Antecedents of Health-Promoting Behavior Among Female University Students in Korea

Shin, Hye Sook¹ · Shin, Hyunsook¹

¹Professor, College of Nursing Science, Kyung Hee University; East–West Nursing Institute

INTRODUCTION

Developments in science and medicine have significantly affected our lives. The improvements in standards of living due to socioeconomic development have increased the interest in maintaining healthy lifestyles. The lengthening of human life expectancies and improvements in health levels has resulted in the gradual change of the focus of management from prevention management of diseases to a more effective and efficient health-care management system that aims at health promotion.

Total health expenditure accounted for 5.6% of GDP in Korea in 2004. Health spending as a share of GDP in Korea is the lowest among OECD countries.
countries, more than three percentage points lower than the OECD average of 8.9%. Health spending tends to rise with income, and it is predicted that with higher GDP per capita tend to spend more on health (OECD, 2006). The potential long-term benefits expected from health promotion include extension of life expectancy and improvement of quality of life. This is now associated with an increased societal interest in reducing the cost of health management (Park et al., 1998).

The WHO has stated that health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health promotion focuses on the potential development of the individual, as well as that of his/her family, the community, the society, and the environment (WHO, 1986).

The health promotion model represents a theoretical perspective that explores the factors and relationships contributing to health-promoting behavior and therefore to the enhancement of health and quality of life. The health promotion model originally developed in the early 1980s by Pender, defines health-promoting behavior as a multidimensional pattern of self-initiated actions and perceptions that serve to maintain or enhance the level of wellness, self-actualization, and fulfillment of the individual (Pender, 1996). Rozmus (2005) considered that autonomy and independence in decision-making—that is, a sense of self-efficacy—are major determinants that promote healthy lifestyles among freshman college students, Pullen, Walker, and Fiandt (2001) determined the extents to which personal influences (demographics, definition of health, and perceived health status) and contextual influences (source of health information and provider counseling) explain health-promoting lifestyle behaviors in rural older women.

In this study, among the cognitive-perceptual variables of Pender’s model, internal health locus of control, self-esteem, and perceived health status were considered to be suitable variables for evaluating the health-promoting behaviors of female university students.

Self-esteem refers to the degree to which one considers oneself as worthy and capable (Rosenberg, 1979). It can be defined as the affective component of the self (Seigley, 1999). Health-related research has focused on self-esteem as one variable influencing health-promoting behavior. Previous studies have emphasized the positive correlation between self-esteem and health (Mkikangas, Kinnunen, & Feldt, 2004; Mckinzie, Altamura, Burgoon, & Bishop, 2006).

Duffy (1988) investigated the effect of the health locus of control, self-esteem, health concern, and health status on health behavior. The health locus of control originated from social learning theory (Rotter, 1954), and was identified as one of the most important constructs related to the prediction of health-promoting behavior (Wallston and Wallston, 1978). It originated from Rotter’s social learning theory, which states that behavior is a function of the individual’s belief that the behavior will lead to a particular reinforcement and the value attached to the reinforcement (Norman, Bennett, Smith, & Murphy, 1997). Several previous studies have investigated the relationship between the health locus of control and health-promoting behavior (Paul, Marilyn, & Joel, 1998; Rogers et al., 2004).

Health-promoting behavior has been studied in