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THE HEALTH-PROMOTING BEHAVIORS FOR MARRIED COUPLES

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Abstract

The central aim of the current research is to understand the association between adult attachment style (i.e., attachment avoidance and attachment anxiety) and health-promoting behaviors of married couples in the Turkish sample. The data was gathered using demographic information form (including height and weight), Experiences in Close Relationships-Revised, and Healthy Life Style Behavior Scale II from 269 married couples. The actor-partner interdependence model (APIM) was performed to realize both intrapersonal and interpersonal effects simultaneously. Attachment avoidance and attachment anxiety were used as independent variables, health-promoting behaviors and body mass index (BMI) were used as dependent variables, and the duration of the marriage, the number of children, and the education levels of individuals were used as control variables. The saturated model demonstrated that some associations among variables were insignificant. Therefore, these insignificant relationships were reduced from the model one by one. Eventually, the final model fit the data very well [$\chi 2$ (13, N = 269) = 9.131, p = .763, GFI = .994, AGFI = .966, CFI = 1, RMSEA = .00]. Dyadic analyses demonstrated that the attachment anxiety of wives was not associated with any dependent variables. The results also showed that the attachment avoidance of both husbands and wives were significantly related to their own health-promoting behaviors. In other words, both husbands and wives who had higher levels of attachment avoidant were less likely to occupy in health-promoting behaviors. Moreover, the attachment anxiety of husbands was related to the BMI of wives. In the literature, it was indicated that individuals who have attachment avoidance reported unwilling to search for medical help about their complaints because of having problems in trusting health care professionals, the worse perception of general health, and fewer exercise behaviors. Additionally, the association between husbands' high attachment anxiety and their wives low BMI may be related to the critical and often coercive style of spouses who have attachment anxiety may influence their wives' weight perception and control.

Keywords: *Adult attachment, health-promoting behaviors, BMI, married couples.*

1. Introduction

Couples start to influence each other in different perspectives during the marriage. It is known that relational factors that influence overall health (Kiecolt-Glaser & Newton, 2001). Besides, a few reports recommend that the changes in lifestyles alters couples lifestyle behaviors and cause a direct and indirect impact on each other's wellness such as weight gain, increase or decrease in physical activity levels (Craig & Truswell, 1988; Kahn & Williamson, 1990). Although the effect of health-promoting behaviors on individuals' health is noticeable, the influence of marital factors needs more attention.

Many lifestyle behaviors are becoming symphonious across couples (Meyler, Stimpson, & Peek, 2007), including nutrition (Macario & Sorensen, 1998) and smoking (Graham & Braun, 1999). This is partly due to assortative mating; in other words, couples with similar characteristics are more likely to marry and may also reflect the influence spouses have on each other's health behaviors (Wilson, 2002). Couple concordance may explain risk factors for the disease at the household level (Wilson, 2002). For example, spouses of patients are at increased risk of conditions including hypertension and diabetes (Hippisley-Cox & Pringle, 1998). Also, health behavior change tends to be accordant. For instance, in a study about couples participating a family health check-up, smoking behavior, blood pressure, blood glucose, and cholesterol level were correlated across couples one year after a cardiovascular lifestyle intervention program (Pyke, Wood, Kinmonth, & Thompson, 1997). Further, when one partner adopts a healthier behavior, the other is more likely to make a positive health behavior change (Jackson, Steptoe, & Wardle, 2015).

For the reason that the features of individuals have a crucial role in health-promoting behavior, several psychological variables were researched. The adult attachment styles of individuals are one of the central psychological variable associated with health-promoting behaviors. The adult attachment styles generally are classified as secure and insecure attachment; and insecure attachment includes attachment avoidance and attachment anxiety (Mikulincer & Shaver, 2007). Resignation from closeness and dependency is mentioned as attachment avoidance, while the feelings of rejection and desertion and the attempts at excessive intimacy is stated as attachment anxiety (Harma & Sümer, 2016). Secure attachment is revealed with low attachment avoidance and low attachment anxiety (Pietromonaco, Uchino, & Schetter, 2013). It was indicated that securely attached individuals occupy in health-promoting behaviors and talk about their symptoms (Huntsinger & Luecken, 2004; Scharfe & Eldredge, 2001). On the other hand, insecurely attached individuals, who have attachment avoidance or attachment anxiety, show more risky behaviors and lower health-promoting behaviors (Huntsinger & Luecken, 2004; Savada, Busseri, Molnar, Perrier, & DeCourville, 2009; Scharfe & Eldredge, 2001). In other words, individuals who show insecure attachment style (i.e., anxious and avoidant attachment) tend to show riskier and fewer healthy behaviors rather than individuals who show secure attachment style.

Since marriage supplies the critical resource of attachment for many individuals (Sandberg, Busby, Johnson, & Yoshida, 2012), it may significantly impact health behaviors (Sandberg et al., 2013). However, the majority of the research related to attachment and health-promoting behaviors examining the individual level of the relationship, not dyadic level. Moreover, the most of the studies were associated with the investigation of marriage and health indicators, such as cardiovascular risk, heart rate, and stress responses (Kiecolt-Glaser & Newton, 2001), not health-promoting behaviors. Therefore, the main aim of the current study was to understand the association between adult attachment style (i.e., attachment avoidance and attachment anxiety) and health-promoting behaviors of married couples. Generally, it was hypothesized that attachment style of husbands and wives would predict health-promoting behaviors of couples. Specifically, the first hypothesis of the study was a spouse's attachment style would predict his or her health-promoting behaviors. The second hypothesis of the study was a spouse's attachment style would predict his or her partner's health-promoting behaviors.

2. Method

2.1. Participants

The current research included 269 heterosexual Turkish married couples (269 husbands and 269 wives). All couples had only been married once at the time of the study and had been living in big cities such as İstanbul, Ankara, and Kayseri. The length of marriages of couples ranged from 1 to 56 years with the average of 19.39 years (*SD* = 11.89). When the number of children was considered, 16.4% of couples had no child, 12.3% of couples had one child, 34.2% of couples had two children, and 37.2% of couples had three or more children. With respect to education level, 20.4% of husbands and 29.8% of wives had primary-secondary school education, 24.5% of husbands and 29.4% of wives had high school education, 47.2% of husbands and 35.3% of wives had applied schools or university degree, and 7.8% of husbands and 5.6% of wives had graduate/doctorate degree. The age of husbands ranged between 23 and 85 with the mean of 45.05 (*sd* = 11.57), and the age of wives ranged between 19 and 75 with the mean of 41.41 (*sd* = 10.80).

2.2. Instruments

The instruments of the study consisted of the demographic information form and following two scales;

Healthy Lifestyle Behavior Scale-II (HLBS-II): The HLBS-II estimates six-way of life practices under six subscales. It is a 52-item survey examines health responsibility, physical activity, nutritional habits, stress management, mental development, and interpersonal relations (Walker & Hill-Polerecky, 1996). The Turkish version of HLBS-II has the reliability coefficients as .77 for health responsibility, .79 for physical activity, .68 for nutrition, .79 for mental development, .80 for interpersonal relationships and .64 for stress management (Bahar, Beşer, Gördes, Ersin, & Kıssal, 2008).

Experiences in Close Relationships-Revised (ECR-R): ECR-R assesses the adult attachment styles as avoidance and anxiety (Fraley, Waller, & Brennan, 2000). The scale contains 36 items, in which 18 items measure the attachment anxiety, whereas the other 18 items measure the attachment avoidance. The Turkish version of ECR-R has the reliability coefficients as .90 for attachment avoidance and .86 for the attachment anxiety (Selçuk, Günaydın, Sümer, & Uysal, 2005). Regard as test-retest reliability, .82 for the attachment anxiety and .81 for the attachment avoidance were shown.

2.3. Data analysis

Obtained data were analyzed using several techniques. Descriptive statistics and bivariate analysis were conducted by using the IBM SPSS 20 program. The model among adult attachment style, health-promoting behaviors, and BMI was formed by controlling the length of the marriage, the number of children, and education levels of spouses. In order to test the model, APIM (Ledermann, Macho, & Kenny, 2011), which is to comprehend both intrapersonal and interpersonal effects simultaneously, were conducted by using IBM AMOS.

3. Results

3.1. Descriptive statistics and bivariate analysis

Regarding the main variables of the current research, the mean scores were calculated for wives and husbands separately. The mean score of the attachment avoidance for husbands was 2.03 (*sd* = 0.81) and for wives was 2.13 (*sd* = 0.97). The mean score of the attachment anxiety for husbands was 2.77 (*sd* = 0.86) and for wives was 2.89 (*sd* = 0.92). The mean score of the health-promoting behaviors (HPB) for husbands was 131.53 (*sd* = 20.27) and for wives was 133.78 (*sd* = 17.37). The mean score of the BMI for husbands was 27.07 (*sd* = 3.28) and for wives was 25.91 (*sd* = 4.30).

Both intrapersonal and interpersonal correlations were calculated for the main variables and are shown in Table 1.

Table 1. Bivariate correlations of main variables of the study.

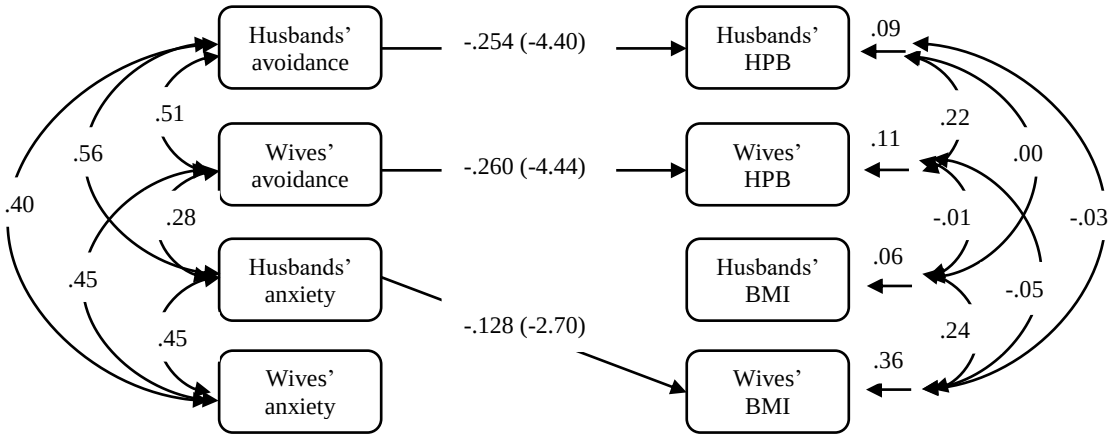
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1. Wives' avoidance	1							
2. Husbands' avoidance	.51**	1						
3. Wives' anxiety	.45**	.40**	1					
4. Husbands' anxiety	.28**	.56**	.45**	1				
5. Wives' HPB	-.29**	-.20**	-.13*	-.13*	1			
6. Husbands' HPB	-.19**	-.26**	-.16**	-.21**	.30**	1		
7. Wives' BMI	.14*	.02	-.04	-.08	-.08	-.02	1	
8. Husbands' BMI	.03	.05	-.08	.01	-.01	.01	.31**	1

Note. *p < .05; **p < .001

3.2. Testing the model

The conceptual model was committed to as the attachment avoidance and anxiety would have direct effects on health-promoting behaviors and BMI by controlling the length of the marriage, the number of children, and the education levels of spouses. Hereby, the model was saturated indicating observed and implied covariance matrices fitted exactly. The saturated model comprised insignificant links, so they were dropped from the model. Eventually, the final model fit the data very well [$\chi 2$ (13, N = 269) = 9.131, p = .763, GFI = .994, AGFI = .966, CFI = 1, RMSEA = .00].

Figure 1. Actor and partner effects in predicting health-promoting behaviors and BMI.



Note. Error terms represent the percent of the unexplained variance. For ease of interpretation, control variables, and correlation among IVs and control variables are not shown. *t* values are presented in the parentheses next to standardized regression weights.

The APIM analysis disclosed significant relationships for both actor and partner effects. Specifically, both husbands and wives high in the attachment avoidance reported low health-promoting behaviors (β = -0.254, p < .001; β = -0.260, p < .001, respectively). In other words, both husbands and wives who had higher levels of attachment avoidant were less likely to occupy in health-promoting behaviors. Moreover, husbands high in the attachment anxiety lead to low BMI of their wives (β = -0.128, p < .007), indicating that husbands reported high attachment anxiety predicted low wives' BMI. Overall, adult attachment style explained 11.3%, 9.2%, and 36.5% of the total variances in wives' and husbands' health-promoting behaviors and wives' BMI, respectively. Results showed that the paths for husbands and wives were comparable and there was no gender difference in the association between own attachment avoidance and own health-promoting behaviors.

4. Discussion

The study aimed to identify the relationship between adult attachment style and health-promoting behaviors. As expected, the current research found that both husbands and wives who showed higher attachment avoidance tended to behave less health-promoting. In the literature, it was indicated that attachment avoidance of individuals reported lower health-promoting behaviors such as unwilling to search for medical help, having problems in trusting health care professionals (Feeney & Ryan, 1994), the worse perception of general health, and the physical inactivity (Kafescioglu, Thomas, & Shields, 2010). On the other hand, attachment anxiety of individuals was not related to their health-promoting behaviors in the current study. Feeney (1995) reported that attachment anxiety is negatively associated with reporting the level of exercise and positively associated with reporting need to lose weight. Therefore, to examine health-promoting behaviors specifically may be more helpful to understand the relation.

Inconsistent with our expectations, the paths from adult attachment style to health-promoting behaviors are much more of an intrapersonal than an interpersonal phenomenon. In other words, both attachment avoidance and anxiety of individuals was not associated with their partners' health-promoting behaviors; partner effects were not shown for health-promoting behaviors. Individuals who have high attachment avoidance do not feel comfortable with providing and receiving care and support in their relationships (Kafescioglu, et al., 2010). They may see this kind of behaviors as restraining their independence. So, they may avoid affecting their spouse's health-promoting behaviors. Further, direct or indirect attempts of any behavioral change to spouse have a risk to be understood as the dissatisfaction of the relationship and/or to cause the dissatisfaction of their spouses. Hence, because of the fear of abandonment and rejection in a relationship is one of the main characteristics of individuals with high attachment anxiety (Mikulincer & Shaver, 2007) who are sensitive to cues of possible rejection (see, Campbell, Simpson, Boldry, & Kashy, 2005), they may abstain from any conscious or unconscious interfere to their spouse's health-promoting behaviors.

Considering the BMI of individuals, the findings, which showed no relationship between own attachment style and BMI, are consistent with the literature such as Koskina and Giovazolias' study (2010). The attachment anxiety of husbands, but not wives, was related to the BMI of their spouses in the current research. Being married has a more significant influence on men's health than relationship quality (Umberson, 1992). So, the characteristics of wives may be not so important for husbands' BMI. On the other hand, husbands reported high attachment anxiety lead to low wives' BMI in the current study. It is known that women may be sensitive to social pressure towards thinness. Individuals whose spouses have higher attachment anxiety reported their interactions as dissatisfying, negative in tone, low in amount, and low in the intimacy of disclosure (Bradford, Feeney, & Campbell, 2002). The critical and often coercive style of these spouses may influence their wives' weight perception and control.

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