ÜNİVERSİTE ÖĞRENCİLERİNDE SAĞLIKLI YAŞAM BİÇİMİ DAVRANIŞLARI İLE FİZİKSEL AKTİVİTE DÜZEYLERİNİN İNCELENMESİ

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ÖZET

Gençlik dönemine rastlayan üniversite yıllarında öğrenciler, alıştıkları aile ortamından ayrılmaları, dış etkilere açık hale gelmeleri ve kendi özgür seçimlerini belirgin biçimde yapıyor olmaları nedeniyle sağlıklarını olumsuz yönde etkileyecek yaşam biçimi geliştirebilir. Gençlerin bu yaşam biçimini üniversite öğrenimi sonrasına taşımaları da olasıdır. Araştırmada üniversite öğrencilerinin sağlıklı yaşam biçimi davranışları ile fiziksel aktivite düzeylerinin incelenmesi amaçlanmıştır.

Merkez kampüste öğrenim gören 9264 öğrencinin 1260'ına ulaşılmıştır. Araştırmada deneklere antropometrik vücut ölçümü yapılmış olup fiziksel aktivite düzeyi ve sağlıklı yaşam biçimi davranışları ölçeği uygulanmıştır. Araştırma sonucu veriler incelendiğinde araştırmaya katılan üniversite öğrencilerinin % 47,94'ünü (604 öğrenci) erkek, % 52,06'sını (656 öğrenci) kadın öğrencilerin oluşturduğu tespit edilmiştir.

Araştırmada üniversite öğrencilerinin sağlıklı yaşam biçimi davranışları ile fiziksel aktivite düzeyleri arasında ortanın altında pozitif yönde anlamlı bir ilişki olduğu sonucuna varılmıştır.

Anahtar Kelimler: Sağlıklı Yaşam Biçimi, Fiziksel Aktivite, Öğrenci

ANALYZING THE PHYSICAL ACTIVITY LEVELS AND HEALTHY LIFE STYLE BEHAVIORS OF UNIVERSITY STUDENTS

ABSTRACT

Students can develop a life style that will negatively affect their health due to their leaving from the family environment they have been accustomed to, their being open to external effects and their making their own choices significantly in university years concurrent with their youth. It is also possible for the young to carry this life style into their life after their education at university. In the research, it was aimed to analyze the physical activity levels and healthy life style behaviors of the university students.

1260 out of 9264 students studying at the central campus were reached. In the research, anthropometric body measurements were performed to the experimental subjects, and physical activity and healthy life style behaviors scale were carried out, as well. When the data as result of the analysis were analyzed, 47,94% (604 students) of the university students participated in the research were determined as male and 52,06% (656 students) were determined as female.

In the research, it was concluded that there has been a positive significant relationship below the average between the healthy life style behaviors and physical activity levels of the university students.

Key Words: Healthy Life Style, Physical Activity, Student

[1] Ardahan Üniversitesi, BESYO
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INTRODUCTION

Health is one of the most accentuated concept since the creation of man, and is a process which embraces various levels extending from the utmost well-being till death (19). It may be considered that, this process concerns individuals trying to develop courses of conduct only for protection against diseases, when continuing living a healthy life is consubstantiate to not suffering of any disease (23). It's currently emphasized that, additionally to its physical, mental, and social dimension of health, the family, the social circle and society of each individual has to be healthy in a body (3). The WHO accordingly has enlarged the definition of health in 1985 like: " The needs and requirements of an individual or a group which are distinguished, provided for health which will not only endure for a certain period, but which will be embodied and continued during the course of life together with his/ their social circle" (15).

Nevertheless, not to mention that the healthy life concept is about refining individuals from diseases, it also embraces a large perspective of mental and social well- being. The WHO (World Health Organization) defines health as, a well- being which isn't only remaining without a disease, but a complete physical and mental well-being(7). This definition is the known side of physical and mental well- being of health. The concept, " Complete social well-being" is new and has to be explained. Physical and mental well-being is the familiar side of health in this definition. “Complete social well-being” is a new concept and has to be explained. It has to be noted in order to explain this concept, that health isn't just a personal phenomenon, but that it also has a social speciality (9).

According to the estimates of WHO are the deaths caused by diseases related with life styles, 70%- 80% in developed countries and 40%- 50% in developing countries. The personal attitudes of the main person have a great role in the occurring of these diseases. It's established from the studies materialized that, noxious attitudes have a role in diseases leading to death (23).

Healthy living attitudes; this is defined as all the attitudes the individual is convinced of, and which he materializes for staying healthy and for protection against diseases. Healthy living attitudes are coping skills for the socioeconomic status, education, physical exercise habits, nutritional habits, environmental factors, and especially stress factors according to Pender (17).

Physical activity is crucial for the individual for adopting healthy living attitudes, and to provide well- being. The reputable Greek doctors Hippocrate (460-370 b.c.) and Galen (129-210 a.d.) argued that diseases didn't occur because of mystical reasons, but because they came forward from environmental factors like nutritional and physical activities. Hippocrates consideration related with health and physical activities emphasizes the importance of physical activity:" If we can determine the nutritional and physical activity level of each individual, nor too much neither less, we'll be able to find the right way for a healthy living (6).

Physical activities have been reduced along with the current technologic advancements, and a big public health concern has been caused by the lack of physical activities. It's undeniable that lacking physical exercises are unfavourable factors with regards to a healthy cardiovascular system, excessive optimism for physical activity due to professional requirements must be avoided (25).

Carr (2001), has dimensioned physical activity with five areas, and reported that these areas are important factors for the physical activity of the individual (5).

Fig. 1: The Five Areas of Physical Activity

Physical activity; reduces risk of coronary heart diseases, reduces risk of heart diseases by enhancing blood circulation, reduces risk of heart diseases by increasing good cholesterol, it regulates the blood circulation, increases the resistance of the heart and lungs. It causes children develop their good habits, and provides protection for children's health in the future. It eases equilibration, it insures muscle development, and it has many advantages like shortening the reflex and reaction period. It's proven in numerous epidemiologic researches that, physical activity is a preventive factor for many diseases. Physical activity is also recommended with its preventive role in the treatment of many diseases (11).

The university youth is an assurance for the future of countries, and the teenagers whose ages range between 18 and 24, and who study at universities are mentioned here. The schooling rate of formal higher education in Turkey is around 13% (16).

It's a fact that the population whose age range between 15 and 24, compose 20% of world's population. The health status of the population in general will increase with the contribution of teenagers, whose rates within the population gets more and more, when they protect and develop their health (2).

University life provides the years in which teenagers experience important changes in their lives. These changes are especially important with their attitude and behaviours towards health (4). Negatives behaviours for health in the early periods of their lives, will later increase the risk of disease formation which is related with their lifestyle in the future. Consequently, harmonization studies have to be materialized between health beliefs and application, with the aim to organize healthy living activities of university students. This can be explained with the increase of health responsibility when years pass by; increase in the knowledge and consciousness about health of the individual, and the establishment of a more stable life style (20).

METHOD

The purpose of our research is to examine the physical activity levels and healthy living attitudes of university students. Within this context at the end of the research, the physical activity levels, and the physical activity frequencies of the students of the Adiyaman University were specified, and the variables which will influence the physical activity status were determined. The disposition of the

students in exhibiting their healthy living attitudes, and their perception of health was also specified. The situation of the relation between healthy living attitudes and physical activity status of the students, will be determined with correlation tests in accordance with data which will be obtained.

Population and Sample

The students who follow their academic education at the Adiyaman University form the population of this study. The minimum number of the paradigm which has to be reached was calculated as 934 persons, because there are 11 freely predictive parameters (faculties, colleges) within the structural equation model which will be tested in this study. The study was carried out on a paradigm of 1260 persons because the fact that data could be lost, was taken into account. The number of students who have their academic education at the Adiyaman University-central campus- in the academic year 2012-2013 was 10428. In this context the number of voluntary individuals who joined the research was 1260 students.

Data Collection Tools

The short survey form of the International Physical Activity Questionnaire, IPAQ was used to specify in this study the physical activity levels of individuals. The international validity and credibility works of this survey, were carried out by Craig, et.al. and its validity and credibility works in Turkey were carried out by Öztürk on students.

There was also used a healthy living scale, this scale was developed in the year 1987 by Walker, Sechrist and Pender. It was adapted to the Turkish society by Esin in the year 1997, the validity and credibility of this scale was confirmed, the scale functions to evaluate the attitudes and behaviours which develop health along with the healthy living of the individual (8,24).

The results are evaluated in the confidence interval of 95%, and on a $p<0.05$ significance level.

FINDINGS

Table 1: The demographic features of the students who joined the research

The features of students		R (%)
Gender	Male	604 (47,94)
	Female	656 (52,06)
Age	18 years old and younger	392 (31,12)
	19-23 years old	664 (52,69)
	24 years old and older	204 (16,19)
Class	1	422 (33,49)
	2	332 (26,35)
	3	308 (24,44)
	4	198 (15,72)
Lodgings (longest stay)	City centrum	672 (53,33)
	County town	406 (32,22)
	Village	182 (14,45)
Family type	Little family	328 (26,04)
	Big family	798 (63,33)
	Broken (separate parents, dead)	134 (10,63)

It has been specified when the data in Table 1 was examined that, 47.94 % of the students who took part in the research were male, and that 52.06 % were female. Again in the same table de ages of the students were examined, and it was

observed that it was composed of students of which 31.12 % was 18 and younger, 52.69 % was 18-23, and that 16.19 % was 24 and older.

It was confirmed that 33.49% were freshmen, 26.35% were sophomore, 24.44% were junior, and that 15.72% were senior students, after their classes were examined. Consequently the places where they stayed longest were examined, and it was observed that 53,33% lived in city centrums, 32.22% lived in county towns, and 14.45% lived in villages.

The table data related with the families of the students were examined, and it was observed that 26.04% was a little family, 63.33% big family, and 10.63% broken (separate parents or dead parents, etc.).

Tablo 2: The Scores Students reached from the FADA

Physical Activity (MET-min/Week)	FADA Score	Middle	Q25-Q75
Violent	555,74 ± 1065,94	0	0 – 885
Medium level	736,49 ± 1054.17	360	0 – 960
Walking	957,49 ± 1075,77	594	198 – 1386
Sitting	3638,54 ± 1207,83	3600	2800 – 4380
Total	2249,62 ± 2253,90	1566	591 – 3102,65

The weekly consumed value for energy (in accordance with the physical activity scale) of the students who took part in the study at Table 2, was classified into five groups, respectively " violent", " medium level", " walking", " sitting". The physical activity average of the students was confirmed as 2249,62 MET-min/week. The energy amount average used for the physical activity of students is in accordance with subcategories determined as 555,74 MET-min./week, “violent”, 736,49 MET-min./week “medium level”, 957,39 met-win./week “walking”, 3638,54 MET-win./week “sitting”.

Table 3: A Comparison of Healthy Living Scale Scores and Subscale Scores in Accordance with the Genders of the Students

	Gender				
	Male (n=604)		Female (n=656)		p
	Average	ss	Average	ss	
Self Fulfilment	38,45	6,69	37,65	6,34	0.05
Health Responsibility	20,87	5,87	20,95	5,44	0.54
Exercises	13,12	3,45	10,82	3,48	0.06
Nutrition	15,43	3,50	14,10	3,57	0.07
Interpersonal Support	21,1	3,79	21,45	3,62	0.07
Stress Management	19,04	3,71	19,02	3,65	0.08
Healthy Living	123,08	20,85	127,78	19,80	**0.01***

*p<0.05

It's confirmed that female students' healthy living average is 127,78 and that male students' average is 123,08 in terms of the healthy living attitudes scale in accordance with the gender of students, and the subcategories, when the data in Table 3 has been examined. A significant difference has been found between the healthy living attitudes in accordance with the genders of the students. (p<0.05)

Table 4: The Correlation Test Results Between Physical Activity Levels and Healthy Living Attitudes of the Students

		Physical Activity	Healthy Living
Physical Activity	Pearson Correlation	1	**.355(*)**
	P		.000
	N	1260	1260
Healthy Living	Pearson Correlation	**0.355(*)**	1
	P	.000	
	N	1260	1260

*p<0.05

It's confirmed that the relation between the healthy living attitudes scale and the physical activity level of students who took part in the research, when Table 4 has been examined (r= 0.355).

DISCUSSION AND RESULT

It's reported that the parents of 89,37% of the students are alive, that the parents of 71.1% live together. It's reported in another study with the same age group that, the parents of 92.5% are alive (3). It's realized that in accordance with the results of the research, it's important that the living parents of the students in this age group give them credit.

53.33% of the students in this research have selected the city centrum as the location where they've lived the most. This rate was 87.5% in the study of Ayaz (3). It's reported in the research named: " Healthy living attitudes of medical personnel who work at curtail step health care" of Pasinoğlu and Gözüm, that 76.8% of the students in this research have selected the city centrum as the location where they've lived the most (18). 76.9% of the population lived in city centres and county towns in Turkey in the year 2011, in accordance with data from the Turkish Statistical Institute. The findings specified in the researches which were materialized are parallel to the general population structure of Turkey.

It's specified that the physical activity level of men is more than that of women, in accordance with researches materialized on the world and in our country. It's also specified in our research that - peculiar to the literature- the physical activities of men are higher than women (10,12,21). It concluded that, in this respect men have various concern levels (profession, finding work, military service, matrimony) related with the changeover to adulthood of masculine individuals in our country, as a result of this they've more physical activity than women.

The Healthy Living Scale score average of students within the reach of this research was confirmed as 118.75±17.66. The highest score which can be obtained of the Healthy Living Scale is 192. The Healthy Living Scale score of the studies in Turkey; 122.0±17.2 by students of the highschool of nursing (3), 127.8±17.5 at a study materialized by a group of students of the highschool of nursing (22), 125.9±17.4 between students (13), 117.5±17.1 between medical personnel who work at curtail step health care (18), 122.1±19.8 in a study where attitudes related with public health were evaluated (1). Lower Healthy Living scores were obtained with works by using the same scale abroad. The results of the works about the related subject are of similar quality.

A significant relation was determined between sexuality and Healthy Living Attitudes, exercises, nutrition and healthy living attitudes. Kaya, et.al. haven't specified in their research a relation between the healthy living attitudes and gender of instructors (14). It's reported in the study of Pasinoğlu and Gözüm that the nutrition score average of women is higher than men (18). As a result of the works mentioned above, differing results may be observed along with the results similar to results of our research. The reason of this may be the paradigm group in researches and environmental conditions.

It's foreseen that determining the physical activity of students and specifying the healthy living attitudes of students in this research in accordance with the results, will have a big role in terms of leading future researches. Consequently, it will be of eminence that taking the recommendations given below in account, will enable solving the problem and develop solutions when research results are taken in account;

- The students who come from other cities, must take balanced nutrition and physical activity in account during their academic education.
- The importance of healthy living attitudes have to be perceived and efforts in daily life applications have to be supported.
- Because students remain at the lowest score average of the exercise subscale within healthy living attitudes, it's recommended that sport has to be promoted to students for more advantages from sports for university, activity programs have to be organized for perception of the advantages of exercise and physical activities.
- Work has to be materialized for enhancing the general health and socioeconomic status of university youth.
- Books, periodicals, and educational material of any kind and quality have to be arranged for usage in consciousness works of public related with obesity, physical activity, and healthy living.
- It may be recommended that public opinion must take in account obesity, physical activity, and healthy living by facilitating mass media.

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