



## EXAMINING THE HEALTHY LIFESTYLE BEHAVIORS OF UNIVERSITY STUDENTS

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### Abstract:

**Aim:** This study was conducted to examine the healthy lifestyle behaviors of university students. **Method:** 250 voluntary participants were contacted. The participants were determined with the Convenient Sampling Method and were studying at Süleyman Demirel University. Ninety six of the participants (38.4%) were female; and 154 (61.6%) were male. The mean age was  $21.33 \pm 2.37$ . The Information Collection Form, which was prepared by the Author of the study, and the "Healthy Lifestyle Behaviors Scale", which was developed by Walker et al. in 1987, was used as the data collection tools in the study. The scale was adopted into Turkish by Esin in 1999. The scale measures the behaviors that improve health for a healthy lifestyle of the individual, and consists of 48 items and 6 dimensions. These dimensions are; "Self-Realization", "Health Responsibility", "Exercise", "Nutrition", "Interpersonal Support" and "Stress Management". The scale is designed in Likert type, and all the items are in positive direction and are suitable for grading between 1 and 4. The lowest point that may be received from the scale is 48, and the highest point is 192. The SPSS 22.0 Package Statistics Program was used in analyzing the data obtained in the study. In paired comparisons, the T-Test was used for the data that showed normal distribution; and in multiple comparisons, the ANOVA Test was used. For the data that were not normally distributed, in paired comparisons, the Mann Whitney U-Test was used; and in multiple comparisons, the Kruskal Wallis Test was used. The significance level was accepted as 0.05. **Result:** It was determined in the study that the healthy lifestyle behaviors of university students did not vary according to the gender, residential area, the department studied, smoking and alcohol-taking status. It was also determined that

they acted in similar ways in this context. However, it was also observed that this behavior style varied according to whether students did sports or not. **Conclusion:** As a conclusion, the healthy lifestyle behaviors of university students do not differ according to gender, residence, department, smoking and alcohol use status; and they act in similar ways.

**Keywords:** healthy lifestyle behaviors, university students, physical activities

## 1. Introduction

Healthy lifestyle behaviors are defined as the whole of the behaviors believed and applied by an individual to stay healthy and to be protected from diseases (Ayaz, Tezcan, Akıncı, 2005). According to the definition of the World Health Organization, health is not only lack of diseases or any disabilities, but also a well-being in bodily, spiritual and social aspects (Bidlack, 1996). Today, the health concept requires that there is a care approach that protects, sustains and improves the health of the individuals, families and the society. This understanding is based on the concept of making individuals acquire behaviors that will protect, sustain and improve the well-being, and make accurate decisions on his/her own health (Cihangiroğlu, Deveci, 2011).

Health is considered as a concept that is related with all aspects of the life of an individual such as physical, social, emotional and spiritual situations; and in this respect, includes satisfaction from life and life quality, and denotes that the Self-Realization of the individual increases in time (Edelman, Fain, 1999). Healthy lifestyle behaviors are expressed as a resultant of the evaluation made about Nutrition Habit, Self-Realization, Health Responsibility, Exercise Habit, Interpersonal Support and Stress Management (Ilhan, Batmaz, Akhan, 2010).

Juvenile years constitute a period in which important bodily and spiritual changes are realized, and have properties, problems and needs that are specific to this period. In this period, young people try to adapt to the changes occurring in their social environments, and try to perceive the concepts related with health (Larouche, 1998).

University life also denotes a period in which individuals experience important changes in their lives. University education causes changes in the professional training of the individuals as well as in the lifestyles and health-related behaviors. This change is especially important in terms of the attitudes and behaviors in the field of health, because the attitudes and behaviors of the students about health influence themselves, their families and the society both in the present time and in the future (Asiabi, 2012).

Being healthy is the right of every individual, and ensuring and sustaining this is the duty of the healthcare staff as well as the individual (Asiabi, 2012). In order for a

person to acquire behaviors that improve health, s/he has to control himself/herself and have a desire to acquire these behaviors. Because it is necessary to acquire and sustain positive health behaviors in order to improve health. For this reason, examining university students in terms of health behaviors and supporting them in these aspects are of vital importance for the health of the society. The aim of this study was to determine the healthy lifestyle behaviors of university students.

## **2. Material and Method**

This study is a descriptive study in the review model. By using the Convenient Sampling Method, 250 voluntary participants studying at Süleyman Demirel University were contacted. Ninety six of these participants (38.4%) were female; 154 (61.6%) were male; and the mean age was  $21.33 \pm 2.37$ .

The Information Collection Form, which was prepared by the Author of the study, and the Healthy Lifestyle Behaviors Scale, which was prepared by Walker et al. in 1987 and was adopted into Turkish by Esin in 1999, was used as the data collection tools in the study.

The Scale measures the healthy lifestyle behaviors of the individual that improve health. There are 48 items and 6 dimensions in the scale. These dimensions are; "Self-Realization", "Health Responsibility", "Exercise", "Nutrition", "Interpersonal Support" and "Stress Management". All the items of this scale, which is designed in Likert Type, are in positive direction and are suitable for scoring between 1 and 4. The lowest point that may be received from the scale is 48 and the highest point is 192.

The SPSS 22.0 Package Statistics Program was used in analyzing the data obtained in the study. In paired comparisons, the T-Test was used for the data that showed normal distribution; and in multiple comparisons, the ANOVA Test was used. For the data that were not normally distributed, the Mann Whitney U-Test was used in paired comparisons; and in multiple comparisons, the Kruskal Wallis Test was used. The significance level was accepted as 0.05.

## **3. Findings**

The Cronbach's Alpha Reliability Coefficient of the Healthy Lifestyle Behaviors Scale, which was used as the data collection tool in the study, was found to be 0.923. In the normality test, the scores were evaluated according to the Kolmogorov-Smirnov Test results, and it was observed that the results of the "Self-Realization" and "Stress Management" Dimensions were normally distributed, and the others were not normally distributed. Based on this finding, the analyses of the data obtained in the

study are given below as Percentages (%) and Frequencies (f). The comparisons on the dimensions of the scale are also provided below.

**Table 1:** The Percentage and Frequency Analysis of the Demographical Data Obtained from the Participants

Parameters		f	%
Gender	Female	96	38.4
	Male	154	61.8
Residence	Village	20	8
	Town	6	2.4
	County	63	25.2
	City	79	31.6
	Metropolitan City	82	32.8
I smoke.	Yes	114	45.6
I do not smoke.	No	136	54.4
I use alcohol.	Yes	101	40.4
I do not use alcohol.	No	149	59.6
	Total	250	100

**Table 2:** The Percentage and Frequency Analysis of the Departments of the Participants at University

Departments	f	%
Economics	8	3.2
Computer Engineering	26	10.4
Civil Engineering	17	6.8
Electronic Communication Engineering	41	16.4
Turkish Language and Literature	7	2.8
Banking and Insurance	7	2.8
Cookery	8	3.2
Mining Engineering	8	3.2
Econometric	5	2
Mathematics	8	3.2
Mechanical Engineering	21	8.4
Çeko	11	4.4
Mining Engineering	1	0.4
Business Administration	9	3.6
Food Engineering	10	4
Agricultural Engineering	6	2.4
Environmental Engineering	6	2.4
Sports Sciences	1	0.4
Theology	7	2.8
Sociology	4	1.6
Textile Engineering	2	0.8

Chemistry	1	0.4
Logistics	7	2.8
Law	5	2
Public Relations	3	1.2
Philosophy	3	1.2
Energy Systems	2	0.8
Manufacturing Engineering	3	1.2
Public Administration	3	1.2
Forestry Engineering	4	1.6
Agricultural Economy	4	1.6
Foreign Trade	2	0.8
Total	250	100

**Table 3:** The Analysis of the Relation between the Ages of the Participants and the Dimensions among Each Other

Parameters	Age	Himself/ Herself	Health	Exercise	Nutrition	Inter-personal	Stress
Age	R	.070	,014	,037	,049	,036	,042
	P	,269	,825	,562	,436	,575	,507
	N	250	250	250	250	250	250
Self-Realization	R		,671**	,615**	,498**	,657**	,528**
	p		,000	,000	,000	,000	,000
	n		250	250	250	250	250
Health Responsibility	r			,607**	,400**	,665**	,750**
	p			,000	,000	,000	,000
	n			250	250	250	250
Exercise	r				,438**	,592**	,525**
	p				,000	,000	,000
	n				250	250	250
Nutrition	r					,383**	,337**
	p					,000	,000
	n					250	250
Interpersonal Support	r						,536**
	p						,000
	n						250
Stress Management	r						
	p						
	n						

When Table 3 is examined it is observed that the whole of the dimensions of the scale have positive relations with each other except for the ages of the participants ( $p < 0.01$ ).

In the analyses based on the gender, residence, department, smoking and alcohol use status of the students who were in the comparison groups that were formed by the

Author of the study, it was observed that there was no significant differences in the answers in the dimensions of the scale ( $p>0.05$ ). However, it was determined that there were significant differences in the Stress Management sub-dimension in the comparison groups that were formed according to the doing sports status and -if they were doing sports- the sports branches ( $p<0.05$ ).

**Table 4:** The Comparison of the Sub-Dimensions of the Scale Based on Doing Sports Status of the Participants

Dimensions	N	Mean	Std. Deviation	f	df	Sig.
Self-Realization	245	36.19	6.78	1.561	-	.098
Stress Management	245	27.33	5.29	2.400	-	.005
Health Responsibility	245	23.91	4.52	-	13	.001
Exercise	245	12.78	2.78	-	13	.000
Nutrition	245	6.15	1.27	-	13	.519
Interpersonal Support	245	17.35	3.65	-	13	.200

When Table 4 is examined it is observed that there were significant differences in the answers given to the Stress Management, Health Responsibility, Exercise sub-dimensions according to their doing sports variable ( $p<0.05$ ).

#### 4. Discussion and Result

38.4% of the students who participated in the study were female, and 61.8% were male. In a study conducted on university students by Ilhan (Ilhan, 2010), 54.9% of the students were female, and 45.1% were male. A similar study was conducted on students studying at Physical Education and Sports High School, and it was reported that 40% of the participants were female, and 51% were male (Asiabi, 2012). Again, in another similar study conducted at Adıyaman University, 47.9% of the participants were female, and 52.06% were male (Murathan, 2013).

While 114 of the students, who participated in the study, smoked, 136 of them stated that they were non-smokers. In another study, which is similar to our study, 27 of the participants declared that they smoked and 64 did not smoke (Asiabi, 2012). In this respect, the number of the participants who do not smoke was higher than that of the smokers; and this study showed parallelism to our study.

40.4% of the students who participated in the study declared that they used alcohol while 59.6% stated that they did not use. A similar study was conducted on healthcare staff and this percentage was reported as 9.8% in alcohol users, and 90.2% in those who did not use alcohol (Yalçınkaya, 2007).

When the residences of the students who participated in the study were analyzed, it was determined that 8% of them lived in Villages, 2.4% lived in Towns, 25.2% lived in Counties, 31.6% lived in cities and 32.8% lived in Metropolitan Cities. In a study conducted by Murathan in 2013, it was reported that 53.3% of the participants lived in Metropolitan Cities, 32.2% lived in Towns and 14.4% lived in Villages. The healthy lifestyle behaviors of the individuals who were amputees and who did and did not do sports were examined in a study and it was reported that out of 213 participants, 5.6% lived in Villages, 4.2% lived in Towns, 19.7% lived in Counties, 25.8% lived in city centers and 44.6% lived in metropolitan cities (Yazıcı, 2012). When previous studies are examined, it is observed that the percentage distribution of the participants living in metropolitan cities is high.

It was determined that there were significant differences in the answers given to the Stress Management, Health Responsibility, Exercise Sub-Dimensions according to doing and not doing sports by the students who participated in the study ( $p < 0.05$ ). In a similar study conducted on university students, it was reported that there were no significant differences between the active and very active students in terms of the healthy lifestyle behaviors (Total Point) in physical activity level dimension; however, it was also determined that there were significant differences in the Exercise Sub-Dimension of the Healthy Lifestyle Behaviors; the students that were very active were those who had higher exercise scores (Asiabi, 2012).

When Table 3 is examined it is observed that all of the dimensions of the scale - except for the age variable - have positive relations with each other ( $p < 0.01$ ). Based on the questions in the Information Collection Form, which was prepared by the Author of the study, it was observed in the analyses made on the gender, residence, department, smoking status, and alcohol use status in the comparison groups that there were no significant differences for the answers given in the dimensions of the Scale ( $p > 0.05$ ). In the study conducted by Asiabi in 2012, it was determined that the Self-Realization and Nutrition Sub-Dimension scores of the students studying at Physical Education Teachers Department were higher. In the study conducted by İlhan in 2010, it was reported that the Health Responsibility and Nutrition Sub-Dimension scores of the students studying at Nursing Department were higher than the students from other departments. A significant difference was not detected between the genders in the sub-dimensions of the scale in our study, which is supported by the results reported in the literature (Asiabi, 2012). In the study conducted by Larouche (Larouche, 1998), the average healthy lifestyle behavior scores of the female students studying at college were higher than those of the males.

As a conclusion, the healthy lifestyle behaviors of university students do not differ according to gender, residence, department, smoking and alcohol use status; and

they act in similar ways. However, it was also observed in the study that this behavior type varies according to doing sports or not.

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