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A STUDY OF HEALTHY LIFE STYLE HABITS OF GYM MEMBERS

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ABSTRACT

This study intends to examine the healthy life style habits of people who have gym memberships.

The study sample covers 522 people from the province of Gaziantep who had active gym memberships in 2018. Esin (1997) tested the validity and reliability of the scale developed by Walker, Sechrist and Pender (1987), which this study uses to determine the healthy life style habits of gym members.

Statistical analyzes were performed on the data obtained in the study using the SPSS 22.0 package program. Frequency, percentage, mean values, and standard deviation were used as the statistical method in evaluating the data and the Kolmogorov Smirnov test was used to check the alignment of the variables with normal distribution. The ANOVA and Tukey multiple comparison tests were used to compare multiple independent groups while the t-test was preferred for comparing two independent groups. The internal consistency of the scales was checked using Cronbach Alpha values.

This study shows that most gym members are single, company executives in the age bracket of 32 years or older who do not smoke and have been playing sports for 1 to 3 years.

The results showed a significant difference between the marital status of the participants and Health Consciousness, one of the sub-dimensions of the Healthy Life Style Habits Scale, between the Number of Years Playing Sports and Self-Realization, Health Consciousness and Interpersonal Support, also sub-dimensions of the Healthy Life Style Habits Scale. In addition between the Age Variable and Self-Realization, Health Consciousness and Interpersonal Support, also sub-dimensions of the Healthy Life Style Habits Scale, and between the professions of the participants and Self-Realization, Exercise, Diet and Interpersonal Support, which are also sub-dimensions of the Healthy Life Style Habits Scale.

Key Words: Healthy life, Sports, Gym

INTRODUCTION

Rapid developments in science and technology and urbanization have both positive and negative impacts on human life. While such developments make life easier and boost productivity and efficiency, an inactive life causes a full range of health issues.

A healthy life forms the fundamental basis of a quality life. Sport activities undertaken for a long and healthy life, improves the quality of life and paves the way for greater comfort and wellness in old age (Sağlam, 2015). Prevention or slowing down of many diseases and being healthy are among the various health benefits of regular and conscious exercise (Çınar, 2012).

Physical activities are vital for maintaining or improving health and helping people socialize and relax in their leisure time (Zorba, 2015). It is utterly important that people develop an awareness of healthy living, improve their lifestyles, learn their roles in maintaining their health, and avoid risks to adopt lifestyle habits that help maintain overall well-being (Dirican and Bilgel, 2010).

All people should be encouraged to incorporate healthy life style habits into their daily routines. A healthy society is measured by the overall well-being of its members (Ayaz, Tezcan and Akıncı 2005). Our lifestyles impact both our quality of life and life expectancy. Accordingly, people should adopt changes to their lifestyles to protect against diseases and improve their health (Esin, 1999, Karadeniz, 2008).

Behaviors that improve health increases an overall level of wellness and contributes to self-improvement. Healthy life style habits include regular and ample exercise, a balanced diet, not smoking, health consciousness, stress management and hygiene (Stanhope and Lancester 1996) amongst other habits. Many studies show that physical activity has positive effects on health and also delays cognitive decline in adults (Castelli and Hillman, 2007).

For a healthier society, people need to adopt healthier lifestyles while health services need to be improved and conditions contributing to negative health removed. (Edelman and Fain, 1999). An inactive lifestyle is the cause behind many health issues. Regular exercise is vital for anatomical, physiological and psychological well-being as well as leading an active life. In the elimination of health problems caused by inactivity, leisure time sports have an

important place among recreational activities with its protective and therapeutic features (Zorba, 2006).

People tend to do sports for a variety of reasons such as making good use of their leisure time, increasing their physical strength, and protecting their health (Tel, 2001). The socio-economic level, the quality of its environment, individuals' lifestyles, education, and participation in physical activities are important factors determining the overall health of a society (Macovei, Tufan and Vulpe, 2014).

Healthy lifestyle habits should include an adequate and balanced diet, stress management, self-realization, adequate and regular exercise, interpersonal relationships, and protection and improvement of one's health (Tambag, 2011). Playing sport helps defeat psychological and social dangers that threaten modern society by creating an environment far from the stresses caused by a dynamic modern life as well as contributing to preventive medicine by offering individuals a healthy lifestyle. Besides its positive impact on physical well-being, sport also helps people socialize and develop their personality (Duman and Kuru, 2010).

When the benefits of physical activity are taken into consideration, people need to be encouraged to do more physical exercise for a healthier society. Doing exercise is evidently necessary for a longer and quality life (Özvarış, 2006).

To conclude, there needs to be an increase in the number of people doing regular and conscious exercise for a healthier society. Public awareness needs to be raised about the benefits of healthy living with necessary support mechanisms put in place to lay the foundations for a healthier society.

METHODOLOGY

Study Method

This study intends to examine the Healthy Lifestyle Habits of people who regularly visit sports centers. The screening model method was used for this study. The survey method was used to collect data to determine the healthy lifestyle habits of gym-goers in the province of Gaziantep. Face-to-face interviews were conducted to provide reliable results for the study.

Study Population and Sample

The study population is comprised of gym-goers in the province of Gaziantep while the study group consists of gym-goers in the central districts.

Data Collection Tools

The data collection tool used for obtaining the results required for the study has two parts; the first part uses personal data of the participants while the second part uses the Health Lifestyle Habits Scale. Esin (1997) tested the validity and reliability of the scale developed by Walker, Sechrist and Pender (1987), which this study used to determine the healthy life style habits of gym members. The scale has 6 sub-sets and the total scale reliability coefficient was 0.94, while the self-realization sub-dimensions (13 items) was 0.94, the Health Consciousness sub-dimension (10 items) 0.94, the Exercise sub-dimensions (5 items) 0.93, the Diet sub-dimension (6 items) 0.94, the Interpersonal Support (7 items) sub-dimension 0.93 and the Stress management (7 items) sub-dimension was 0.92. The scale has 48 items in total. All items of the Healthy Lifestyle Habits scale are expressed through positive statements and contain no reverse items. The options have a 4 point Likert-type design.

Analysis of the Data

The SPSS 22.0 software package was used for statistical analyses, and $P< 0.05$ was considered statistically significant. The mean and standard deviation values of all data were calculated. The Kolmogorov Smirnov test was used to check the consistency of the variables with normal distribution. The ANOVA and Tukey multiple comparison tests were used to compare multiple independent groups while the t-test was preferred for comparing two

independent groups. The internal consistency of the scales was checked using Cronbach Alpha values.

RESULTS

Table 1: Demographic Features of the Participants

Variables		**Number (n=522)**	**Percentage**
Marital Status	Married	214	41
	Single	308	59
Age	18-24	61	11.7
	25-31	194	37.2
	32 or older	267	51.1
Education Status	Primary and secondary education	47	9
	High school and equivalents	147	28.2
	Bachelor's Degree/Post-graduate	328	62.8
Occupation	Student or public servant	181	34.7
	Employer	124	23.8
	Manager in the private sector	217	41.6
Smoking	Yes	212	40.6
	No	310	59.4
Number of Years of Playing Sports	1-3 years	299	57.3
	4-6 years	103	19.7
	7 years and longer	120	23

When Table 1 is examined, it is seen that 41% of the participants are married and 59% are single; that 267 participants are aged 33 and above (51.1%), 328 (62.8%) have a Bachelor's/Post-Graduate degree, 217 people (41.6%) have managerial roles in the private sector, 310 participants (59.4%) smoke less, and 299 (57.3) have been playing sports for the last 1 to 3 years.

Table 2: The t-test between Marital Status and the Healthy Life Style Habits Scale

	Marital Status	N	Mean	S.D.	t	p
Self-Realization	Married	214	2.79	.55	-1.19	.22
	Single	308	2.84	.50		
Health Consciousness	Married	214	3.04	.53	2.03	**.04***
	Single	308	2.94	.61		
Exercise	Married	214	2.94	.58	-.30	.77
	Single	308	2.95	.66		
Diet	Married	214	2.59	.71	.67	.95
	Single	308	2.60	.68		
Interpersonal Support	Married	214	2.73	.59	-.06	.94
	Single	308	2.74	.61		
Stress Management	Married	214	2.82	.61	1.52	.12
	Single	308	2.74	.71		

When Table 2 is examined, it is seen that there is a statistically significant difference ($t=2.03$, $p<0.05$) between the Marital status of the participants and the Health Consciousness, one of the sub-dimensions of the Healthy Lifestyle Habits Scale, while it shows no statistically significant difference from the other sub-dimensions of the scale.

On this basis, it can be inferred that married participants achieved higher scores on the Health Consciousness sub-dimension than those interviewed who were single.

Table 3: The Anova Test between the Number of Years Playing Sports and the Healthy Lifestyle Habits Scale

Factor	**Number of Years of Playing Sports**	**Number**	**Mean**	**Sd**	**f**	**p**	**Significant Difference**
Self-Realization	1-3 years (1)	299	2.72	.54	14.3	**.00***	1<2.3
	4-6 years (2)	103	2.99	.45			
	7 years or more (3)	120	2.94	.48			

Health Consciousness	1-3 years (1)	299	2.92	.61	4.52	**.01***	
	4-6 years (2)	103	3.02	.49			1<3
	7 years or more (3)	120	3.10	.05			
Exercise	1-3 years (1)	299	2.90	.68	1.67	.19	
	4-6 years (2)	103	3.01	.49			
	7 years or more (3)	120	3.00	.05			
Diet	1-3 years (1)	299	2.59	.74	1.75	.17	
	4-6 years (2)	103	2.70	.57			
	7 years or more (3)	120	2.53	.65			
Interpersonal Support	1-3 years (1)	299	2.68	.63	4.13	**.01***	
	4-6 years (2)	103	2.79	.57			1<3
	7 years or more (3)	120	2.85	.52			
Stress Management	1-3 years (1)	299	2.80	.67	.59	.55	
	4-6 years (2)	103	2.75	.68			
	7 years or more (3)	120	2.85	.52			

When Table 3 is examined, it shows a statistically significant difference between the Number of Years Playing Sports and Self-Realization (f=14.26, p=0.00), Health Consciousness (f=4.52, p=0.01) and Interpersonal Support (f=4.13, p=0.01) sub-dimensions of the Healthy Lifestyle Habits Scale.

Accordingly, those who have been playing sports for 1-3 years obtained lower scores on the Self-Realization sub-dimension than those who have been playing for more than 4 years, while those have played sports for 1-3 years and those who have been playing for 7 years and longer obtained lower scores on the sub-dimensions Health Consciousness and Interpersonal Support.

Table 4: The Anova Test between the Age Variable and the Healthy Lifestyle Habits Scale

Factor	Age	Number	Mean	Sd	f	p	Significant Difference
Self Realization	18-24 (x)	61	2.68	.57	11.3	**.00***	y>x,z
	25-31 (years)	194	2.96	.49			
	32 and above (z)	267	2.76	.51			
Health Consciousness	18-24 (x)	61	2.89	.68	5.52	**.04***	y>x,z
	25-31 (years)	194	3.09	.45			
	32 and above (z)	267	2.92	.63			
Exercise	18-24 (x)	61	2.86	.72	.76	.47	
	25-31 (years)	194	2.97	.64			
	32 and above (z)	267	2.95	.59			
Diet	18-24 (x)	61	2.43	.64	6.14	**.00***	y>x,z
	25-31 (years)	194	2.73	.75			
	32 and above (z)	267	2.54	.65			
Interpersonal Support	18-24 (x)	61	2.65	.67	11.	**.00***	y>x,z
	25-31 (years)	194	2.90	.54			
	32 and above (z)	267	2.65	.61			
Stress Management	18-24 (x)	61	2.68	.73	3.70	**.02***	y>z
	25-31 (years)	194	2.88	.70			
	32 and above (z)	267	2.72	.63			

P<0.05

When Table 4 is examined, it shows a statistically significant difference between the Age Variable and Self-Realization (f=14.26, p=0.00), Health Consciousness (f=4.52, p=0.01) and Interpersonal Support (f=4.13, p=0.01) sub-dimensions of the Healthy Lifestyle Habits Scale.

Accordingly; Regarding the sub-dimensions of Self-Realization, Diet and Interpersonal Support, those in the age bracket of 25-31 had higher scores than those in the age brackets of 18-24 and 32 and above; while those in the age bracket of 25-31 had higher scores on the Stress

Management sub-dimension than those aged 32 and above. Those who have been playing sports for 1-3 years had lower scores than those who have played for more than 4 years while those who have been playing sports for 1-3 years had lower scores on the Health Consciousness and Interpersonal Support sub-dimensions in comparison to those who have been playing for 7 years or more.

Table 5: The Anova Test between Participants' Occupations and the Healthy Lifestyle Habits Scale

Factor	Age	N	Mean	Sd	f	p	Significant Difference
Self Realization	Student or public servant (a)	181	2.75	.48	7.08	**.00***	c>a,b
	Employer (b)	124	2.76	.51			
	Manager in the private sector (c)	217	2.93	.53			
Health Consciousness	Student or public servant (a)	181	2.94	.53	.65	**.**52	
	Employer (b)	124	2.99	.64			
	Manager in the private sector (c)	217	3.00	.59			
Exercise	Student or public servant (a)	181	2.79	.56	8.53	**.00***	a<b,c
	Employer (b)	124	3.02	.59			
	Manager in the private sector (c)	217	3.03	.67			
Diet	Student or public servant (a)	181	2.42	.69	9.93	**.00***	a<b,c
	Employer (b)	124	2.63	.71			
	Manager in the private sector (c)	217	2.73	.66			
	Student or public servant	181	2.71	.59			

	(a)						
Interpersonal	Employer (b)	124	2.64	.63	3.86	**.02***	b<c
Support	Manager in the private sector (c)	217	2.82	.59			
	Student or public servant (a)	181	2.72	.68			
Stress Management	Employer (b)	124	2.74	.77	2.03	.13	
	Manager in the private sector (c)	217	2.85	.60			

When Table 5 is examined, it shows a statistically significant difference between the Occupations of the participants and the Self-Realization (f=7.08, p=0.00), Exercise (f=8.53, p=0.00), Diet (f=9.93, p=0.00) and Interpersonal Support (f=3.86, p=0.02) sub-dimensions of the Healthy Lifestyle Habits Scale.

Accordingly, Students or Public Servants reached higher scores on the Self-Realization, Exercise and Diet and Interpersonal Support sub-dimensions than Employers and Managers in the Private Sector.

DISCUSSION

As can be observed, there is a statistically significant difference ($t=2.03$, $p<0.05$) between the Marital status of participants and Health Consciousness, one of the sub-dimensions of the Healthy Lifestyle Habits Scale, while it shows no statistically significant difference from the other sub-dimensions of the scale.

To cite a few examples of studies which yielded results similar to and different from the ones obtained this study; in a study titled "Health promoting life styles of older adults" conducted by Walker, Volkan, Sechrist and Pender (1988), the diet scores of married couples were found to be higher than those of singles.

A study by Ayaz, Tezcan and Akıncı (2005) found that married people got significantly higher scores on the Health Consciousness sub-dimension than singles. In a study by Gürsel (2015) titled "The Healthy Lifestyle Habits of Academics and a Review of their Quality of Life", it was reported that healthy life style habits were more prevalent among married academics.

It is seen that there is a statistically significant difference between the Number of Years Playing Sports and the Self-Realization, Health Consciousness and Interpersonal Support sub-dimensions of the Healthy Lifestyle Habits Scale.

To cite a few examples of studies which yielded results similar and different from those obtained from this study; in a study by Yalçınkaya, GökÖzer and Yavuz (2007), it was determined that healthcare professionals playing sports 3-4 times a week or more had higher scores on the Healthy Lifestyle Habits Scale as a whole and its sub-dimensions.

A study by Özkan and Yılmaz (2008) reported that the total Healthy Lifestyle Habits Scale score of nurses doing regular exercises was higher than that of those who did not.

In a study by Castelli and Buck (2007) titled "Pysical fitness and academic achievement in third-and fifth-grade students", a positive correlation was found between playing sports and academic achievement.

However, a study by Dwyer (1983) titled "An investigation of the effects of daily physical activity on the health of primary school students in South Australia" found no link

between playing sports and academic performance. Yet in a study by Castelli and Buck (2005) titled "Physical fitness and academic achievement in third-and fifth-grade students", a positive correlation was found between the two variables.

It can be seen that there is a statistically significant difference between the Ages of the participants and the Self-Realization, Health Consciousness, Diet, and Interpersonal Support and Stress Management sub-dimensions of the Healthy Lifestyle Habits Scale.

A study by Gülten, Uçum, Dedeli and Karaağaç (2008) titled "Healthy Lifestyle Habits of University Students" found no statistically significant relationship between age and healthy lifestyle habits. A study by Beşer, Bahar and Büyükkaya (2007) on workers and university lecturers in Turkey found a positive correlation between age and health consciousness. In a study titled "Health promoting habits of female lecturers and a review of factors affecting these habits", Tokgöz (2002) concluded that different results are obtained as age increases.

It is seen that there is a statistically significant difference between the Occupations of the participants and the Self-Realization, Exercise, Diet and Interpersonal Support sub-dimensions of the Healthy Lifestyle Habits Scale.

To cite a few examples of studies which yielded similar and different results to this study; A study by Ilhan, Batmaz and Akhan (2007) on the Healthy Lifestyle Habits of University Students found significant differences on the basis of occupations.Zaybak and Fadıloğlu's (2004) study on university students found that those studying in the Health Departments had higher scores on the health consciousness sub-dimension when compared to students studying in other departments. A study conducted by Ünalan, Şenol, Öztürk and Erkorkmaz (2004) found differences between the Healthy Lifestyle habits of social sciences and health sciences students.

In a study by Walker, Volkan and Sechrist (1988), significant differences were found between the occupations of the participants and their Healthy Lifestyle habits. A study by Ulla Pérez (2010) titled "Socio-demographic predictors of health behaviors in Mexican college students" found that income levels had an impact on the healthy life style habits of people.

CONCLUSION AND RECOMMENDATIONS:

This study found that married people are more attentive than singles when it comes to health, care more about their lives and give importance to getting professional help to improve their life quality.

It was also discovered that those who have been playing sports for a long time tend to make sports a part of their daily routine, are more optimistic about life, tend to get more professional support and help, act more responsibly to maintain their health and have more positive feelings about life.

Another crucial finding discovered is that gym-goers with a higher income give more importance to playing sports and leading a healthy life than those with less disposable income; that employers and private sector employees are better at building relationships and care more about their health while those occupying management positions have more positive thoughts about life and put more effort into leading healthy lives and playing sports.

Recommendations

The authors of this study believe that further studies covering a broader range of people from different socio-economic and cultural backgrounds and occupations should be conducted to embrace diversity and instill in larger swathes of the population a consciousness of the importance of playing sports so as to increase quality of life across society.

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