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Examination of Healthy Lifestyle Behaviors of High School Students

Lisede Öğrenim Gören Öğrencilerin Sağlıklı Yaşam Biçimi Davranışlarının İncelenmesi

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Öz

Giriş ve Amaç: Erken yaşlarda alışkanlık haline getirilecek sağlıklı yaşam davranışlarının, hastalıklardan korunmanın yanı sıra yaşam kalitesi üzerine etkisi yadsınamaz. Özellikle adölesan ve gençlik döneminde alışkanlık haline getirilmiş sağlıklı yaşam biçimi davranışlarının bireylerin sağlıklı bir yaşam sürdürülmesi açısından önemli bir etkendir. Bu araştırmanın amacı; lise düzeyinde öğrenim gören öğrencilerin sağlıklı yaşam biçimi davranışlarını belirlemektir.

Gereç ve Yöntemler: Araştırma grubunu lise düzeyinde öğrenim gören 519 (266 Erkek, 253 Kadın) gönüllü öğrenci oluşturmuştur. Araştırma kesitsel tarama modelinde olup, veri toplama aracı olarak "Kişisel Bilgi Formu" ile "Sağlıklı Yaşam Biçimi Davranışları Ölçeği II (SYBDÖ-II)" kullanılmıştır. Verilerin analizi SPSS istatistik paket program kullanılarak analiz edilmiştir. Anlamlılık düzeyi $p<0,05$ kabul edilmiştir.

Bulgular: Araştırma sonucunda; öğrencilerin sağlıklı yaşam biçimi davranışlarının orta düzeyde olduğu, kadın öğrencilerin sağlıklı yaşam biçimi davranışları puan ortalamalarının erkek öğrencilere göre daha yüksek olduğu görülmüştür. Kronik hastalığı bulunan öğrencilerin sağlıklı yaşam biçimi davranışları puan ortalamalarının daha yüksek olduğu belirlenmiştir. Vücut ağırlığı yüksek olan öğrencilerin sağlıklı yaşam biçimi davranışlarının daha iyi seviyede olduğu belirlenmiştir. Vücut kitle indeksi zayıf olan öğrencilerin ve gelir düzeyi yüksek olan öğrencilerin diğer gruplarda yer alan öğrencilere göre sağlıklı yaşam biçimi davranışları puan ortalamalarının daha yüksek olduğu görülmüştür.

Sonuç: Öğrencilerin sağlıklı yaşam biçimi davranışlarının orta düzeyde olduğu, kadın öğrencilerin sağlıklı yaşam biçimi davranışlarının erkek öğrencilere göre daha iyi düzeyde olduğu görülmüştür. Bu bilgiler doğrultusunda erken yaşlarda kazandırılacak sağlıklı yaşam biçimi davranışlarının bireylerin **sağlıklı bir yaşam sürdürülmesinin yanı sıra toplum sağlığı açısından önemli olacağı kanısındayız.**

Anahtar kelimeler: Sağlıklı yaşam tarzı, Adölesan, Öğrenciler

Abstract

Aim; It is undeniable that healthy lifestyle behaviors that become a habit at an early age will have an impact on the quality of life, as well as on protecting against diseases. Healthy lifestyle behaviors, especially during adolescence and youth, are an important factor in maintaining a healthy life for individuals. The purpose of this research; To determine the healthy lifestyle behaviors of high school students.

Method; The research group consisted of 519 (266 Male, 253 Female) volunteer students studying at high school level. The research was in a cross-sectional survey model, and "Personal Information Form" and "Healthy Lifestyle Behavior Scale II (HLBS-II)" were used as data collection tools. Analysis of the data was analyzed using SPSS statistical package program. The significance level was accepted as $p<0.05$.

Results; As a result of the research; It was observed that the students' healthy lifestyle behaviors were at a moderate level, and the average healthy lifestyle behavior scores of female students were higher than male students. It was determined that the average scores of healthy lifestyle behaviors of students with chronic diseases were higher. It was determined that healthy lifestyle behaviors of students with higher body weight were at a better level. It was observed that students with low body mass index and students with high income levels had higher average scores on healthy lifestyle behaviors than students in other groups.
Conclusion; It was observed that the healthy lifestyle behaviors of the students were at a moderate level, and the healthy lifestyle behaviors of the female students were at a better level than the male students. In line with this information, we believe that healthy lifestyle behaviors to be acquired at an early age will be important for individuals to live a healthy life as well as for public health.

Keywords: Healthy lifestyle, Adolescent, Students

1. Introduction

Today, with the developments in science and technology, there is a rapid change process in the world, and together with all these factors, the demands that will increase the quality of life of societies and people in terms of health are gradually intensifying. Although new developments and treatment methods in the field of health are effective in the treatment of diseases, many developed countries of the world with new emerging diseases, although people are not due to infectious diseases; It encounters diseases that will result in death due to problems such as cardiovascular diseases, obesity and lifestyle, and environmental pollution [1]. It is known that risk factors affecting people's health are common in all parts of the society and generally start from an early age and continue throughout life.

The World Health Organization has defined health not only as a condition in which individuals do not have any problems, but also as a state of physical, mental and social well-being [2]. Although health is an event that concerns societies, health problems are related to the structure of the society as well as the development level of the country [3].

One-sixth of the world's population consists of adolescents. During this period, physical, physiological, psychological and hormonal changes are experienced [4]. Making the health behaviors determined in adolescence and young adulthood a lifestyle of individuals is extremely important in terms of both quality of life and maintaining a healthy life. Especially the adolescence period is a critical period in terms of acquiring important health-related behaviors as well as transforming them into habits. In this period, it is of great importance to believe in the changed behavior in maintaining the behavior change. However, studies show that lack of physical activity and unhealthy eating habits are not considered important by adolescents [5,6,7]. Considering the prevalence of risky health behaviors in this period, chronic diseases that may occur in adulthood and old age, and their relationship with quality of life, the health behaviors of individuals, especially at an early age, should be a problem for public health worldwide and necessary precautions should be taken [8].

Adolescents' personal preferences and friends affect the decisions they make in terms of health in their daily lives. Health behavior preferences are also associated with adolescents' parents and families. Because socio-economic status, education and environmental factors encourage or prevent adolescents' opportunities to make their own choices. In this respect, society provides wider opportunities and helps adolescents to make healthy choices by controlling the environments they live in [9]. In addition, the basis of healthy lifestyle behaviors in individuals starts with the society as well as the family, develops and changes with education [10].

The behaviors that individuals show to protect and increase their well-being are defined as healthy lifestyle behaviors [11]. Education and social relations play an important role in the positive development of these behaviors. It has been observed that the well-being of individuals who integrate Healthy Life Style Behaviors (HLBS) into their lives is increasing. In order to prevent an unhealthy lifestyle and accompanying diseases, people should acquire positive health behaviors [12]. In order to gain these behaviors, first of all, the existing behaviors of the people should be determined. Taking responsibility for health, eating healthy, doing sports, not smoking, being hygienic, establishing positive relationships with individuals, and coping with stress can be given as examples of healthy lifestyle behaviors [13].

Health behavior; It refers to all of the behaviors that include the protection of the health of individuals as well as the development of health. Getting a good level of health aims not only to prevent a disease or a problem, but also to improve the health of people [14]. Developing health not only contributes to living a healthy life, but also contributes to exhibiting healthy behaviors [15]. Walker et al. [16]. described healthy lifestyle behaviors for the first time. In particular, it is extremely important to gain the basis of healthy lifestyle behaviors at an early age. In this respect, the habits gained in the period called adolescence will also affect the future lives of individuals.

Adolescence is defined as a period or process, expressed as the age range of 10-19, in which individuals change in many ways and evolve from the concept of childhood to the concept of adulthood thanks to socialization. In particular, both health and attitudes and habits gained in this process will affect the present and future life of individuals, as well as family and society [17]. In this context, they reported that studies conducted in the world and in Turkey lack information about healthy lifestyle behaviors as well as negative health behaviors of individuals in adolescence [18,19.20,21]. In line with this information, the study was conducted to determine the healthy lifestyle behaviors of students studying at high school level.

Research Questions

- What are the healthy lifesyle behaviours level of the students participating in the research?
- Are there any differences in healthy lifestyle behaviours of the students participating in the research in terms of demographic variables?

2. Method

2.1. Working Model

The research, which aims to determine the healthy lifestyle behaviors of high school students, uses a cross-sectional survey model, one of the quantitative research approaches. Survey studies are studies that aim to reveal the current views, beliefs and attitudes of members of a known universe [22].

The sample size of the study was determined by the G*Power test. The research group; In the 2022-2023 academic year, 519 (266 Male, 253 Female) volunteer students studying at the high school level in the city center of Bitlis were formed. Questionnaire method, one of the data collection techniques, was used in the study. Personal Information Form consisting of 11 questions prepared by the researcher and the scale developed by Walker et al. [16] to determine the healthy lifestyle behaviors of students and revised by Walker and Hill-Polerecky [23]. were adapted into Turkish by Bahar et al. [24]. "Healthy Lifestyle Behaviors Scale II" consisting of 52 questions was applied to the participants. BMI values were determined according to participant declaration.

2.2. Healthy Lifestyle Behaviors Scale II (HLBS-II)

The scale is of a four-point Likert type (1: Never, 4: Regularly) and consists of 52 questions and 6 sub-dimensions (Health Responsibility, Physical Activity, Nutrition, Mental Development, Interpersonal Relations, Stress Management), the lowest score that can be obtained from the scale is 52, the highest the score is 208. A higher score from the Healthy Lifestyle Behaviors Scale indicates that people have more positive health behaviors in their lives. The validity and reliability study of the HLBS-II was carried out by the researchers and Cronbach's Alpha $\alpha = 0.92$ was determined.

52-104 score range - Low

105-157 score range - Medium

158-208 score range is considered as good level.

2.3. Statistical Analysis

The data were analyzed in the SPSS statistical program. The demographic information and healthy lifestyle behaviors of the participants were summarized as descriptive statistics. Skewness and kurtosis values were checked to determine whether the data showed a normal distribution. If the skewness and kurtosis values are between +2 and -2, the data is considered to have a normal distribution [25]. "Independent Samples t" and "One-Way ANOVA" tests were applied for in-group comparisons. Pearson correlation analysis was applied to measure the relationship between HLBS and the sub-dimensions of the scale. Significance $p < 0.05$ was accepted.

Table 1. Mean, Standard Deviation, Skewness and Kurtosis Values for the Healthy Lifestyle Behaviors Scale and its Sub-Dimensions

Variables	Mean	sd	Skewness	Kurtosis
Health Responsibility	16,50	5,38	,833	,408
Physical Activity	16,39	5,32	,444	-,373
Nutrition	18,29	4,55	,191	-,171
Mental Development	23,60	5,92	-,089	-,200
Interpersonal Relations	22,47	4,66	-,077	,405
Stress Management	17,62	4,29	,423	,384
Healthy Lifestyle Behaviors Scale	115,12	23,18	,277	,214

In Table 1, it was determined that the skewness and kurtosis values of the scale were in the range of -2>….<+2, and it was concluded that the data was suitable for normal distribution [25].

Results

The data collected in line with the general purpose of the research, the findings obtained and the conclusions reached based on these findings are reported in this section.

Table 2. Demographic Information of Students

Variables		Frequency	Percen (%)
Gender	Male	266	51,3
	Female	253	48,7
Size	150-160 cm	221	42,6
	161-170 cm	188	36,2
	171-180 cm	110	21,2
Body weight	40-50 kg	90	17,3
	51-60 kg	361	69,6
	61-70 kg	68	13,1
BMI	Weak	96	18,5
	Normal	361	69,6
	Fat	62	11,9
Perceived Economic Situation	Low	103	19,8
	Middle	315	60,7
	High	101	19,5
Do you have any chronic diseases?	Yes	35	6,7
	No	484	93,3
Do You Exercise Regularly?	Yes	112	21,6
	No	210	40,5
	Partially	197	38,0
Mother Education Status	Not literate	55	10,6
	Primary school	175	33,7
	Middle school	116	22,4
	High school	119	22,9
	University	54	10,4
Father Educational Status	Not literate	88	17,0
	Primary school	83	16,0
	Middle school	183	35,3
	High school	137	26,4
	University	28	5,4

According to Table 2, 51.3% of the students were male, 48.7% were female, 42.6% were 150-160 cm, 36.2% were 161-170 cm, 21.2% 69.6% of them had a size of 171-180 cm, 69.6% of them had 51-60 kg, 17.3% of them had 40-50 kg, 13.1% of them had a body weight of 61-70 kg, 69.6% It was observed that ? 60.7% of the athletes have a medium income, 19.8% are low-income, 19.5% are high-income, 40.5% do not exercise regularly, 38% exercise partially, 21.6% It was observed that 93.3% of them did regular exercise and 93.3% did not have a chronic disease. It was seen that the education of the parents of the research group was generally at the level of primary and secondary school.

Table 3. Means of the Scale and Sub-Dimensions of Healthy Lifestyle Behaviors

	X	ss
Health Responsibility	16,81	5,38
Physical Activity	16,58	5,32
Nutrition	18,35	4,55
Mental Development	23,54	5,42
Interpersonal Relations	22,44	4,66
Stress Management	17,76	4,29
Healthy Lifestyle Behaviors Scale II	115,51	23,18

When Table 3 is evaluated, the research group; health responsibility sub-dimension averaged 16.81±5.38 points, physical activity sub-dimension 16.58±5.32 points, nutrition sub-dimension 18.35±4.55 points, mental development sub-dimension 23.54±5 .42 point average, interpersonal

relations sub-dimension 22.44±4.66 point average, stress management sub-dimension 17.76±4.29 point average, and healthy lifestyle behaviors scale total 115.51±23.18 points.

Table 4. Students' t-Test Analysis by Gender Variable

		Gender		t	p
		$\overline{X}$	sd		
Health Responsibility	Male	16,39	6,16	-1,845	0,06
	Female	17,26	4,37		
Physical Activity	Male	17,71	5,98	5,052	0,00*
	Female	15,40	4,22		
Nutrition	Male	17,71	4,77	-3,322	0,00*
	Female	19,03	4,22		
Mental Development	Male	23,59	5,86	,209	0,83
	Female	23,49	4,93		
Interpersonal Relations	Male	21,63	4,69	-4,143	0,00*
	Female	23,30	4,49		
Stress Management	Male	18,21	4,66	2,458	0,01*
	Female	17,29	3,81		
Healthy Lifestyle Behaviors Scale II	Male	115,25	26,94	-,261	0,79
	Female	115,79	18,46		

*p<0,05

When Table 4 is evaluated, it is determined that there is a significant difference between the gender variable of the participants and the physical activity, nutrition, spiritual development, interpersonal relationships and stress management scale sub-dimension mean scores (p<0.05), while the healthy lifestyle behaviors scale total and health responsibility sub-dimension mean scores. It was found that there was no significant difference between them (p>0.05).

Table 5. t-Test Analyzes of Students by Chronic Disease Status

		Chronic Disease		t	p
		$\overline{X}$	sd		
Health Responsibility	Yes	18,94	3,84	2,434	0,01*
	No	16,66	5,44		
Physical Activity	Yes	14,85	5,25	-1,995	0,04*
	No	16,71	5,31		
Nutrition	Yes	19,60	3,94	1,674	0,09
	No	18,26	4,59		
Mental Development	Yes	25,08	5,21	1,738	0,08
	No	23,43	5,43		
Interpersonal relations	Yes	22,68	4,22	,313	0,75
	No	22,42	4,70		
Stress Management	Yes	18,25	3,97	,702	0,48
	No	17,72	4,31		
Healthy Lifestyle Behaviors Scale II	Yes	119,42	20,48	1,033	0,30
	No	115,23	23,35		

*p<0,05

When Table 5 is examined, it was determined that there was a significant difference between the chronic disease status of the participants and the mean scores of the health responsibility and physical activity scale sub-dimensions (p<0.05), while the healthy lifestyle behaviors scale total, nutrition, spiritual development, interpersonal relations and stress management sub-dimension score It was determined that there was no difference between the averages (p>0.05).

Table 6. Variance Analysis by Students' Height Variable

		Height		F	Sig	
		$\overline{X}$	sd			Difference
Health Responsibility	150-160 cm (a)	16,96	5,29	,662	0,51	-
	161-170 cm (b)	16,94	5,51			
	171-180 cm (c)	16,29	5,34			
Physical Activity	150-160 cm (a)	16,69	5,48	1,784	0,16	-
	161-170 cm (b)	16,06	4,89			
	171-180 cm (c)	17,24	5,65			
Nutrition	150-160 cm (a)	17,84	4,30	3,792	0,02*	a-b
	161-170 cm (b)	19,06	4,42			
	171-180 cm (c)	18,18	5,13			
Mental Development	150-160 cm (a)	23,80	5,21	4,660	0,01*	b-c
	161-170 cm (b)	22,66	5,61			
	171-180 cm (c)	24,54	5,35			
Interpersonal relations	150-160 cm (a)	22,31	4,83	,165	0,84	-
	161-170 cm (b)	22,57	4,91			
	171-180 cm (c)	22,48	3,86			
Stress Management	150-160 cm (a)	17,86	4,02	4,643	0,01*	a-c
	161-170 cm (b)	17,12	4,36			
	171-180 cm (c)	18,66	4,52			
Healthy Lifestyle Behaviors Scale II	150-160 cm (a)	115,48	22,13	,566	0,56	-
	161-170 cm (b)	114,44	23,31			
	171-180 cm (c)	117,40	25,03			

*p<0,05

When Table 6 was evaluated, it was determined that there was a significant difference between the participants' height variable and the mean score of nutrition, spiritual development and stress management, which are sub-dimensions of the scale (p<0.05). it was found that there was no difference (p>0.05).

Table 7. Analysis of Variance by Students' Body Weight Variable

		Body Weight				
		$\overline{X}$	sd			Difference
Health Responsibility	40-50 kg (a)	17,14	3,87	1,195	0,30	-
	51-60 kg (b)	16,58	5,62			
	61-70 kg (c)	17,58	5,71			
Physical Activity	40-50 kg (a)	14,64	4,35	9,651	0,00*	a-b-c
	51-60 kg (b)	16,76	5,43			
	61-70 kg (c)	18,20	5,20			
Nutrition	40-50 kg (a)	18,25	3,17	,130	0,87	-
	51-60 kg (b)	18,42	4,86			
	61-70 kg (c)	18,14	4,46			
Mental Development	40-50 kg (a)	23,71	4,47	1,264	0,28	-
	51-60 kg (b)	23,33	5,66			
	61-70 kg (c)	24,45	5,25			
Interpersonal relations	40-50 kg (a)	23,53	3,62	4,444	0,01*	a-c
	51-60 kg (b)	22,38	4,95			
	61-70 kg (c)	21,33	4,04			
Stress Management	40-50 kg (a)	16,98	3,25	2,671	0,07	-
	51-60 kg (b)	17,80	4,43			
	61-70 kg (c)	18,55	4,58			
Healthy Lifestyle Behaviors Scale II	40-50 kg (a)	114,27	14,34	,631	0,53	-
	51-60 kg (b)	115,30	24,89			
	61-70 kg (c)	118,29	23,29			

*p<0,05

When Table 7 was evaluated, it was determined that there was a significant difference between the students' body weight variable and the mean scores of physical activity and interpersonal relationships,

which are sub-dimensions of the scale (p<0.05), while healthy lifestyle behaviors scale total, health responsibility, nutrition, mental development and stress management sub-dimension score It was observed that there was no significant difference between the mean scores (p>0.05).

Table 8. Variance Analysis of Students by BMI Variable

		BMI		F	Sig	Difference
		$\overline{X}$	sd			
Health Responsibility	Weak (a)	18,05	4,12	3,591	0,02*	a-b
	Normal (b)	16,43	5,67			
	Fat (c)	17,12	5,10			
Physical Activity	Weak (a)	16,16	4,84	1,261	0,28	-
	Normal (b)	16,53	5,60			
	Fat (c)	17,51	4,14			
Nutrition	Weak (a)	18,90	4,11	,963	0,38	-
	Normal (b)	18,27	4,75			
	Fat (c)	17,98	4,03			
Mental Development	Weak (a)	24,15	4,82	1,463	0,23	-
	Normal (b)	23,27	5,86			
	Fat (c)	24,17	3,12			
Interpersonal Relations	Weak (a)	23,30	3,70	2,771	0,06	-
	Normal (b)	22,13	4,95			
	Fat (c)	22,93	4,08			
Stress Management	Weak (a)	17,90	3,47	,074	0,92	-
	Normal (b)	17,74	4,57			
	Fat (c)	17,66	3,74			
Healthy Lifestyle Behaviors Scale II	Weak (a)	118,48	17,99	1,413	0,24	-
	Normal (b)	114,40	25,29			
	Fat (c)	117,40	16,04			

*p<0,05

When Table 8 is examined, it was determined that there was a significant difference between the BMI variable of the students and the mean scores of health responsibility from the sub-dimensions of the scale (p<0.05), while the mean scores of the total, physical activity, nutrition, mental development, interpersonal relations and stress management sub-dimensions of the healthy lifestyle behaviors scale It was found that there was no significant difference between them (p>0.05).

Table 9. Variance Analysis by Students' Income Status

		Income status				
		$\overline{X}$	sd			Difference
Health Responsibility	Low (a)	13,60	4,73	32,251	0,00*	a-b, a-c, b-c
	Medium (b)	17,09	4,73			
	High (c)	19,20	6,34			
Physical Activity	Low (a)	13,59	5,75	31,653	0,00*	a-b, a-c, b-c
	Medium (b)	16,73	4,70			
	High (c)	19,16	5,24			
Nutrition	Low (a)	15,95	4,84	27,147	0,00*	a-b, a-c, b-c
	Medium (b)	18,48	4,19			
	High (c)	20,40	4,25			
Mental Development	Low (a)	20,04	5,00	33,915	0,00*	a-b, a-c, b-c
	Medium (b)	24,02	5,02			
	High (c)	25,63	5,48			
Interpersonal Relations	Low (a)	19,64	4,76	25,835	0,00*	a-b, a-c
	Medium (b)	23,03	4,47			
	High (c)	23,48	4,08			
Stress Management	Low (a)	16,23	4,16	19,295	0,00*	a-b, a-c, b-c
	Medium (b)	17,61	3,87			
	High (c)	19,79	1,88			
Healthy Lifestyle Behaviors Scale II	Low (a)	99,06	4,16	47,824	0,00*	a-b, a-c, b-c
	Medium (b)	116,99	3,87			
	High (c)	127,69	4,88			

*p<0,05

When Table 9 was evaluated, it was determined that there was a significant difference between the income status of the students and the mean scores of the healthy lifestyle behaviors scale and the sub-dimensions of the scale ($p<0.05$).

Table 10. Variance Analysis According to Students' Regular Exercise Status

		Regular Exercise Status		F	Sig	
		$\overline{X}$	sd			Difference
Health Responsibility	Yes (a)	15,98	6,06	3,451	0,03*	a-c
	No (b)	16,56	4,26			
	Partly (c)	17,55	5,94			
Physical Activity	Yes (a)	20,06	5,88	61,843	0,00*	a-b, a-c, b-c
	No (b)	14,02	4,16			
	Partly (c)	17,33	4,72			
Nutrition	Yes (a)	18,56	5,11	5,059	0,00*	b-c
	No (b)	17,61	4,38			
	Partly (c)	19,02	4,30			
Mental Development	Yes (a)	24,76	6,32	8,793	0,00*	a-b, b-c
	No (b)	22,39	5,05			
	Partly (c)	24,08	5,03			
Interpersonal Relations	Yes (a)	21,29	5,28	4,413	0,01*	a-b, a-c
	No (b)	22,74	4,54			
	Partly (c)	22,78	4,33			
Stress Management	Yes (a)	20,02	4,07	24,241	0,00*	a-b, a-c
	No (b)	16,69	3,95			
	Partly (c)	17,62	4,28			
Healthy Lifestyle Behaviors Scale II	Yes (a)	120,69	27,14	10,562	0,00*	a-b, b-c
	No (b)	110,04	19,61			
	Partly (c)	118,41	23,16			

*p<0,05

When Table 10 is examined, it has been determined that there is a statistical difference between the students' regular exercise status and the mean scores of the healthy lifestyle behaviors scale total and scale sub-dimensions ($p<0.05$).

Table 11. Variance Analysis of Students by Mother's Educational Status

		Mother Education		F	Sig	
		$\overline{X}$	sd			Difference
Health Responsibility	Not literate (a)	15,47	3,74	7,647	0,00*	a-e, b-e, c-e
	Primary school	16,39	5,61			
	Middle school	15,81	5,58			
	High school (d)	17,63	4,72			
	University (e)	19,90	5,66			
Physical Activity	Not literate (a)	15,09	5,80	12,623	0,00*	a-d, a-e, b-d, b-e, c-d, c-e
	Primary school	15,17	5,49			
	Middle school	16,18	5,12			
	High school (d)	18,72	4,40			
	University (e)	18,85	4,30			
Nutrition	Not literate (a)	17,03	4,09	2,792	0,02*	a-c
	Primary school	18,06	5,29			
	Middle school	19,16	4,26			
	High school (d)	18,21	4,00			
	University (e)	19,22	3,82			
Mental Development	Not literate (a)	22,32	4,04	1,337	0,25	-
	Primary school	23,74	5,41			
	Middle school	23,33	7,09			
	High school (d)	24,21	4,53			
	University (e)	23,12	4,12			
Interpersonal Relations	Not literate (a)	20,69	3,06			
	Primary school	22,90	4,79			
	Middle school	21,25	5,03			

		Mother Education		F	Sig	
		$\overline{X}$	sd			Difference
	High school (d)	23,31	4,47	6,111		
	University (e)	23,40	4,31		0,00*	a-b, a-d, a-e,
Stress Management	Not literate (a)	16,05	3,83			
	Primary school	17,89	4,71			
	Middle school	17,81	5,16			
	High school (d)	18,21	3,18	2,617	0,03*	a-b, a-d
	University (e)	17,76	2,81			
Healthy Lifestyle Behaviors Scale II	Not literate (a)	106,67	16,44			
	Primary school	114,18	26,95			
	Middle school	113,56	26,85			
	High school (d)	120,31	15,87	5,000	0,00*	a-d, a-e
	University (e)	122,50	16,39			

*p<0,05

According to Table 11, it was determined that there was a significant difference between the maternal education status of the participants and the healthy lifestyle behaviors scale total and health responsibility, physical activity, nutrition, interpersonal relations and stress management scale sub-dimensions (p<0.05), while mental development It was determined that there was no significant difference between the mean scores of the sub-dimension (p>0.05).

Table 12. Analysis of Variance of Students by Father Educational Status

		Father Educational		F	Sig	
		$\overline{X}$	sd			Difference
Health Responsibility	Not literate (a)	15,75	6,28			
	Primary school	16,65	4,87			
	Middle school	16,80	5,23			
	High school (d)	17,31	5,43	1,708	0,14	-
	University (e)	18,28	3,95			
Physical Activity	Not literate (a)	14,86	5,88			
	Primary school	15,43	6,33			
	Middle school	17,25	4,39			
	High school (d)	17,35	5,32	4,979	0,00*	a-c, a-d
	University (e)	17,32	4,12			
Nutrition	Not literate (a)	17,25	5,55			
	Primary school	18,44	4,78			
	Middle school	18,63	4,09			
	High school (d)	18,25	4,45	2,693	0,03*	a-e
	University (e)	20,21	2,98			
Mental Development	Not literate (a)	23,86	5,15			
	Primary school	22,85	5,81			
	Middle school	23,22	5,95			
	High school (d)	24,07	4,76	,974	0,42	-
	University (e)	24,14	4,38			
Interpersonal Relations	Not literate (a)	22,44	4,77			
	Primary school	23,00	4,98			
	Middle school	21,74	4,54			
	High school (d)	23,08	4,79	1,968	0,09	-
	University (e)	22,28	2,81			
Stress Management	Not literate (a)	18,21	4,70			
	Primary school	17,07	4,39			
	Middle school	17,32	4,26			
	High school (d)	17,97	4,13	3,699	0,00*	b-e, c-e
	University (e)	20,21	2,18			
Healthy Lifestyle Behaviors Scale II	Not literate (a)	112,38	27,40			
	Primary school	113,45	24,89			
	Middle school	115,00	22,62			
	High school (d)	118,05	21,23	1,634	0,16	-
	University (e)	122,46	12,52			

*p<0,05

When Table 12 was evaluated, it was determined that there was a significant difference between the students' father education status and the mean scores of the physical activity, nutrition and stress management scale sub-dimensions ($p<0.05$), while the healthy lifestyle behaviors scale total, health responsibility, mental development and interpersonal relations sub-dimension. It was found that there was no significant difference between the mean scores ($p>0.05$).

Table 13. The Healthy Lifestyle Behaviors Scale and its Sub-Dimensions Pearson Correlation Analysis

		Health Responsibility	Physical Activity	Nutrition	Spiritual Development	Interpersonal Relations	Stress Management	Healthy Lifestyle Behaviors Scale
Health Responsibility	r	1	,579**	,602**	,477**	,481**	,599**	,803**
	p		,000	,000	,000	,000	,000	,000
Physical Activity	r	,579**	1	,536**	,551**	,326**	,639**	,783**
	p	,000		,000	,000	,000	,000	,000
Nutrition	r	,602**	,536**	1	,506**	,457**	,540**	,770**
	p	,000	,000		,000	,000	,000	,000
Spiritual Development	r	,477**	,551**	,506**	1	,561**	,676**	,809**
	p	,000	,000	,000		,000	,000	,000
Interpersonal Relations	r	,481**	,326**	,457**	,561**	1	,458**	,694**
	p	,000	,000	,000	,000		,000	,000
Stress Management	r	,599**	,639**	,540**	,676**	,458**	1	,828**
	p	,000	,000	,000	,000	,000		,000
Healthy Lifestyle	r	,803**	,783**	,770**	,809**	,694**	,828**	1
	p	,000	,000	,000	,000	,000	,000	

*p<0,05

When Table 13 was evaluated, it was determined that there was a positive and highly significant relationship between the healthy lifestyle behaviors scale and the sub-dimensions of the scale ($p>0.05$).

3. Discussion and Conclusion

Today, with the developing technology, changes have occurred in the lives of individuals, especially from an early age. In this context, it is extremely important for individuals to gain health lifestyle behaviors, especially from an early age, to lay the foundations of healthy societies, if any, to eliminate problems or problems. This study was conducted to determine the healthy lifestyle behaviors of high school students. According to the research results; It was seen that the healthy lifestyle behaviors of the students were at a moderate level, and the healthy lifestyle behaviors averages of female students were higher than that of male students. It has been determined that students with chronic diseases have higher mean scores of healthy lifestyle behaviors. It has been determined that the students whose height is between 171-180 cm have a higher mean score of healthy lifestyle behaviors than the students in the other groups. It has been observed that students with high body weight, students with low body mass index and students with high income level have higher mean scores of healthy lifestyle behaviors compared to students in other groups. In addition, it has been observed that the students in the research group have higher average scores than the students in the other groups, whose mother and father education levels are university. When the studies were examined, Coşkun and Karagöz [26] determined in their study that there was a low negative correlation between body mass index and interpersonal relations, and a low level positive correlation between physical activity and healthy lifestyle behavior total score. They also reported that adolescents who exhibit healthy eating behaviors and regularly engage in physical activity exhibit more successful healthy lifestyle behaviors. In their study, Erdoğan et al. [27] determined that students' regular exercise status was not sufficient, and their healthy living skills status was at a moderate level. Tamanal and Kim [28] determined in their study that exercise and healthy lifestyle behaviors are low. In their study, Bakir and Yang [29] determined that the healthy lifestyle behaviors of the students were moderate. Lesińska-Sawicka et al. [30] in their study comparing the healthy lifestyle behaviors of students from different countries, Polish students received the greatest support for psychosocial health and mostly

exhibited risky behaviors, Hungarian students had the highest body mass index, students in Turkey had the lowest body mass index. They reported that they have a mass index and that the health behaviors of students differ according to the countries where they are educated. Dungog et al. [31] in their study, determined that healthy lifestyle behaviors of high school and university students are low, and that factors such as gender, perceived economic status, family, life satisfaction and health status affect healthy lifestyle behaviors. In their study, Devran and Saka [32] reported that students who gave healthy nutrition education twice a month, four times in total, achieved a positive improvement in their nutritional knowledge levels, but they could not achieve the desired effect on their eating habits. In their study, Çelebi et al. [33] found that the HLPS of the participants was moderate, and that factors such as "gender, school type, class, family income, father's education level" affected healthy lifestyle behaviors. In his study, Akoğuz Yazıcı [34] determined that students with normal body mass index had better healthy lifestyle behaviors for obese students, physical activity status of male students was better, and students studying at a sports high school had a higher HLPS. Baksi et al. [35] determined in their study that there is a positive and weak relationship between healthy lifestyle behaviors and life satisfaction of students, and that life satisfaction increases as healthy lifestyle behaviors increase. In their study, Erdoğan et al. [36] reported that students' exercise addiction and HLBD were at a good level. Çıtak Bilgin et al. [37] determined in their study that the healthy lifestyle behaviors of the students were at a moderate level, and that the health behaviors of the students studying in the health department were better than the students in other groups. In their study, Ergün et al. [38] determined that students' healthy lifestyle behaviors were at a moderate level, and parents' education levels and monthly income levels were effective in healthy lifestyle behaviors. In the study conducted by Çelikel et al. [39] they reported that the healthy lifestyle behaviors of the research group were at a moderate level and that women had higher healthy lifestyles than men. In their study, Mor et al. [40] determined that the knowledge level of sports high school students about nutritional knowledge habits and nutritional support use was not at the desired level. Khaw et al. [41] in their study, found that healthy lifestyle behaviors of the participants were at a good level, healthy lifestyle behaviors of young participants were better than older participants, and that gender, age and ethnicity were effective on healthy lifestyle behaviors. In their study examining the healthy lifestyles and internet addictions of university students, Çelik and Haney [42] determined that the healthy lifestyles of the students were insufficient. Ünal et al. [43] found in their study that the participants' healthy lifestyle behaviors were at a sufficient level and as their healthy lifestyle behaviors increased, their social appearance concerns decreased. Yakut and Bozdemir Özel [44] found in their study that students' healthy lifestyle behaviors were above the average level and their health literacy levels were insufficient. Kırtepe and Uğurlu [45] determined in their study that as the frequency of students' participation in recreational activities increases, their healthy lifestyle behaviors are positively affected. Our study results are generally similar to the literature and it is thought that these results are caused by developing technology and unhealthy eating habits.

In conclusion; It was seen that the healthy lifestyle behaviors of the students were at a moderate level, and the healthy lifestyle behaviors of the female students were at a better level than the male students. It has been determined that students with chronic diseases have a better level of healthy lifestyle behaviors. In line with this information, we believe that healthy lifestyle behaviors to be gained at an early age will be important in terms of public health as well as maintaining a healthy life for individuals.

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