Well-Being Levels and Well-Being Behavior, and Its Related Factors Among Women in Daegu City

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대구지역 거주 여성들의 웰빙 수준 및 웰빙 행동에 관련된 요인

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Abstract   The purpose of this study was to examine the characteristics of well-being behavior of women living in Daegu and analyze their well-being levels according to their socio-demographic variables, thereby determining the effects of each variable on well-being behavior. A survey of 320 women was conducted and T-test, ANOVA was conducted for the well-being levels and well-being behavior based on socio-demographic variables. Multiple regression analysis was analyze the factors affecting well-being behavior. The major findings of this study were as follows. A higher level of education led to a higher level of well-being. Moreover, educational or counseling workers, those with higher monthly incomes, those with higher expenses spent on self-management, those who considered their physical condition good, and those who drank once or twice a week showed higher levels of well-being. According to the analysis of the variables influencing well-being behavior, those with an older age, a higher level of education, and higher expenses for self-management and non-smokers revealed higher degrees of involvement in well-being behavior. We need to maintain women's identity by establishing values of and beliefs in well-being and inspiring them with healthy consciousness of well-being so that we can encourage them to participate in sound well-being behavior.

요 약   본 연구는 대구지역 여성들을 대상으로 웰빙 행동의 특성을 파악하고 이에 영향을 미치는 사회 인구학적 변인에 따른 웰빙 수준을 분석하여 이러한 요인들이 웰빙 행동에 어떠한 영향을 미치는지를 파악하고자 하였다. 320명의 여성들을 대상으로 설문조사를 실시하였으며, 사회 인구학적 변인에 따른 웰빙 수준, 웰빙 행동과 웰빙 행동에 영향을 미치는 요인을 검증하기 위해 t-test, ANOVA, 다중회귀분석을 실시하였다. 본 연구의 주요 결과를 요약하면 다음과 같다. 학력이 높을수록 웰빙 수준이 높은 것을 알 수 있었고, 직업에서는 교육·상담직과 자영업이, 월 소득은 높을수록, 자기관리 지출비용이 많고 건강하다고 생각하는 여성일수록, 음주량에서는 주 1~2회 섭취하는 여성들이 웰빙 수준이 높은 것으로 나타났다. 웰빙 행동에 영향을 미치는 요인을 분석한 결과 연령이 높을수록, 학력이 높을수록, 자기관리 지출비용이 많을수록, 흡연을 하지 않을수록 웰빙 행동을 많이 하는 것으로 나타났다. 웰빙에 대한 가치, 신념 등을 확고히 하여 여성들의 정체성을 유지하고 건전한 웰빙 인식을 고취시켜 건전한 웰빙 행동으로 유도해야 된다고 생각된다.

Key Words : Well-being levels, Well-being behavior, Quality of living

1. Introduction

Koreans' interest in pursuing health and happiness is consistently increasing with environmental pollution deteriorating in both urban and rural areas, new diseases spreading, and Korean society aging. The continuous diffusion of a well-being culture is increasingly reinforcing the tendency to seek leisurely and healthy

lifestyles rather than material richness in today's tough environments[1]. The term 'well-being' is a compound word of 'well' and 'being'. Its dictionary definition is happiness, stability, and welfare, while in the context of modern people, it literally means to live a well, comfortable, or satisfactory being, in other words, to lead a bountiful, beautiful life by organically combining one's body and mind[2]. In other words, the term 'well-being' can be understood to encompass states of being happy, being satisfied with life, and being free from disease[3].

A good or happy life is defined as one with well-being factors instead of one without any mental illness[4], and well-being is considered to be a construct that should be studied as it is[5]. Moreover, those who do not have any mental illness but have low well-being levels can prevent mental illness by enhancing their well-being factors[6]. This definition of the concept is used in order to clearly determine the public awareness of well-being in the midst of wide-ranging definitions as the use of the term through mass media is taking root as a trend with lack of academic and practical definitions of the term.

The term 'well-being level' is an indicator for one's psychological, mental health, self-consciousness, and life satisfaction, representing one's present quality of life or living standards[7]. Ferrans[8] defined quality of life as a person's sense of well-being that stems from satisfaction with the areas of life that are important to him or her, such as health and functioning, social and economic conditions, psychological and spiritual state, and family affairs. This definition encouraged people to be aware of the importance of mental health along with that of physical health. Furthermore, as a response, it is very natural that a well-being culture is emerging and developing as a shift in people's lifestyle to nature-friendly ones began and is accelerating[9]. The current well-being craze in our society functionally acts on the improvement of people's health and quality of life, while it may also produce adverse effects by serving as threatening factors that hinder the stability of individuals and society. Considering that the well-being phenomenon is spreading throughout all areas of life with both functional and dysfunctional potential, there is a need for an active interest and intervention from researchers in the field of humans' quality of life. Because today's studies that recognize the integrated concept of health take

'health' and 'well-being' as interchangeable terms, the two terms can be understood as the same concept in a strict sense[10]. However, health has traditionally been assessed based on disease or other physical conditions, and the term 'well-being' is sometimes used to mean clear, integrated health-related conditions.

Health and longevity are values that entire humankind pursues, and the concept of well-being aiming for them is expected to continuously extend. Nevertheless, confusion caused by untested information, the spread of hypochondria, which is almost as serious as an obsessive compulsive disorder, and the diffusion of environments influencing health and selfish 'putting-health-first' notion may not help individuals' health to enhance or, in some cases, even worsen it. Thus, systematic studies focused on women's well-being levels and well-being behavior according to them are needed to reestablish public awareness of well-being, thereby contributing to people's lives. In this regard, this study aims to provide basic data for establishing desirable directions for well-being by analyzing women's well-being levels and behavior.

2. Methods

2.1 Subjects

The subjects of this study were women in their 20s to 50s living in Daegu. 10 trained examiner visited the subjects' homes and places of work and personally surveyed them through an interview from January to February 2012. A total of 350 subjects participated in the survey, and responses from 320 were analyzed after excluding insufficient ones from 30.

2.2 Experimental instruments

The socio-demographic variables used in this study were composed of 10 items: age, level of education, occupation, monthly income, expenses for self-management, marital status, family composition, physical condition, smoking status, and alcohol consumption.

The well-being levels of the subjects, indicators for their well-being standards, were assessed based on a questionnaire encompassing items regarding life satisfaction, happiness index, and depression level. The questionnaire included a total of 12 items about

well-being level based on the items used in studies of well-being in a broad sense of health by Thoits and Hewitt[10], and Tausing and Fenwick[11]. The Cronbach's α of the items, which was based on a five-point Likert scale, was 0.781, suggesting adequate reliability of the items.

To measure well-being behavior, the instruments used by Lee[7] and Kim and Kim[12] were modified and employed. The items were composed of 13, including four about well-being propensity, four about exercise and leisure, and five about health care. They were based on a five-point Likert scale, and the Cronbach` α was 0.887, indicating good reliability.

In this questionnaire, to achieve the research goal, all items except for those about the socio-demographic variables were measured on a five-point Likert scale (1=strongly disagree, 5=strongly agree).

2.3 Data processing

The results were statistically treated using SPSS version 12.0 (ICC, Chicago, IL, USA). For the socio-demographic variables of the subjects, frequency analysis and descriptive statistics were employed. Moreover, a t-test was conducted to examine well-being levels and behavior according to the general characteristics. To determine the factors influencing

[Table 1] Socio-demographic variables of the subjects

Variable	Classification	Frequency	%
Age	20-29 years	86	26.9
	30-39 years	82	25.6
	40-49 years	81	25.3
	50 years or older	71	22.2
Level of Education	High school diploma or lower	115	35.9
	Associate degree	120	37.5
	Bachelor's degree	85	26.6
Occupation	Retail or service worker	69	21.6
	Office manager or civil servant	32	10.0
	Educational or counseling worker	40	12.5
	Self-employed worker	52	16.3
	Housewife	68	21.3
	Student	36	11.3
	Other	23	7.2
Monthly Income	0.99 million won or less	103	32.2
	1 million-1.99 million won	107	33.4
	2 million-2.99 million won	62	19.4
	3 million won or more	48	15.0
Expenses for self-management	100,000 won or less	63	19.7
	110,000-200,000 won	96	30.0
	210,000-300,000 won	62	19.4
	310,000 won or more	99	30.9
Marital Status	Unmarried	136	42.5
	Married	184	57.5
Family Composition	Oneself	27	8.4
	Oneself, spouse	23	7.2
	Oneself, spouse, child	143	44.7
	Oneself, parent	107	33.4
	Other	20	6.3
Physical Condition	Poor	24	7.5
	Average	182	56.9
	Good	114	35.6
Smoking Status	Non-smoker	270	84.4
	Smoker	50	15.6
Alcohol Consumption	Non-drinker	159	49.7
	Once or twice a week	114	35.6
	Three times or more a week	47	14.7
	Total	320	100.0

well-being behavior, multiple regression analysis was carried out with well- being behavior being the dependent variable. The significance level a for verifying the statistical significance of each analysis was set at 0.05.

3. Results

3.1 Socio−Demographic Variables of the Subjects

Table 1 below represents the simple frequency and percentage of each socio-demographic variable of the subjects.

3.2 Well−being level according to the socio−demographic variables

The results of analysis of the subjects' well- being levels according to the socio-demographic variables are shown in table 2. Well-being levels significantly varied depending on the level of education, occupation, income, self-management expenses, physical condition, and alcohol consumption. In terms of level of education

[Table 2] Well-being level according to the socio-demographic variables

Variable	Classification	Mean±SD	F
Age	20-29 years	3.57±0.51	.485
	30-39 years	3.65±0.55	
	40-49 years	3.62±0.47	
	50 years or older	3.64±0.54	
Level of Education	High school diploma or lower	3.55±0.53	4.889**
	Associate degree	3.58±0.58	
	Bachelor's degree	3.77±0.49	
Occupation	Retail or service worker	3.54±0.59	2.560*
	Office manager or civil servant	3.51±0.54	
	Educational or counseling worker	3.76±0.44	
	Self-employed worker	3.76±0.52	
	Housewife	3.66±0.46	
	Student	3.46±0.43	
	Other	3.54±0.52	
Monthly Income	0.99 million won or less	3.47±0.56	8.306***
	1 million-1.99 million won	3.58±0.45	
	2 million-2.99 million won	3.81±0.48	
	3 million won or more	3.80±0.48	
Expenses for self-management	100,000 won or less	3.52±0.60	2.687*
	110,000-200,000 won	3.56±0.47	
	210,000-300,000 won	3.64±0.59	
	310,000 won or more	3.73±0.43	
Marital Status	Unmarried	3.60±0.50	-.652
	Married	3.64±0.52	
Family Composition	Oneself	3.55±0.49	.388
	Oneself, spouse	3.72±0.57	
	Oneself, spouse, child	3.61±0.52	
	Oneself, parent	3.62±0.51	
	Other	3.66±0.44	
Physical Condition	Poor	3.10±0.63	16.785***
	Average	3.62±0.49	
	Good	3.73±0.45	
Smoking Status	Non-smoker	3.61±0.50	-.509
	Smoker	3.65±0.60	
Alcohol Consumption	Non-drinker	3.62±0.47	3.517*
	Once or twice a week	3.68±0.53	
	Three times or more a week	3.45±0.59	
	Total	3.62±0.51	

* : p<.05, ** : p<.01, *** : p<.001

among the significant variables, those with a bachelor's degree showed the highest levels of well-being, while those with a high school diploma or lower showed the lowest levels, suggesting that a higher level of education leads to a higher level of well-being. Moreover, educational or counseling workers and self-employed workers showed the highest level of well-being, and those with higher monthly incomes and self-management expenses revealed higher levels of well-being. In addition, those who perceived their physical condition to be good

and those who drank once or twice a week showed the highest levels of well-being.

3.3 Well-being behavior according to the socio-demographic variables

The results of analysis of the subjects' well-being behavior according to the socio-demographic variables are shown in Table 3. Well-being behavior significantly varied according to the age, level of education,

[Table 3] Well-being behavior according to the socio-demographic variables

Variable	Classification	Well-being propensity		Exercise and leisure		Health care behavior	
		Mean±SD	F	Mean±SD	F	Mean±SD	F
Age	20-29 years	2.60±0.72	4.380**	2.19±0.74	5.672**	2.53±0.69	12.053***
	30-39 years	2.95±0.66		2.67±0.95		3.06±0.82	
	40-49 years	2.91±0.68		2.76±1.05		3.23±0.77	
	50 years or older	2.67±0.90		2.62±1.14		3.08±0.95	
Level of Education	High school diploma or lower	2.57±0.77	16.076***	2.28±0.96	22.394***	2.77±0.85	15.466***
	Associate degree	2.74±0.71		2.41±0.83		2.87±0.69	
	Bachelor's degree	3.14±0.65		3.13±1.02		3.23±0.77	
Occupation	Retail or service worker	2.68±0.78	1.867	2.19±0.88	7.998***	2.75±0.81	7.389***
	Office manager or civil servant	2.81±0.58		2.42±0.71		2.78±0.75	
	Educational or counseling worker	3.04±0.77		3.33±1.02		3.55±0.92	
	Self-employed worker	2.88±0.80		2.86±1.01		3.09±0.88	
	Housewife	2.76±0.77		2.50±1.07		3.15±0.80	
	Student	2.53±0.72		2.29±0.79		2.62±0.57	
	Other	2.81±0.63		2.38±0.71		2.60±0.69	
Monthly Income	0.99 million won or less	2.52±0.79	9.140***	2.17±0.86	15.189***	2.66±0.78	13.059***
	1 million-1.99 million won	2.79±0.66		2.52±0.89		2.89±0.77	
	2 million-2.99 million won	2.92±0.71		2.74±1.07		3.28±0.80	
	3 million won or more	3.15±0.71		3.23±0.98		3.39±0.92	
Expenses for self-management	100,000 won or less	2.38±0.82	12.733***	2.08±0.83	21.923***	2.55±0.77	11.789***
	110,000-200,000 won	2.71±0.62		2.28±0.88		2.86±0.74	
	210,000-300,000 won	2.85±0.70		2.55±0.95		3.01±0.87	
	310,000 won or more	3.07±0.73		3.13±0.95		3.30±0.85	
Marital Status	Unmarried	2.79±0.70	.164	2.48±0.93	-1.122	2.79±0.83	-3.494**
	Married	2.78±0.79		2.61±1.03		3.11±0.83	
Family Composition	Oneself	3.01±0.76	2.103	2.91±1.01	1.963	3.09±0.89	3.859**
	Oneself, spouse	2.72±0.88		2.52±1.01		3.00±0.83	
	Oneself, spouse, child	2.79±0.76		2.59±1.03		3.13±0.83	
	Oneself, parent	2.81±0.69		2.50±0.94		2.76±0.81	
	Other	2.39±0.70		2.13±0.86		2.65±0.86	
Physical Condition	Poor	2.46±0.91	3.214*	1.85±0.89	8.161***	2.38±0.88	6.336**
	Average	2.77±0.76		2.54±0.96		3.01±0.82	
	Good	2.88±0.69		2.73±0.99		3.01±0.84	
Smoking Status	Non-smoker	2.82±0.73	1.846	2.59±0.99	1.689	3.04±0.82	3.956***
	Smoker	2.61±0.85		2.34±0.98		2.54±0.89	
Alcohol Consumption	Non-drinker	2.74±0.73	1.551	2.49±0.98	1.488	3.05±0.80	4.884**
	Once or twice a week	2.88±0.79		2.68±1.04		3.00±0.91	
	Three times or more a week	2.70±0.73		2.46±0.89		2.62±0.74	
	Total	2.78±0.75		2.55±0.99		2.97±0.85	

* : p<.05, ** : p<.01, *** : p<.001

occupation, monthly income, self-management expenses, marital status, family composition, physical condition, smoking status, and alcohol consumption. To look at each significant variable, well-being propensity was the highest in degree among those in their 30s, while degrees of exercise and leisure and health care behavior were the highest among those in their 40s. The level of education significantly influenced the degrees of well-being propensity, exercise and leisure, and health care behavior. Those with a higher educational level showed higher degrees of well-being propensity, exercise and leisure, and health care, namely engaging in more well-being behavior. The occupation significantly influenced the degrees of exercise and leisure and health care behavior. In terms of exercise and leisure and health care behavior, educational or counseling workers showed the highest degrees, while students showed the lowest degrees. The monthly income significantly influenced the degrees of well-being propensity, exercise and leisure, and health care behavior. Those with a monthly income of 3 million won or more showed the highest degrees of the three types of behavior, followed by 2 million to 2.99 million won, 1 million to 1.99 million won, and 0.99 million won or less. The expenses spent on self-management significantly influenced the degrees of well-being propensity, exercise and leisure, and health care behavior. Those with a higher level of expenses for self-management showed higher degrees of the three types of behavior. The marital status significantly influenced the degree of health care behavior. Married women showed a higher degree of health care behavior than unmarried women. The family composition significantly influenced the degree of health care behavior. Those whose family composition was oneself+spouse+child showed the highest degree of involvement in health care behavior. The physical condition significantly influenced the degrees of well-being propensity, exercise and leisure, and health care behavior. Those who considered their physical condition good showed the highest degrees of the three types of behavior, followed by those who said 'average' and then 'poor.' The smoking status and alcohol consumption both significantly influenced the degree of health care behavior. Non-smokers and non-drinkers revealed the highest degrees of involvement in health care behavior.

3.4 Analysis of factors influencing well-being behavior

A multiple regression analysis was conducted with well-being behavior being the dependent variable and the socio-demographic variables and well-being level being the independent variables [Table 4]. The results revealed that among the socio-demographic variables, age, educational level, expenses for self-management, physical condition, and smoking status had significant effects on well-being behavior. Well-being levels also had significant effects. The overall explanatory power of the regression equation was $R^2=0.392$, indicating it explained about 39%. In terms of the degree of influence, the influence of age was the greatest ($\beta=0.228$), followed by expenses for self-management ($\beta=0.185$), educational level ($\beta=0.123$), physical condition ($\beta=0.109$), well-being level ($\beta=0.099$), and smoking status ($\beta=-0.108$).

[Table 4] Variables influencing well-being behavior

Independent variable	Regression coefficient (B)	β	t
Age	.014	.228	3.096[**]
Level of education	.198	.123	2.423[*]
Income	.135	.083	1.537
Expense for self-management	.006	.185	3.644[***]
Marital status	-.099	-.063	-.883
Physical condition	.114	.109	2.270[*]
Smoking status	-.229	-.108	-2.197[*]
Alcohol consumption	.098	.064	1.320
Well-being level	.149	.099	1.979[*]

[*] : p<.05, [**] : p<.01, [***] : p<.001

4. Discussion

The well-being trend reflects a public interest in health, indicating that our society has developed so greatly that its members' main interest shifted from a matter of survival to their quality of life. Furthermore, with the major role of mass media in the well-being trend, concerns about health and quality of life and principles of practicing them are spreading to the general public more rapidly then anything else[13]. This phenomenon can be considered very positive in terms of individuals' health promotion and national health care enhancement. Thus, this study is significant in that it attempts to establish desirable directions for well-being by analyzing women's well-being levels and relevant behavior. In this study, the general analysis of the subjects' well-being levels and behavior showed that they had relatively higher levels of well-being. The statistics suggest that people's life satisfaction and quality of life, which are subjectively perceived, are high even amid difficulties caused by the prolonged economic recession, but such perceptions do not seem to lead to their involvement in well-being behavior yet. This result corresponds to that of the study by Kim[14]. Subjects with a higher level of education and a higher monthly income, among the socio-demographic variables, showed a higher level of well-being, which is consistent with the results of the studies by Son[15] and Lim and Auh[16]. It is understood that a higher level of education allows a higher income, which enables people to be more involved in practical behavior, enhancing their mental well-being and quality of life. Moreover, educational or counseling workers and those who spent higher expenses on self-management showed higher levels of well-being. The better they perceived their physical condition to be, the higher their well-being level was. This result corresponds to the results of the studies by Yoon et al[17] and Lee and Kim[18].

Among types of well-being behavior, well-being propensity was the highest in degree among those in their 30s, and health care behavior among those in their 40s. Those in their 40s or 50s showed significantly higher degrees of health care and exercise and leisure behavior than those in their 20s. This is presumably because women in their 40s or 50s, who have achieved economic stability and social recognition, are involved in more

health care and exercise and leisure behavior as they keep losing confidence in their health. Moreover, women in their 20s seem to have passive attitudes toward such involvement because they lack a feeling of need and desperation for health-related behavior with full confidence in their health. This result corresponds to the results of previous studies[19].

Those with a higher monthly income showed higher degrees of well-being propensity, exercise and leisure, and health care behavior. This result is consistent with the results of the studies by Lee[7] and Kim[20]. The result revealed that women with a higher income and older age were highly involved in well-being behavior, which indicates that the current well-being trend in our society is being led by middle-aged or late- middle-aged people and high-income earners. In other words, well-being is a general social trend rather than a youth-centered trend. In addition, married women with the family composition of oneself+spouse+child revealed the highest degrees of involvement in health care behavior[20,21]. Moreover, a higher level of education led to higher degrees of well-being propensity, exercise and leisure, and health care behavior, which corresponds to the results of the studies by Bae et al[22]. It is thought that women with a higher level of education tend to have greater interest in and information about well-being, leading them to be more involved in practicing well-being. The better they perceived their physical condition to be, the higher degrees of well-being propensity, exercise and leisure, and health care behavior they showed. In terms of smoking status and alcohol consumption, non-smokers and non-drinkers revealed a higher degree of involvement in health care behavior than those who are not. According to the analysis of the variables influencing well-being behavior, those with an older age, a higher level of education, and higher expenses for self-management and non-smokers revealed higher degrees of involvement in well-being behavior. This result is consistent with the results of previous studies[23,24].

Considering that women with a higher income and a higher level of education have more opportunities and higher possibility to actively participate in well-being behavior, there have been concerns that a well-being culture might easily make those who could not afford well-being behavior feel excluded by dividing social

classes and creating an atmosphere of social disharmony. To address such side effects, the development of well-being-related programs (various sports programs such as yoga and gymnastics) that can be sought in relation of health and beauty care at government or local government level may help to create a maturer well-being culture. Furthermore, because this study's subjects were limited to women residing in Daegu, future studies may extend their sample size to the national level to achieve higher reliability. In addition, this study analyzed socio-demographic variables only, so succeeding studies are recommended to take a multilateral approach to various factors that may influence well-being behavior.

5. Conclusion

The purpose of this study was to examine the characteristics of well-being behavior of women living in Daegu and analyze their well-being levels according to their socio-demographic variables, thereby determining the effects of each variable on well-being behavior. These results reveal that women with an older age and higher expenses spent on self-management were highly involved in well-being behavior, which indicates that the current well-being trend in our society is being led by middle-aged or late-middle-aged people and high-income earners. In other words, well-being is a general social trend rather than a youth-centered trend. Considering that women with a higher income and a higher level of education have more opportunities and higher possibility to actively participate in well-being behavior, there have been concerns that a well-being culture might easily make those who could not afford well-being behavior feel excluded by dividing social classes and creating an atmosphere of social disharmony. Thus, we need to maintain women's identity by establishing values of and beliefs in well-being and inspiring them with healthy consciousness of well-being through self-reflection regarding the current well-being culture so that we can encourage them to participate in sound well-being behavior.

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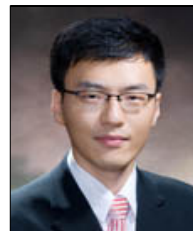
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