



DETERMINATION OF HEALTHY LIFE STYLE BEHAVIORS OF STUDENTS STUDYING IN THE SCHOOL OF PHYSICAL EDUCATION AND SPORTS

Mehmet Şirin Gülerⁱ

Kafkas University,
Physical Education and Sport Department,
Turkey

Abstract:

This study was carried out to determine the healthy lifestyle behaviors of students studying at the School of Physical Education and Sports. The population of the study consists of the students studying at Kafkas University School of Physical Education and Sports and the sample consists of 150 students aged between 18-34 who study in different departments. Healthy Life Style Behavior Scale II was used to determine healthy lifestyle behaviors of students. Mean, standard deviation analysis techniques were used for data analysis. Kruskal-Wallis H, Mann-Whitney U test was used to determine the differences. The obtained data were statistically evaluated at $p < 0.05$ level. SPSS 17.0 package program was used to analyze the data. The maximum score that can be obtained from the scale was 208, and the total score of the students (140.8 ± 15.18) was determined. When the mean scores of the sub-dimensions of the SYBDO participants were considered, the health responsibility was 22.6 ± 4.20 , the physical activity was 20.8 ± 3.47 , the nutrition was 23.0 ± 3.39 , the spiritual development was 26.8 ± 5.07 , the interpersonal relations were $25, 8 \pm 4,68$, stress management was found to be $21,4 \pm 4,20$. As a result, SYBD of the students studying at the School of Physical Education and Sports was found to be medium level. It can be said that teachers and trainees who will be a model for people in the future will be more aware of the importance of healthy lifestyle.

Keywords: healthy life style, school of physical education, sports

1. Introduction

Today's health concept envisages a health care approach that protects, maintains and improves the health of the individual, family and society and takes the individual to the center. It is known that this understanding is based on gaining behaviors to maintain,

ⁱ Correspondence: email mehmet0910@hotmail.com

maintain and improve the well-being of the individual, to take care of his body and to make the right decisions about his health. (Kong, 1995; Lundy et al, 2001; Sisk, 2000; Zorba et al, 2017)

It is observed that rapid developments in science and technology and urbanization have positive effects on human life as well as negative effects on human life. Although these developments have a positive effect on individuals' life, productivity and performance, it is emphasized that the difficulties related to social illusions, sociocultural structure, intense work pace and material deficiencies increase the level of stress. In the past, it has been shown that the cause of infectious diseases in mass deaths, nowadays, it is seen to be among the causes of loss of life, hypertension, obesity, Type-II diabetes, coronary heart diseases, which are directly related to healthy lifestyle behaviors. Efforts have been made to protect health, increase physical activity and maintain healthy life in children and adults. In some studies, the health effects of supplementary products have been investigated in children and adults. In the studies; it is generally aimed to increase physical activity and to examine the effects of performance on health (Pancar et al. 2016; Pancar et al. 2018; Çınar et al. 2016; Pancar 2018; Özer et al. 2017; Pancar et al.2018; Gencer and Asma 2017; Çınar et al. 2018; Pancar et al. 2017; Pancar, 2018). (Spradley, 2001; Pancar et al. 2018; Özdal et al. 2017; Tahhan et al, 2018; Bilgiç et al. 2016; Tanyeri, et al, 2017). In this case, it is emphasized that in addition to making sufficient efforts for the treatment of diseases, the more important one is focused on the preservation and development of health and the priority is in preservation. Here too, it is important to care for the body and its health, to be sensitive to changes, to get consultancy in order to seek health in the early period. Health promotion studies aim to enable individuals to acquire and maintain desired behaviors in order to protect and improve their health. In this context, it is expected to create and develop healthy life consciousness in individuals, to gain positive changes in life style, and to be conscious of individual responsibility and self-consciousness in realizing this development. It is argued that the health levels of societies are considered as an indicator of development. (Ayaz et al, 2005).

2. Method

This study was conducted in order to determine the healthy lifestyle behaviors of students studying at the School of Physical Education and Sports. The population of the study consists of the students studying at Van Kafkas University School of Physical Education and Sports and the sample consists of 150 students aged between 18-34 who study in different departments. Before the survey is completed; all the necessary information about the research is given to the participant; volunteers were also granted permission to participate in the research.

This study was conducted by Walker et al. (1987) developed the Healthy Lifestyle Behavior Scale-II lama which was adapted to Turkish in 2008 by Bahar et al. (2008). The scale consists of 52 items and six factors. These are spiritual development, interpersonal relations, nutrition, physical activity, health responsibility and stress

management. The Cronbach's alpha value, which is the reliability coefficient of the scale, is 94 for the total scale and varies between .79 and .87 for the six sub-factors. Sub-scales; Health responsibility (3,9,15,21,27,33,39,45,51), physical activity (4,10,16,22,28,34,40,46), nutrition (2,8,14,20,26,32,38,44,50), Spiritual development (6,12,18,24,30,36,42,48,52), Interpersonal relationships (1,7,13,19,25,31,37,43,49) and Stress management (5,11,17,23,29,35,41,47) substances. Mean, standard deviation and variance analysis techniques were used in the analysis of the data. To determine differences Kruskal-Wallis H, Mann-Whitney U test it is made. Results It was tested with significant significance at $p < 0.05$ level. Analysis of data SPSS 17.0 The package program was used.

3. Results

Table 1: Age Distributions of Participants

Age	N	%
18-24	65	43,3
25-29	61	40,7
30-34	24	16,0
Total	150	100,0

Table 2: Distribution of Participants by Gender

Gender	N	%
Women	70	46,7
Man	80	53,3
Total	150	100,0

Table 3: Distribution of Participants by Smoking Status

Cigarette smoking	N	%
No	77	51,3
Yes	73	48,7
Total	150	100,0

Table 4: Distributions of SYBD Subscales by Age

Sub-dimensions		N	Mean	Std. Deviation	P
Health Responsibility	18-24	65	22,6	4,20	0,78
	25-29	61			
	30-34	24			
	Total	150			
Physical Activity	18-24	65	20,7	3,47	0,40
	25-29	61			
	30-34	24			
	Total	150			
Nutrition	18-24	65	23,0	3,39	0,14
	25-29	61			
	30-34	24			
	Total	150			

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Spiritual Development	18-24	65	26,8	5,07	0,37
	25-29	61			
	30-34	24			
	Total	150			
Interpersonal Relations	18-24	65	25,8	4,68	0,16
	25-29	61			
	30-34	24			
	Total	150			
Stress Management	18-24	65	21,4	4,20	0,46
	25-29	61			
	30-34	24			
	Total	150			

Table 5: Distribution of the SYBD Sub-dimensions by Participants according to Gender

Sub-dimensions		N	Mean	Std. Deviation	P
Health Responsibility	Women	70	21,2	4,20	0,00
	Man	80	23,9		
Physical Activity	Women	70	20,5	3,47	0,03
	Man	80	21,1		
Nutrition	Women	70	22,1	3,39	0,00
	Man	80	23,8		
Spiritual Development	Women	70	29,5	5,07	0,00
	Man	80	24,6		
Interpersonal Relations	Women	70	27,8	4,68	0,00
	Man	80	24,1		
Stress Management	Women	70	22,0	4,20	0,00
	Man	80	20,9		

4. Discussion and Conclusion

It is a well-known fact that health workers have a role model with their lifestyle and individual / professional responsibilities and social roles and they have the ability to influence the group they serve. Nurses who are in constant interaction with healthy / sick individuals are expected to take responsibility and guide in gaining positive behaviors related to health protection and development. Nurses' health promotion initiatives include identifying habits and risk factors that may adversely affect the health of individuals, promoting healthy life awareness of individuals, and evaluating unhealthy behaviors and turning them into health promotion behaviors. When planning health promotion programs, it is obvious that the factors that affect the health behaviors of the group to be applied should be determined in advance and the health behaviors should be evaluated using valid and reliable measurement tools. (Spradley WB, 2001). Man is a highly complex entity. Therefore, it is emphasized that the individual's health behaviors and the factors that affect these behaviors can be explained with a theory or model. Among the most used models in explaining health

behaviors; Veril Health Belief Model Development and "Health Promotion Model and are included. (Pender et al, 2002). In this section, the data related to the health behaviors of the students of the Physical Education Sports College were gathered with the SYBD scale developed by Walker, Sechrist and Pender to test the Health Development Model and the factors affecting the Health Development Model components were discussed.

According to Health Development Model, health behavior score increases as individuals' ages increase (Pender et al, 2002). In the studies conducted with university students, it was found that the mean score of health responsibility, exercise and nutrition subgroup scores of the SYBD scale increased with the increase in age (9,63,64). In another study, it was found that the health behavior score increased as the students' ages decreased (Ardıç, 2008; Çakır, 2019). In the study, mean scores of self-actualization, health responsibility and interpersonal support scores of the students in the 18-34 age group with the SYDD scale total score and scale sub-groups were higher than the 18-24 age group. With the increase in age, the increase in health responsibility mean score suggests that health awareness of the person increases with age.

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