.602	-	4.238	.000**	R^2=.122, Modified R^2=.080 F=2.937, p=.010 Durbin Watson=1.876
	Hygiene	.468	.124	.353	3.765	.000**	
Active	Constant	1.710	.738	-	2.315	.022**	R^2=.168, Modified R^2=.128 F=4.259, p=.001 Durbin Watson=1.990
	Hygiene	-.574	.153	-.343	-3.759	.000**	

	Exercise	.267	.118	.196	2.261	.025*	
Instrumental	Constant	1.877	.714	-	2.629	.010*	R^2=.120, Modified R^2=.078 F=2.875, p=.012 Durbin Watson=1.545
	Relationship	.531	.241	.306	2.201	.030*	

*, p<0.05, ** p<0.01

4. Conclusion

This study was a cross-sectional descriptive study to analyze the relationship between health promotion behavior and marriage values. A total of 134 students participated in the study, including university students, who voluntarily wanted to participate in the study. The participants were 23.9 percent male and 76.1 percent female. Among the participants, 39.6 percent did not exercise at all, followed by 22.4 percent who did two to three times a week. Currently, 33.6 percent of those with opposite sex friends were found to have broken up with 9.0 percent. Alcohol was found to be 70.2 percent, including those who drink frequently and those who drink occasionally, while smoking was 89.5 percent, combined with those who do not smoke and those who do not smoke. By age, friends of the opposite sex were the most common at 22 years old (39.2 %), the lowest age for heterosexual friends was 21 years old (77.8%), 25 years old (44.4 %) responded they broke up with friends of the opposite sex (p<0.05). Marriage values are passive marriage values (t=-2.075, p<0.05), exclusive marriage values (t=.796, p<0.01) appeared that women were higher than men, and active marriage values (t=3.797, p<0.01) and instrumental marriage values (t=2.018 and p0.00.05) were found to be higher in men than women under statistical significance.

Shamansky [18] defined health promotion as helping people to be in optimal health conditions and enhancing their ability to withstand stress, this study found that people who are good at interpersonal relationships among health promotion activities have a positive influence on romantic marriage values and tooling marriage values. Interpersonal relationships among health promotion activities mean good management of stress in relationships with people in daily life, a result consistent with this study. In other words, those who manage interpersonal relationships are believed to be able to increase their chances of marriage by raising romantic and instrumental values of marriage. Among health promotion activities, personal hygiene refers to items that correspond to health responsibilities, such as washing hands clean, brushing teeth well, taking regular baths, and taking immediate action if they are diagnosed with health problems, the results of this study show that people who are good at personal hygiene have a positive influence on passive marriage values and exclusive marriage values, but have a negative impact on active marriage values. It can select people who have negative views on marriage values and apply a positive marriage value program. In order to develop and apply such programs, people who are interested in personal hygiene can be selected first to identify their characteristics and then develop a program suitable for them to form a positive marriage value. Nutrition among health promotion activities means those who maintain normal weight and take good care of eating healthy foods, this study found that people who are good at nutrition have a positive influence on conservative marriage values. Conservative marriage values do not mean anything negative about marriage.

In a study by YY Kim [19] men had no premarital sexual experience, the higher the satisfaction level of heterosexual experience, the better the relationship with their parents, and the more conservative the sense of divorce and premarital sexual consciousness, the more positive the marriage values were found and women have no premarital sexual experience, the better their relationship with their fathers, and the stronger their traditional family values, the more positive their marriage values are, this study found that people who are good at exercise have a positive influence on conservative and active marriage values.

Conservative values of marriage and active values of marriage appear to those who are active in sports, which can be judged as a health promotion act that can bring positive expectations for marriage. Therefore, in

order to increase expectations for marriage, it is thought to be very helpful to program the emphasis on exercise during health promotion activities. In addition, marriage values need to be organized differently between men and women in marriage value programs based on the results of different women and men. Since women are shown to have passive and exclusive values for marriage, women's awareness conversion program for marriage will be useful, and men find it appropriate to have a program based on acceptance and understanding of reason based on the results of active and tooling of marriage views.

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