10.22282/ojrs.2017.13

EXAMINATION OF LIFE STYLE BEHAVIOURS FEMALE STUDENTS WHO RESIDE AT STUDENT DORMITORIES

[1]Merve KARAMAN, [1]Akan BAYRAKDAR, [1]Yağmur YILDIZ, [2]Tuğrul İNCİ, [1]Erdal ZORBA, [1]Metin YAMAN

[1]Gazi University, Faculty of Sport Sciences, Ankara/Turkey

[2]Ministry of National Education, Cebeci Technical and Industrial Vocational High School, Ankara/Turkey

ABSTRACT

This research is realised as a definitive study to determine the healthy life style of girl university students who reside at state dormitories. To the research study, from 1500 students 284 of them have attended as a volunteer from Ankara Mehmet Akif Ersoy female student dormitory. In acquisition of data, in the direction of literature knowledge from the developed 5 questions together with the questionnaire form Healthy life Style Behaviours Scale (SYBDÖ) has been used. The obtained data has been evaluated in SPSS 23 package. Data have been evaluated in computer through frequency and Anova Test. Among health responsibility, physical activity, interpersonal communication, personal development and stress factors of students a differentiation at the significance level of $p<0,01$. There is not any differentiation at any Nutrition sub factor. As a consequence; when girl students stay at dormitories regarding their healthy life styles scale scores are evaluated according to the faculties, sport sciences faculty students' physical activity, interpersonal communication and stress sub factors scores are seen to be high. Nutrition and health responsibility sub factors score averages are close to each other.

Key Words: Health, Life style, student

Introduction

University life is such a period where in individual life significant changes have been experienced. University education leads to changes in personal development, individual life and behaviours apart from professional education. This change is especially important regarding attitudes and behaviours in health sector; because students' health related attitudes and behaviours influence individually himself/herself, family and public in present and future life. Societies health level is measured with the fact that healthy individuals are majority in public (İlhan, 2010).

Health related behaviours are generally formed at the period of adolescence period and in university years. University students where physical, psychological, social and sexual developments occur and new responsibilities are realized in this period, on life styles, compared to adolescences, they possess more autonomy and control. This transition period, is a period where healthy life style behaviours are consolidated. From this aspect, in protection of health and youth period groups have priority (Can, 2008).

According to the definition of World Health Organization; is a state where not only patience or injury exists also from physical, spiritual and social aspects is a state of goodness. Nowadays the comprehension of health predicts; protection, sustainability and development of individual, family and society, from health centred care approach. This understanding; is based on protection of individuals goodness state, and gaining sustainable and developing behaviours and to provide decisions concerning personal health related (Yalçınkaya, 2007).

Development of health; is a period to improve individuals physical and mental healths to optimum level, their physical and social environment and to support making conscious decisions (Güngör, 2006). Development of health can be provided via correcting individuals own health, via controlling a whole health potential. In order to reach this target smoking, alcohol and substance use, nutrition behaviours, physical activity, violence behaviours, sexual behaviours, unhealthy weight control, with the family communicational problems and stress management like risky behaviours shall be avoided (Yalçınkaya, 2007).

FootNote: This article was presented as a paper at the congress of Bursa International Balkan Sports Sciences on 21-23 May 2017.

Health behaviour is an integration of behaviours of protection of health and regarding the development of health. To improve life to better conditions or in other words development of health is not towards prevention of any sorts of diseases or disorder it aims the improvement of individual general health and goodness state. It contributes via indicating development of health, healthy life style behaviours or activities. Healthy life style behaviours or activities are realization of himself/herself, health responsibility, exercise, nutrition, interpersonal support and stress management (Ünalan, 2007).

Individual who converts healthy life style behaviours into life styles, shall sustain the healthy state, may also bring health state to a better level. For this reason, development of healthy life form behaviours and sustainability of health and basis of protection from diseases. This situation, in protection from diseases and in development of health most significant reason towards development of life styles application is revealed (Zaybak, 2004).

The purpose of this research study is to compare at KYK residing girl students helathy life habits according to the faculties they get their educations.

Methodology

This research is executed via hatch method. This research study has been executed with the purpose of comparing girl students healthy life habits who reside at Credit and Dormitories Institution (KYK) according to the faculties where they get their educations. To the research from 1500 students 284 have attended as a volunteer who reside at Ankara region Mehmet Akif Ersoy girl dormitory. To the students to accept to fill the scale primarily the purpose of research and scope information has been given. Data of research study have been collected with sociodemographic data form and with the "Healthy Life Form Behaviours Scale" that consists of 52 articles.

Research data, is collected with "Healthy Life Style Behaviours Scale". Scale, has been developed by Walker et al. (1987), and revised on 1996 again (Walker et al., 1996). Healthy life style behaviours scale has been adopted to Turkish in year 2008 by Bahar et al. via executing validity and confidentiality (Bahar 2008). Scale related with the individuals' healthy life is to measure behaviours to develop health. Scale consists of 52 articles and has 6 sub factors. Sub groups are spiritual improvement, health responsibility, physical activity, nutrition, interpersonal relations and stress management. Scales' general score is to give healthy life style

behaviours score. Scales' all articles are positive. Gradations are in forms of 4 likert scale. It is accepted as Never (1), sometimes (2), frequently (3), regularly (4). For entire scale minimum score is 52, highest score is 208. Scales' Alpha confidence coefficient is 0.94. Sub factors of scale Alpha coefficient reliability value changes between 0.79-0.87.

Data obtained is evaluated in SPSS 23 package program. In assessment of sociodemographic data frequency and percentage analysis has been done. Height, body weight and body mass index arithmetic average and standard deviations have been calculated. Accoring to the faculties comparisons have been done through one sided variance analysis ANOVA. As a result of Anova the fact that the outcoming differentiations originate from which group Tukey HSD test has been applied. Also correlation analysis has been done.

Findings

According to the executed frequency analysis the experiments ages and rates are as follows; 4,9% is at the age of 18 years old, 17,6% is at the age of 19 years old, 28,2% is at the age of 20 years old, 21,8% is at the age of 21 years old, 21,1% is at the age of 22 years old, 4,2% is at the age of 23 years old and 2,1% is at the age of 24 years old. Among the experiments 50,7% possesses an income level of 0-500 tl, 40,1% possesses an income level in between 501-1000 tl, 7% possesses an income level of 1001-1500 tl and 2,1% possesses an income level above 1501 tl. Experiments are detected from 6,3% Sports Sciences Faculty, 16,2% from iibf faculty, 17,6% from Faculty of Arts and Sciences, 5,6% from Faculty of Law, 3,5% Engineering Faculty, 2,1% Faculty of Medicine, 11,3% from Faculty of Theology, 24,6% from Faculty of Education and 12,7% from Health Sciences Faculty.

Table 1. Heights, Body Weights and Body Mass Index Values of Experiments

	Average	Standard deviation
Height	1,63	,05
Boy Weight	57,18	7,19
BMI	21,31	2,51

According to the research study executed attending 284 women attendants average heights are 1,63±0,05, average body weights are 57,18±7,19 and Average Body Mass Indexes (BMI) 21,31±2,51 are detected.

Table 2. According to the faculties Students' Health Responsibility Anova Values

		N	Average	Standard deviation	F	P
Health Responsibility	Sports Sciences Faculty	18	19,55	3,91	3,32	<0,01
	İibf Faculty	46	19,00	3,04		
	Faculty of Science	50	21,52	5,28		
	Faculty of Law	16	17,87	2,33		
	Engineering Faculty	10	17,00	3,59		
	Faculty of Medicine	6	17,33	3,38		
	Faculty of Theology	32	18,93	3,84		
	Faculty of Education	70	19,37	4,28		
	Faculty of Health Sciences	36	21,27	4,70		

According to Table 2 differentiations at significancy levels of p<0,01 of students' health responsibility values. Differentiations formed among groups are supposed to be

originated from Sports Sciences Faculty and Engineering Faculty students according to the executed tukey analysis.

Table 3. According to the faculties students' Physical Activity Anova Values

		N	Average	Standard Deviation	F	P
Physical Activity	Faculty of Sports Sciences	18	18,55	5,13	4,32	<0,01
	İibf Faculty	46	15,34	3,07		
	Faculty of Science	50	17,96	5,83		
	Faculty of law	16	16,12	3,81		
	Faculty of Engineering	10	14,40	2,63		
	Faculty of Medicine	6	15,33	4,22		
	Faculty of Theology	32	13,81	3,15		
	Faculty of Education	70	15,28	3,93		
	Faculty of Health Sciences	36	17,61	4,68		

According to Table 3 among the physical activities of students there are differentiations at significance levels of p<0,01. Among the groups formed differentiations according to the executed tukey analysis they are detected to be originated from Faculty of Sports Sciences and Faculty of Science and Literature.

Table 4. According to the faculties students' nutrition Anova values

		N	Average	Standard Deviation	F	P
Nutrition	Faculty of Sports Sciences	18	20,88	4,24	1,52	>0,05
	İibf Faculty	46	21,34	3,76		
	Faculty of Sciences	50	21,52	5,02		
	Faculty of Law	16	19,12	3,07		
	Faculty of Engineering	10	18,00	2,98		
	Faculty of Medicine	6	19,00	2,36		
	Faculty of Theology	32	20,00	3,78		
	Faculty of Education	70	20,37	3,78		
	Faculty of Health Sciences	36	20,83	4,60		

According to the executed analysis among the nutrition levels of students there is no differentiation at significance level of p>0,05.

Table 5. According to the faculties students' spiritual development Anova Values

		N	Average	Standard Deviation	F	P
Self-Improvement	Faculty of Sports Sciences	18	27,44	4,99	5,68	<0,01
	İibf Faculty	46	27,30	3,03		
	Faculty of Science	50	27,92	3,39		
	Faculty oF law	16	25,12	4,85		
	Faculty of Engineering	10	22,60	1,83		
	Faculty of Medicine	6	28,00	1,54		
	Faculty of Engineering	32	28,37	4,07		
	Faculty of Education	70	25,91	2,92		
	Faculty of Health Sciences	36	28,72	3,54		

According to Table 5 among the spiritual development values of students there is significancy level of <0,01 differentiation. Group where the differentiation originates are Faculty of Theology and Engineering Faculty.

Table 6. According to the faculties students' interpersonal relations Anova Values

		N	Average	Standard Deviation	F	P
Interpersonal Relations	Faculty of Sports Sciences	18	28,44	3,66	3,74	<0,01
	İibf Faculty	46	26,21	5,02		
	Faculty of Science	50	27,28	2,61		
	Faculty of Law	16	25,25	4,78		
	Faculty of Engineering	10	23,20	1,22		
	Faculty of Medicine	6	23,66	1,36		
	Faculty of Theology	32	26,00	3,44		
	Faculty of Education	70	25,94	3,91		
	Faculty of Health Sciences	36	28,33	3,76		

According to table 6 among the interpersonal relations of students there is differentiation at a significance level of <0,01. Origin of the differentiation consists of Faculty of Sports students and Faculty of Theology.

Table 7. According to the faculties Stress Management Values of Students' Anova Values

		N	Average	Standard Deviation	F	P
Stress Management	Faculty of Sports Sciences	18	21,33	3,75	2,65	<0,01
	İibf Faculty	46	19,91	2,87		
	Faculty of Sciences	50	19,48	3,09		
	Faculty of Law	16	20,50	3,89		
	Faculty of Engineering	10	17,20	4,28		
	Faculty of Medicine	6	20,33	,51		
	Faculty of Theology	32	19,50	4,03		
	Faculty of Education	70	19,97	3,15		
	Faculty of Health Sciences	36	21,72	3,68		

According to the table among the stress management values there is a differentiation at significance value of <0,01. In order to detect where from this differentiation originates from according to the executed Tukey HSD test the Faculty of Economics and Health Sciences students.

Table 8. According to the faculties students' Total Anova values

		N	Average	Standard Deviation	F	P
Healthy Life Habits Total Scoring	Faculty of Sports Sciences	18	136,22	18,69	4,74	<0,01
	İibf Faculty	46	129,13	14,26		
	Faculty of Science	50	135,68	17,27		
	Faculty of Law	16	124,00	16,03		
	Faculty of Engineering	10	112,40	12,72		
	Faculty of Medicine	6	123,66	9,30		
	Faculty of Theology	32	126,62	16,30		
	Faculty of Education	70	126,85	14,14		
	Faculty of Health Sciences	36	138,50	20,23		

According to Table 8 among the healthy life habits of students there is a differentiation at the level of <0,01. According to the executed tukey HSD test groups where differentiates are originated are detected to be from Faculty of Sports Sciences and Faculty of Medicine.

Table 9. Score Averages of Sub Dimensions of SBYD scale

	Average	Standard Deviation
Health responsibility	19,68	4,31
Physical Activity	16,11	4,48
Nutrition	20,59	4,12
Spiritual Development	27,10	3,70
Interpersonal Relations	26,50	3,95
Stress Management	20,07	3,45
Total	130,08	16,99

When Healthy Life Style Behaviours (HLSB) scales' sub groups are evaluated, behaviours that contribute health to be improved are detected to be spiritual development in amount of 27,10±3,70, interpersonal relations in amount of 26,50±3,95, nutrition in amount of 20,59±4,12, stress management in amount of 20,07±3,45, health responsibility in amount of 19,68±4,31 and physical activity in amount of 16,11±4,48.

Discussion and Result

In order to the fact that people improve their health behaviours up to highest level attempts to improve health is quite significant. Society's health levels are measured with the fact that whether there are healthy individuals in majority. Being healthy which is among the basic rights of each individual, protection of health and its sustainability, establishes the development of health. Individuals, in developing healthy behaviours must take their own responsibility and shall transform their healthy life style behaviours into daily life habits (Komduur, 2009).

In our research study when healthy life style behaviours scale sub groups are evaluated among the behaviours that contribute development of health highest average are successively spiritual development, interpersonal relations, nutrition, stress management, health responsibility and physical activity dimensions. As can the attention to be paid minimum score belongs to physical activity habit. In similar studies where highest score averages are obtained

do not change. In studies that Özkan and Yılmaz 2008, Cihangiroğlu 2011 done physical activity total score when compared to other sub factors are determined to be lowest (Özkan, 2008; Cihangiroğlu, 2011).

Physical Activity scores of female students who attended to the research study when assessed according to the faculty they studies, Faculty of Sports Sciences students are 18,55±5,13 with the highest score Faculty of Theology students are 13,81±3,15 with the lowest score and this can be seen from Table 3. The reason for this regarding the departments that faculty of Sports Sciences students study it is thought to be originated from sports related application courses.

When nutrition scores are evaluated, Faculty of Science students are 21,52±5,02 and have the highest score engineering faculty students are 18,00±2,98 and have the lowest score. When Table 4 is examined among the faculties nutrition scores there are no significant differentiations. Score averages are close to each other. The reason why scores are close to each other is thought to be originated from the fact that nutrition menus are same since they reside at the same dormitory.

When health responsibility scores are evaluated, students from the faculty of Science have a score of 21,52±5,28 and possess the highest score. By the way Engineering Faculty students have the score of 17,00±3,59 and this is the lowest score. When Table 2 is reviewed among the average scores of students there is not a significant difference.

When personal improvement scores of students are assessed it can be seen that core averages are relatively higher when compared to other sub factors (Table 5). Highest score with 28,72±3,54 points belong to Faculty of Health Sciences. The lowest score is 22,60±1,83 and belong to Faculty of engineering students.

When interpersonal relations are evaluated, average scores are relatively high. Highest score belong to students from Faculty of Sports and is 28,44±3,66 and with the lower scores of 23,20±1,22 Engineering Faculty students can be counted. The reason for this can be thought why students from faculty of sports are inside sports the fact that social communications are strong.

On Table 7 when stress management is evaluated, total scores of Faculty of Sports students are 21,33±3,75 and this is the highest score and with the total score of 17,20±4,28 Faculty of Engineering Students can be counted and this is the lowest value. Since Faculty of Sports students are in sports it can be thought that they are away from stress. Among the benefits of sports it is known that stress factor becomes distant.

Among the health responsibility, physical activity, interpersonal relations and stress factors of students a significance level of $p<0,01$ differentiation has been detected. In nutrition sub factor no differentiation has been detected.

As a consequence; among the female students who reside at KYK when assessed according to SYBD scale scores to faculties it can be seen that physical activities, interpersonal communication and stress sub factors of students from Faculty of Sports are higher. Sub factors score averages of nutrition and health responsibility are very close to each other.

References

Bahar, Z., Beşer, A., Gördes, N., Ersin, F., & Kıssal, A. (2008). Sağlıklı yaşam biçimi davranışları ölçeği II'nin geçerlik ve güvenirlik çalışması. *Cumhuriyet Üniversitesi Hemşirelik Yüksekokulu Dergisi*, *12*(1), 1-13.

Walker SN, Sechrist KR & Pender NJ (1987) The Health Promoting Lifestyle Profile development and psychometric characteristics. Nursing Research, 36(2): 76-80.

Walker SN, Hill-Polerecky DM (1996) Psychometric evaluation of the Health Promoting Lifestyle Profile II. Unpublished manuscript, University of Nebraska Medical Center.

İlhan, N., Batmaz, M., & Akhan, L. U. (2010). Üniversite öğrencilerinin sağlıklı yaşam biçimi davranışları. *Maltepe Üniversitesi Hemşirelik Bilim ve Sanatı Dergisi*, *3*(3), 34-44.

Yalçınkaya, M., Özer, F. G., & Karamanoğlu, A. Y. (2007). Sağlık çalışanlarında sağlıklı yaşam biçimi davranışlarının değerlendirilmesi. TSK Koruyucu Hekimlik Bülteni, 6(6), 409-420.

Güngör, İ., & ŞN, H. (2006). Sağlığın geliştirilmesinde kullanılan temel davranış değiştirme kuram ve modelleri. *Hemşirelik Forumu Dergisi*, *2*, 6-13.

Ünalan, D., Şenol, V., Öztürk, A., & Erkorkmaz, Ü. (2007). Meslek yüksekokullarının sağlık ve sosyal programlarında öğrenim gören öğrencilerin sağlıklı yaşam biçimi davranışları ve öz-bakım gücü düzeyleri arasındaki ilişkinin incelenmesi. *Turgut Özal Tıp Merkezi Dergisi*, *14*(2).

Zaybak A., Fadıloğlu Ç. (2004). Üniversite öğrencilerinin sağlığı geliştirme davranışı ve bu davranışı etkileyen etmenlerin belirlenmesi. Ege Üniv Hemşire YO Derg. 20 (1):77-95.

Komduur RH, Korthals M, Molder H. (Komduur, 2009). The good life: living for health and a life without risks? On a prominent script of nutrigenomics. Br J Nutr. 101: 307-316.

Can G, Özdilli K, Erol Ö, Unsar S, Tulek Z, Savaşer S, Özcan Ş, Durna Z. (2008). Comparison of the health-promoting lifestyles of nursing and non-nursing students in Istanbul, Turkey. Nurs Health Sci. 10:273-280.

Özkan S, Yılmaz E. (2008). Hastanede çalışan hemşirelerin sağlıklı yaşam biçimi davranışları. Fırat Sağlık Hizmetleri Dergisi; 3: 90-105.

Cihangiroğlu, Z., & Deveci, S. E. (2011). Fırat Üniversitesi Elazığ Sağlık Yüksekokulu öğrencilerinin sağlıklı yaşam biçimi davranışları ve etkileyen faktörler. *Fırat Tıp Dergisi*, *16*(2), 078-083.