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EXAMINING ATTITUDES TOWARD WELL-BEING: A CROSS-SECTIONAL STUDY IN ADULT MEN

(Research article)

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Abstract

Being healthy means not only not being sick but also being physically, mentally, and socially healthy. It is crucial to determine the attitudes of a person toward well-being, which increases his/her quality of life, improves his or her perceptions about health, as well as to determine the situations that can reflect his/her attitudes for a lifetime. The aim of this study is to investigate adult men's health-related perceptions according to some variables and to examine the relationship between their approaches to the culture of being healthy and their gains in physical activity levels. The survey model, one of the quantitative research methods, was used in the study. The participants consisted of 827 adult male volunteers aged 19–60 years and over from different regions of Türkiye. The data were collected online via a questionnaire with two parts; personal information and the items developed by Alfery et al. (2019) and Uğraş et al.(2021) in the Culture of Being Healthy (Healtism) Scale. The data were analyzed using percentage and frequency analyses to examine the statistical distributions. While an independent sample t-test was used for comparisons between two groups, one-way analysis of variance (one-way ANOVA) tests were applied for comparisons between three or more groups, and the significance level was set at 0.01. The results revealed that the state of being healthy was high at an early age, but this situation decreased with age. Single men, university and university graduate men, adult men with high weekly physical activity levels, and individuals with VKI data at an ideal weight had higher awareness of being healthy.

Keywords: Being healthy, attitude, VKI, physical activity

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1. Introduction

Health is not limited to physical health; being fully healthy includes mental and social well-being as well as physical well-being (Buecker et al., 2021; Yapici et al., 2023). Recent research has shown that it is critical to have a high quality of life as well as a long life (Haraldstad et al., 2019; Yapici et al., 2022). Individuals adopt a lifestyle that focuses on environmental, social, and personal functioning, in which body, mind, and spirit work as a whole, aiming to set goals for the future, because of the desire to lead both a healthy and a good life (Hall et al., 2021). There are a number of terms for human well-being. The concept of health includes terms such as psychological well-being, well-being, personal satisfaction, quality of life, feeling good, emotional balance, life satisfaction (Martela et al., 2019; Pleeging et al., 2021). These terms are generally related to characteristics that express positive functioning and good living conditions (Tam et al., 2021). In order to define subjective and psychological well-being in a clearer and more understandable way, scientists in the field of social sciences have conducted many studies to understand the dimensions of well-being by combining different models and taking into account personal characteristics (Iannello et al., 2021; Anglim & Horwood, 2021; Morales-Rodríguez et al., 2020).

Subjective well-being represents a state in which each individual has more positive thoughts and feelings than negative ones and is generally satisfied with his or her life (Amjad & Dasti, 2022; Sadeghi et al., 2022). This concept may differ based on the individual's unique needs, beliefs, perceptions, and expectations (Mewafarosh & Agarwal, 2022). In short, this state is related to the individual's own evaluations and analyses (Hong et al., 2019). Individuals who have positive emotions have a positive impact on life by addressing the negativities of life from a positive perspective and looking at life from a broader perspective (Mutz et al., 2021; Buonomo et al., 2019). According to research, subjective well-being contributes to feeling good about oneself, which positively affects one's life (Hayat Bhatti et al., 2020). Positive emotions affect one's thought processes and increase one's ability to cope with negative situations (Sie et al., 2021).

People's assessment of their subjective well-being improves their emotional personality and self-esteem. A number of studies show that increased self-esteem directly leads to higher levels of subjective well-being, which has a positive impact on a person's overall life (Iwon et al., 2021). Psychological well-being refers to feeling positive about oneself, recognizing and accepting one's own limitations, building solid and positive relationships with the people around them, organizing one's life to meet basic needs and wants, acting independently, finding purpose in life, having self-confidence, and focusing on personal development (Mydin et al., 2021). Achieving the highest level of psychological development is the basis for establishing, developing, and maintaining social relationships, effective learning, and good physical health (WHO, 2022).

In particular, sports and exercise make many positive contributions for people, and there are many scientific studies on this subject (Ryba et al., 2022; Ronkainen & Wiltshire 2021; Bentlage et al., 2020). These activities have been evaluated as interventions that are consciously used to increase people's well-being and improve their health (Shankland et al., 2021). It is not enough to use only medication and eat a balanced diet to lead a healthy life (Paduano et al., 2019). It is important to have a harmonious experience between body, mind, and social life for a good life (Nima et al., 2020). Therefore, it is of great importance to take measures today to maintain a good life in old age (WHO, 2020). In this context, it is necessary to pay special attention to factors such as balanced nutrition, regular physical activities, social interaction, and activities to protect mental health (Callow et al., 2020).

Based on the information provided, it is clear that physical health directly contributes to quality of life and overall health. It is especially important to evaluate adult men's perceptions of health and find solutions to improve them. The main objective of this study is to investigate adult men's perceptions of health.

2. Method

2.1. Research design

The research is a quantitative study and was conducted using the survey model. The survey model refers to a research approach used to determine participants' views, attitudes, abilities, interests, skills, and other characteristics (Karasar, 2022). Such studies usually involve larger samples and include more participants than other studies. Therefore, the data collection process is time-efficient and cost-effective (Haşıloğlu et al., 2015).

2.2. Participants

The research group for the study consisted of 827 adult male volunteers aged 19–60 years and older from different regions of Türkiye. Online questionnaires were used to collect the data. Volunteers participating in the study have the right not to complete the questionnaires and to withdraw at any time. The criterion for participating in the study was to meet the age criteria.

2.3. Data Collection

The data were collected in two parts. The first part was the collection of personal information. Here, information about age, marital status, educational status, employment status, BMI, and physical activity of half an hour or more per week was

collected. In the second part, the Culture of Being Healthy (Healtism) Scale developed by Alfery et al. (2019) and adapted into Turkish by Uğraş et al. (2021) was used. The scale has 14 questions in a 5-point Likert type. Questions 1–8 of the scale consist of the "Criticism of Individual Actions" sub-dimension, and questions 9–14 consist of the "Judgment" sub-dimension. By summing the answers given to the relevant questions of these two sub-dimensions, the total score of the "Criticism of Individual Actions" sub-dimension and the total score of the "Judgment" sub-dimension were obtained. The research was approved by the Ethics Committee of the Institute of Social Sciences of Kırıkkale University, dated 2023, meeting number 09, decision number 2023/203236.

2.4. Analysis of Data

The data were analyzed using IBM SPSS 25.0 software. Percentage and frequency analyses were performed to examine the statistical distribution of the participants' personal information. The normality test (Shapiro-Wilk) was initially used to determine the distributional characteristics of the data. The test results showed that the data exhibited a normal distribution. The percentage distribution and frequency values of the individuals participating in the study were determined by descriptive statistics. While independent sample t-test was used for comparisons between two groups, one-way analysis of variance (One Way ANOVA) tests were applied for comparisons between three or more groups and the significance level was set as 0.01.

3. Results

A total of 827 participated in the study. Statistical information about the demographic information of the participants in the groups is shown in Table 1.

Table 1. Demographic Information of Participants

Variables		**n**	**Percentage %**
Total number of participants		**827**	**100**
Age	19-25	253	30,6
	26-35	188	22,7
	36-45	203	24,5
	Over 46-60	183	22,1
Marital status	Single	366	44,3
	Married	461	55,7
	Primary education	23	2,8
	High School	139	16,8

Education status	University student	224	27,1
	University graduate	375	45,3
	Postgraduate	66	8,0
Employment status	Working	538	65,1
	Not working	289	34,9
VKI	Weak	113	13,7
	Normal	341	41,2
	Overweight	308	37,2
	Overweight	65	7,9
Half an hour or more per week	1-2 Days	260	31,4
	3-4 Days	252	30,5
	5-6 Days	117	14,1
	Nothing.	198	23,9
Disease Status	Yes	183	22,1
	No.	644	77,9
Location	Rural	313	37,8
	Urban	514	62,2
Economic Situation	Minimum wage	407	49,2
	Retired	41	5,0
	15 thousand - 20 thousand	201	24,3
	21 thousand - 30 thousand	82	9,9
	31 thousand and above	96	11,6

When Table 1 is analyzed, it is seen that 30.6% of the participants are between the ages of 19 and 28, 55.7% are married, 44.3% are single, 45.3% are university graduates, 65.1% are employed, 41.3% are normal, 37% are single, 41.3% are regular, and 37% are single. 8% had an overweight BMI, 30.5% engaged in physical activity for half an hour or more 3–4 days a week, 77.9% did not have any medical conditions, 62.2% lived in urban areas, and 49.3% received minimum wage salaries.

Table 2. ANOVA results of Culture of Health Scale scores according to age variable

Dimension	**Age status**	**n**	**x̄**	**ss**	**F**	**p**	**Tukey**
Critique of Individual Action	(19-25)[1]	253	33,16	4,92	23,333	**0,000***	**3>2>1>4**
	(26-35)[2]	188	34,01	4,62			
	(36-45)[3]	203	37,95	4,88			
	(46-60)[4]	183	30,28	3,68			
Judgment	(19-25)[1]	253	23,72	4,36	7,843	**0,000***	**2>1>3=4**
	(26-35)[2]	188	24,49	4,15			
	(36-45)[3]	203	22,95	4,38			
	(46-60)[4]	183	22,30	3,47			

*p< 0,001

As a result of the Anova test conducted for the sub-dimensions of the culture of being healthy scale according to the age variable, a significant difference was found in the sub-dimensions of "criticism of individual actions" and "judgment" (p<0.001).

Table 3. T-test results of Culture of Health Scale scores according to marital status

Dimension	Marital Status	**n**	**x̄**	**ss**	**t**	**p**
Critique of Individual Action	Single	366	33,77	4,76	6,269	**0,000***
	Married	461	33,72	4,60		
Judgment	Single	366	24,03	4,25	3,401	**0,001***
	Married	461	23,04	4,09		

*p< 0,001

According to the t-test results of the culture of being healthy scale according to marital status, it was determined that there was a significant difference in the "criticism of individual actions" sub-dimension and "judgment" sub-dimension (p<0.001).

Table 4. ANOVA results of the scores of the Culture of Being Healthy Scale according to educational status

Dimension	**Education**	**n**	**x̄**	**ss**	**F**	**p**	**Tukey**
Critique of Individual Action	Primary education [1]	23	29,65	7,65	6,804	**<0,001***	**3>4>2>5>1**
	High School [2]	139	32,17	5,73			
	University student [3]	224	33,34	4,49			
	University graduate [4]	375	32,88	4,41			
	Postgraduate [5]	66	30,74	4,79			
Judgment	Primary education [1]	20	22,25	5,76	5,884	**<0,001***	**3>4>2>1>5**
	High School [2]	88	23,75	3,66			
	University student [3]	191	23,87	4,21			
	University graduate [4]	207	23,83	3,89			
	Postgraduate [5]	38	20,97	5,41			

*p< 0,001

When the sub-dimensions of the culture of being healthy scale were examined according to the educational status variable, a significant difference was found between the sub-

dimensions of "criticism of individual actions" and "judgment" according to the Anova test result (p<0.001).

Table 5. T-test results of Culture of Health Scale scores according to employment status

Dimension	Work status	n	x̄	ss	t	p
Critique of Individual Action	Working	538	32,56	4,78	0,719	0,553
	Not working	289	32,79	4,78		
Judgment	Working	285	23,23	4,18	0,944	0,020
	Not working	289	23,94	4,16		

*p< 0,001

When the T-test results were analyzed according to the sub-dimensions of the culture of being healthy scale, no significant difference was found in the sub-dimensions of "criticism of individual actions" and "judgment" (p > 0.001).

Table 6. ANOVA results of the weekly physical activity participation duration of the Culture of Being Healthy Scale scores

Dimension	Physical Activity day	n	x̄	ss	F	p	Tukey
Critique of Individual Action	1-2 day[1]	260	32,68	4,85	9,007	<0,001*	**3>2>1>4**
	3-4 day[2]	252	33,30	4,37			
	5-6 day[3]	117	34,00	4,63			
	Never does [4]	198	30,88	4,81			
Judgment	1-2 day[1]	260	23,40	4,33	11,510	<0,001*	**3=2>1>4**
	3-4 day[2]	252	24,12	3,92			
	5-6 day[3]	117	24,66	3,87			
	Never does [4]	198	22,05	4,14			

*p< 0,001

When the results of the Anova test were analyzed according to the sub-dimensions of the culture of being healthy scale within the scope of the weekly physical activity participation

time of the individuals participating in physical activity, a significant difference was found in the sub-dimensions of "Criticism of Individual Actions" and "Judgment" ($p<0.05$).

Table 7. ANOVA results of Culture of Health Scale scores according to BMI

Dimension	BMI	n	x̄	ss	F	p	Tukey
Critique of Individual Action	Weak[1]	113	32,19	4,91	12,647	<0,001*	**1>2>3=4**
	Normal[2]	341	33,54	4,82			
	Overweight[3]	308	32,31	4,45			
	Overweight[4]	65	29,87	4,50			
Judgment	Weak[1]	113	23,04	4,75	6,295	<0,000*	**2>1=3>4**
	Normal[2]	341	24,17	4,09			
	Overweight[3]	308	23,14	4,04			
	Overweight[4]	65	22,20	3,90			

BMI: body mass index; *p< 0,001

When the sub-dimensions of the culture of being healthy scale were examined according to the VKI status variable, a significant difference was found between the "Criticism of Individual Actions" and "Judgment" sub-dimensions according to the Anova test result ($p<0.001$).

Table 8. T-test results of Culture of Health Scale scores according to place of residence

Dimension	Residence	n	x̄	ss	t	p
Critique of Individual Action	Rural	314	32,19	4,95	-2,047	0,041
	Urban	513	32,90	4,65		
Judgment	Rural	314	23,24	4,38	-1,268	0,205
	Urban	513	23,62	4,09		

*p< 0,001

When the T-test result was analyzed according to the sub-dimensions of the culture of being healthy scale according to the place of residence variable, no significant difference was found in the sub-dimensions of "criticism of individual actions" and "judgment" (p > 0.001).

Table 9. T-test results of Culture of Health Scale scores according to disease status

Dimension	Disease status	n	x̄	ss	t	p
Critique of Individual Action	Yes	183	32,93	4,85	0,963	0,331
	No	644	32,54	4,76		
Judgment	Yes	182	23,43	4,29	-0,156	0,874
	No	643	23,49	4,17		

*p<0,001

When the T-test results were examined according to the sub-dimensions of the culture of being healthy scale, no significant difference was found in the "criticism of individual actions" and "judgment" sub-dimensions (p > 0.001).

Table 10. ANOVA results of Culture of Health Scale scores according to economic status

Dimension	Education	n	x̄	ss	F	p	Tukey
Critique of Individual Action	Minimum wage[1]	407	32,93	4,60	1,325	0,259	-
	Retired[2]	41	32,34	4,19			
	15 thousand - 20 thousand[3]	200	32,60	4,66			
	21 thousand -30 thousand[4]	81	32,44	4,81			
	31 thousand and above[5]	96	31,72	5,85			
Judgment	Minimum wage[1]	407	23,45	5,76	0,587	0,672	-
	Retired[2]	41	24,19	3,84			
	15 thousand - 20 thousand[3]	200	23,54	3,94			
	21 thousand -30 thousand[4]	81	23,58	4,55			
	31 thousand and above[5]	96	23,04	4,19			

*p< 0,001

According to the results of the ANOVA test of the sub-dimensions of the culture of being healthy scale, the "criticism of individual actions" and "judgment" sub-dimensions were not significantly different when the economic status variable was considered ($p<0.001$).

4. Discussion

The aim of the study is to investigate the health-related perceptions of adult men according to some variables and to examine the relationship between their approaches to the culture of being healthy and their gains in physical activity levels. When the variables were examined according to the sub-dimensions of the scale, it was found that there was a significant difference in age, educational status, marital status, weekly physical activity participation time, and BMI variables. When the variables that did not differ according to the sub-dimensions of the scale were examined, no significant difference was found in the variables of employment status, place of residence, disease status, and economic status. A significant difference was found in the "criticism of individual actions" and "judgment" sub-dimensions of the healthy culture scale according to the age variable. When the findings of the study were examined, it was seen that the scores of the 3rd group (36-45) were high, then the scores of the 2nd group (26-35) were high, and the scores of the 4th group (46-60) were low in the "criticism of individual actions" sub-dimension of the scale. In the "judgment" sub-dimension of the scale, it was seen that the scores of the 2nd group (26-35) were high, while the scores of the 3rd group (36-45) and the 4th group (46-60) were equally low. According to the findings of the study, it was observed that the age group between 26 and 45 years old was more attentive and questioning in terms of adopting the culture of being healthy and had a high level of awareness. The reason for this is that in both sub-dimensions of the scale, with the increase in the age of marriage in men, being liked by the opposite sex, being liked and accepted in the social environment, wanting to be respected, and gaining status are very important for male individuals. At the age of 46 and older, it is observed that male individuals' approaches to the culture of being healthy decreased in both sub-dimensions of the scale. The reason for this is thought to be the increase in responsibilities with a certain age, having spouses and children in their own responsibilities, and withdrawing into their own shells by removing their hands and feet from the social environment at a later age. When the research is examined, it is seen that the age variable is an important factor in the development of awareness of the culture of being healthy. In a study conducted by Kundakcı, Gül and Atacan in 2022, it was stated that there was a decrease in awareness of the culture of being healthy as age increased. It is similar to our research.

It was determined that there was a significant difference in the "criticism of individual actions" and "judgment" sub-dimensions of the healthy culture scale according to marital status. When the findings of the study were examined, it was determined that the scores of single men were

higher than the scores of married men in both the "criticism of individual actions" and "judgment" sub-dimensions of the scale. According to the findings of the study, it is seen that the scores of single men are higher in both sub-dimensions of the culture of being healthy. As in the age variable, it is thought that the scores of single men in the culture of being healthy are high in both sub-dimensions due to the fact that early ages and single men are admired by the opposite sex, their responsibilities are more towards themselves, their interaction with the environment, and their presence in the social environment are high. When other studies were examined, it was observed in the study of Keskin et al. in 2022 that the efforts of married people to be healthy were low and the awareness of being healthy was higher in single people. This is similar to our study.

Considering the educational status variable, it was determined that there was a significant difference between the "criticism of individual actions" and "judgment" sub-dimensions of the culture of health scale. In the sub-dimension of "criticism of individual actions", it was observed that the scores of university students followed by university graduates were high, while the lowest scores belonged to primary school graduates and postgraduate graduates. The reason for this is that men who have received and are receiving university education can make good evaluations of themselves in the dimension of criticism of individual actions and can make self-criticism in order to be healthy. It is thought that graduate graduates may be related to their high workload. It is thought to be due to the fact that men with lower education levels have lower awareness. In the "judgment" sub-dimension, it was observed that the scores of university students followed by university graduates were high, while the lowest score belonged to graduate graduates followed by primary school graduates.

The results of the study conducted by Durmaz et al. (2020) reveal that the education level of an individual is an important factor in determining health behaviors. Education level is a key variable that affects people's health-related preferences, awareness, and behaviors. Individuals with higher levels of education are generally more successful in understanding health-related information and putting this information into practice. Moreover, educational attainment encourages individuals to be more sensitive and aware of health problems. Therefore, an increase in the level of education contributes to more conscious and healthy health behaviors. Therefore, it is concluded that increasing access to health education and educational opportunities can positively affect the overall health of the population.

According to other studies, Ünver and Alkan's (2023) study shows that the importance given to health increases as the level of education increases. Keskin et al. stated in their study in 2022 that educational status and awareness of being healthy are parallel. It is similar to our research.

When we look at the T-test result according to the sub-dimensions of the culture of being healthy scale according to the variable of working or not working status, no significant

difference was found in the sub-dimensions of "criticism of individual actions" and "judgment." According to the findings of the study, it is seen that awareness of the culture of being healthy is not related to whether men are working or not. It is thought that the reason for this is that every adult can easily access information about being healthy through the media and the internet, so it is not a factor whether they are working or not. When the results of the Anova test were analyzed according to the sub-dimensions of the culture of being healthy scale within the scope of the weekly physical activity participation time of the individuals participating in physical activity, a significant difference was found in the sub-dimensions of "Criticism of Individual Actions" and "Judgment". When the findings of the study were examined, it was seen that in the "criticism of individual actions" sub-dimension of the scale, the scores of those who did physical activity 5–6 days a week, those who did physical activity 3–4 days a week, and those who did physical activity 1-2 days a week were high, and the lowest score was found in those who did no physical activity. It is seen that the reason for this is that adult men who do more physical activity have high weekly physical activity levels due to their ability to criticize individual actions well, while adult men who do not do any physical activity cannot criticize individual actions. In the "judgment" sub-dimension of the scale, it was observed that the scores of those who did physical activity for 5–6 days and those who did physical activity for 3–4 days were the highest, and the scores of those who did not do any physical activity were the lowest. It is thought that the reason for this is that the awareness of being healthy develops in adult men who can make self-criticism and can make a judgment on behalf of being healthy, while those who cannot make this self-criticism do not develop awareness and do not reach sufficient consciousness. In his study conducted in 2023, Yüceant concluded that regular physical activity decreased stress, anxiety, depression and negative emotions, and increased life satisfaction, positive well-being and positive emotions between the control group and the experimental group as a result of 8-week physical activity in the experimental group. Yüceant reached similar results in his study in 2022. Harvey et al. (2018), Başar and Sarı (2018), Elmas et al. (2017), Khazaee Pool et al. (2015), Hogan et al. (2015) concluded that regular physical activity reduces depression and increases happiness and psychological well-being. It is similar to this research. A study conducted by Bulguroğu et al. (2021) concluded that depression levels of individuals with inadequate physical activity levels were negatively affected. This research shows that physical activity has an impact not only on physical health but also on mental health. Individuals with insufficient physical activity experience an increased risk of depression, and their overall quality of life is negatively affected. This study by Bulguroğu et al. emphasizes the important role that physical activity plays in maintaining mental health and reducing depression. Therefore, encouraging and supporting physical activity can help individuals lead healthier and happier lives.

When the sub-dimensions of the culture of being healthy scale were examined according to the variable of BMI status, a significant difference was found between the sub-dimensions of "criticism of individual actions" and "judgment" according to the Anova test result. When the

findings of the study were examined, it was seen that in the "criticism of individual actions" sub-dimension of the scale, the scores of those whose BMI results were underweight and normal were high, and the scores of those who were overweight and overweight were low, respectively. It was observed that the reason for this was that the scores of adult men's criticism of individual actions decreased when they moved away from the ideal weight and started to gain weight. This shows us that adult men who cannot keep their weight at the ideal level have low self-evaluation of themselves in terms of being healthy. In the "judgment" sub-dimension of the scale, it was observed that the judgment sub-dimension scores of individuals with normal BMI results were high, the judgment sub-dimension scores of individuals who were underweight and overweight were equal to each other, and the judgment sub-dimension scores of those who were overweight were the lowest. According to the answers given to the survey questions, it is possible to say that the reason for this situation is that adult men who are at ideal weight have a clearer perspective on the culture of being healthy. On the other hand, it is thought that the adult men who have moved away from the ideal weight have not yet clarified their views on the culture of being healthy; their perceptions have not developed, and their scores are lower for this reason. Ünver and Alkan (2023) stated that overweight women and overweight men could not achieve awareness of being healthy. Günel, Yağlı and Akel (2014) stated that the quality of life increased with the development of body awareness. In a study conducted by Pirinççi et al. in 2022, it was concluded that individuals with high body awareness scores also had high quality of life scores. In a study conducted by Carson et al. (2010), it was concluded that individuals with body awareness are effective in improving important elements such as life perception and mental health. This research shows that body awareness helps individuals understand themselves better and establish a healthier relationship with their bodies. With increased body awareness, individuals generally tend to feel happier, more balanced, and mentally healthier. These findings emphasize that body awareness can play an important role in personal development and psychological health.

When we look at the T-test result according to the sub-dimensions of the culture of being healthy scale according to the place of residence variable, no significant difference was found in the sub-dimensions of "criticism of individual actions" and "judgment." It is thought that the reason for this is that individuals' living in rural and urban areas does not affect their perceptions about health, and the reason for this may be due to the ease of access to information with digitalization. When the T-test results were examined according to the sub-dimensions of the culture of being healthy scale, no significant difference was found in the sub-dimensions of "criticism of individual actions" and "judgment." The reason for this is that there is no difference in the sub-dimensions of the culture of being healthy scale of individuals who say yes or no to the disease status, which is thought to be due to the fact that 53.3% of the population participating in the research is under the age of 35. According to the results of the Anova test of the sub-dimensions of the culture of being healthy scale, no significant

difference was found in the sub-dimensions of "criticism of individual actions" and "judgment."

It is thought that economic status is not an important factor in gaining awareness of being healthy, as in some other variables (whether working or not, whether the place of residence is rural or urban), and that this situation, which seems to be a disadvantage for adult male individuals with the increase in the use of social media, digitalization, and the internet, has disappeared. In the study of Keskin et al. in 2022, it was observed that awareness of being healthy improved as the income level increased. In this respect, it is not similar to this study. A study conducted by Kaya and Özdemir (2022) shows that there is a significant relationship between income level and health perceptions. According to the results of the study, as the income level increases, the health perceptions of individuals gradually change. Individuals with higher incomes generally tend to maintain healthy lifestyles, access health services, and approach health problems in a more sensitive manner. It is also emphasized that higher income levels are effective in protecting their health by providing more resources and opportunities for health problems.

5. Conclusions

In this study, a significant difference was found in both sub-dimensions of the scale in the age range, educational status, marital status, number of days of physical activity per week, and BMI variables of adult men. In addition, it was determined that there was no significant difference in both sub-dimensions of the scale in the variables of employment status, place of residence, disease status, and economic status. In the groups with a smaller age range, single men, university students, and university graduates, adult men with a high number of physical activity days per week and normal weight BMI values were found to have high scores in both sub-dimensions of the culture of being healthy scale, according to the data obtained. It was observed that adult men with overweight VKI results had either fewer or no physical activity days per week. Of course, every individual, from seven to seventy, wants to live a quality and healthy life. There is a relationship between a healthy lifestyle and one's health. It is seen that people who adopt a healthy lifestyle maintain their ideal weight, eat a balanced diet, engage in physical activity, and create this awareness in themselves to live a healthy, long life and turn it into a lifestyle. This awareness needs to be gained at a very young age. This acquired behavior will affect the quality and comfort of life of individuals in their later years. Developing awareness of being healthy by spreading it to the whole society will contribute to the healthy, quality, and comfortable lives of both individuals and societies, the growth and development of competent individuals who have completed their social, physical, and emotional development, the formation of strong generations, and the development of the country in every aspect.

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Declaration of Conflicting Interests and Ethics

The authors report no conflicts of interest in this work.

References

Alfrey L, O'Connor J, Phillipson S, Penney D, Jeanes R, & Phillipson S. (2019). Attitudes of pre-service physical education teachers to healthism: Development and validation of the Attitude Towards Healthism Scale (ATHS). European Physical Education Review;25(2):424-437.

Amjad, A. and Dasti, R. (2022). Humor styles, emotion regulation, and subjective well-being in young adults. Current Psychology, 41(9), 6326-6335. **doi.org/10.1007/s12144-020-01127-y**

Anglim, J., & Horwood, S. (2021). The impact of the COVID-19 pandemic and the big five personalities on subjective and psychological well-being. Social Psychology and Personality Science, 12(8), 1527-1537. **doi.org/10.1177/1948550620983047**

Başar, S., & Sarı, İ. (2018). The effect of regular exercise on depression, happiness and psychological well-being. İnönü University Journal of Physical Education and Sports Sciences, 5(3), 25-34.

Bentlage, E., Ammar, A., How, D., Ahmed, M., Trabelsi, K., Chtourou, H., & Brach, M. (2020). Practical recommendations for maintaining active lifestyle during the COVID-19 pandemic: a systematic literature review. International journal of environmental research and public health, 17(17), 6265. **doi.org/10.3390/ijerph1717176265**

Buecker, S., Simacek, T., Ingwersen, B., Terwiel, S., & Simonsmeier, B. A. (2021). Physical activity and subjective well-being in healthy individuals: a meta-analytic review. Health Psychology Review, 15(4), 574-592. **doi.org/10.1080/17437199.2020.1760728**

Bulguroğlu, H. İ., Bulguroğlu, M., & Özaslan, A. (2021). Examination of physical activity, quality of life and depression levels of university students during the Covid-19 pandemic process. Acıbadem University Journal of Health Sciences, 12(2), 306-311. **doi.org/10.31067/acusaglik.852175**

Buonomo, I., Fiorilli, C., & Benevene, P. (2019). The impact of emotions and hedonic balance on teachers' self-efficacy: Testing the bounce-back effect of positive emotions. Frontiers in Psychology, 10, 1670. **doi.org/10.3389/fpsyg.2019.01670**

Callow, D.D., Arnold-Nedimala, N.A., Jordan, L.S., Pena, G.S., Won, J., Woodard, J.L., & Smith, J.C. (2020). Mental health benefits of physical activity in older adults recovering from the COVID-19 pandemic. American Journal of Geriatric Psychiatry, 28(10), 1046-1057. **doi.org/10.1016/j.jagp.2020.06.024**

Carson, J.W., Carson, K.M., Jones, K.D., Bennett, R.M., Wright, C.L., & Mist SD. (2010). A pilot randomized controlled trial of the Yoga of Awareness program in the management of fibromyalgia. Pain®, 151(2),530-9. **doi:10.1016/j.pain.2010.08.020.**

Durmaz, S. , Sürücü, E. & Ozvurmaz, S. (2020). Determination of Health Literacy, Health Perception Levels and Related Factors in Marble Factory Workers . Medical Sciences , 15 (3) , 81-91 . Retrieved from **doi.org/10.12739/NWSA.2020.15.3.1B0092**

Elmas L, Yüceant M, Ünlü H, & Bahadır Z. (2021). Investigation of the Relationship Between Physical Activity Levels and Psychological Well-Being of University Students. Sportıve, 4(1):1-17.

Günel, M. K., Yağli, N.V., Akel, B.S., Erdoğanoğlu, Y., & Şener, G. (2014). The effect of body awareness therapy on fibromyalgia syndrome in women: A randomized controlled trial. Journal of Exercise Therapy and Rehabilitation, 1(2),43- 8.

Hall, G., Laddu, D. R., Phillips, S. A., Lavie, C. J. & Arena, R. (2021). A tale of two pandemics: How COVID-19 and global trends in physical inactivity and sedentary behavior will affect each other. Progress in cardiovascular disease, 64, 108.**doi: 10.1016/j.pcad.2020.04.005**

Haraldstad, K., Wahl, A., Andenæs, R., Andersen, J. R., Andersen, M. H., Beisland, E., ... & LIVSFORSK network. (2019). A systematic review of quality of life research in medicine and health sciences. Quality of Life Research, 28, 2641-2650. **doi.org/10.1007/s11136-019-02214-9**

Harvey, S. B., Overland, S., Hatch, S. L., Wessely, S., Mykletun, A., & Hotopf, M. (2018). Exercise and the prevention of depression: Results of the HUNT cohort study. American Journal of Psychiatry, 175(1), 28-36. **DOI: https://doi.org/10.1176/appi.ajp.2017.16111223**

Haşıloğlu SB, Baran T, & Aydın O. (2015). An investigation into potential problems in marketing research: Convenience sampling and frequentist scale items. Pamukkale Journal of Business and Information Management;(1):19-28.

Hayat Bhatti, M., Akram, U., Hasnat Bhatti, M., Rasool, H., & Su, X. (2020). Decoding the effects of ethical leadership on knowledge sharing: The mediating roles of subjective well-being and social media in the hotel industry. Sustainability, 12(20), 8333. **doi.org/10.3390/su12208333**

Hogan, C. L., Catalino, L. I., Mata, J., & Fredrickson, B. L. (2015). Beyond emotional benefits: Physical activity and sedentary behavior affect psychosocial resources through emotions. Psychology & Health, 30(3), 354-369. DOI: **https://doi.org/10.1080/08870446.2014.973410**

Hong, S. K., Lee, S. W., Jo, H. K., & Yoo, M. (2019). Impact of frequency of visits and time spent in urban green space on subjective well-being. Sustainability, 11(15), 4189. **doi.org/10.3390/su11154189**

Iannello, P., Sorgente, A., Lanz, M., & Antonietti, A. (2021). Financial well-being and its association with subjective and psychological well-being among emerging adults: Testing the moderating effect of individual differences. Journal of Happiness Research, 22(3), 1385-1411. **doi.org/10.1007/s10902-020-00277-x**

Iwon, K., Skibinska, J., Jasielska, D., & Kalwarczyk, S. (2021). Promoting subjective well-being through physical exercises: an intervention study. Frontiers in psychology, 12, 702678. **doi.org/10.3389/fpsyg.2021.702678**

Karasar, N. (2022). Scientific research method: Concepts, principles, techniques. Nobel Publishing;368. ISBN: 978-605-5426-58-3.

Kaya, A. B., & Özdemir, F. K. (2022). Parents' Health Perception and Rational Drug Use Attitudes. Samsun Journal of Health Sciences, 7(1), 229-246.Hogan, C. L., Catalino, L. I., Mata, J., ve Fredrickson, B. L. (2015). Beyond emotional benefits: Physical activity and sedentary behaviour affect psychosocial resources through emotions. Psychology & Health, 30(3), 354-369. **DOI: https://doi.org/10.1080/08870446.2014.973410**

Keskin, Y., Akar, Y. Erdem, Ö., & Erol, S.(2022). The relationship between nutritional knowledge and food preferences of adults and body mass index: a cross-sectional study. Dokuz Eylül University Faculty of Nursing Electronic Journal, 15(2), 149-162. **doi.org/10.46483/deuhfed.790935**

Khazaee Pool, M., Sadeghi, R., Majlessi, F., & Rahimi Foroushani, A. (2015). Effects of physical exercise program on happiness among older people. Journal of Psychiatric and Mental Health Nursing, 22(1), 47-57. **DOI: https://doi.org/10.1111/jpm.12168**

Kundakcı, Y.E., Gül, İ. & Atacan, A. (2022). Examination of physical activity and diet counseling services provided in a healthy life center. The Medical Journal of Mustafa Kemal University, 13(45), 35-43. **doi.org/10.17944/mkutfd.972720**

Martela, F., & Sheldon, K. M. (2019). Clarifying the concept of well-being: Psychological need satisfaction as the common core linking eudaimonic and subjective well-being. Review of General Psychology, 23(4), 458-474. **doi.org/10.1177/1089268019880886**

Mewafarosh, R. and Agarwal, S. (2022). The impact of demographic variables on students' subjective well-being. Journal of Public Relations, 22, e2749. doi.org/10.1002/pa.2749

Morales-Rodríguez, F. M., Espigares-López, I., Brown, T., & Pérez-Mármol, J. M. (2020). The relationship between psychological well-being and psychosocial factors in university students. International journal of environmental research and public health, 17(13), 4778. **doi.org/10.3390/ijerph17134778**

Mutz, M., Reimers, A. K. and Demetriou, Y. (2021). Leisure time, sport activities and life satisfaction: Deeper insights based on a representative survey from Germany. Applied Research in Quality of Life, 16, 2155-2171. **doi.org/10.1007/s11482-020-09866-7**

Mydin, F., Rahman, R. S. A. A. R. A. & Mohammad, W. M. R. W. (2021). Research collaboration: developing early career academics' research skills and confidence. Asian Journal of University Education, 17(3), 142-153. **doi.org/10.24191/ajue.v17i3.14508**

Nima, A. A., Cloninger, K. M., Persson, B. N., Sikström, S., & Garcia, D. (2020). Validating measures of subjective well-being using item response theory. Frontiers in psychology, 10, 3036. **doi.org/10.3389/fpsyg.2019.03036**

Paduano, D., Cingolani, A., Tanda, E., & Usai, P. (2019). Impact of three diets (low FODMAP, gluten-free and balanced) on irritable bowel syndrome symptoms and health-related quality of life. Nutrients, 11(7), 1566. **doi.org/10.3390/nu11071566**

Pirinççi, C. Ş., Cihan, E., Ünüvar, B. S., & Gerçek, H. (2022). The relationship between body awareness and physical activity, depression and quality of life in young adults. CBÜ Journal of Physical Education and Sports Sciences, 17(2), 207-215.

Pleeging, E., Burger, M., & van Exel, J. (2021). Relationships between hope and subjective well-being: A literature overview and empirical analysis. Applied Research in Quality of Life, 16, 1019-1041. **doi.org/10.1007/s11482-019-09802-4**

Ronkainen, N. J., & Wiltshire, G. (2021). Rethinking validity in qualitative sport and exercise psychology research: A realist perspective. International Journal of Sport and Exercise Psychology, 19(1), 13-28. **doi.org/10.1080/1612197X.2019.1637363**

Ryba, T.V., Wiltshire, G., Kuzey, J., & Ronkainen, N.J. (2022). Developing mixed methods research in sport and exercise psychology: Potential contributions of a critical realist perspective. International Journal of Sport and Exercise Psychology, 20(1), 147-167. **doi.org/10.1080/1612197X.2020.1827002**

Sadeghi, A. R., Ebadi, M., Shams, F., & Jangjoo, S. (2022). Human-built environment interactions: the relationship between subjective well-being and perceived neighborhood environment characteristics. Scientific Reports, 12(1), 21844. **doi.org/10.1038/s41598-022-25414-9**

Shankland, R., Tessier, D., Strub, L., Gauchet, A., & Baeyens, C. (2021). Improving mental health and well-being through informal mindfulness practices: an intervention study. Applied Psychology: Health and Wellbeing, 13(1), 63-83. **doi.org/10.1111/aphw.12216**

Sie, L., Pegg, S., & Phelan, K. V. (2021). Older tourists' self-determined motivations, tour preferences, memorable experiences and subjective well-being: An integrative hierarchical model. Journal of Hotel and Tourism Management, 47, 237-251. **doi.org/10.1016/j.jhtm.2021.03.006**

Tam, W., Poon, S. N., Mahendran, R., Kua, E. H., & Wu, X. V. (2021). Effectiveness of reminiscence-based intervention in improving psychological well-being in cognitively intact older adults: A systematic review and meta-analysis. International Journal of Nursing Studies, 114, 103847. **doi.org/10.1016/j.ijnurstu.2020.103847**

Uğraş S, Özen G, Aykora E, & Yurdakul H. (2021). Adaptatıon of the healthısm attude scale to Türkiye: a valıdıty and relıabılıty study. Человек. Спорт. Медицина;21(1):117-123.

Ünver, Ö. Ü. Ş., & Alkan, Ö. (2023). Determination of the Relationship Between Body Mass Index and Gender and Education Level. Socrates 8th International Educatıon, Busıness, Economıcs And Socıal Scıences Congress 28-30 September, Dicle Unıversıty, Diyarbakır, Türkiye.

World Health Organization (2020). Guidance on COVID-19 for the care of older persons and people living in long-term care facilities, other non-acute care facilities and home care (No. WPR/DSE/2020/015). WHO Regional Office for the Western Pacific.

World Health Organization. (2022). World mental health report: transforming mental health for all.

Yapici, H., Uğurlu, D., Gülü, M., & Doğan, A. A. (2022). Investigation of Physical Activity Self-Esteem Attitudes of Adult Women According to Their Obesity Status. Spormetre

Journal of Physical Education and Sport Sciences, 20(3), 143-154. **DOI: 10.33689/spormetre.1128399**

Yapici, H., Yagin, F. H., Emlek, B., Uca, E., Ayyildiz, E., Ahmedov, F., ... & AL-Mhanna, S. B. (2023). Examining Barriers to Participation in Physical Activity: A Study of Adults. Journal of Exercise Science & Physical Activity Reviews, 1(1), 1-11.

Yüceant, M. (2022). Investigation of stress, anxiety, depression and psychological well-being levels of individuals who regularly play tennis. Education Quarterly Reviews, 5(2), 270-281. DOI: **https://doi.org/10.31014/aior.1993.05.02.488**

Yüceant, M. (2023). The Effect of Regular Physical Activity on Stress, Anxiety, Depression, Life Satisfaction, Psychological Well-Being and Positive-Negative Emotion. Mediterranean Journal of Sport Sciences, 6(2), 581-598. **doi.org/10.38021/asbid.1248186**
