



## DETERMINATION OF HEALTHY LIFESTYLE BEHAVIORS OF STUDENTS WHO STUDY AT SPORTS HIGH SCHOOL

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### **Abstract:**

The aim of this study is to determine the healthy lifestyle behaviors of the students who study at Niğde Sports High School. The students who study in Niğde Sports High School during 2016-2017 academic year constitute the universe of the research and 138 students who read the research sample in Niğde Sports High School during 2016-2017 academic year and accepted to participate in the research. As a means of collecting data, two part survey technique was used. In the first part of the questionnaire, there are statements to determine the personal characteristics (sex, age) of the students. In the second part, "Healthy Lifestyle Behavior Scale II" is used to evaluate healthy lifestyle behaviors of students. The Healthy Lifestyle Behavior Scale II subscale scores of the Healthy Lifestyle Behaviors Student subscale were  $X = 21,17 \pm 5,27$ , the physical activity subscale score was  $X = 20,02 \pm 5,14$ , the nutrition subscale score was  $X = 20,57 \pm 4,43$ , spiritual development subscale score  $X = 27,15 \pm 4,93$ , interpersonal subscale score  $X = 26,43 \pm 4,45$ , stress management subscale score  $X = 21,10 \pm 4,48$ , and overall scale the total score was calculated as  $X = 136,47 \pm 22,44$ . No significant difference was found between the gender and age of students and Healthy Lifestyle Behavior Scale II scores.

**Keywords:** healthy lifestyle, students, high school

### **1. Introduction**

According to the definition of the World Health Organization (WHO) health is not just the absence of illness and disability, but a complete goodness from the physical, spiritual and social aspects. Today's understanding of health is a centered care approach that protects, sustains and develops the health of the individual, the family and the community. This understanding is meant to develop behaviors that will sustain and improve the well-being of the individual, and to make the right decisions about their own health (Yalçinkaya et al., 2007). WHO argues that 70-80% of deaths in

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developed countries and 40-50% of developing countries are caused by unhealthy lifestyles. This situation emphasizes the importance of developing a healthy lifestyle (Çelik et al., 2009).

Today's understanding of health envisages individual centered health care approach that protects, sustains and develops the health of individual, family and society. It is known that this understanding is based on acquiring behaviors to maintain and improve the well-being of the individual, to sustain and develop, to maintain the body and to make the right decisions about his / her health. Healthy lifestyle behaviors are defined as the totality of behaviors that an individual believes and practices to stay healthy and to protect from illnesses (Cihangiroğlu and Deveci, 2011).

Healthy lifestyle behaviors, self-fulfillment, stress management, interpersonal relationships, nutrition and physical activity behaviors (Türköl ve Güneş, 2012), Changes in health care needs, changes in public attitudes towards health and increases in health expenditures have to be presented with a different perspective on health care. For this reason, it is becoming increasingly important to develop disease prevention and health care that everyone can achieve. It is observed that rapid developments in science and technology and the urbanization are positively brought to the human life as well as the negative ones. While these developments have facilitated the lives of individuals, their productivity and performance have been positively influenced, it has been emphasized that social relations, sociocultural structure, hard work difficulties and difficulties with financial incentives raise the stress level. In the past, massive infectious diseases have been implicated in the cause of hypertension, obesity, type-II diabetes and coronary heart disease, which are directly related to healthy lifestyle behaviors. In this case, it is emphasized that, besides not making sufficient efforts for the treatment of diseases, it is more important to focus on the protection and development of health and to protect the priority.

Here, it is important to take care of your body and health, sensitivity to changes, and counseling to enter into health search in the early period. Health promotion efforts aim to acquire and maintain the attitudes of individuals who want to protect and improve their health. In this context, individuals are expected to establish and develop healthy living consciousness, to make positive changes in lifestyle, and to realize individual responsibility and self-consciousness to realize this development. It is argued that the health levels of societies are regarded as a sign of development. The group that will provide health guidance and to inform and direct the patient about healthy behaviors are professional nurses in health institutions (Özbaşaran et al., 2004).

## **2. Materials**

The aim of this study is to determine the healthy lifestyle behaviors of the students who study Niğde Sports High School. The students who study in Niğde Sports High School during 2016-2017 academic year constitute the universe of the research and 138 students

who read the research sample in Niğde Sports High School during 2016-2017 academic year and accept to participate in the research.

In this study, as a data collection tool, basically two part survey technique was used. In the first part of the questionnaire, there are statements to determine the personal characteristics (sex, age) of the students. In the second part, "Healthy Lifestyle Behavior Scale II" is used to evaluate healthy lifestyle behaviors of students.

The scale was developed by Walker et al. (1987) and revisited in 1996. The scale measures health-promoting behaviors associated with the individual's healthy lifestyle. The scale consists of 52 items and has 6 sub-factors. Subgroups; health responsibility, physical activity, nutrition, spiritual development, interpersonal relationships and stress management.

The responsibility for health (3,9,15,21,27,33,39,45,51) is that the individual feels actively responsible for his / her well-being. To be careful about your health, to be informed about health, to be able to apply for professional help if necessary.

Physical activity (4,10,16,22,28,34,40,46) includes regular, light, medium and heavy exercises. It is carried out in a planned manner as part of everyday life.

Nutrition (2,8,14,20,26,32,38,44,50) determines the value of choosing, arranging and selecting food for the individual.

Spiritual development (6,12,18,24,30,36,42,48,52) focuses on the development of internal resources. Development can be achieved through relationship building and overcoming. Overeating creates inner chances, the possibility of providing opportunities for more new experiences beyond who we are and what we do. It feels like being in relationship with the universe and in harmony. Development, working for the purposes in life, is to maximize the power of the individual towards goodness.

Interpersonal relationships (1,7,13,19,25,31,37,43,49) are relationships with others and require communication to establish a meaningful relationship outside of causal requirements. Communication involves sharing feelings, feelings with verbal and non-verbal messages.

Stress management (5,11,17,23,29,35,41,47) is the ability of an individual to identify and act on physiological and psychological resources in order to reduce or effectively control tension.

Each item that constituted the scale was subjected to the quadruple Likert type rating. According to this, the participation levels of the students in the scale are rated as "never = 1", "sometimes = 2", "often = 3", "regularly = 4". The overall score of the scale is the score of healthy lifestyle behaviors. All the items of your scale are acceptable. For the entire scale, the lowest score is 52 and the highest score is 208.

### 3. Results

**Table 1:** Gender and age information of students

		N	%
Gender	Women	54	39,1
	Men	84	60,9
Age	14	44	31,9
	15	43	31,2
	16	25	18,1
	17	25	18,1
	18	1	,7

According to Table 1, 39.1% of the students are female and 60.9% are male. 31,9% of the students are at the age of 14, 31,2% at the age of 15, 18,1% at the age of 16, 18,1% at the age of 17 and 0,7% at the age of 18.

**Table 2:** Student Healthy Lifestyle Behavior Scale II scores

Size	N	$\bar{X}$	ss	Min.	Max.
Health Responsibility	138	21,17	5,27	9	36
Physical Activity	138	20,02	5,14	8	32
Nutrition	138	20,57	4,43	11	35
Spiritual Development	138	27,15	4,93	11	36
Interpersonal Relationships	138	26,43	4,45	13	36
Stress Management	138	21,10	4,48	13	40
Total score	138	136,47	22,44	76	206

According to the results of Table 2, the Healthy Lifestyle Behaviors Scale II subscale scores were  $21.17 \pm 5.27$ , the physical activity subscale score was  $20.02 \pm 5.14$ , the nutrition subscale score was  $20.57 \pm 4,43$ , spiritual development subscale score =  $27,15 \pm 4,93$ , interpersonal subscale score =  $26,43 \pm 4,45$ , stress management subscale score =  $21,10 \pm 4,48$ , and scale total score =  $136,47 \pm 22,44$ .

**Table 3:** Relationship between gender of students and  
Healthy Life Style Behavior Scale II scores

Size	Gender	N	X	ss	t	p
Health Responsibility	Women	54	20,50	5,46	-1,204	,231
	Men	84	21,61	5,14		
Physical Activity	Women	54	20,59	5,21	1,033	,304
	Men	84	19,67	5,10		
Nutrition	Women	54	20,11	4,42	-,996	,321
	Men	84	20,88	4,44		
Spiritual Development	Women	54	26,93	5,36	-,430	,668
	Men	84	27,30	4,67		
Interpersonal Relationships	Women	54	26,54	4,47	,216	,830
	Men	84	26,37	4,47		
Stress Management	Women	54	21,28	4,75	,354	,724
	Men	84	21,00	4,34		
Total score	Women	54	135,94	23,74	-,223	,824
	Men	84	136,82	21,72		

As shown in Table 3, no significant difference was found between students' genders and Healthy Life Style Behavior Scale II scores.

**Table 4:** Relationship between age of students and Healthy Life Style Behavior Scale II scores

		Squares average	Sd	Sum of squares	F	p
Health Responsibility	Between groups	50,425	4	12,606	,445	,776
	In groups	3767,401	133	28,326		
	Total	3817,826	137			
Physical Activity	Between groups	137,337	4	34,334	1,310	,269
	In groups	3484,547	133	26,200		
	Total	3621,884	137			
Nutrition	Between groups	38,114	4	9,529	,478	,752
	In groups	2653,509	133	19,951		
	Total	2691,623	137			
Spiritual Development	Between groups	121,015	4	30,254	1,251	,293
	In groups	3216,789	133	24,186		
	Total	3337,804	137			
Interpersonal Relationships	Between groups	182,881	4	45,720	2,401	,053
	In groups	2533,032	133	19,045		
	Total	2715,913	137			
Stress Management	Between groups	92,106	4	23,027	1,148	,337
	In groups	2667,263	133	20,055		
	Total	2759,370	137			
Total score	Between groups	2053,165	4	513,291	1,019	,400
	In groups	66993,270	133	503,709		
	Total	69046,435	137			

According to Table 4, no significant difference was found between the age of the students and the scores of Healthy Life Style Behavior Scale II.

#### 4. Discussion and Conclusion

The aim of this study is to determine the healthy lifestyle behaviors of the students who study Niğde Sports High School. The students who study in Niğde Sports High School during 2016-2017 academic year constitute the universe of the research and 138 students who read the research sample in Niğde Sports High School during 2016-2017 academic year and accept to participate in the research. As a means of collecting data, basically two part survey technique was used. In the first part of the questionnaire, there are statements to determine the personal characteristics (sex, age) of the students. In the second part, "Healthy Lifestyle Behavior Scale II" is used to evaluate healthy lifestyle behaviors of students.

39.1% of the students are female and 60.9% are male. 31,9% of the students are at the age of 14, 31,2% at the age of 15, 18,1% at the age of 16, 18,1% at the age of 17 and 0,7% at the age of 18.

The Healthy Lifestyle Behaviors Scale II subscale scores of the Healthy Lifestyle Behaviors of the students were  $21.17 \pm 5.27$  for health responsibility subscale,  $20.02 \pm 5.14$  for physical activity subscale,  $20.57 \pm 4.43$  for nutrition subscale, the scores of the spiritual development subscale =  $27.15 \pm 4.93$ , the interpersonal subscale score =  $26.43 \pm 4.45$ , the stress management subscale score =  $21.10 \pm 4.48$ , and the overall score of the scale =  $136.47 \pm 22,44$ .

No significant difference was found between the gender and age of students and Healthy Lifestyle Behavior Scale II scores.

In Turkey; Ayaz et al. (2005) found that the average score of the students in the nursing students who took the course "health protection and development" by using SYBD II scale was 126.6.

Ünalán and colleagues (2007) found that the average score of the SYBD II scale (118.46) in the students who read in the health programs of the vocational high schools was lower than the scale scores average of the students who read the social program (125.34). In the study conducted by the Blacksea and its colleagues (2008), the scale scores of the students were found to be 125.9. When the students' scores on the SYBD II scale are compared according to the studies conducted with the students who read in different sections of the averages, it is seen that the average scores of the students are higher.

When we examine the studies done in the literature, it is seen that the subscale score of physical activity is found as  $21.1 \pm 2.9$  in Şimşek et al. When Özyazıcıoğlu et al. studied the healthy lifestyle behaviors of nursing students, the physical activity subscale score was found to be  $16.60 \pm 4.24$ . The subscale score obtained in this study is similar to the subscale score obtained in our study.

In a study conducted by Cihangiroğlu and Deveci, they examined life style behaviors of the students of Health School and determined the subscale value of physical activity as  $8.89 \pm 3.33$ . In a master thesis study conducted in 2013, Yılmaz examined healthy lifestyle behaviors in adult women and found that the subscale value of physical activity was  $9.29 \pm 2.96$ .

In a study conducted by Ayaz et al in 2005, they found that the "Nutrition" subscale scores were  $16.0 \pm 3.4$ . In the study conducted by Özyazıcıoğlu et al., Nursing students, the mean score of nutrition subscale was reported as  $19.40 \pm 3.73$ . In addition, the mean value of the nutrition subscale was found to be  $22.4 \pm 3.1$  in Şimşek et al.'s study conducted by the Faculty of Medicine in 2012.

In the study conducted by Kocaakman et al. (2010), women's self-fulfillment, health responsibility and interpersonal relationship mean scores were higher than male students. In male students, the average score of physical activity was found to be higher than that of girls. Because such activities can usually be done in the evening after the lesson programs, there are limitations on the way out for girls in the evening hours, more exercise opportunities for men in the evening (such as rugby football matches for our country), men's exercise (especially group sports) and they may prefer to stress. In

Simsek et al. (2012), there is no significant difference between the sub-dimensions and sex.

## References

1. Ayaz S., Tezcan S., Akıncı F. Health behaviors of nursing school students. *Cumhuriyet University Nursing School Magazine*, 9 (2): 26-34, 2005
2. Cihangiroğlu Z., Deveci S. Fırat University Healthy lifestyle behaviors of students of Elazığ School of Health and affecting factors. *Fırat Medical Journal* 16 (2): 78-83, 2011
3. Çelik G., Malak A., Bektaş M., Yılmaz D., Yümer A., Öztürk Z et al. Investigation of factors affecting health promotion behaviors of health college students. *Anatol J Clin Investig* 3 (3): 164-169, 2009
4. Black Sea G., Yanikkerem-Uçum E., Dedeli Ö., Karaağaç Ö. Healthy lifestyle behaviors of university students. *TAF Preventive Medicine Bulletin*; 7 (6): 497-502, 2008
5. Kocaakman M, Aksoy G, Eker HH. Healthy lifestyle behaviors of nursing school students in Istanbul. *SDU Faculty of Medicine Derg.* 17 (2): 19-24. 2010
6. Özbaşaran, F., Çakmakçı, A. ve Güngör, N. 'Determination of Health Behaviors of Students of Celal Bayar University Health High School', *Atatürk Univ. Journal of Nursing School*, 7 (3): 43-55, 2004
7. Özyazıcıoğlu N, Kilic M, Erdem N, Yavuz C, Afacan S. Determination of healthy life style behaviors of nursing students. *International Journal of Human Sciences.* 8 (2). 2011.
8. Şimşek Ö, Öztoprak D, İkizoğlu E, Safalı F, Yavuz Ö, Onur Ö et al. Healthy Life Style Behaviors and Associated Factors in Medical School Students. *DEU Medical Faculty Journal*, 26 (3): 151-157. 2012
9. Türkol E., Güneş G. Healthy lifestyle behaviors of assistants specializing in Inonu University Medical Faculty Hospital. *Inonu University Medical Faculty Journal* 19 (3): 159-66, 2012
10. Ünalın D., Şenol V., Öztürk A., Erkorkmaz Ü. An examination of the relationship between healthy lifestyle behaviors and self-efficacy levels of students in health and social programs of vocational colleges. *Inonu University Medical Faculty Journal*, 14 (2): 101-109, 2007
11. Yalçınkaya M., Özer F., Karamanoğlu A. Evaluation of healthy lifestyle behaviors in health workers. *Kor Hek* 6 (6): 409-420, 2007
12. Yılmaz AN. Comparison of healthy lifestyle behaviors of adult women with food consumption and body composition. Master Thesis - İstanbul 2013.

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