Original Research

Relationship between Social Well-being and Health-Related Behavior in Female Students

Mostafa Zahirinia*

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Abstract: Studies indicate a positive correlation between well-being and health behaviors, although the specific nature of the relationships between these constructs in females remains unclear. The current investigation seeks to examine the connections between social well-being and behaviors related to health in female undergraduate students. A survey using the social well-being questionnaire and Health-related behavior inventory was carried out with 300 students enrolled at the University of Hormozgan in 2018. The relationship between the variables under scrutiny was modeled using correlation and linear regression techniques. The findings reveal a positive association between social well-being and health-related behaviors. Moreover, the predictive models including social acceptance, social actualization, social coherence, social contribution, and social integration demonstrate a significant positive effect on health-related behaviors. These results have the potential to enhance our comprehension of key factors influencing the psychological well-being of women.

Keywords: Social well-being, Health-related behavior, Social constructs, Female students

Introduction

After the inception of the positive psychology movement, there was a notable shift in the research methodology within the field of psychology, particularly in areas related to mental health. This shift entailed a transition towards a heightened focus on well-being as opposed to solely concentrating on illnesses or abnormalities (Becker & Marecek, 2008). The realm of well-being research has seen the emergence of two primary orientations: one grounded in a hedonistic perspective and the other in eudaimonia. The hedonistic viewpoint posits that well-being revolves around the experience of emotional pleasure in an individual's life (Watson, Clark, & Carey, 1988). Within the domain of positive psychology, the term subjective well-being (SWB) denotes a state characterized by a high level of positive emotions, a low level of negative emotions, and a strong sense of satisfaction with one's life (Helliwell & Barrington-Leigh, 2010). Conversely, the eudaemonist approach defines well-being as the extent to which individuals operate in a manner that enables them to actualize their full potential (Harasim, 2018).

* Department of Social Sciences, University of Hormozgan, Bandar Abbas, Iran, zahirinia@hormozgan.ac.ir

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There has been a significant expansion in recent years in the scientific investigation of well-being and the positive facets of mental health. A considerable portion of this inquiry has made a distinction between hedonic well-being (the pleasurable life) and eudemonic well-being (the purposeful life), a concept originally introduced by Aristotle many centuries ago. Nevertheless, scholars have commenced questioning the potential drawbacks of segregating hedonic and eudemonic dimensions of well-being (Kapteyn, Lee, Tassot, Vonkova, & Zamarro, 2015), and have initiated an exploration into the possibility of amalgamating the theories and elements of hedonic and eudemonic well-being to form a comprehensive framework for mental health flourishing (C. L. Keyes & Waterman, 2003).

Hedonic theories of well-being have been extensively examined in research literature. Researchers like Bradburn (1969) (Francis, Jones, & Wilcox, 1997) have explored individuals' emotional experiences in their daily lives within the hedonic tradition. Diener, Suh, Lucas, and Smith (1999) synthesis of subjective well-being research resulted in a model that incorporates cognitive and affective appraisals of life overall. Diener defines subjective well-being as the presence of elevated positive emotions, reduced negative emotions, and high satisfaction with life. In his research, the term "subjective well-being" is interchangeably used with "hedonic well-being", a concept emphasized by (Kahneman, Diener, & Schwarz, 1999).

In the eudemonic perspective proposed by Waterman (2008), well-being emerges from the pursuit of positive goals. A notable example is Ryff (1989) model of psychological well-being, comprising autonomy, personal growth, positive relations, purpose in life, self-acceptance, and environmental mastery. This eudemonic model is based on the premise that individuals seek to maximize their capabilities and talents. These components collectively encompass various aspects of well-being, including self-evaluation, continuous personal development, meaningful existence, quality social connections, effective life management, and autonomy.

Contrary to eudemonic well-being, which focuses on personal challenges, social well-being is concerned with public aspects and social interactions. C. Keyes (1998) introduced a social well-being model with five components: social integration, contribution, coherence, actualization, and acceptance. These elements gauge individuals' ability to navigate social obstacles and thrive in their social environments alongside peers, colleagues, and global citizens. Keyes's (1998) social well-being framework expands the eudemonic approach to encompass interpersonal dynamics beyond individual experiences.

Lifestyle and health behaviors related to lifestyle are recognized as key factors influencing individuals' health potential, as discussed by Saint Onge and Krueger (2017). Health behavior, defined as any action taken to prevent or identify diseases or enhance well-being, has been thoroughly examined by Muros, Salvador Pérez, Zurita Ortega, Gámez Sánchez, and Knox (2017). Research on health behavior and behavior modification often categorizes health behaviors into

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segments such as physical activity, dietary patterns, and the consumption of psychoactive substances, as pointed out by Sanchez et al. (2008). Nevertheless, alternative approaches are gaining popularity, focusing on various interrelated health behaviors that shape one's lifestyle, as highlighted by previous authors.

The framework adopted in the researches identifies four main types of health-related behaviors: (a) appropriate dietary practices including consuming nutritious foods and maintaining a balanced diet; (b) preventive measures like adhering to health guidelines and acquiring health-related information; (c) fostering a positive mindset by avoiding stress, emotional strain, and negative scenarios; and (d) engaging in health-promoting activities such as ensuring sufficient sleep, relaxation, and physical exercise. Numerous studies have explored the positive influence of health-related behaviors on individuals' subjective well-being across different age groups, including adolescents and adult individuals (Gaspar, Ribeiro, de Matos, Leal, & Ferreira, 2012), college students (Piqueras, Kuhne, Vera-Villarroel, Van Straten, & Cuijpers, 2011). However, the exact correlation between health-related behaviors and psychological well-being remains largely unexplored in women population. Furthermore, limited research has been conducted on the relationship between social well-being and health-related behaviors. Health behaviors encompass a wide range of actions, such as smoking, substance use, diet, physical activity, and adherence to medical treatments, among others. These behaviors can be examined at the individual, group, or population level and are subject to change over time, across different age groups, and in various geographical locations. Interest in health behaviors and interventions to modify them grew notably in the mid-twentieth century. Critiques have been raised against traditional biomedical approaches that emphasize individual choice and responsibility, advocating for a broader sociological perspective that considers societal structures and constraints impacting behavior. This approach highlights the significance of social norms, inequalities, and power dynamics in shaping health behaviors within communities and individuals.

Recent advancements in understanding health behaviors underscore the importance of holistic and evolving measurements. The concept of "healthy lifestyles" has emerged as a key theoretical development, emphasizing the interconnected nature of behaviors and their origins in social group identities. Policies targeting health behaviors are increasingly recognizing the interconnectedness of behaviors and the need to address them collectively rather than in isolation.

Social well-being, a concept that encompasses the quality of relationships, community integration, and a sense of belonging, plays a pivotal role in the health outcomes and behaviors of individuals. In women, the nexus between social well-being and health-related behaviors has garnered significant attention, particularly due to the unique socio-cultural and biological challenges they face across different life stages. This relationship is not merely correlative but is deeply intertwined with various facets of mental, physical, and emotional health.

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A burgeoning body of research underscores the importance of social networks and support systems in influencing health behaviors among women. For instance, (Berkman, Glass, Brissette, & Seeman, 2000) highlight the profound impact of social ties on health outcomes, suggesting that robust social support can mitigate health risks and promote behaviors conducive to health. This connection is particularly salient in women, who often report stronger social ties and are more likely to engage in health-seeking behaviors when supported by a cohesive social network (Umberson & Karas Montez, 2010).

The problem lies in the multifaceted barriers that obstruct the optimization of social well-being and its positive repercussions on health behavior. Women face unique stressors and health challenges, such as reproductive health issues, caregiving responsibilities, and higher rates of certain chronic diseases, which are compounded by socio-economic and cultural constraints. These challenges are further exacerbated by disparities in access to healthcare, with social determinants of health playing a critical role in shaping both social well-being and health-related behaviors (WHO, 2010).

Moreover, the digital age has introduced new dimensions to social well-being, with social media and online communities offering both opportunities for support and potential for isolation and negative comparison, affecting mental health and related behaviors (Primack et al., 2017). Thus, understanding the relationship between social well-being and health-related behavior in women not only requires a multifaceted approach that considers the complex interplay of these factors but also demands targeted interventions that address the socio-cultural and structural determinants of health. The current study aimed to investigate the relationship between social well-being and health-related behavior in women and calls for a nuanced exploration of how social ties, community support, and societal norms influence health choices, behaviors, and outcomes.

Material and Methods

In this correlational study, **t**he study population consisted of all of the female undergraduate students of University of Hormozgan in 2018. From this population 300 students were selected using random stratified sampling method. Informed consent was obtained from all participants prior to their involvement in the study. Two questionnaires were used to collect data:

Social Well-Being Scale: A 34-item version of Keyes's (1998) social well-being measurement tool was utilized to assess the five facets of social well-being (social acceptance, social actualization, social coherence, social contribution, and social integration). Each facet was evaluated with six or seven items, and respondents indicated their level of agreement on a 6-point Likert scale, ranging from strongly disagree to strongly agree. Prior to analysis, negatively phrased items were reversed. The social well-being scales exhibited satisfactory internal consistency in the undergraduate sample, with Cronbach's alphas ranging from .66 to .86. In the MIDUS2 survey,

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abbreviated versions of Keyes's (1998) scales were employed, with each social well-being facet assessed using three items. While four scales demonstrated acceptable internal consistency (αs of .64, .66, .70, and .75), the scale measuring social acceptance displayed inadequate internal consistency (α = .41). The current investigation found all subscales to exhibit acceptable internal consistency.

Inventory of Health-Related Behavior: The questionnaire aims to evaluate health behaviors through five scales, including a general health behaviors rate and its four indicators: proper nutrition habits, prophylaxis, positive attitude, and pro-health practices. Juczyński (2001) developed this inventory drawing upon the concepts of health behaviors by Gochman (1988) and existing tools like the Reported Health Behaviors Checklist. It comprises 24 statements that delineate diverse health-related behaviors (e.g., "I avoid consuming food with preservatives," "I regularly apply for medical examinations") and their frequency is gauged on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). In the current work, the internal consistency index for the health behaviors scale was calculated as α = 0.84.

Results

Before exploring the investigation of the research hypotheses, I undertook assessments to validate the normality assumptions of the variables. Within Table 1, the descriptive statistics, encompassing the means, standard deviations, and correlation coefficients, for the research variables are depicted.

Table 1. Descriptive findings and correlation coefficients of the research variables

Variables	Mean	SD	1	2	3	4	5
1. health related behaviors	75.25	3.54	1				
2. social acceptance	18.52	2.33	0.51**	1			
3. social actualization	21.35	2.56	0.65**	0.72**	1		
4. social coherence	18.52	2.33	0.58**	0.69**	0.59**	1	
5. social contribution	20.72	3.35	0.48**	0.67**	0.63**	0.68**	1
6. social integration	18.87	2.39	0.66**	0.64**	0.71**	0.57**	0.64**

**p < 0.01

In Table 1, it is evident that all correlation coefficients pertaining to the variables under study exhibit statistical significance. This signifies a robust and meaningful positive correlation existing between health related behaviors and social acceptance, social actualization, social coherence, social contribution, and social integration.

In the context of forecasting health related behaviors in female university students, a multiple regression analysis was conducted using social well-being components as predictors. The application of the Durbin-Watson statistic was crucial to evaluate the residual independence. The statistic yielded a value of 2.09, falling within the acceptable range of 1.5 to 2.5, thereby

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confirming the fulfillment of the residual independence assumption. Moreover, an investigation was carried out to detect any potential issue of multicollinearity among the predictor variables through the examination of tolerance indices and the variance inflation factor (VIF). The findings from this analysis indicated no departure from the assumption of multicollinearity.

Table 2. Multiple regression analysis results

Indec	B	S.E	Beta	t	p	R	R^2	F	p
Constant	3.51	1.56		3.11	0.001	0.53	0.28	6.72	0.001
social acceptance	0.75	0.24	0.44	3.27	0.001				
social actualization	0.52	0.15	0.46	4.29	0.001				
social coherence	0.45	0.31	0.43	3.08	0.001				
social contribution	0.62	0.35	0.39	3.71	0.001				
social integration	0.49	0.12	0.48	4.11	0.001				

In Table 2, the F value was 6.72, which was significant at the alpha level of less than 0.001, which showed that the proposed model was able to significantly explain health related behaviors. The R-squared value was equal to 0.28 which showed that social well-being components explain 28 % of the variance of HRB. Beta value for social acceptance (β=0.44, $p<0.001$), social actualization (β=0.46, $p<0.01$), social coherence (β=0.43, $p<0.01$), social contribution (β=0.39, $p<0.01$) and social integration (β=0.48, $p<0.010$). Based on this, social well-being components positively and significantly predict health related behaviors.

Discussion

The investigation into the relationship between social well-being and health-related behaviors in female undergraduate students offers pivotal insights into the dynamics that govern the psychological and physical health of women. This study, conducted at the University of Hormozgan in 2018, underscores the significance of social well-being components—such as social acceptance, actualization, coherence, contribution, and integration—in influencing health behaviors among young women. The utilization of the Social Well-being Questionnaire and Health-related Behavior Inventory on a sample of 300 students provides a robust foundation for analyzing these interactions through correlation and linear regression techniques.

The positive correlation between social well-being and health-related behaviors identified in this study aligns with previous research that highlights the importance of social ties and community integration in promoting healthful behaviors. Berkman et al. (2000) and Umberson and Montez (2010) have previously emphasized how social networks and support systems serve as crucial determinants of health outcomes, suggesting that stronger social bonds may encourage individuals to engage in behaviors that are beneficial for their health. This relationship is particularly relevant

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for women, who may experience greater benefits from social support due to their tendency to form more extensive social networks and place a higher value on social connections.

The findings of the current study contribute to the burgeoning body of evidence that suggests a complex interplay between social well-being and health-related behaviors. The predictive models indicating that various facets of social well-being have a significant positive effect on health-related behaviors highlight the potential for leveraging these social factors to enhance the health outcomes of women. This is consistent with the arguments presented by WHO (2010), which advocate for addressing the social determinants of health as a strategy to improve health behaviors and outcomes.

Furthermore, the specific focus on female undergraduate students in this investigation sheds light on the unique socio-cultural and educational contexts that may influence the health behaviors of young women. Given the transitional nature of the undergraduate years, which often involve significant personal and social development, understanding how social well-being interacts with health behaviors in this demographic is crucial for developing targeted interventions aimed at promoting holistic well-being among young women.

In conclusion, the positive association between social well-being and health-related behaviors revealed in this study underscores the need for a multi-faceted approach to health promotion that considers the social environment's role in shaping health behaviors. By recognizing the importance of social well-being components in influencing health-related behaviors, policymakers, educators, and healthcare providers can better support the psychological and physical health of women, particularly those in transformative life stages such as college.

The study conducted at the University of Hormozgan opens new pathways for exploring the intricate dynamics between social well-being and health-related behaviors in women, particularly within the context of higher education. However, it also surfaces several limitations that future research must address to deepen our understanding of these relationships. Firstly, the cross-sectional design of this study restricts the ability to infer causality between social well-being and health-related behaviors. Longitudinal studies could provide more definitive evidence of the directionality of these relationships, shedding light on whether improvements in social well-being led to better health behaviors over time, or vice versa. Additionally, the sample, limited to female undergraduate students from a single university, may not be representative of all women, highlighting the need for studies with diverse demographics, including different age groups, socio-economic statuses, and cultural backgrounds, to ensure the generalizability of the findings.

Future investigations could explore the mediating or moderating roles of psychological factors, such as stress, self-esteem, and mental health, in the relationship between social well-being and health behaviors. Understanding these dynamics could offer insights into the mechanisms through which social well-being influences health behaviors and outcomes. Moreover, qualitative studies

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could complement quantitative research by providing deeper insights into the subjective experiences of social well-being and its impact on health-related decision-making and behaviors. Such mixed-methods approaches would enrich our comprehension of the nuanced ways in which social environments and interpersonal relationships contribute to health and well-being. Ultimately, addressing these limitations and exploring these suggested research avenues could significantly enhance interventions aimed at improving both the social well-being and health outcomes of women.

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