



STUDY ON SOME VARIABLES OF RELATIONSHIP BETWEEN HEALTHY LIFESTYLE BEHAVIORS AND HEALTH RESPONSIBILITIES OF UNIVERSITY STUDENTS (BATMAN EXAMPLE)

¹Yusuf, ER and ²Ubeyde Gülnar

¹Dumlupınar University, Institute of Health Sciences, Kütahya, Turkey

²Batman University, School of Physical Education and Sports, Batman, Turkey

ARTICLE INFO

Article History:

Received 29th September, 2017
Received in revised form
04th October, 2017
Accepted 29th November, 2017
Published online 29th December, 2017

Key Words:

Healthy lifestyle behaviors,
health promotion,
Batman province example.

ABSTRACT

This study have been conducted for the purpose of determining the healthy lifestyle behaviors of Batman university students by means of a few demographic variables. Subject group consists of 512 students (male 290 / female 222) who attend to the 2nd term of 2014-2015 school year. "Healthy Lifestyle Behaviors Scale" which has been developed by Walker *et al.* and adapted to Turkish by Ebem, has been used as the study scale. The scale is the liker type and consists of total 43 questions, 9 of which are about demographic info and 34 of which are about healthy lifestyle behaviors. The variables of gender, age, weight, height, family income level, the place of stay and the smoking status and healthy lifestyle behaviors have been surveyed. Primarily, the test of normality has been applied in the analysis of the collected data and since a normal distribution of data has not been found, Mann Whitney U and Kruskal Wallis H non-parametric tests have been used in the analysis of the data. In the survey, the views of the university students on the healthy lifestyle behaviors have been focused on the option "occasionally" on the average. A statistically significant difference has been found on the variables of age, the place of stay and smoking status. However, a significant difference has been observed for the other variables. The finding that the healthy lifestyle awareness increases as the age group increases, has been found. Moreover, the healthy lifestyle awareness of the students who stay with a family has been found higher, compared to the students who stay in the dormitories. In addition, the fact that the healthy lifestyle behavior is higher-up among those who quit smoking or non-smokers, is an expected result due to the fact that smoking is hazardous.

Copyright ©2017, Yusuf, ER and Ubeyde Gülnar. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Yusuf, ER and Ubeyde Gülnar, 2017. "Study on some variables of relationship between healthy lifestyle behaviors and health responsibilities of university students (Batman example)", *International Journal of Development Research*, 7, (12), 17649-17654.

INTRODUCTION

Youth is defined as the ages between 15-24 by the World Health Organization (WHO) and primarily, reproduction health problems, substance use, nutrition disorders, psychological disorders and risky behaviors has been frequently observed in this youth and, is one of the important developmental periods (Bertan, 2003). However youth is described as the most healthy period and also as a time of which the basics of long and healthy lifestyle has been established, in reality, it is a term of which the physical, psychological and social changes have happened. The adolescent sometimes cannot adapt to those changes. The emerging problems adversely affects the behaviors, health status and quality of life (Özcebe 2007).

University life is a period when important changes take place in the life of individuals. The university education causes many changes not only in the vocational training but also in the personality development, personal life and health behaviors. The change is especially important in terms of attitude and behaviors in the health care field; because the student's attitude and behavior on health affects himself personally, his family and the society both in his current and future life. The health status of the societies is measured with the number of healthy persons in majority (Ayaz *et al.*, 2005). World Health Organization described health as "a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in 1974. The lifestyle of the individuals affect both the quality of life and the lifetime. According to the World Health Organization data, the cause of the 70-80% of the deaths in the developed countries, the 40-50% of deaths in the underdeveloped countries are the diseases that emerges depending on the

*Corresponding author: Yusuf ER

Dumlupınar University, Institute of Health Sciences, Kütahya, Turkey

lifestyle. The infection diseases that caused mass deaths in the past are now replaced by the chronic diseases like hypertension, obesity, Type II diabetes, coronary heart diseases related with lifestyle. As a result, the applications to change the lifestyle has been adopted as the most important principle in preventing diseases and in developing health (Karadeniz *et al.*, 2008). Healthy lifestyle has been described as one's controlling all behaviors that affect his health and choosing the appropriate behaviors that fits his own health status to organize his daily activities. The health developing behaviors contain the behaviors that increase one's personal health status and that provide self-development. Healthy lifestyle behaviors includes a sufficient and regular training, balanced nutrition, non-smoking, health responsibility, stress management and hygienic precautions (Esin 1999). The individual who employs those behaviors in his life and makes them his attitude can improve his health status to a better order and keep his health status for a long time (Bozkuş *et al.*, 2013).

Being healthy is every human being's fundamental right and providing and maintaining this is the basic aim of the health care personnel and the person's own responsibility. To gain these health developing behaviors, the individual should control oneself and feel and urge to gain those behaviors. Because the positive health behavior should be gained and maintained to improve the overall health. So it is important to examine the health behaviors of the university students and to support them about the issues they lack with regard to the social health. This study have been conducted to determine the healthy lifestyle behaviors (HLSB) of the university students.

MATERIAL AND METHODS

This survey has been conducted to examine the healthy lifestyle behaviors of the university students with regard to some variables. The study group includes; a total of 512 students, as of male 290 and female 222, who attend to Batman university in the 2nd term of 2014-2015 school year. As the data collection tool; "Healthy Lifestyle Behaviors Scale" which has been developed by Walker *et al.* (1987), and adapted to Turkish by Ebem (2007), has been used as the study scale. The scale consists of; total 43 questions, 9 of which are about demographic info and 34 of which are about healthy lifestyle behaviors. The scale is likert type and respectively, each of the entries has been rated as 1 (none), 2 (sometimes), 3 (occasionally), 4 (generally) and 5 (always).

In our study, the survey which is used by Ebem (2007), and included 34 entries, has been applied. All of the scale entries are positive and have been prepared as 5 scaled likert type. The scale has 6 sub-assessment scale; nutrition, health responsibility, appreciation of life, social support, training habit and stress management (6). The higher the scores show that the individual has adopted the specified health behaviors in a high level (Esin 1999). The survey data has been analyzed by using SPSS 22.0 software. Primarily, the test of normality has been applied in the analysis of the data to determine if the distribution of data is normal (Table 1) and at the end of the test, it has been found that the data is not distributed normally. Since the data is not distributed normally, Mann Whitney U and Kruskal Wallis H non-parametric tests have been used in the analysis of the data.

Table 1. The results of Kolmogorov-Smirnov Test which has been conducted for the purpose of inspecting the normality of the democratic school culture perception of scores distribution

Values	Democratic School Culture Perception Scale	
N	512	
Normal Parameters		116.94 20.33
Kolmogorov-Smirnov Z	.052	
P	.002*	

$p < 0.05^*$

FINDINGS AND REMARKS

The demographic variable distribution of the students participate the survey is given in Table 2.

Table 2. Distribution of the students who participated the study according to demographic variables

Gender	F	%
Male	290	56.6
Female	222	43.4
Age	F	%
17-19	96	18.8
20-21	157	30.7
22-23	96	18.8
24-25	49	9.6
26-27	38	7.4
28-29	24	4.7
30 and above	52	10.2
Weight (kg)	F	%
btw. 0-40	1	.2
btw. 40-60	226	44.1
btw. 60-80	241	47.1
btw. 80-100	40	7.8
btw. 100-120	4	.8
Height (cm)	f	%
0-140	1	.2
140-160	87	17.0
160-180	385	75.2
180-200	39	7.6
Family Income (TL)	f	%
100-800	116	22.7
800-1600	182	35.5
1600-2400	114	22.3
2400-3200	63	12.3
3200 and above	37	7.2
Place of Stay	f	%
KYK Dormitory	71	13.9
Private Dormitory	25	4.9
With Family	299	58.4
Hire with a Student	102	19.9
Other	15	2.9
Smoking Status	f	%
Regularly	112	21.9
sometimes	76	14.8
Quitter	42	8.2
Never Smoked	282	55.1
Total	512	100.00

According to Table 2, the survey group includes a total of 512 students, as of 290 male (56.6%), and 222 female (43.4%). The ages of the students has been determined as: 157 person between ages 20-21 (30.7%), at least 24 person between ages 28-29 (4.7%). When we look at the body weights of the students, it has been found: 226 persons (41.1%) between 40-60 kg range, 241 persons (47.1%) between 60-80 kg range. When the height of the survey group is examined, 385 persons (75.2%) are 160-180 cm height. When we consider the family incomes it has been determined that 116 of them (22.7%) have a monthly income between 100-800 TL range; 182 of them

Table 3. Descriptive statistical results of the students answered to the healthy lifestyle scale

Questions	N	X	Sd
1. I always have a breakfast.	512	3.74	1.33
2. I eat three times a day.	512	3.44	1.19
3. I add fibrous foods (fruit, vegetable, etc.) to my meals	512	3.32	1.21
4. I include five food group to my meals (bread, meat, milk, fruit, vegetable).	512	2.91	1.24
5. I try to choose low fat foods.	512	3.19	1.34
6. I talk about my problems to others.	512	3.01	1.26
7. I discuss my health concerns with health care personnel.	512	2.88	1.41
8. I observe my body at least once in a month.	512	3.03	1.43
9. I read food labels (ingredients) when shopping.	512	3.37	1.42
10. I pay special attention to choose foods without additives.	512	3.30	1.37
11. I care about my weight.	512	3.48	1.38
12. I read articles about health.	512	3.47	1.25
13. I wash my hands before meals.	512	4.28	1.01
14. I think positive in general.	512	3.84	1.10
15. I make an effort to feel happy and satisfied.	512	3.96	1.12
16. I make an effort to love myself.	512	3.90	1.11
17. I make an effort to understand and accept my strong and weak sides.	512	3.96	1.05
18. I make an effort to improve my inadequacies.	512	4.06	0.99
19. I make an effort to understand what is important for me.	512	4.11	0.96
20. I make an effort to feel excitement and competition everyday.	512	3.67	1.12
21. I believe my life has a meaning.	512	4.12	1.13
22. I make an effort to smile and laugh everyday.	512	4.03	1.99
23. I make an effort to make good friends.	512	3.99	1.16
24. I talk about my concerns to others.	512	3.35	1.25
25. I care about others.	512	3.80	1.20
26. I share my feelings to others.	512	3.17	1.30
27. I perform stretching (gymnastic) exercises daily.	512	2.57	1.37
28. I perform intense exercise 30 min. at least three days a week.	512	2.40	1.39
29. I attend to weekly fitness programs at school.	512	2.14	1.44
30. I perform warm-up exercises before intense exercise.	512	2.69	1.54
31. I make an effort to spare time every day to relax my muscles.	512	2.83	1.37
32. I make an effort to track my emotional changes.	512	3.33	1.22
33. I make an effort to determine the source of stress I have	512	3.73	1.11
34. I plan and determine my priorities.	512	3.87	1.18
Total	512	3.44	1.26

(1: None, 2: Sometimes, 3: Occasionally, 4: Generally, 5: Always)

(35.5%), 800-1600 TL income and 114 of them (22.3%) have 1600-2400 TL income. The number of students who have above 2400 and 3200 TL income are 100 (19.5%). According to accommodation place, it has been found that the number of

people who stay with their families are 299 persons (58.4%) and the number of those who stay with a student in the rental house are 102 (19.9%). Smoking status of the survey group; it is found that 112 persons (21.9%) smoke regularly and, the non-smokers are 282 (55.1%). The number of sometimes-smokers or quitters are 118 (23%). According to Table 3, the views of the university students on healthy lifestyle behaviors focused on the occasionally option on the average. (3.44 ±1.26). When we look at the average responses of the students to the healthy lifestyle scale questions; I wash my hands before meals(4.28 ±1.01), I believe my life has a meaning(4.12 ±1.13), I make an effort to understand what is important for me (4.11 ±0.96), I make an effort to improve my inadequacies(4.06 ±0.99), I make an effort to smile and laugh everyday (4.03 ±1.99); it is found that the view on these questions was more positive with the highest average.

However; I include five food group to my meals (bread, meat, milk, fruit, vegetable)(2.91 ±1.24), I discuss my health concerns with health care personnel(2.88 ±1.41), I make an effort to spare time every day to relax my muscles (2.83 ±1.37), I perform warm-up exercises before intense exercise(2.69 ±1.54), I perform stretching (gymnastic) exercises daily (2.57 ±1.37), I perform intense exercise 30 min. at least three days a week (2.40 ±1.39), I attend to weekly fitness programs at school(2.14 ±1.44); it is found that the views of the students on these questions was focused on Seldom option with a lower average. When we look at the average of the answers given by the university students to the other questions about the healthy lifestyle habits, the views was concentrated more on the Occasionally option.

Table 4. The results of Mann Whitney-U test conducted to test the significance of the difference between healthy lifestyle habits, with regard to students' gender variable

Gender	N	S.T.	S.O.	U	z	P
Female	222	57928.00	260.94	31205.000	-.594	0.553
Male	290	73400.00	253.10			
Total	512					

According to Table 4, at the result of non-parametric Mann Whitney-U test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' gender variable, it is found that there is significant difference between groups (p=0.553>0.05).

Table 5. The results of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' age variable

Age Group	N	S.T.	S.O.	U	z	P
17-19	96	272.99	6	16.243	0.013*	
20-21	157	241.73				
22-23	96	257.79				
24-25	49	214.22				
26-27	38	252.89				
28-29	24	239.69				
30 yrs. and above	52	318.52				
Total	512					

*P<0,05

According to Table 5, in the result of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' age variable, it is has been determined that there is a statistically significant difference (X²=16.243; sd=6, p=0.013<0.05). In the result of Mann Whitney-U test conducted to determine the source of the difference among the

groups, it has been found that there is significant difference on behalf of the students that belongs to 30 yrs. and above age group among the students that belong to 28-20 yrs. old range and 30 yrs. and above group ($U=440.000$; $z=-2.57$; $p=0.040<0.05$). According to this result, it can be said that healthy lifestyle habits of 30 yrs. and above age students are more positive.

Table 6. The results of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' weight variable

Weight (kg)	N	S.O.	S.D.	X ²	P
btw. 0-40	1	146.00	4	1.608	0.807
btw. 40-60	226	253.61			
btw. 60-80	241	261.48			
btw. 80-100	40	251.51			
btw. 100-120	4	197.13			
Total	512				

According to Table 6, in the result of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' weight variable, it is has been found that there is not a statistically significant difference ($X^2=1.608$; $sd=4$, $p=0.807<0.05$).

Table 7. The results of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' height variable

Height (cm)	N	S.O.	S.D.	X ²	P
0-140	1	41.00	3	2.858	0.414
140-160	87	248.15			
160-180	385	260.10			
180-200	39	245.13			
Total	512				

According to Table 7, in the result of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' height variable, it is has been found that there is not a statistically significant difference ($X^2=2.858$; $sd=3$, $p=0.414<0.05$).

Table 8. The results of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' family income status variable

Family Income (TL)	N	S.O.	S.D.	X ²	P
100-800	116	223.13	4	8.228	0.084
800-1600	182	260.95			
1600-2400	114	274.29			
2400-3200	63	265.03			
above 3200	37	269.89			
Total	512				

According to Table 8, in the result of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' family income variable, it is has been found that there is not a statistically significant difference ($X^2=8.228$; $sd=4$, $p=0.084<0.05$). According to Table 9, in the result of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' place of stay variable, it is has been found that there is a statistically significant difference ($X^2=9.712$; $sd=4$, $p=0.046<0.05$). According to Mann Whitney U test conducted to find from which group the difference arises; it is determined

that there is a significant difference between the students staying in the KYK dormitory and private dormitory, on behalf of the students staying at the KYK dormitory ($U=616.000$; $z=-2.268$; $p=0.023<0.05$), and between the students staying in the KYK dormitory and rental house, on behalf of the students staying in the rental house ($U=2841.000$; $z=-2.408$; $p=0.016<0.05$) and between the students staying KYK dormitory and with their families, on behalf of students staying with their families ($U=8488.000$; $z=-2.625$; $p=0.009<0.05$).

Table 9. The results of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' place of stay variable

Place of Stay	N	S.O.	S.D.	X ²	P
KYK Dormitory	71	301.25	4	9.712	0.046*
Private Dormitory	25	223.66			
With Family	299	250.18			
Rental House	102	246.41			
Other	15	293.93			
Total	512				

* $p<0.05$

Table 10. The results of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' smoking status variable

Smoking	N	S.O.	S.D.	X ²	P
Regular Smoker	112	204.33	3	32.797	0.000
Sometimes-Smoker	76	212.30			
Quitter	42	292.75			
Never Smoked	282	283.73			
Total	512				

* $p<0.05$

According to Table 10, in the result of Kruskal Wallis-H test conducted to determine whether the difference between healthy lifestyle habits differ significantly with regard to students' smoking status variable, it is has been found that there is a statistically significant difference ($X^2=32.797$; $sd=3$, $p=0.000<0.05$). According to Mann Whitney U test conducted to find from which group the difference arises; it is determined that there is a significant difference between the regular smokers and quitters, on behalf of quitters ($U=1545.000$; $z=-3.275$; $p=0.001<0.05$), between the regular smokers and the non-smokers, on behalf of the non-smokers ($U=10952.000$; $z=-4.748$; $p=0.000<0.05$).

DISCUSSION

The this study, as a result of survey conducted among 512 university students residing in Batman province, the healthy lifestyle behaviors (HLSB); the variables of gender, age, weight, height, family income level, the place of stay and the smoking status and their relationship with the health responsibilities have been examined. While no significant relationship have been observed among the variables of gender, weight, height and family income, significant results have been found in terms of age, place of stay and smoking status. It is observed that the healthy lifestyle habits of the 30 yrs. old and above students are more positive. Those who stay with the family and in the rental houses have more positive views than those in the KYK dormitory and those who stay in KYK dormitory more positive with regard to those in the private dormitory, in the positivity rating determined for the place of stay variable. As to smoking status variable, there is

more a positive relationship among the quitters and non-smokers than the regular smokers and sometimes-smokers. Those variables have been used in the HLSB survey conducted on the university students in different place sans areas. When we maintain the relationship between gender variable and HLSB; Cihangiroğlu and Deveci (2011), have reported that here is not a statistically significant relationship in the survey they conducted on the students who attend to the health high school in Elazığ. Similarly, Şimşek *et al.* (2012), have stated that the gender factor has no significant effect on the sub-dimensions of the survey conducted among the students who attend to the medical faculty in İzmir Dokuz Eylül University. OyurÇelik *et al.* (2009), have found no statistically significant difference among HLSB scale and sub-scales in terms of gender when they examined the health developing behaviors of the students in health high school in Çanakkale. As is seen, there is a consistency in the findings collected from this study of HLSB and gender difference. However, İlhan *et al.* (2010), in their survey on the students chosen from different departments of a foundation university in İstanbul, have emphasized that the female students' HLSB scale rating is higher in terms of male students', even if gender variable has no statistical significance on HLSB. A similar comment is made by Kostak *et al.* (2014), In the survey conducted by the students of nursing and classroom teaching on HLSB, they stated it is not statistically significant that female students have a higher health responsibility sub-dimension rate and although the male student rate in the exercise sub-dimension are higher. Ünalán *et al.* (2009; 2007), in their survey on HLSB among medical school students, they reported that the gender variable has a statistically significant difference. Kocaakman *et al.* (2010), Tambağ (2011), and Özyazıcıoğlu *et al.* (2011), have stated that the gender has a significance in their survey on HLSB among the university students. In this case, the effect of the gender factor on HLSB in terms of socio-cultural structure and age range might change.

In the study, it is also found that the gender variable plus the weight, the height and the family income variables also have no statistically significant difference on HLSB. In some studies Ünalán *et al.* (2009), Wang *et al.* (2005), it has been reported that the income level has no significant relationship with the eating habits of the student group surveyed; and so it is consistent with the finding gained from this study. However, Özyazıcıoğlu *et al.* (2011) have determined that the ones with low income have low nutrition rates and so the difference is statistically significant. İlhan *et al.* (2010), and Şimşek *et al.* (2012), have also observed that the income level, in other words, the economic status has a significant effect on HLSB. In our study, the variables that have a statistic significance on HLSB are the age, the place of stay and the smoking status. Ünalán *et al.* (2007), in their study, have reported that the level of health responsibility is statistically significant difference in terms of age groups. In their study, Kocaakman *et al.* (2010), have also emphasized that health responsibility rates of the 20-25 age group is higher, compared to the 17-21 age group. Again, Tambağ (2011), have stated that there are statistically significant difference between the HLSB scale total and the health responsibility sub-scale rate average in terms of student age. Cihangiroğlu and Deveci (2010), in their study, have concluded that the health responsibility behaviors increase in parallel to the age rise. According to this result, especially this study supports the finding that healthy lifestyle behaviors of 30 yrs. and above age group students are more positive. The increase of the health responsibility behavioral awareness

depending on the age rise Ünalán *et al.* (2007), can be interpreted as the increase in the need of a more healthy and regular life and in the need of getting information and becoming conscious about health problems that might arise with the aging. This study which shows a statistically significant difference between the students place of stay and HLSB and specially the findings that shows that the students staying with the family have a more positive healthy lifestyle habits than those in the dormitories have been supported with other studies (Şimşek *et al.* 2012; Ünalán *et al.* 2007), in the literature. When we consider they could spare more time for more physical activity with regards to the material conditions for the students staying with the family, the environmental factors and the responsibilities taken, it is an expected result that the place of stay has a significant difference in the health responsibilities on behalf of the students staying in the dormitories.

According to the findings of the study, the non-smokers and the quitters have a more healthy lifestyle habits than the regular users and the sometimes-smokers. Akduman *et al.* (2004), in their study on the healthy adolescents, stated that the non-smokers have a higher self-care power rate average than the smokers and there is a statistically significant difference among the groups. Tambağ (2011) and Ayaz *et al.* (2005), also have found similar results. However; there are also some studies in the literature which found no significant difference between HLSB and the state of smoking. Ergül and Erol (2007), Karadeniz *et al.* (2008) and Ünalán *et al.* (2007), have found no significant difference between HLSB scale rate averages in terms of smoking habit. But, these studies does not change the fact that smoking is hazardous for health. Consequently, the finding, gained with this study, that the non-smokers and the quitters have a healthier lifestyle habits than the regular smokers and the sometimes-smokers corresponds to undertaking the personal health responsibility by not smoking.

RESULTS

This study includes the results of the survey on healthy lifestyle behaviors of 512 students who attend to Batman University. The healthy lifestyle habits of the students was found average. The effects of gender, age, weight, height, family income, place of stay and smoking variables on HLSB have been surveyed. It is determined that gender, weight, height and family income conditions have no effect on HLSB. Nevertheless, it is found that age, place of stay and smoking status have had an effect. Especially, it can be said that the healthy lifestyle behavioral awareness have increased in parallel to the age rise. The individual can be educated in the childhood to gain the healthy lifestyle behavior awareness in the early ages. In the light of the findings gathered, the healthy lifestyle knowledge should be resolved as a behavior among the youth by giving an intense education on how not to gain bad habits or to quit them. By determining the environmental and personal problems of the students who stay in private or state dormitories, it can be suggested to better the living conditions to a healthier state.

REFERENCES

- Akduman S, Bolışık B, Sönmez S. 2004. Survey on the healthy adolescents' self-care power. *Nursing Forum Journal*, 7(1): 17-21.

- Ayaz S, Tezcan S, Akıncı F. 2005. Behaviors of Nursing High School students to improve health Cumhuriyet University *Nursing High School Journal*, 9(2): 26-34.
- Bertan M, 2003. Introduction. In: Adolescence and Adolescent Reproductive Health. International Children's Center, Meteksan AŞ, Ankara, 118-123.
- Bozkuş T, Türkmen M, Kul M, Özkan A, Öz Ü, Cengiz C, 2013. Determination and relationships of physical activity level and healthy lifestyle behaviors in physical education students. *International Journal of Science Culture and Sport*, 1(3): 49-65.
- Cihangiroğlu Z, Deveci SE 2011. Healthy Life Style Behaviours and Related Influencing Factors of the Students of Elazığ High School of Health Sciences of Fırat University. *Fırat Medical Journal*, 16(2): 78-83.
- Ebem Z, 2007. Health developing behaviors of the students on access to university and the exercise behavioral change stage levels. Y. Undergraduate Thesis. Ankara.
- Ergül A, Erol S(2004).Healthy life style behaviors of high school students. IX. Public Health Conference Proceedings, Ankara.
- Esin N, 1997. Determining and Developing the Health behaviors of the workers working in the Industrial Area. Unpublished Doctoral Thesis, İstanbul Üniversitesi.
- Esin N 1999.Turkish Adaptation of Healthy Lifestyle Behaviors. *Nursing Bulletin*; 12(45): 87-95.
- İlhan N, Batmaz M, Akhan LU (2010).Healthy Life style Behaviors of University Students. *Maltepe University Nursing Science and Art Journal*, 3(3): 34-44.
- Karadeniz G, Uçum EY, Dedeli Ö, Karaağaç Ö 2008. Healthy Life style Behaviors of University Students. *TAF Preventive Medicine Bulletin*, 7(6):497-502.
- Kocaakman M, Aksoy G, Eker HH 2010. Healthy Life Style Behavior of The Students at the Nursing College in İstanbul. *SDU Medical Faculty Journal*,(2010); 17(2): 19-24.
- Kostak MA, Kurt S, Süt N, Akarsu Ö, Ergül GD 2014.The healthy lifestyle behaviors (HLSB) of nursing and classroom teaching students. *TAF Preventive Medicine Bulletin*, 13(3): 189-196.
- Oyur Çelik G, Malak AT, Bektaş M, Yılmaz D, Sami Yümer A, Öztürk Z, Demir E. A. 2009. Study on Health School Students' Healthy Lifestyle Behaviors and Influencing Factors Anatolian Journal of Clinical Investigation.
- Özcebe H 2007. Risk Behaviors and Health Development in Adolescents: A Preview on the Youth Health, XI. National Public Health CongressionalBook, October 23-26, Denizli:149-153.
- Özyazıcıoğlu N, Kılıç M, Erdem N, Yavuz C, Afacan S, 2011. Determining the Healthy Lifestyle Behaviors of Nursing Students. *Journal of Human Sciences*, 8:2. Visit: <http://www.InsanBilimleri.com>
- Şimşek H, Öztoprak D, İkizoğlu E, Safalı F, Yavuz Ö, Onur Ö, Tekel Ş, Çiftçi Ş, 2012. Healthy lifestyle behaviors and relatedf actors of medical school students, *Dokuz Eylül University Faculty of Medicine*, 26(3): 151-157
- Tambağ H 2011. Hatay Health School Students' Healthy Life style Behaviors and Influencing Factors. *Hacettepe University Faculty of Health Sciences Nursing Journal*, 47-58.
- Ünalın D, Öztop DB, Elmalı F, Öztürk A, Konak D, Pırlak B, Güneş D 2009. The Relationship Between the Healthy Lifestyle Behaviors and Eating Behaviors of a Group of Health High School Students. *İnönü University Medical Faculty Journal*, 16(2): 75-81.
- Ünalın D, Şenol V, Öztürk A, Erkorkmaz Ü 2007. A Research on The Relation between the Healthy Life Style Behaviors and Self-Care Levels of the Students in Health and Social Programs of Vocational Collages. *İnönü University Medical Faculty Journal*, 14(2): 101-109.
- Walker SN, Sechrist KR, Pender NJ 1987. The Health-Promoting Lifestyle Profile: Development and Psychometric Characteristics. *Nurs Res*, 36:76-81..
- Wang Z, Byrne NM, Kenardy JA, Hills AP 2005.Influences of ethnicity and socioeconomic status on the body dissatisfaction and eating behaviour of Australian children and adolescents. *Eating Behaviors*, 6(1): 23-33.
