RESEARCH ARTICLE

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EVALUATION OF HEALTHY LIFESTYLE BEHAVIORS OF UNIVERSITY STUDENTS

Yunus Emre ÖZTÜRK[1]
Ramazan KIRAÇ[2]

ABSTRACT

The aim of this study was to evaluate the healthy lifestyle behaviors of university students.
Research has been applied to Selcuk University Alaeddin Keykubat campus students located in the center of Konya. The research was carried out at the Faculty of Dentistry, Faculty of Literature, Faculty of Science, Faculty of Fine Arts, Faculty of Law, Faculty of Economics and Administrative Sciences, Faculty of Communication, Faculty of Engineering, Faculty of Architecture, Faculty of Health Sciences, Faculty of Medicine, Faculty of Medicine, Faculty of Veterinary Medicine Faculty, Faculty of Arts and Design, Faculty of Technology, Faculty of Tourism, Faculty of Sports Sciences. The study was developed by Walker et al. (1996) and the Turkish version was adapted by Bahar et al. (2008). Research is descriptive and ıt used that quantitative research method. İn this survey, Data which were collected using the face-to-face survey method, was analyzed and interpreted by SPSS program.
36,5% of the students who participated in the survey were male and 63,5% were females. Educational status of the mothers of the students participating in the survey: 72,5% are primary school graduates, 15,3% are high school graduates, 2,2% are associate degree graduates and 9,6% are undergraduate graduates. Educational status of fathers of students participating in the survey: 49,3% are primary school graduates, 31,3% are high school graduates, 5,2% are associate graduates and 14,3% are undergraduate graduates. students who participated in the survey, 81% of them were in the nuclear family, and 19% of them were in the large family. About 10,3% of the surveyed students, have between 0 and 1000₺ , 37,7% between 1001 and 2000₺, 31% between 2001 and 3000₺ and finally 20,9% with 3001 ₺ and over monthly family income. 14.8% of the students who participated in the survey live in villages or towns before coming to university, 25,4% of them live in counties, 32,3% of them live in cities and 27,6% of them live in big cities.
The dimension, which is most related to the scale, "Health responsibility" dimension. "Stress management", "physical activity", "nutrition", "interpersonal relations", "self-realization" dimensions follows this dimension in turn. A significant difference was observed in the physical activity dimension ($p<0,05$). Male physical activity averages are higher than ladies. It has been found that students who are involved in the research have no chronic illnesses, have a higher self-realization rate than students with any chronic illness. . It has been determined that the average of nutritional behaviors of the students' who was living in the village before the university was lower than the average of the nutritional behaviors of the students living in the big cities before the university.

Keywords: Health, Behavior, Healthy Lifestyle Behaviours.

A R T I C L E I N F O

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[1]Associate Prof. Selcuk University, Healty Care Management/Turkey
yunuseozturk@gmail.com
Orcid Number: https://orcid.org/0000-0002-6178-6129

[2]Res.Assist., Kahramanmaras Sutcu Imam University, Healty Care Management/Turkey
ramazan46k@gmail.com
Orcid Number: https://orcid.org/0000-0002-8032-1116

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1. INTRODUCTION

Since the existence of human beings, health, healthy life and form has played an important role. One of the goals that human beings desire and desire is a healthy way of life. But sometimes this has not been possible. Because of the reasons caused by human beings or natural disasters, it is not easy to live a healthy lifestyle. As human beings develop themselves and fulfill the requirements of civilization, levels of being healthy and living styles have improved. The way of life is the individual life habits that are simply done unconsciously every day and whose results are accepted. These habits affect health positively or negatively (Kiray Vural 1998: 39-43). For a healthy life, the skills that can control and direct that life (formulate the problem, find solutions, make decisions, and then apply these decisions) must have the ability to effectively resolve conflicts, communicate effectively and actively intervene on its own behalf. Healthy lifestyle is defined as the control of all behaviors that can affect the health of the individual and the selection of the behaviors that are appropriate to his, her health status in the regulation of daily activities. An individual who transforms these behaviors into attitudes can maintain a state of health as well as improve health status (Özkan and Yılmaz, 2006: 24-28). Healthy lifestyle behaviors; It is defined as the whole of the behaviors that the individual believes and applies in order to stay healthy and to protect from diseases (Özkan and Yılmaz 2008: 90-105). Healthy lifestyle, the ability to control their behavior could affect the health of the individual, while organizes daily activities is defined as the selection of appropriate behavior to their health status. The individual who transforms these behaviors into attitudes can maintain a healthy state and improve his health status (Zaybak and Fadıloğlu 2004: 77-95). Developments in medical and health services, sick people before they try to improve that, then they are looking for ways of prevention of these diseases has been observed. For this to protect people from getting sick, allowing them to be healthy throughout life it has been developed for many applications. Today, all of these practices are called “Healthy Lifestyles (Hardrick et al. 1996: 106-112). Healthy lifestyle, which can affect the health of individuals, to control the behavior of all, the arrangement has been described as the embodiment of their daily activities by selecting the appropriate behavior to their health status. This behavior of individuals who transform into attitudes, such as the state can continue to be healthy, you can bring a better level of health status (Bozhüyük 2010). Healthy lifestyle behaviors are not intended to prevent any disease or disorder, an individual's overall health and well being further aims to improve (Armstrong and Walnut 2007: 211-220). Pender in 1982 stated that the development of health as a component of a healthy lifestyle. According to Pender, healthy lifestyle behaviors; self-actualization, health responsibility, exercise, nutrition, stress management and interpersonal includes support (Pender and Barkauskas 1992: 278-290).

In this study, health lifestyle behaviors of university students were emphasized. In addition, the research focuses on the components that affect students' health lifestyle behavior

.2. MATERIALS AND METHODS

The aim of this study was to determine and evaluate healthy lifestyle behaviors of Selcuk University students. This research has been applied to other university students before and it has not been applied to Selçuk University students, which emphasizes the importance of this research. Quantitative research design was used in the research; descriptive findings were presented. Quantitative research is the study that requires the collection and analysis of quantitative data in its simplest sense. The most decisive feature of descriptive research is that

the research results describe a situation but do not make comparisons to explain this situation. (Büyüköztürk et al 2013). The study was applied to the students studying at Konya Selçuk University. University faculties included in the research; Faculty of Engineering, Faculty of Health Sciences, Faculty of Veterinary Medicine, Faculty of Agriculture, Faculty of Art Design, Faculty of Communication, Faculty of Dentistry, Faculty of Arts, Faculty of Science, Faculty of Fine Arts, Faculty of Law, Faculty of Economics and Administrative Sciences, Faculty of Architecture, Technical Education, Faculty of Technology, Faculty of Tourism, Faculty of Sport Sciences. The universe of the research consists of 90 thousand people. To determine the sample size Altunışık et al (2012) it was utilized easily generated by the sample table. Healthy Lifestyle Behaviors Scale II was used in the study. It was developed by Walker et al. (1996) and its Turkish adaptation was made by Bahar et al. (2008). The scale consists of 52 items and has 6 sub-factors. Subgroups; Self-realization with 0.747 cronbach-alpha value (6,12,18,24,30,36,42,48,52), Cronbach's alpha value of 0.798-health responsibility (3,9,15,21,27,33,39,45,51), Physical activity with 0,823 cronbach-alpha value (4,10,16,22,28,34,40,46), Nutrition with cronbach-alpha value of 0,635 (2,8,14,20,26,32,38,44,50), Interpersonal relations with 0.726 cronbach-alpha value (1,7,13,19,25,31,37,43,49) ve It is stress management with 0.658 cronbach-alpha value (5,11,17,23,29,35,41,47). Findings evaluating the SPSS obtained in this study (Statistical Package for Social Sciences) for descriptive statistical methods using Windows 21.0 program (frequency, percentage, average, standard deviation) and independent samples t-test for analysis of variance and correlation tests were used. In order to test the reliability of the scale, the reliability test was performed and the cronbach-alpha value of the scale was found to be 0.911.

The studies are divided into three sections as instant, cross-sectional and longitudinal according to the time of data collection (Büyüköztürk et al. 2013). Accordingly, the data needed for the research were collected instantly within a specified interval. The data were collected by the researchers by using the questionnaire technique with the students of Selçuk University. The data obtained from the surveys are the first step in the study control data transferred to a computer and arranged made incorrect data. Statistical analyzes were performed on computer. Descriptive data on, independent sample t-tests for independent samples correlation analysis was performed by one-way analysis of variance.

The hypotheses of the research are listed below:

Hypothesis 1: Ho = There is no significant relationship between the gender of the students and the average health responsibility.
Hypothesis 2: Ho = There is a significant relationship between the gender of the students involved in the study and the average physical activity behavior.
Hypothesis 3: Ho = There is no significant relationship between gender and mean nutrition behavior of the students.
Hypothesis 4: Ho = There is no significant relationship between the gender of the students involved in the study and the average of self-realization behavior.
Hypothesis 5: Ho = There is no significant relationship between the gender of the students involved in the study and the mean interpersonal relationship behavior.
Hypothesis 6: Ho = There is no significant relationship between gender and mean stress management behavior of the students.
Hypothesis 7: Ho = There is no significant relationship between the mother education level of the students included in the study and the mean of healthy lifestyle behavior.
Hypothesis 8: Ho = There is no significant relationship between the father's educational status of the students involved in the study and the average physical activity behavior.

Hypothesis 9: Ho = There is no significant relationship between the chronic disability of the students involved in the study and self-actualization behavior average
Hypothesis 10: Ho = There is no significant relationship between the place where most of the students' lives go through and the mean nutrition behavior.

3. FINDINGS

The socio-demographic characteristics of the students in the study and the descriptive statistical findings examining the attitudes of the students regarding the scales used in the research are as follows:

Table 1. Demographic data of the participants

Gender	(n)	(%)
Female	258	63,5
Male	148	36,5
Mother Education	**(n)**	**(%)**
Primary school	296	72,5
High school	62	15,3
Associate degree	9	2,2
Undergraduate	39	9,6
Father Education	**(n)**	**(%)**
Primary school	200	49,3
High school	127	31,3
Associate degree	21	5,2
Undergraduate	58	14,3
Father Job	**(n)**	**(%)**
Pensioner	72	17,7
Artisan	63	15,5
Officer	85	20,9
Worker	93	22,9
Farmer	34	8,4
Unemployed	22	5,4
Self-employment	37	9,1
Family structure	**(n)**	**(%)**
Nuclear family	329	81,0
Extended family	77	19,0
Family revenue	**(n)**	**(%)**
0-1000	42	10,3
1001-2000	153	37,7
2001-3000	126	31,0
3001- and over	85	20,9
Where Most of Their Lives Pass	**(n)**	**(%)**
Village-town	60	14,8
County	103	25,4
City	131	32,3
Big city	112	27,6
Total	**406**	**100,0**

As can be seen in Table 1, 81% (329) of the students included in the research were raised in nuclear families and 19% (77) grew up in extended families. Approximately 10.3% (42) of the students included in the research were 0 to 1000, 37.7% (153) of 1001 to 2000, 31% (126) of 2001 and 3000 and finally 20.9% of the students (85) Monthly family income of 3001 pounds or more. 14.8% (60) of the students who participated in the research were located in villages or towns where most of their lives were spent, 25.4% (103) were in districts, 32.3% (131) were in cities and 27.6% (112) in the metropolitan. 63.5% (258) of the participants were female and 36.5% (148) were male students. 72.5% (296) of the students have primary

school, 15.3% (62) high school, 2.2% (9) associate degree, 9.6% (39) have undergraduate mother education level. Similarly, 49.3% (200) of primary school students, 31.3% (127) of high school students, 5.2% (21) of associate degree, 14.3% (58) of the students included in the research. father has undergraduate education.

Table 2. Findings of correlation analysis in order to examine the relationship between health lifestyle behavior sub-dimensions of the students and the scale

		1	2	3	4	5	6
1- General							
2- Health responsibility	r	,793**					
	p	,000					
3- Physical activity	r	,754**	,532**				
	p	,000	,000				
4- Nutrition	r	,724**	,611**	,546**			
	p	,000	,000	,000			
5- Self-realization	r	,649**	,323**	,278**	,243**		
	p	,000	,000	,000	,000		
6- Interpersonal relations	r	,713**	,452**	,336**	,317**	,647**	
	p	,000	,000	,000	,000	,000	
7- Stress management	r	,779**	,536**	,488**	,444**	,506**	,503**
	p	,000	,000	,000	,000	,000	,000

As shown in Table 2, Correlation analysis was performed to examine the relationship between health lifestyle behavior subscales and scale. According to the results of the analysis, the ilişkili health responsibility ”dimension is the most related dimension to the scale. This in order; stress management, physical activity, nutrition, interpersonal relationships, self-realization dimensions.

Table 3. Findings of t-test analysis in independent groups conducted between the gender and healthy lifestyle behavior sub-dimensions of the students included in the study.

Cinsiyet		n	Mean	sd	se	t	p
Health responsibility	Female	258	2,3867	,51319	,03195	1,450	0,148
	Male	148	2,3063	,57839	,04754		
Physical activity	Female	258	2,2306	,61593	,03835	-2,314	0,021
	Male	148	2,3792	,63461	,05216		
Nutrition	Female	258	2,3092	,44314	,02759	1,040	0,299
	Male	148	2,2575	,54341	,04467		
Self-realization	Female	258	3,1318	,42652	,02655	1,401	0,162
	Male	148	3,0646	,48614	,03996		
Interpersonal relations	Female	258	2,9832	,42574	,02651	0,649	0,517
	Male	148	2,9512	,50549	,04155		
Stress management	Female	258	2,5780	,45722	,02847	-0,735	0,463
	Male	148	2,6140	,50443	,04146		
General	Female	258	2,6033	,35824	,02230	0,203	0,840
	Male	148	2,5955	,39726	,03265		

In Table 3, t-test analysis was performed in independent groups between the gender and healthy lifestyle behavior sub-dimensions of the students included in the study. According to the analysis results; No significant difference was found between gender and health responsibility, nutrition, inter-personal relationships, stress management, and self-actualization ($p > 0.05$). Therefore, Hypothesis 1, Hypothesis 3, Hypothesis 4, Hypothesis 5,

Hypothesis 6 were accepted. There was a significant difference in physical activity dimension ($p < 0.05$). The average physical activity of males is higher than females. Hypothesis 2 was therefore rejected.

Table 4. The variance test in independent groups between the mother education level of the students included in the study and the mean of healthy lifestyle behavior.

Mother Education	n	Mean	Sd	F	p	Post Hoc
1- Primary school	296	2,5655	0,36041	3,351	0,019	1 < 2
2- High school	62	2,7098	0,34737			
3- Associate degree	9	2,6572	0,53584			
4- Undergraduate	39	2,6786	0,4242			
Total	406	2,6004	0,37247			

When Table 4 is examined, an analysis of variance was performed in independent groups in order to examine the relationship between the mean healthy lifestyle behavior of the students included in the study and the mother's educational status, and a significant difference was found regarding the mother's educational status ($p < 0.05$). According to the results, it was found that the ratio of healthy lifestyle behavior level of the students whose mother education level is high school level is higher than the ratio of the healthy lifestyle behavior level of the students whose mother education level is primary school level. Therefore, Hypothesis 7 is rejected.

Table 5. The variance test in independent groups between the educational status of the students and the mean of physical activity behavior of the students included in the study.

Father Education	n	Mean	Std. Deviation	F	p	Post Hoc
1- Primary school	200	2,1869	,59889	3,769	0,011	1<4
2- High school	127	2,3484	,60229			
3- Associate degree	21	2,3393	,51104			
4- Undergraduate	58	2,4634	,75073			
Total	406	2,2848	,62613			

When the Table 5 is examined, an analysis of variance was performed in independent groups to find out the relationship between the mean healthy lifestyle behavior of the students included in the study and father's educational status, and a significant difference was found regarding the father's educational status ($p < 0.05$). It was found that the ratio of healthy lifestyle behavior level of the students at the level of education is higher than the ratio of the healthy lifestyle behavior level of the students whose father education level is at primary school level. Hypothesis 8 was therefore rejected.

Table 6. Chronic illnesses situation of students involved in research with the ability to self-fulfilling behavior between independent groups t test average

chronic disease		n	Mean	sd	t	p
Self-realization	Yes	41	2,9024	,51651	-3,109	0,002
	No	365	3,1303	,43644		

When Table 6 was examined, t-test analysis was performed in independent groups between the chronic discomfort status and self-actualization behavior of the students included in the study. According to the results of the analysis, a significant difference was found between chronic discomfort and self-actualization ($p < 0.05$). According to the table, it was found that the students who did not have any chronic illness had higher self-realization rate than the students who had any chronic illness. Therefore, Hypothesis 9 is rejected.

Table 7. Test of variance in independent groups between the place where the majority of the students' lives lived and the mean nutrition behavior.

Beslenme	n	Mean	sd	F	p	Post hoc
1- Village-town	60	2,3852	,57951	4,106	0,007	1<4
2- County	103	2,3128	,42715			
3- City	131	2,3401	,48682			
4- Big city	112	2,1607	,44615			
Total	406	2,2904	,48209			

When Table 7 is examined, the variance test was performed in independent groups between the place where the majority of the students' lives lived and the mean nutrition behavior. According to the results of the analysis, a significant relationship was found between the place where most of the students' lives before the university and their feeding behaviors ($p < 0.05$). According to the table, it was found that the average nutrition behavior of the students living in the village before the university was lower than the average of the nutrition behavior of the students living in the metropolitan cities. Therefore, Hypothesis 10 is rejected.

4. DISCUSSION

In this study conducted to learn healthy lifestyle behaviors of Selçuk University students, the results of students' healthy lifestyle behaviors were examined in two parts. In the first part, the results of the demographic data and descriptive statistics of the participants are given and in the second part the analyzes of the scales are mentioned.

The majority of the participants were female students (63.5%). In a 617-person study conducted by Çepni (2010) for Gazi University students, 56.56% were women and 41.17% were men. In a study conducted by Kasapoğlu (2015) for 711 students, 39.7% were male and 60.3% were female. Yıldırım (2005) conducted a study of 1001 students by 39.8% women and 60.2% men. Bozhüyük (2010) conducted a study of 801 students by 60% of women and 40% of men. 72.5% of the students who participated in the study had primary school, 15.3% had high school, 2.2% had associate degree, and 9.6% had undergraduate mother education (72.5%). The majority of the students included in the research have primary school mothers' education level. In a study conducted by Kasapoğlu (2015) for 711 students, 10.1% were illiterate, 11.0% were illiterate, 66.5% were primary school, 10.4% were high school, 2.0% were university or older It has. In the study of 1001 students by Yıldırım (2005), 45.8% were primary school, 21% high school, 12.1% secondary school, 13% not literate, 8.1% associate degree / The undergraduate mother has educational status.

Of the students participating in the research, 49.3% had primary education, 31.3% had high school, 5.2% had associate degree and 14.3% had undergraduate father education. Most of the students included in the research have primary school father education level (49.3%). In the research conducted by Kasapoğlu (2015) for 711 students, 2.1% is not literate, 7.2% is

literate, 61.7% is primary school, 21.5% is high school, 7%, 5 of them have university education or higher education. In a study conducted by Yıldırım (2005) for 1001 students, 28.1% was primary school, 31.1% was high school, 15.6% was secondary school, 3.5% was not literate, 21.8% i has associate degree / undergraduate father education status. 81% of the students participating in the research have nuclear family and 19% have extended family structure. Kasapoğlu (2015) conducted a 711-person survey of students with 74.8% nuclear family, 21.2% extended family, 3.9% has a fragmented family structure. For individuals to gain and maintain a healthy lifestyle; individual, cultural and socioeconomic conditions are effective (Baltaş 2007). The statistical relationship between gender and healthy lifestyle behaviors sub-dimensions was determined. However, there is a significant relationship between gender and physical activity subscale. Accordingly, it is seen that men give more importance to physical activity than women. In a study conducted by Çepni (2010), 617 students reported that the average physical activity of men was higher than that of women. Significant relationship was found between mother education level of students and healthy lifestyle behavior. It was found that the students with maternal education at high school level were higher than the healthy lifestyle behavior level of students with maternal education at primary school level. As the mothers with high school level of education have higher and better rates of education than mothers with primary school level, the healthy lifestyle and responsibility of the students are higher depending on their mothers' education level. Yıldırım (2005) conducted a study of 1001 students. It was found that the education level of the mothers was higher than the ones with high school education. Significant relationship was found between father education level of students and healthy lifestyle behavior. It was found that the rate of healthy lifestyle behavior of the students whose father education level was at the undergraduate level was higher than the ratio of the healthy lifestyle behavior level of the students whose father education level was at primary school level. Fathers with higher education have higher and better levels of education than fathers with primary education, and their healthy lifestyle and responsibility are higher depending on their fathers' education. Yıldırım (2005) did not find any significant relationship between father's educational status and healthy lifestyle behavior in a 1001-person study. When the relationship between the chronic discomfort and healthy lifestyle of the students included in the study is examined, it is found that the students who do not have chronic discomfort have higher self-realization rate than the students who have chronic discomfort. Participants who do not have any chronic illnesses are more likely to want to achieve something in their lives than participants who have any chronic illnesses. In a study conducted by Çepni (2010) on 617 students, no significant relationship was found between chronic discomfort and healthy lifestyle. Yıldırım (2005) did not find any significant relationship between chronic discomfort and healthy lifestyle. When the relationships between the place where the majority of the students 'lives live and healthy lifestyle are examined, there is a significant relationship between the place where the majority of the students' lives live and nutrition behavior. According to this, it was found that the average nutrition behavior of the students living in metropolitan cities was higher than the average eating behavior of the students living in villages or towns. Therefore, the size or smallness of the place where a large part of the students' lives have an important effect on their nutrition. Yıldırım (2005) did not find a significant relationship between the place where the majority of their lives and healthy lifestyle were found.

5. CONCLUSION

In this study conducted to investigate the health lifestyle of students;

- Health is the most important health responsibility that affects the lifestyle. t has been stress management, physical activity, nutrition, interpersonal relationships and self-realization.

- Men's physical activity behavior is higher than that of women.
- It was found that the ratio of healthy lifestyle behavior level of the students whose mother education level is high school is higher than that of the students whose mother education level is primary school.
- It was found that the rate of healthy lifestyle behavior level of the students whose father education level is at the undergraduate level is higher than that of the students whose father education level is at primary school level.
- It has been found that students who do not have any chronic illness have higher self-realization rate than students who have any chronic illness.
- Before the university, it was found that the average nutrition behavior of the students living in the village was lower than the average eating behavior of the students living in the metropolitan cities.

Women use health services more. This is due to the fact that there are diseases against women and they are physically weak. As a result of this study, it is seen that women exhibit less physical activity than men. In order to increase the physical activity behavior of women, studies should be conducted for women. At this point, the Ministry of Health should increase the efforts of women to adopt a healthy lifestyle. It is seen that education level has an effect on healthy lifestyle.

In this study, it is seen that the education level of parents of students affects healthy lifestyle. Increasing health literacy of parents, especially health education level, has a great impact on children. Again, it is recommended to conduct studies at this point.

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